



Invisible Practices:

Intervention with fathers who use violence

LUCY HEALEY

CATHY HUMPHREYS

MENKA TSANTEFSKI

SUSAN HEWARD-BELLE

DAVID MANDEL

ANROWS

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Acknowledgement of Country

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

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Invisible Practices: Intervention with fathers who use violence

DR LUCY HEALEY

The University of Melbourne

PROFESSOR CATHY HUMPHREYS

The University of Melbourne

DR MENKA TSANTEFSKI

Griffith University

DR SUSAN HEWARD-BELLE

The University of Sydney

DAVID MANDEL

Safe & Together Institute

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University of Melbourne
Parkville,
Victoria, 3010



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Acknowledgement of lived experiences of violence

It is also important to acknowledge the lives and experiences of the women and children affected by domestic, family, sexual violence and neglect, who are represented in this report. It is important to recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include: 1800 RESPECT - 1800 737 732 and Lifeline - 13 11 14.

Contents

| | |
|--|-----------|
| List of figures | 6 |
| List of tables | 7 |
| Acronyms and abbreviations | 8 |
| Definitions and concepts | 9 |
| Executive summary | 11 |
| Background | 11 |
| The research aims and questions | 11 |
| Methodology | 12 |
| The role of the Safe & Together Institute | 12 |
| Key findings | 12 |
| The context for working with all family members and in community | 13 |
| Key factors identified for practitioners working with fathers who use violence and control | 13 |
| Key factors identified in partnering with women | 14 |
| Key skills in ensuring a focus on children and young people | 14 |
| The role of organisations and practitioner capacity building | 14 |
| Section 1: | |
| Introduction | 16 |
| Background issues | 16 |
| Research aims and questions | 18 |
| Methodology | 19 |
| Action research framework | 19 |
| Literature review | 21 |
| Communities of Practice (CoPs) | 21 |
| CoP participants | 22 |
| Identification of practice developments | 23 |
| The national workshop | 25 |
| Methodological challenges | 26 |

| | |
|--|-----------|
| The structure of the report | 26 |
| Section 2: | |
| Literature review | 28 |
| Key messages from the literature | 28 |
| Good practice indicators for working with fathers who use violence | 29 |
| Section 3: | |
| The research sites - the context of capacity building | 30 |
| New South Wales | 30 |
| Participants | 31 |
| Queensland | 31 |
| Participants | 32 |
| Victoria | 32 |
| Participants | 33 |
| Western Australia | 34 |
| Participants | 34 |
| The Safe & Together resources and support | 34 |
| Section 4: | |
| Findings - improving practice | 39 |
| Working with fathers who use violence and control | 39 |
| Techniques for pivoting | 40 |
| Preparing for an interview | 41 |
| Establish rapport, building engagement, avoiding collusion | 42 |
| Referring men who use violence and control to programs | 43 |
| Practice at the intersections of domestic and family violence, culture and colonialism | 44 |
| Assessing the threshold for engagement | 46 |
| Partnering with women | 49 |
| Techniques for partnering with women | 50 |
| Safety planning | 51 |
| Including the extended family network | 52 |

| | |
|---|-----------|
| Engaging women who appear reluctant to engage | 53 |
| Focusing on children and young people | 57 |
| Children's ambivalence and contact | 57 |
| Co-occurring issues: DFV and child maltreatment | 57 |
| Engaging with perpetrators of violence and control as fathers | 58 |
| Working collaboratively | 62 |
| Using the Safe & Together Model to facilitate and enhance collaboration | 62 |
| Gathering and sharing information | 63 |
| Collaboration with the legal system | 64 |
| Worker safety | 64 |
| Identifying and assessing risk | 65 |
| Managing practitioner fear | 65 |
| Worker safety strategies | 66 |
| Section 5: | |
| Findings - capacity building | 69 |
| Participants' assessment of practice knowledge and change | 69 |
| Respondents' assessment of practice change in their team or program | 69 |
| Respondents' assessment of practice change in their agency | 72 |
| Primary participants' reflections on their Time 1 perceptions | 73 |
| Influencing role of practitioners in practice change | 73 |
| Teamwork | 75 |
| Seniority | 75 |
| Practice-led influencing | 75 |
| Systemic issues | 76 |
| Political context | 77 |
| Legal context | 77 |
| Economic context | 78 |
| Training and workforce development | 78 |
| Developing fathering programs | 79 |
| Organisational issues | 80 |
| Role of senior management support | 80 |

| | |
|--|------------|
| Collaborative issues | 80 |
| Individual issues | 81 |
| Summary | 82 |
| Section 6: | |
| Discussion and concluding comments | 83 |
| Problems with fathers who use violence and control | 83 |
| Problems with the service system response | 83 |
| Exploring practice in a marginalised area | 83 |
| The role of the Safe & Together Institute | 84 |
| Setting the context for working with all family members | 84 |
| Key skills for working with fathers who use violence and control | 85 |
| Partnering with women | 86 |
| A focus on children and young people | 87 |
| The role of organisations | 88 |
| Outcome measures | 89 |
| Developing the infrastructure | 90 |
| Concluding comments | 90 |
| References | 92 |
| Appendix A: | |
| Invisible Practices state-based report template | 98 |
| Appendix B: | |
| Organisations represented in the project | 99 |
| Appendix C: | |
| Information for participants | 101 |
| Appendix D: | |
| Focus group schedule | 105 |

Appendix E:
Time 1 Questionnaire..... **107**

Appendix F:
Time 2 Questionnaire..... **119**

Appendix G:
Influencing record sheet template..... **134**

Appendix H:
Questionnaire data..... **135**

List of figures

| | | |
|------------------|--|----|
| Figure 1 | Project participants | 21 |
| Figure 2 | Practitioners' role in the project | 23 |
| Figure 3 | Themes for discussion at the national workshop | 25 |
| Figure 4 | Template for recording group's discussion of theme | 26 |
| Figure 5 | Considerations when working with fathers who use DFV | 29 |
| Figure 6 | The Safe & Together Principles (reproduced with permission) | 34 |
| Figure 7 | The Safe & Together Critical Components (reproduced with permission) | 35 |
| Figure 8 | Respondents' prior exposure to the Safe & Together Model by state | 36 |
| Figure 9 | The Safe & Together Model's mapping perpetrators' patterns process | 37 |
| Figure 10 | Frequency with which respondents applied Safe & Together skills at Time 1 | 71 |
| Figure 11 | Frequency with which respondents applied Safe & Together skills at Time 2 | 71 |
| Figure 12 | Respondents' assessment of whether skills across five Safe & Together criteria have improved or not since involvement in the Invisible Practices project at Time 2 | 72 |
| Figure 13 | Respondents' rating of their agency's current work in the Safe & Together domain of addressing DFV as a core part of working with children at Time 1 | 74 |
| Figure 14 | Respondents' rating of their agency's current work in the Safe & Together domain of having clear safety protocols for how to work with fathers who use DFV | 74 |

List of tables

| | | |
|----------------|---|-----|
| Table 1 | Number of primary and secondary participants (at the start of the project) | 22 |
| Table 2 | Respondents' rating of their agency's current work in six Safe & Together domains at Time 1 | 135 |
| Table 3 | Respondents' rating of their agency's current work in six Safe & Together domains at Time 2 | 136 |
| Table 4 | Respondents' assessment of the extent to which they attribute positive change in their agency to their involvement in the Invisible Practices project | 137 |

Acronyms and abbreviations

| | |
|-------------------|--|
| ANROWS | Australia's National Research Organisation for Women's Safety |
| AOD | Alcohol and other drugs |
| CALD | Culturally and linguistically diverse |
| CoP/CoPs | Community of Practice / Communities of Practice |
| CSO | Community sector organisation (interchangeable with NGO) |
| CP | Child protection |
| DFV | Domestic and family violence |
| DV | Domestic violence |
| DVSAT | Domestic Violence Safety Assessment Tool |
| FACS NSW | Family and Community Services NSW |
| FG / FGs | Focus group / Focus groups |
| FVRC | Family Violence Royal Commission (Victoria) |
| MBCP/MBCPs | Men's behaviour change program / Men's behaviour change programs |
| NSW | New South Wales |
| NGOs | Non-government organisations (interchangeable with CSO) |
| PATRICIA | PATHways and Research in Collaborative Inter-Agency practice |
| QLD | Queensland |
| QPS | Queensland Police Service |
| PAG / PAGs | Project Advisory Group / Project Advisory Groups |
| SAMs | Safer Pathway and Safety Action Meetings |
| VACCA | Victorian Aboriginal Child Care Agency |
| VIC | Victoria |
| WA | Western Australia |

Definitions and concepts

Action research - participatory “Action research” is an interactive, cyclical process of changing things in the process of studying them (Wicks, Reason, & Bradbury, 2008).

Child protection “Child protection” is used in this report to refer to the statutory authority in each state and territory that is responsible for providing assistance, investigation into allegations of child abuse (including domestic and family violence) or neglect, care, and protection to children suspected of or vulnerable to harm.

Domestic and family violence - specialist DFV services “Domestic and family violence” (DFV) is the term used in this report to encompass the range of violent, coercive and controlling behaviours - physical, psychological, sexual, financial, technology-facilitated and neglectful - that are predominantly perpetrated by men against women and their children in current or past intimate and/or familial or kinship relationships. This is consistent with the *Third Action Plan 2016-2019 of the National Plan to Reduce Violence against Women and their Children 2010-2022* (Australia, Department of Social Services, 2016).

The phrase “specialist DFV services” is used in this report to refer to a range of diverse agencies that provide specific interventions for women, children and/or men who have experienced DFV either as victim/survivors or as perpetrators. They include (but are not limited to) agencies with a dedicated purpose to address DFV; agencies with a focus on a particular population (for example, Aboriginal and Torres Strait Islander communities or culturally and linguistically diverse communities); legal and health agencies with particular expertise or programs in supporting women, children and/or men who are affected by DFV; and peak DFV bodies in the different state and territory jurisdictions.

Domestic Violence-Informed Continuum of Practice A Safe & Together resource that enables organisations to assess where they “sit” on a five-point continuum of domestic violence (DV)-informed practice from “DV-destructive” to “DV-proficient”. It also provides examples, see Safe & Together Institute (2018a).

High standard for fathers who use violence This term is used in the DFV-informed Safe & Together Model. It refers to the need to explore and document the role of the father or male care-giver in the family and the impact of his parenting choices, including his use of violence on family functioning and, in particular, on children. It is highlighted because mothers and fathers are often

treated differently in systems. By setting higher standards for fathers as parents than is usual (for example, by assessing them on the same criteria that mothers are assessed), the aim is to develop a gender responsive service system.

Perpetrator accountability

The term “perpetrator accountability” is used to refer to the process of men as individuals, or as a collective (such as in the case of Aboriginal and Torres Strait Islander communities), taking responsibility for their use of DFV. It also means that it is beholden on service systems – criminal justice, civil justice and child protection systems and non-mandated services – to hold perpetrators accountable to ensure that the impact of their responses are not complicit in the violence and abuse and do not perpetuate the conditions that create and perpetuate it. This collaborative approach has been referred to as a “web of accountability” (State of Victoria, 2016 Vol. III, p.254).

Pivot to the perpetrator or perpetrator pattern-based focus

The term “pivot to the perpetrator” and the related “perpetrator pattern-based focus” is used in the DFV-informed Safe & Together Model to direct practitioners to shift their focus onto the DFV perpetrator’s patterns of behaviour as the source of safety and risk concerns as opposed to focussing on the relationship between the parents and whether, for example, they have separated or not. It involves documenting the harm posed to the child, the non-offending parent, family functioning and the mother-child relationship.

Executive summary

The Invisible Practices: Intervention with fathers who use violence project (Invisible Practices) was undertaken from early 2017 to mid-2018 in the states of New South Wales (NSW), Queensland (QLD), Victoria (VIC) and Western Australia (WA).

Background

This project had its genesis in the need to develop effective and safe ways of working with fathers who use violence in order to better support women and children living with domestic and family violence (DFV). The DFV system, in particular, specialist women's DFV services, developed from interventions focused largely on supporting women and children living with DFV to separate from men who use violence. Separation has also been a key priority for the statutory child protection (CP) system that has often required women to leave violent men for the sake of the children, in spite of the danger and likely impoverishment of doing so, for many women and their children.

At the same time, family law with its "pro-contact culture" (Humphreys & Campo, 2017, p.5) presents potentially dangerous situations for adult and child victims/survivors alike in supporting fathers' involvement with children despite their use of DFV (Hester, 2011). Further, intervention with men who use violence and control occurs mostly through justice responses and/or specialist men's behaviour change programs (MBCPs) neither of which focus on fathering issues. While significant intervention with fathers occurs through CP and generic family service programs, workers' practice with fathers who use DFV and control is neither documented nor evidence-based in the way it has occurred, for example, with MBCPs. In other words, to date, the nature of these practice interventions have been largely "invisible".

The research aims and questions

In researching a current practice lacuna, namely the skills required by CP and other statutory and non-statutory service workers to work with fathers who use DFV, the project sought to develop the workforce capacity of practitioners to intervene with fathers who use DFV. In doing so, it proposed to utilise and integrate three elements: existing research, the expertise of practitioners in four states brought to the project, and the technical skills and knowledge of the US-based Safe & Together Institute's consultants (David Mandel and Kyle Pinto) to develop guidance for practitioners and their organisations.

The project aimed to:

- increase workforce capacity for statutory and non-statutory services in participating states responding to fathers who use DFV;
- support the development of evidence-informed guidelines for frontline practitioners, their team leaders and managers in participating states; and
- strengthen the Australian evidence base for the DFV-informed Safe & Together approach.

The research questions that drove the project were:

1. What do practitioners require from their organisations and/or other organisations to support them in working with fathers who use violence?
2. What evidence is there that the capacity building of Communities of Practice (CoPs), supported by coaching and supervision from David Mandel and colleagues from the Safe & Together Institute based in the US, provides increased experience of safety and support for practitioners?

Methodology

A mixed methods research design was used and involved:

- An overarching action research framework.
- A literature review which used a scoping review methodology to identify:
 1. the national and international research on “whole of family” approaches to DFV where fathers remain at home or closely connected to their children and partners or ex-partners; and
 2. the organisational support and practical skills that are required to work with DFV fathers when they remain at home or in close contact with their children (Humphreys & Campo, 2017).
- The work of senior practitioners in each site (n=5 sites), meeting as a Community of Practice (CoP), in conjunction with the parallel work of senior executive or senior management of the organisations involved during meetings of each site’s Project Advisory Group (PAG). In addition, each CoP participant (or “primary participant”) (n=65) was encouraged to nominate who, among their organisation’s

or program’s colleagues (referred to as “secondary participants”) (n=210+), they chose to “influence” as they sought to implement practice, particularly relating to the Safe & Together approach to DFV.

- The identification and documentation of practice developments by the researchers, achieved by means of ethnographic documentation of CoP meetings; a final reflective focus group at the end of each site’s CoP phase; and a Time 1 (T1) and Time 2 (T2) questionnaire that primary and secondary participants were invited to respond to (T1 and T2 responses n=96; T1 only responses n=112; T2 responses n=16).
- In February 2018 a national workshop for practitioners was held. Fifty-two participants of the project attended for the purpose of developing practical guidance about working with fathers who use violence and control.

The role of the Safe & Together Institute

The Invisible Practices project was explicit in its use of the DFV-informed Safe & Together™ Model and its resources (Safe & Together Institute, 2018b). The model provides specific and detailed strategies for working in a complex area of practice. The strategies are predicated on the centrality of multidisciplinary teams working collaboratively to achieve safety for victims/survivors and workers and accountability of fathers who use violence and control. The approach is strongly practice orientated and the Invisible Practices project was designed to explore practice in the sense of it being “practice-led knowledge” (Wagenaar & Noam Cook, 2011). The research team had worked with the Safe & Together Institute on a previous project that developed collaborative ways of working between CP and specialist DFV services using case reading practice as a foundation for interrogating, with the intention of improving, practice (Humphreys, Healey, & Mandel, 2018).

Key findings

The summary begins with an outline of the findings that relate to the context for working with all family members (including

in community where this is culturally appropriate). These findings provide the foundation for approaching intervention with fathers who use violence and control. Most significantly, they derive from the Safe & Together Model and indicate a starting point toward organisations and practice becoming DFV “proficient” (Safe & Together Institute, 2018a). The Safe & Together Institute conceptual framework, combined with the concerns of workers across the CoPs, led to structuring the practice knowledge building under the following themes:

- Key skills identified for working with fathers who use violence and control.
- Key factors identified in partnering with women.
- Key skills in ensuring a focus on children and young people.
- The role of organisations and practitioner capacity building.

The context for working with all family members and in community

While stakeholder interest in the project was focused on practices for working with fathers who use violence and control; it was clear that to do so requires the implementation of the full conceptual Safe & Together Institute framework. This framework recognises:

- the equal importance of working with men;
- partnering with the non-offending parent (usually the child’s mother);
- focusing on children; and
- recognising the interface with other complex issues (for example, culture, the context of colonisation, the impact of discrimination and poverty on Aboriginal and Torres Strait Islander families and communities, mental health, substance use, housing security and employment status).

The Invisible Practices project therefore emphasised the centrality of partnering with the child’s mother as much as working with the child’s father (biological or social).

The research highlighted the importance of finding the balance between the skills and knowledge of practitioners and the changes required from their organisations to support them in working with fathers who use violence and control.

The Safe & Together Model places as much emphasis on the organisational culture as the skills required of individual workers.

Documentation of the evidence of harm caused by the perpetrator of DFV, the evidence of protective factors and the impact of harmful behaviour on women, children and family functioning is essential to working with all family members, and an issue requiring organisational support and change.

Key factors identified for practitioners working with fathers who use violence and control

- Intervention with fathers requires “pivoting to the perpetrator” (Mandel, 2014) in order to render his patterns of violence and control visible, understandable. It requires documentation of the harm created by his use of DFV to each child, the child’s mother and the overall functioning of the family.
- Practitioners found having a structured tool (such as the Safe & Together’s Mapping Perpetrators’ Patterns - Practice Tool) indispensable in stepping them through a series of questions about the different forms of harm posed by the perpetrator and as a way of counteracting gender bias (mother-blaming practices).
- A need was identified for workers to focus on parenting when talking with fathers (as well as documenting his parenting behaviours) and shifting the conversation from blaming or describing the behaviour of others (particularly his partner’s or ex-partner’s).
- Interview preparation is critical to effective and confident practice and involves gathering information from as wide a range of sources as possible.
- Practicing interviewing scenarios with a colleague beforehand, if feasible, also supports confident practice.
- Ensuring the safety and confidentiality of information that comes directly from victims/survivors is vital, particularly if they have requested that this information is not to be divulged.
- Establishing rapport, building engagement and avoiding collusion with the perpetrator are important. This requires

practitioners to work with the adult victim/survivor to establish when, how and if to engage the perpetrator.

- Co-working is a good safety measure but requires good preparation to establish ground rules in order to avoid being played off against each other by the perpetrator of DFV.
- Referring men who use violence and control to programs requires particular knowledge and skills given that many programs may be unsuitable for fathers who use violence and control.
- Assessing for motivation to change requires evidence that the perpetrator can: describe the harm done to other people; that he accepts the consequences of his use of DFV; and that his behaviour is no longer harmful to adult and child victims/survivors.
- Recognising that the notion of engagement may be limited given that not all men have the capacity or motivation to change; however, the severity of violence may not necessarily be an indicator of the capacity to change, as other factors such as attitudes and stage in the lifespan may be important in creating high levels of motivation.

Key factors identified in partnering with women

- Partnering with women is central to safe and effective work with fathers who use violence and control.
- Partnering with women requires the practitioner to affirm that neither the adult victim/survivor nor the relationship she has with the perpetrator is the source of the violence and abuse; rather, it is the perpetrator's behaviour and his choice in using DFV.
- Partnering requires the practitioner to document the adult victim's/survivor's strengths as a parent, as well as the perpetrator's negative impact on the children's lives and family functioning.
- Being specific in describing the perpetrator's behaviours in case files and reports leads to perpetrator-focused interventions rather than interventions focused on the mother and children.
- Safety planning and advocacy are central to partnering with women, but it is based on the documentation of the harm created by the perpetrator's use of DFV (not

on an assessment of the mother's parenting, protection or whether she is prepared to separate).

- Practitioners found working through a structured tool such as the Mapping Perpetrators' Patterns - Practice Tool with women was invaluable in building the partnership relationship with the adult victims/survivors and helped them to "pivot to the perpetrator" (Mandel, 2014).
- Practitioners need to explore community and kinship networks not only for Aboriginal and Torres Strait Islander women but others in terms of supporting adult victims/survivors to look for sources of support for themselves, the children and for the perpetrators of DFV.

Key skills in ensuring a focus on children and young people

- Practitioners found that in pivoting to the perpetrator and partnering with women, the children's needs were brought into view through the focus on parenting.
- Practitioners recognised that children may have ambivalent feelings about their fathers and that they need to develop the skills to work with children and young people about this complex issue.
- Practitioners need to assess for DFV where there is child abuse and, where there is DFV, they need to assess for other forms of child abuse; that is, recognising the co-occurrence of other forms of child abuse is an indicator of good practice.

The role of organisations and practitioner capacity building

- Practitioners found that it was not possible to change practice without substantial senior management support to shift practices within the organisation. Moreover, senior management needed to be prepared to give enhanced attention to worker safety (for example, in ensuring two workers are available to work together when needed) if workers are to feel supported in pivoting to the perpetrator.
- Practitioners' sense of safety and support was entwined with their experience of capacity building within their organisations and across organisations; for example, workers who were part of an interdisciplinary response

were positive about the benefits of this approach to working with DFV but collaborative partnerships, particularly when statutory organisations are involved, need to be authorised at senior management level.

- Practitioners found psychological safety to be just as important as physical safety. This particularly related to the vulnerability of young women workers with heavy statutory responsibilities engaging with fathers who use DFV, the dangers of vicarious trauma or collusion with perpetrators through fearfulness, and the inappropriate re-orientation of practice to women as a way of avoiding the perpetrator of violence and control.
- Practitioners found value in the project's capacity building elements and indicated in their questionnaire responses an overall modest positive shift in their assessments of the frequency with which they applied Safe & Together's skills in five areas of their own practice. However, by their own admission (in the focus groups), practitioners recognised that their Time 1 assessment of their capabilities was an over-estimate of the actual skills and knowledge they needed and which were revealed to them as they engaged with the project.
- Practitioners indicated two areas of significant positive agency support. These were in relation to feeling supported by their agency in pivoting to the perpetrator, and in shifting their practice toward a balance across attending to the whole family: that is, balancing attention to the perpetrator, non-offending parent and children.

The Invisible Practices project provided a wide-ranging exploration of practice across Australia about working with fathers who use violence and control, with a specific focus on those practitioners who see men in their own homes rather than in group work programs. Child protection, family services and specialist DFV workers were all engaged in this action research project (including, in one state, involvement by police, probation and parole).

The role of organisations in facilitating the shifts to a more responsive and proficient practice with fathers who use violence were particularly evident in those who were participants in the CoPs. They spoke at length in the final focus groups about the benefits that they perceived from the range of

processes which enhanced their practice. The mentoring from Safe & Together consultants, the value of sharing the details of practice between peers, the unexpected "uplift" from influencing others as a way of embedding their own practice change, were all mentioned as valuable. It was clear that rather than one-off training, which may be of limited value, a more embedded approach to learning and development drew consistent benefits which were spoken about with enthusiasm.

In conclusion, the project provided key directions for capacity building for workers and their organisations to work more competently in working with family violence. The focus of the project lay in understanding the work to be undertaken with fathers who use violence. However, by deploying the Safe & Together conceptual framework practitioners realised that the work of partnering with the non-offending parent (usually the child's mother) and retaining a focus on the child were of equal importance. The need for senior management support to implement changed practice within an organisation to facilitate the work with fathers who use violence was also demonstrated with great clarity throughout the project. The shift in culture required both top-down (senior management) and bottom-up (frontline practitioners and team leaders) to champion changes to practice which were more proficient in the response to children living with DFV.

Section 1:

Introduction

The Invisible Practices: Intervention with fathers who use violence project (Invisible Practices) was undertaken from early 2017 to mid-2018 in the states of New South Wales (NSW), Queensland (QLD), Victoria (VIC) and Western Australia (WA).

This project had its genesis in the need to develop alternative ways of working with fathers who use violence in order to better support women and children living with domestic and family violence (DFV). The DFV system, in particular, specialist women's DFV services, developed from interventions focused largely on supporting women and children living with DFV to separate from men who use violence. Separation has also been a key priority for the statutory child protection (CP) system that has often required women to leave violent men for the sake of the children, in spite of the danger and likely impoverishment of doing so for many women and their children. At the same time, family law with its "pro-contact culture" (Humphreys & Campo, 2017, p.5) presents potentially dangerous situations for adult and child victims/survivors alike in requiring father's involvement with children despite their use of DFV (Hester, 2011). Further, intervention with men who use violence occurs mostly through justice responses and/or specialist men's behaviour change programs (MBCPs), neither of which focus on fathering issues. While significant intervention with fathers occurs through CP and generic family service programs, practice with fathers who use DFV is neither documented nor evidence-based in the way it has been implemented in, for example, MBCPs. In other words, to date, the nature of such intervention is largely "invisible".

This project sought to harness the expertise of practitioners through Communities of Practice (CoPs). It drew on training and coaching by one of the leading practitioners in DFV and CP, the US-based David Mandel and the Safe & Together resources, to investigate and simultaneously develop the workforce capacity of CP and other statutory and non-statutory services (such as police, probation and parole, specialist DFV services and family support programs) working with fathers who use DFV.

Australia's National Research Organisation for Women's Safety (ANROWS) and each of the four state government

departments funded the project. Ethical clearance was provided through the host university, the University of Melbourne (ID 1749310).

Background issues

A range of issues coalesced to drive the development of this project. These stem from increased concern about the "invisibility" of frontline service responses to intervention with fathers who use violence, and the need to drive organisational cultural change in order to achieve sustained, effective, efficient and ethical intervention in this difficult area of work (Humphreys & Healey, 2017).

First, the received wisdom has been that specialist men-only interventions provide safer practice with fewer risks to women and children who withstand the worst of violence and abuse (Laing, Humphreys & Cavanagh, 2013). However, only a minority of men attend (and complete) MBCPs (Miller, Drake, & Nafziger, 2013). The ANROWS overview of perpetrator interventions (Mackay, Gibson, Lam & Beecham, 2015) draws attention to CP alongside other parts of the service system such as family services, Aboriginal and Torres Strait Islander services, mental health and alcohol and other drug (AOD) services, in intervening with men who use violence. Complicating practice (and safety issues) is that men remain living with their partners and children, or are closely connected through child contact arrangements. The ways in which intervention with these men occurs is largely invisible and not publicly documented. Documented practice is nevertheless developing, but tends to be in pockets where practitioners are generally responding to perceived needs and the pragmatics of working with vulnerable families. The elements of good, poor and dangerous practices are therefore largely unknown. No standards and little guidance exist. There are some exceptions (Western Australia. Department for Child Protection, 2013; Victoria. Department of Health and Human Services, 2018; Dwyer & Miller, 2014), but detail is generally lacking in this contested area about models for good practice that address the diversity of perpetrators seen by CP and family service practitioners. A model of working that focuses on the whole family (mothers, fathers and children) that draws on elements of practice from specialist MBCP models, as well as generic

CP and family services interventions, is therefore required (Humphreys & Campo, 2017; Mandel, 2014).

Second, the intervention with men as fathers is generally under-developed (Scott & Crooks, 2007). Intervention has not adequately focused on the accountability of fathers to provide a safe environment for children (Alderson, Westmarland, & Kelly, 2013; Featherstone & Peckover, 2007). This has often led to fathers being absent from CP intervention even though the main concerns for child safety relate to the father's perpetration of violence against the mother (Alaggia, Gadalla, Shlonsky, Jenney & Daciuk, 2015). This highlights the need for greater evidence-informed practice on the engagement of fathers who use DFV. The women-centered outcomes developed by women with Kelly and Westmarland (2015) identify three of six outcomes which refer to men's parenting:

- safe, positive and shared parenting;
- enhanced awareness of self and others including women and children; and
- for children, safer, healthier childhoods in which they feel heard and cared about.

Child protection and family services are well positioned to engage with fathers who use violence. Again, practice is under-developed and the opportunity to develop the motivation to change within the intervention has not been clearly identified. Early research suggests, however, that fathering is a primary motivator for change, with further leverage created by statutory intervention contributing to the completion of MBCPs (Stanley, Graham-Kevan & Borthwick, 2012). The Australian Research Council linkage grant, *Fathering Challenges* (LP130100172), through its work with 23 partner organisations, has also drawn attention to the breadth of work taking place outside specialist MBCPs and the dearth of work with fathers who use violence.

Third, the Aboriginal and Torres Strait Islander strand of work in the *Fathering Challenges* project has drawn attention to whole of family approaches to DFV intervention, described as multidimensional or holistic by Gallant et al. (2017). A key theme within this literature is the commitment to a holistic or multidimensional approach that includes:

- work with perpetrators and victims/survivors;

- work with men, women and children;
- combined traditional teachings and clinical approaches; and
- conducting group work alongside individual counselling (Brown & Langedoc, 2004).

In arguing for the centrality of family and kinship relationships to be recognised in responding to Aboriginal and Torres Strait Islander DFV, Cripps (2007, p.14) argued that "a holistic approach that recognises that all family members are affected by violence is a vital precondition to effectively combating the problem". Aboriginal and Torres Strait Islander workers are consistently working with families where there is family violence. However, the development of family violence work has tended to focus on specialist men's healing programs rather than identifying the complex practices involved for Aboriginal and Torres Strait Islander frontline workers such as the Lakidjeka workers in Victoria, who work with Aboriginal and Torres Strait Islander families where there are CP concerns (VACCA, 2018).

Fourth, and importantly, the work of statutory CP practitioners (and other non-statutory practitioners such as family service workers) to pivot or shift the focus in their investigations, assessment and ongoing work to the child's father, where there is DFV, is a critical development (Mandel, 2014). Skilled practice requires significant organisational support to develop frontline workers' and team leaders' knowledge in order to manage and mitigate the risks involved, while increasing the effectiveness of their work in protecting children through a multidimensional approach to intervention.

Of particular relevance is the need to increase the capacity of the workforce to assess violent men's fathering practices and capacity. A developing knowledge base highlights the variability and risks associated with their fathering practices (Heward-Belle, 2016) including a propensity for authoritarian and controlling parenting approaches (Bancroft, Silverman, & Ritchie, 2012), cold and distant relationships with children (Guille, 2004; Lapierre, 2010), as well as, abusive and neglectful practices (Harne, 2011). Perel and Peled (2008) argue that violent and controlling fathers are largely constructed as a homogenous group, despite the fact that their fathering

experiences and practices are diverse and complex, and that many men yearn to improve relationships with their children.

The ANROWS funded *The PATRICIA project: PATHways and Research in Collaborative Inter-Agency practice* (the PATRICIA project) highlighted the need for more effective CP practice to engage fathers who use violence (Humphreys, Healey & Mandel, 2018). Through the ability to work across five states, the PATRICIA project drew attention to the commonality of the need for workforce development in this area. This has been further borne out by a more recent case reading of CP files undertaken in Queensland's North Coast Region in 2017 (Queensland. Department of Child Safety, Youth and Women, 2017), which showed significant improvement in CP case file documentation where DFV was identified following significant exposure of CP practitioners to the Safe & Together Model. It is in this region that a new intervention based on the Safe & Together Model and working with fathers who use DFV and control, called Walking with Dads, has been in operation since October 2016. Analysis of 60 case files showed, however, that scores across the Safe & Together Institute measures (of which there are seven domains) were variable: for example, files might show evidence of high-quality identification and documentation of intervention with fathers who use DFV but less evidence of partnering with mothers. This level of analysis suggests that practice improvement needs to be balanced across all domains of the Safe & Together Model if the safety and wellbeing of adult and child victims/survivors are to be enhanced.

David Mandel and the Safe & Together Institute's resources have therefore been critical in providing a framework for organisational cultural change in order to support intervention with fathers, ensuring attention is given to the impact of their parenting on children, and attention to the safety of women and children. The Safe & Together Model not only supports internal organisational and professional development but it supports interagency collaborative working and systems-wide cultural change to move toward DFV-informed proficient practice (see Section 3 of this report).

A helpful way to think about the cultural change required across organisations is to approach the notion of capacity building in terms of layers of change. While coming from the

corporate world, the Nous Group developed seven "levers" of culture that are helpful for thinking about organisational cultural change as it may be required within and across organisations. The levers relate to:

- leadership commitment or what is modelled;
- values and behaviours or what is expected;
- workforce capability or who is equipped;
- recognition and consequences or what is reinforced;
- practices and procedures or what is habitual;
- underpinning structures or what enables; and
- monitoring and evolution or what is measured (Nous Group, 2018).

Research aims and questions

The Invisible Practices project aimed to research a current practice lacuna, namely the skills required by CP and other statutory and non-statutory service workers, to work with fathers who use violence, while simultaneously developing the workforce capacity of CP, family and other services working with fathers who use DFV. In doing so, it sought to utilise and integrate the existing research, the expertise that practitioners in four states brought to the project, and the skills and knowledge of the US-based Safe & Together Institute's consultants, to develop guidance for practitioners and their organisations. In short, the project endeavoured to:

- increase workforce capacity for statutory and non-statutory services responding to fathers who use DFV;
- support the development of evidence-informed guidelines for frontline practitioners, their team leaders and managers; and
- strengthen the Australian evidence base for the DFV-informed Safe & Together Institute approach.

The research questions that drove the project were:

1. What do practitioners require from their organisations and/or other organisations to support them in working with fathers who use violence?
2. What evidence is there that the capacity building of CoPs, supported by coaching and supervision from David Mandel and colleagues from the Safe & Together Institute based

in the US, provides increased experience of safety and support for practitioners?

Methodology

A mixed methods research design was used with five elements to inform the research design: the action research framework; the literature review; the CoPs in conjunction with Project Advisory Groups (PAGs); identifying practice developments; and a national workshop. Each element drew on the different methods even while collecting different types of data from different participants (Creswell, Klassen, Plano Clark & Smith, 2011). A Time 1 and Time 2 questionnaire was used to provide a measure of change over time for participants and their organisations. “Ethnographic notes” were kept to document the work of the CoPs, while focus groups were held at the end of the project to garner worker reflections on both skills development and organisational capacity building. The process of data collection was “organic”: no single method for collecting data answered a particular research question. Each method contributed to answering both of the research questions. A brief description of each element is provided followed by a more detailed discussion of each of the approaches including more details of context, participant numbers and recruitment processes. In the sections that report on “findings”, the sources of data are indicated, where appropriate.

Action research framework

An action research framework underpinned the project and contributed responses to both research questions.

Action research is a combined strategy for inquiry (research and learning) and development (practice and action) in which a problem or situation is identified for improvement, interventions for change may be planned, and in which problems or challenges are solved through iterative cycles of reflection and review (Graham & Tetroe, 2009; Wadsworth, 2016; Wicks, Reason, & Bradbury, 2008).

In this project, the challenges facing practitioners investigating and engaging fathers who use violence in their relationships, and strategies identified to address these concerns were documented by state-based researchers. At the same time, a process of continuous reflection about what approaches worked, and why, was undertaken and recorded as ethnographic notes and as a form of “institutional ethnography”, in that the practitioners are the experts of their work and the ethnographer’s work is to “learn from them, to assemble what is learned from different perspectives, and to investigate ... their activities” (Smith, 2005, p.225). The ethnographic note-taking was a way of recording the practitioners’ accounts of their actions in terms of:

- what they “ought” to be practicing within their institutional contexts;
- what they said they were doing or trying to do; and
- their reflections and observations on what was missing or challenging.

These insights guided future actions in an iterative, highly participatory process, and informed the development of the practice guidelines and the case practice scenarios that appear through Section 4 of this report on the findings into improving practice.

Through the action research process, an alternative model of practice and knowledge generation also became evident. This was one of “practice-led knowledge”, to be understood as knowledge developing out of actions or practices within particular social, political and physical contexts. Knowledge emerges through a complex interplay between practice, knowledge and the contexts within which it is generated as awareness or consciousness of practice as it occurs (Wagenaar & Noam Cook, 2011). The work undertaken by participants in the project’s CoP (outlined below), meant that it became possible to harness existing, albeit undocumented, good practice, experience and evidence from the different stakeholders’ perspectives. These perspectives were combined with input from the Safe & Together Institute approach to DFV practice, which, in turn, was generated from the practice led knowledge of its founder, David Mandel.

Ethnography is both a theoretical and methodological form of qualitative inquiry, which aims to understand and detail social practices, behaviours and perceptions occurring

in groups, organisations and communities. Drawing on participant observation, it aligns strongly with an action research methodology because the researcher simultaneously guides the research while being a part of it (Madden, 2017; Wadsworth, 2016). The “ethnographic field” of this research constituted:

- the planning meetings involving the researchers and the Safe & Together Institute consultants;
- the learning space of the training provided by the Safe & Together Institute consultants to the practitioner participants and researchers involved in the CoPs; and
- the content of discussions during the CoP and PAG meetings.

Data were systematically collected during virtual and actual meetings and from secondary sources. The ethnographic data coalesced around three key domains (see also Appendix A, lines C, D and E):

1. The rationale for participant involvement in the project and site-specific context of each CoP. This largely involved researchers describing relevant state issues of significance and descriptions of who was in each CoP and PAG, and why.
2. Capacity building as it related to practitioners, organisations and processes. This drew on researchers’ focus group notes (thematically coded) about reflections on: what worked; researchers’ summary of individual COP participants’ influencing sheets that recorded their “influencing” activities undertaken during the life of the project; and data extracted from the T1 and T2 questionnaires.
3. The thematic content of key themes and issues for practice improvement for intervening with fathers who use violence, including the Safe & Together Institute principles and critical components. This comprised researchers’ notes of the training, successive CoP meetings and the national workshop.

The research team adapted a template used in the previous, related, ANROWS funded PATRICIA project to provide the theoretical and practical basis for multi-site research (Humphreys & Healey, 2017; Stake, 2013). The pre-prepared note-taking template supported a systematic approach to the ethnographic note-taking across the four state sites (Madden, 2017). Overall interpretation and synthesis of the ethnographic notes were undertaken by one of the Chief Investigators at

the University of Melbourne with constant cross-checking by relevant research team members (see Appendix A: Invisible Practices state-based report template).

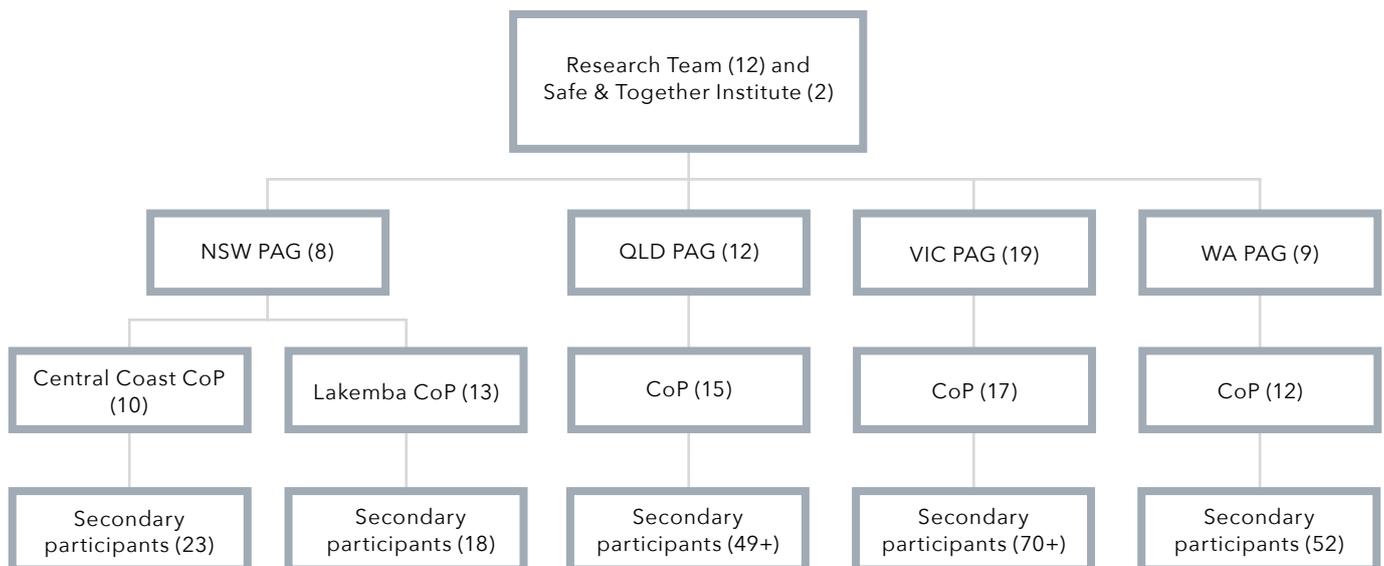
Research teams at the University of Sydney, the University of Melbourne, Griffith University and Curtin University formed a virtual, national research team led by the Chief Investigators based at the University of Melbourne, with David Mandel and Kyle Pinto of the US-based Safe & Together Institute providing support. Researchers from each site met regularly in a virtual environment to ensure both support and the coherence of the project.

Each state established a Project Advisory Group (PAG) to support the project. Members were executive officers or senior managers of either government or non-government organisations (NGOs) and came from a mix of policy, management and practitioner backgrounds (see Appendix B for a list of the organisations represented on each PAG). They were approached by one or other of the site’s Chief Investigators based on their involvement in previous research to practice collaborations (including the PATRICIA project). The research teams in each state were thereby a conduit between the work undertaken in the lead up to, during and following the work undertaken in the CoP, and by members of their respective PAG. The PAGs provided an important authorising environment for practitioners to participate in the project as well as a source of feedback, information and advice about the impact that practitioners’ involvement in the project was having in their programs. The PAG were also asked for guidance on what outcome measures for women and children might be feasible in the future in order to evaluate the impact of worker practices. This was a similar process to that adopted in the PATRICIA project.

Figure 1 shows the project’s participants:

- the research team and Safe & Together Institute’s consultants who worked together on the context of the project;
- each state site’s PAG;
- the primary or CoP participants who were senior practitioners; and
- the secondary participants who were colleagues of the CoP participants.

FIGURE 1 Project participants



Note: the number in brackets represents the number of participants (the '+' indicates participants in excess of the number indicated)

Literature review

A literature review commissioned by the Australian Institute of Family Studies, undertaken by Humphreys and Campo (2017), supported the project by contributing to the first research question: What do practitioners require from their organisations and/or other organisations to support them in working with fathers who use violence?

This review determined what relevant studies existed, summarised and reported on the results and assisted in identifying the direction for the action research process in determining the problem to be addressed and the directions for practice improvement. In keeping with Arksey and O'Malley's (2005) scoping review methodology, this did not involve assessing the quality of evidence in the selected literature; rather, its aims were twofold. The first was to identify the national and international research on "whole of family" approaches to DFV where fathers remain at home or closely connected to their children and partners or ex-partners. The second was to identify the organisational support and practice skills that are required to work with DFV fathers when they remain at home or in close contact with their children.

Communities of Practice (CoPs)

Six state-based, two-hour long workshops in each of the four participating states (NSW, QLD, VIC and WA) were

held from August to December 2017. The workshops were "themed" and operated like CoPs. CoPs are an effective way of sharing knowledge and acquiring skills by working collectively and regularly on a shared problem or challenge; namely, the research questions around working in safe ways with families with fathers who are in the home or have substantial contact with their children (Wenger, 1998). This CoP model was therefore akin to a guided or curated process rather than other models where the group (or the "community") comes together to address themes or issues arising from the participants. CoPs have been used in a wide range of research and practice areas (Blackmore, 2010).

At the heart of a CoP are three structural elements:

1. A domain which engages a group of individuals who are committed and engaged with the subject (in this project, intervention with fathers who use DFV).
2. A community which binds itself together through the quality of relationships and ideally reflects the diversity of approaches and experiences required for leading-edge innovation (practitioners engaged and challenged by day to day practice in this area).
3. Practice developed in each community by sharing the knowledge of practitioners including the repertoire of tools, frameworks, methods and stories (Snyder & Wenger, 2004).

TABLE 1 Number of primary and secondary participants (at the start of the project)

| Research site | Number of primary participants | Number of secondary participants* | Total |
|---------------|--------------------------------|-----------------------------------|-------------|
| NSW | | | |
| Central Coast | 10 | 20+ | 31+ |
| Lakemba | 13 | 18 | 28 |
| QLD | 15 | 50 | 65 |
| VIC | 17 | 70+ | 87+ |
| WA | 12 | 52 | 64 |
| TOTAL | 65 | 210+ | 275+ |

*The number of those who participated in the project overall was approximate because of movement in and out of the project (for example, a participant's unexpected exit from employment meant leaving the project), and because not all "primary participants" provided names of all of their "secondary participants".

CoP participants

Participants in the CoPs were practitioners from CP, other statutory and non-statutory organisations, the respective state's research team, and one of the Safe & Together Institute consultants who "joined" each workshop via video conferencing. Aboriginal workers were involved in each CoP to ensure practice development addressed issues specific to their communities. A member of each state-based research team worked "ethnographically" to document the practice and policy issues and de-identified examples that practitioners brought to each workshop (in a process similar to that used to collect data from each PAG).

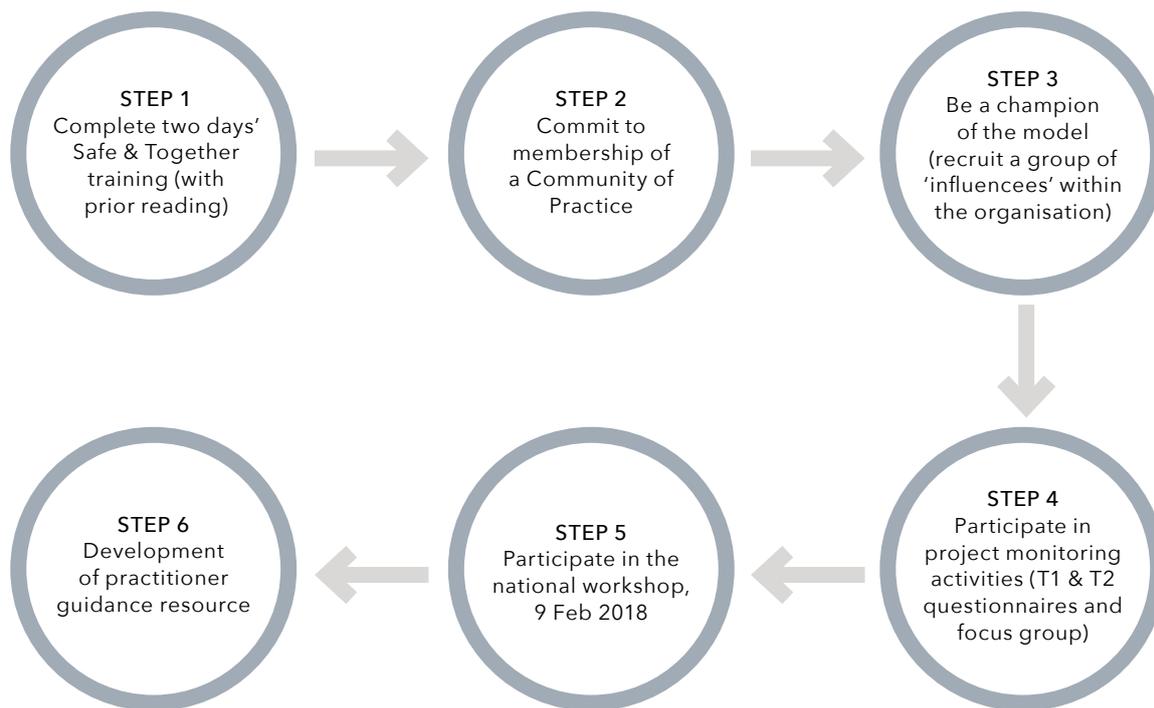
Practitioner participant numbers varied across the states owing to the number of organisations involved and the mode in which the CoP operated; that is, face-to-face or virtually. In addition, the research team in NSW decided to run two CoPs in different local areas with one being supported by a Safe & Together Institute consultant, Kyle Pinto, and the other supported by the Chief Investigators (Associate Professor Lesley Laing and Dr Susan Heward-Belle). This occurred because of the high level of enthusiasm for involvement based on the previous engagement with the PATRICIA project, as well as the strong practitioner background of the two Chief Investigators.

Table 1 indicates the number of primary participants attending each CoP at the start of the project. At the beginning of the project, the CoP participants were asked to identify the colleagues they sought to influence over the course of the project. The "secondary participants" were referred to in this

way because they were neither trained directly by the Safe & Together Institute nor participated directly in a CoP. The '+' symbol indicates that some CoP had a variable number of people that they influenced or their method of influencing was amorphous (for example, it may have included a number of justice staff who collectively accepted practice change). WA opted to involve only CP participants who were located in seven regional and five metropolitan areas across the state and meeting in a "virtual" CoP, while the other sites had a combination of CP, community sector organisation (CSO) and other workers (including police, probation and parole). All participants were senior practitioners who had either expressed a wish to be involved or were approached by management to participate and had agreed to be involved. It was seen as essential by the research team that each organisation commit to two practitioners attending so that they had the 'critical mass' to support each other in a practice change process.

To ensure that the coaching and feedback from the Safe & Together consultants could be used most effectively, participant numbers in each CoP were limited. The research team were also part of the CoP, and stressed through the early establishment of ground rules that the CoP must be a safe and respectful workspace where no individual's practice was being judged, but rather the challenges or inhibitors to organisational change and to enhancing organisational capacity could be aired and reflected on. The role of the Safe & Together Institute consultants was to guide and coach experienced practitioners in their respective organisational contexts.

FIGURE 2 Practitioners' role in the project



Prior to the state-based workshops, each state's workshop participants received an information sheet (see Appendix C: Information) and pre-training material from the Safe & Together Institute's resources, and attended a two-day, face-to-face training workshop with either David Mandel or Kyle Pinto. This training laid the groundwork for organisational and practice development, which was further supported through coaching from the Safe & Together consultant during the workshops. To be eligible to participate and, in addition to the pre-learning work and two-day training in the Safe & Together Model, practitioners were asked to commit to several tasks. These are depicted in Figure 2: Practitioners' role in the project.

Members of the PAGs who were executive officers or senior managers of participating organisations, in conjunction with each site's research team, worked together in determining the number and programmatic type of participants involved in the CoPs. For example, CP, DFV specialist services and family services were involved in NSW; CP, DFV specialist services, police and corrections and parole in QLD; CP and family services in VIC; but only CP in WA. Each state site used a different rationale for the makeup of their CoPs owing to significant state-specific issues. These are discussed in detail in Section 3 as they relate to the practice knowledge practitioners brought to the CoPs and their integration of new learning about the Safe & Together Model (see Appendix B: Organisations represented in the project's PAGs and CoPs).

Identification of practice developments

The identification of practice developments drew on different types of data to provide an answer to the second research question: What evidence is there that the capacity building of the CoPs (workshops), supported by coaching and supervision from the US-based Safe & Together Institute, provides increased experience of safety and support for practitioners?

Data were collected by means of:

- Ethnographic documentation of the learning and "influencing work" gathered from CoPs discussions.
- Examples of "influencing work" provided by 16 participants in written form, using the Influence Recording Sheet template developed by the research team. A further 15 participants in one research site completed an action plan that was part of the Safe & Together Institute training guide for participants. The latter were useful for participants to monitor their own "influencing work".
- A final reflective focus group involving the state-based workshop participants at the end of Workshop 6 (see Appendix D for Focus Group questions).
- Time 1 and Time 2 Questionnaires were undertaken by workshop participants along with their nominated colleagues they elected to influence, before and after the meetings of the CoPs (see Appendices E and F for Questionnaires). Unless otherwise stated, this report draws on the analysis of the 96 respondents who did both questionnaires, that is, Time 1 and Time 2. However, there were a total of 218 respondents who completed the Time

1 questionnaire (this includes: the 96 who completed both Time 1 and Time 2; and another 122 who only completed Time 1); and a total of 122 respondents who only completed Time 2 (including the 96 who completed both questionnaires; and a further 16 who only completed Time 2). Of the 96 who completed both questionnaires:

- There were 65 “primary participants” at the start of the project, and 38 of them (58%) responded to the Time 1 and Time 2 questionnaires.
- There were more than 210 “secondary participants”, and 58 (28%) of them responded to the Time 1 and Time 2 questionnaires.

We wished to assess for any potential practice developments in specific areas of client engagement that participants viewed as a result of the training and coaching they received in the Safe & Together Institute DFV-informed approach to working where children were involved. These included changes they implemented during the life of the project, along with the challenges they faced in doing so.

Each state-based research team was sent a link to the online survey software tool, Survey Gizmo, to then send on to their CoP participants. Primary participants were, in turn, encouraged to forward the invitation to participate in the questionnaire to their respective “secondary participants”: that is, those they identified as colleagues they would attempt to “influence”. All respondents were required to provide their first and last names, to establish who had completed Time 1 and Time 2 Questionnaires from those who only completed one or the other (at which point identifying answers were erased). In this way, it was possible to assess any change in overall responses across the lifetime of the project. As the methodology of this project asked CoP participants to be champions of practice change in relation to their colleagues and teams, it was important to extend an invitation to these secondary participants.

Questionnaires were downloaded onto the Statistical Package for the Social Sciences (SPSS) for cleaning and analysis of the data. Simple frequency counts and testing for significance on discrete variables were undertaken. Open-ended questions about the participants’ organisations were also analysed.

It was important to gather qualitative and quantitative data from participants about these different aspects of their involvement in the project. The research team asked participants to fill in the Influence Recording Sheet to keep track of the activity they engaged in when it occurred, who was being “influenced”, a brief description of the content and to describe any significant outcomes (see Appendix G for Influence Recording Sheet).

During the CoP sessions, a member of each research team took detailed ethnographic notes about the challenges participants brought to each workshop. This included challenges in relation to influencing their colleagues; their views and assessments relating to their experience of being involved in the CoP; and the nature of influencing work in their respective organisations or programs.

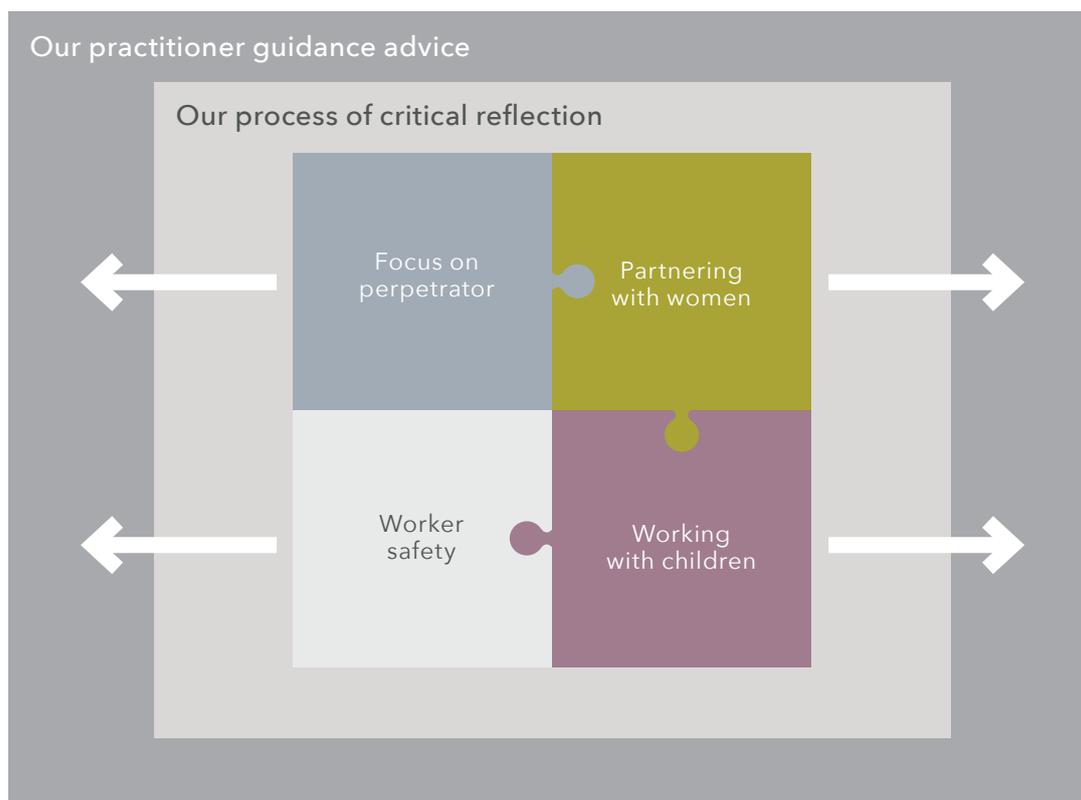
CoP participants were asked to attend a focus group after the last time they met as a group. This gave participants an opportunity to reflect on potential practice change against specific parameters of the Safe & Together Model (see Figures 6 and 7). For example, the Time 1 Questionnaire asked questions about the respondent’s current practice in terms of the frequency of applying the skills of:

- assessing for perpetrator patterns of abuse;
- identifying the impact of the perpetrator’s patterns of abuse on child and family functioning;
- working in partnership with adult victims/survivors in a way that builds on their protective strengths;
- safety planning with the adult victim/survivor; and
- developing case plans to intervene with the perpetrator.

In addition, we asked respondents to: provide demographic information about their geographic location, program type, professional role, cultural background, previous exposure to Safe & Together Institute learning activities; and to answer two open-ended questions to comment in detail on what they thought their organisation did well and where they perceived their program or organisation needed to improve skills.

In the Time 2 Questionnaire, the same questions were asked, but an additional question was inserted after each that

FIGURE 3 Themes for discussion at the national workshop



asked if they observed an improvement in their skills since involvement in the Invisible Practices project.

Interestingly, the researchers had assumed that the changes from Time 1 to Time 2 would provide a rich data source for the project. However, in the focus groups and the open-ended questions, participants recognised that they had over-estimated their competencies at Time 1 and therefore the practice changes that they identified at Time 2 did not reflect the significance of the changes to practice they experienced.

Areas of consensus across the workshops were highlighted in order to contribute to the development of the practice guidelines and feasible outcome measures of safety, support and accountability in this area of practice.

The national workshop

A one-day delegate-funded workshop was held at the University of Melbourne in February 2018 to which participants of the project were invited. Most of the 52 participants were practitioners who had been involved in a CoP and while there was representation from the four states, the majority were from Victoria.

The purpose of the day was to utilise the research and practice knowledge acquired during the training and CoP phases of the project in order to develop practical guidance about working with fathers who use violence and control for practitioners. The means by which such guidance was to be developed was through an iterative process of critical reflection of data already collected during the Safe & Together Institute training, the workshops, the focus groups and through an intense day of critical reflection at the national workshop, followed by further synthesis of the data gathered. The day's work was organised according to four of the key themes focused on during the CoPs phase: the focus on the perpetrator of DFV and control; partnering with women; working with children; and worker safety (see Figure 3: Themes for discussion at the national workshop).

A case scenario was provided to participants for each theme (these scenarios are similar to the three that appear in Section 4 of this report). Working in small groups, participants worked in one hour-long periods on each theme through the day, discussing a series of questions relating to the theme and using the scenario as a springboard for discussion. Each table was also asked to consider applying an “extra lens” to the pre-prepared scenario for that theme's session, if they had time to do so. They were asked to consider “what if” the case involved

FIGURE 4 Template for recording group’s discussion of theme

| | |
|--|---|
| <p>SCENARIO (circle the relevant one)</p> <p>1. Focus on perpetrator 2. Partnering with women</p> <p>3. Worker safety 4. Focus on children</p> <p>The extra LENS we’re using _____</p> | <p>What’s important to our practice? (In one sentence.)</p> |
| <p>Who was spoken to? Is there anyone else who will need to be in the picture?</p> | <p>What are the key conversations to have and questions to ask? (Be specific with questions and phrases.)</p> |
| <p>What’s important to review and document?</p> | <p>What key resources are required to support the practitioner?</p> |
| <p>How would DFV-destructive practice differ from DFV-proficient practice?</p> | <p>Any other thoughts relevant to practice guidance in this theme?</p> |

the following: a newly-arrived refugee family; a child with autism in the family; a mother with a cognitive impairment; a same-sex parent family; an adolescent perpetrator; and a father with previous allegations of child sexual abuse with children not currently in the household. These additional case elements were rotated around the small groups over the four sessions of the day. A scribe within each small group captured the essential points of the discussion on a record sheet developed for the purpose, as illustrated in Figure 4.

Methodological challenges

There were three challenges that the research team faced during the project.

The first related to the development of a project-specific questionnaire that could be delivered twice to primary and secondary participants to assess changes to how they and their organisations were faring in implementing practice changes as a result of their participation in the Invisible Practices project. We had originally planned to use a validated tool to measure organisational capacity building. However, upon piloting, it was clear that it did not relate closely enough to the parameters of organisational change relevant to this project. A customised questionnaire was therefore developed to attend to change in skills, knowledge and organisational change (See Appendix E and F).

The second challenge was the knowledge that it would not be feasible to fully explore outcome measures to assess the impact of improved practice by workers on outcomes for women’s and children’s safety and wellbeing in a project of such relatively short duration. It was agreed that this was an important issue, but one which is recommended for further research in a future project.

The third challenge related to the original intention of having a comparison group of practitioners against which baseline measures of the practitioner knowledge and confidence in DFV intervention could be deployed. In consultations involving the research team and PAG members in each of the states, it was deemed not feasible. The reasons varied across the four states but overall, the “practice space” was perceived to be in such a state of flux, with considerable experimentation in different service sectors, that it would be impossible to identify a “control group” within a geographic and socio-political context of sufficiently “like” circumstances. In other words, there would be nothing gained from comparing “apples” with “oranges”.

The structure of the report

The next section of the report summarises what can be learned from current international and national literature on working with fathers who use DFV (Section 2). This is followed by a

section that details the site-specific context and issues facing practitioners and policy-makers working in this area in the states of NSW, QLD, VIC and WA (Section 3). It provides an overview of the DFV-informed Safe & Together model of child welfare and the resources available to participants in this project, as well as an explanation of the planning work the research team undertook with the consultants, David Mandel and Kyle Pinto, in preparing the themes to be covered within the CoPs.

This report integrates the findings drawn from all of the elements of the project including: the CoPs, the focus groups, the influencing sheets, the meetings of the PAG's and the primary participants' influencing record sheets. It does so in order to explore the findings to improve practice (Section 4) and the findings relating to the strategies, achievements and challenges of the capacity building approach to improving practice in working with fathers who use DFV (Section 5). Interspersed through Section 4 are tips, example questions and case scenarios for practitioners to use as guidance when working with fathers who use DFV. Section 6 synthesises the practice guides and, in conclusion, looks at what "engagement" with fathers who use DFV means in the context of working with both adults and children, as well as discussing possible ways forward in measuring outcomes for women and children's safety with improved practice.

Section 2:

Literature review

The literature review for the Invisible Practices project was undertaken by the Principal Chief Investigator for the project, in collaboration with a senior researcher at the Australian Institute of Family Studies (Humphreys & Campo, 2017). The review was done as a prelude to the commencement of Invisible Practices and was published by the Institute as part of its Child Family Community Australia series (available at <https://aifs.gov.au/cfca/publications/fathers-who-use-violence>).

The questions driving the review were:

- What is the practice or evidence base for working with families where the perpetrator remains in the home?; and
- “Are there safe ways to work with women and children living with a perpetrator of DFV, or for women and children who still have significant contact with a perpetrator post-separation?” (Humphreys & Campo, 2017, p.4)

For inclusion in the review, DFV had to be the primary focus. Grey literature prior to 2005 was not deemed relevant to current practice and was therefore excluded, as was literature focusing only on men’s behaviour change programs, and literature relating to conferences, seminars and webinars.

Five bodies of literature were identified as potential sources of evidence for working with families where the father remains home or in close contact with children. These were:

- home visiting by nurses;
- restorative justice approaches;
- couple counselling;
- statutory CP investigations; and
- interventions with vulnerable families/whole of family approaches (Humphreys & Campo, 2017, p.50).

Key messages from the literature

The review of the five domains of practice indicates that there was “no single definitive approach to intervention” (Humphreys & Campo, 2017, p.5) in working with fathers who remain in the home or have significant contact with their children. There were, however, several key messages, which are reproduced verbatim from Humphreys & Campo (2017, p.2):

- In situations of DFV, non-offending parents (mainly but not exclusively mothers) are not always in a position to separate from an abusive partner. Separation may result in escalating violence, homelessness and poverty, even a loss of residential status.
- Very little evidence exists of effective, safe practice where there is DFV and mothers and fathers remain living together, or when they are co-parenting a child/ren.
- A range of different responses have been developed from different areas of the service system to respond to families living with DFV, including nurse visitors, couple counselling, restorative justice, CP and whole of family approaches with vulnerable families.
- Where services have been developed, there are generally stringent conditions that support safety for all parties, including workers, when working with fathers who use violence.
- Statutory CP workers are required to work with families even when there are risks of harm. All other workers in the interventions reviewed circumscribe work through risk assessment processes to establish whether it is possible to work with the family without increasing the risk of harm to family members or workers.
- Whole of family approaches that engage each member of the family where there is DFV and focus on parenting represent emerging practice, with some promising developments.
- Workforce development is critical in an area where skilled work is essential to support the safety and wellbeing of all involved.
- The documentation of evidence of domestic violence and the specific details of the impact of poor fathering and the undermining of the mother-child relationship are crucial aspects of the CP investigation... (Humphreys, Healey & Mandel, 2018). Without this evidence, the child’s case for protection and support will be significantly undermined.

FIGURE 5 Considerations when working with fathers who use DFV

| Generic | Specific to child protection |
|---|---|
| 1. Focus on safety of the women and children | 8. Working with police; for example, through joint interviews or when visiting family homes |
| 2. Centre-based programs as the loci of intervention | 9. Structuring interviews with domestically violent fathers requires organisational supervision and support and a flexible approach to opportunities to interview in the home |
| 3. Worker training | 10. Cultural safety and support when working with Indigenous, refugee and migrant families |
| 4. Assessment processes particularly initial but also risk assessment | 11. Building the relationship with victim/survivors |
| 5. Not all men are suitable for programs | |
| 6. Parenting is the focus of whole of family programs | |
| 7. Multi-agency working to best meet the needs of children, women and men | |

The findings of Humphreys' and Campo's (2017) scoping review provided an important rationale for working with the Safe & Together Institute during the project. The Safe & Together Model can be described as a "hybrid" model. It is an approach to DFV practice that provides guidance for statutory CP intervention as well as guidance for other services that not only engage with perpetrators as parents but offer multi-dimensional services to the whole family – perpetrator, adult and child victims/survivors. Contextual, cultural and community issues are critical, therefore, it is an approach that is supportive of Aboriginal and Torres Strait Islander and other cultural contexts.

Importantly, the model also requires attention be given to identifying and documenting the complexity of intersecting issues. These issues include matters relating to mental health, the use of alcohol and other drugs, employment status, housing security and so on, that play a role in the impacts of men's use of violence and control and on the protective and coping strategies that victims/survivors may deploy. The review found limited evidence of 'whole of family' approaches to working with family members living with DFV, whether seen together or separately. However, a number of programs were operating and in the process of gathering evidence. These included: Family Foundations (Kan & Feinberg, 2014); Fathers for Change (Stover, 2015); Healthy Relationships, Healthy Baby (Stephanou Foundation, 2015); Jannawi Family Centre Program (Jannawi Family Centre, 2015); and more recently, Growing Futures (Stanley & Humphreys, 2017).

The Safe & Together Model represents a complex systems intervention which is explicit in situating worker skills development in relation to DFV in the context of organisational change. Evaluation studies from Ohio CP services (Chaney Jones & Steinman, 2014), Florida Coalition Against Domestic Violence (David Mandel & Associates, 2010) and Queensland (Meyer & Smallbone, 2018), show promising results. The primary appeal of the Safe & Together Model lay in the customisation to the CP context and the provision of a helpful language and vision to support collaborative working across specialist DFV organisations, family services and CP (Humphreys & Healey, 2017).

Good practice indicators for working with fathers who use violence

While there was a dearth of evidence to guide practice in working with families where the perpetrator was in the home or having significant contact with women and children, several themes common to all practitioners, regardless of their profession, were identified. These were drawn from the five areas of reviewed literature. Figure 5 summarises seven practice areas that can be considered as generic to all workers when working with domestically violent fathers, and a further four practice areas which are more specific to CP workers given that these workers have little option but to intervene with families where there are concerns for children who may be at risk of harm.

Section 3:

The research sites – the context of capacity building

The Invisible Practices project occurred against a backdrop of change, especially in three of the research sites (NSW, QLD and VIC). This section provides details about the specificity of each of the research sites, the rationale for participation in the project in light of any changes anticipated; and a description of research participants. Details about the Safe & Together Institute resources are also outlined as background to the themes that were agreed upon to guide the work undertaken in the CoPs.

New South Wales

Significant reforms in NSW have had an impact in the CP and legal sectors. Legal reforms included the enactment of policies to support the 2014 Amendments to the *NSW Children and Young Persons (Care and Protection) Act 1998*, which introduced permanency reforms in NSW. The NSW government response to an independent review of the Out of Home Care (OOHC) program called *Their Futures Matter Reforms*, established new contracts for foster care and Aboriginal and Torres Strait Islander foster care service providers from October 2017 to June 2022. This involved investing \$90 million into intensive family preservation and restoration programs; introducing flexible funding packages; working with extended families and kin and creating 50 new permanency coordinator positions for Family and Community Services NSW (FACS NSW).

These reforms placed additional time constraints on CP managers, practitioners and police through increased training and workload demands. Moreover, restructuring within FACS NSW resulted in changes in staff composition. These had significant impacts on CP workers and managers at both of the two sites of research chosen for Invisible Practices; Lakemba and Gosford (Central Coast) FACS NSW offices. It meant that key personnel in leadership positions who sought to work with the research team (following on from their pivotal role as research partners during the PATRICIA project) were assigned to other duties during the Invisible Practices research. This, unfortunately, precluded them from involvement in the project. In addition, a new state-wide computer information system was introduced, which further increased workload pressures on FACS NSW staff.

In recent years, the NSW government has enacted a number of reforms including, *NSW Domestic and Family Violence Blueprint for Reform 2016–2021: Safer Lives For Women, Men And Children; It Stops Here: Standing Together to End Domestic and Family Violence* and *Going Home, Staying Home*. The reforms have significantly changed aspects of the legal and service system landscape in relation to the prevention and response to victims/survivors of DFV.

The *It Stops Here* reform includes a number of elements, which aim to improve responses to victims/survivors of DFV. These components include the introduction of the Domestic Violence Safety Assessment Tool (DVSAT). The DVSAT was introduced to help service providers identify the level of threat to domestic violence victims/survivors. There are two versions of the DVSAT, one for the NSW Police Force and one for all other service providers.

The DVSAT was complemented by other measures including:

- the establishment of Central Referral Points to receive and monitor referrals from police;
- the establishment of local coordination points to better facilitate case coordination and support for victims/survivors;
- safety action meetings for victims/survivors deemed to be at serious threat of death, disability or injury; and
- information sharing legislation.

Of particular relevance for this study were the NSW government's objectives to stop perpetrators using violence, to build supportive partnerships with victims/survivors of domestic violence and to develop the workforce capacity of professionals.

The *Going Home, Staying Home* reform is the largest reform to homelessness and domestic violence services to have occurred in NSW in recent decades. In an effort to rebalance these services in order to more effectively support and accommodate people deemed “homeless”, specialist women's domestic violence services have been incorporated into generalist homelessness services. Whether or not this changed approach has increased or decreased access to crisis accommodation and specialist domestic violence support services is contested.

Already well established in NSW were the Safer Pathway and Safety Action Meetings (SAMs). These meetings aim to create a coordinated response for high-risk clients. Agencies work proactively to provide victims/survivors and their children with the necessary support to be safer from domestic violence. SAM members may also instigate actions arising from Safety Action Plans. Forty-three SAM sites are currently operational across NSW.

Participants

CoP participants were frontline practitioners and managers involved in providing services to families with fathers who had used violence and control towards their female partners and children (see Appendix B for details of participating organisations). Twenty-three participants from statutory CP, DFV services and other NGO community-based organisations from two separate local government areas, were recruited by the research team to participate in two separate CoPs. As the Invisible Practices research extended the work of the PATRICIA project, participants were recruited through pre-existing channels. The recruitment of participants from the Central Coast and Lakemba sites proceeded in a very considered and strategic manner. This approach was taken to ensure that the “right people” (that is, those who worked closely with FACS on matters involving DFV) were involved in the CoPs.

Recruitment at Lakemba involved introducing the Invisible Practices research to participants and senior managers during a meeting attended by Lakemba CP staff members and other research partners who had been involved in the PATRICIA project. The primary purpose of this meeting was to disseminate the preliminary findings of the PATRICIA project and to introduce the potential for further research. Specifically, the Invisible Practices research was introduced, and participant information statements and advertising flyers were made available. Senior managers in FACS NSW who attended this meeting indicated their desire to involve their organisations in this research.

The next step involved asking key stakeholders within FACS to nominate agencies that they collaborated with when they worked with families where there were fathers who perpetrated

violence. Managers from the nominated agencies were then contacted by a researcher who introduced and described the Invisible Practices research. Managers who expressed an interest in learning more about the Invisible Practices research were sent an information package containing an information statement and advertising flyer. After reading the information, interested managers contacted the researcher and expressed their willingness to participate in the research.

Recruitment at the Central Coast site involved describing the Invisible Practices research, including distributing information about the project (see Appendix C: Information about Invisible Practices project for participants) and an advertising flyer at a meeting with managers at FACS. The researchers asked the CP managers to nominate agencies in their geographical area with whom they worked closely on CP matters involving DFV as a risk factor. A Chief Investigator also attended a Central Coast Domestic Violence Interagency Committee meeting to disseminate the PATRICIA findings and to introduce the Invisible Practices research. Managers who wanted their agencies to be involved in the project were asked to contact a member of the research team.

Queensland

Child protection and DFV responses in Queensland have been shaped over the past 3-5 years by the release of two significant reports; the Carmody Report titled *Taking responsibility: a roadmap for Queensland Child Protection* (Queensland Child Protection Commission of Inquiry, 2013), and the Bryce Report titled *Not now, not ever: Putting an end to Domestic and Family Violence in Queensland* (Special Taskforce on Domestic and Family Violence in Queensland, 2015). The Queensland Government is committed to implementing the recommendations contained in these reports. Both reports highlight the significant impacts that DFV have on children. Further, both reports highlight the need for interagency responses to DFV and CP, to ensure the safety of women and child victims/survivors. In response, there has been an increased focus on capacity building and training for child safety workers, to increase their awareness of DFV, and to strengthen their practice in these cases.

The Queensland component of the Invisible Practices project was undertaken in Caboolture, in the Moreton Bay Region. The rates of DFV in Moreton Bay were 643 per 100 000 people in 2013/2014 (Special Taskforce on Domestic and Family Violence in Queensland, 2015), giving Moreton Bay the highest rates of DFV in South-East Queensland and the fifth highest rates in Queensland. Services in Caboolture have taken positive steps to address DFV. This has included establishing an integrated response to DFV matters. For example, the Partnership Response at Domestic Occurrences project provides a social worker from Caboolture Domestic Violence service to be located within the Queensland Police Service (QPS), to provide direct support to victims/survivors of DFV; and the local CP office, the Caboolture Child Safety Service Centre, has a specialist worker from the Walking with Dads program present in the office to consult with CP officers on DFV cases. Walking with Dads is a four-year trial program which aims to equip CP workers with tools to better address cases where harm is caused by fathers to mother and child victims/survivors. Caboolture has been involved in the program since 2016. Walking with Dads draws on the Safe & Together Model and, importantly, is undergoing a 3 year independent evaluation. Practitioners from the Caboolture CP office also received training from Safe & Together, as part of the Department of Child Safety, Youth and Women's commitment to providing Safe & Together training to CP workers. Over 1500 workers in Queensland have received various levels of Safe & Together training.

Participants

Fifteen participants from Caboolture were recruited to take part in the CoPs. Participants were front-line practitioners, team leaders and managers from CP, DFV (including MBCPs), justice services (including police, probation and parole), and family services (see Appendix B). The research team were committed to ensuring that Aboriginal and Torres Strait Islander practitioners were included in the project. Both male and female Aboriginal and Torres Strait Islander practitioners were included in the CoPs, and cases involving Aboriginal mothers, fathers and/or children were presented at workshops.

The majority of participants from CP were from the one Caboolture CP centre. One practitioner worked at a regional level and was thus exposed to the practices of various CP centres. One CP worker transferred from Caboolture to a neighbouring centre during the research period. Participants from the Caboolture CP office had received training in the Safe & Together Model prior to the research commencing. Two participants worked in the Walking with Dads program and had a high level of familiarity with the Safe & Together Model. Therefore, the CP participants had prior knowledge of the Safe & Together Model, before their involvement in Invisible Practices. The majority of participants reported working collaboratively with other agencies, sat on integrated response/high-risk response teams or were embedded workers. Therefore, there was some familiarity with the practices in external agencies prior to the research commencing. Of the 15 participants, three were male and 12 were female.

Recruitment occurred through contact with a key contact in the region with whom the research team was already familiar as a result of the PATRICIA project. Agencies integral to providing responses to DFV in Caboolture were identified. Leaders from these agencies were then asked to identify interested workers who worked with fathers, mothers and young people. The key contact distributed information about the project on behalf of the research team to interested practitioners. Participant information sheets were then distributed via email to potential participants by the research team. Individuals who could commit to attending two days of training provided by the Safe & Together consultants, and the six workshops, were then recruited to participate. The research team aimed to have equal numbers of Child Safety workers, and those from other agencies, to provide balance to the CoP, and to ensure a range of perspectives were included.

Victoria

Several reforms have been set in motion in Victoria in recent years, which have had significant impacts for improving responses to children and young people, and in working with fathers who use DFV. These include:

- the Coronial Inquiry into the death of Luke Batty (Grey, 2015);

- the Victorian Royal Commission into Family Violence (State of Victoria, 2016), the two reports from the Commission for Children and Young People, one specifically related to Aboriginal and Torres Strait Islander children and young people in out-of-home care, the other on issues of DFV in child deaths (Victoria. Commission for Children and Young People (2016a & b);
- the legislative amendment to s.18 of the *Children Youth and Families Act 2005* (Vic) that will progress Aboriginal and Torres Strait Islander self-determination for children and young people;
- the Roadmap to Reform, which provides the strategies to improve children, youth and family services (Victoria. Department of Health and Human Services, 2016); and
- Victoria's new action plan, *Free from Violence: First Action Plan 2018-2021*. The last was launched in 2017 along with the establishment of a new government agency, Family Safety Victoria, charged with implementing the recommendations of the Royal Commission into Family Violence.

The proposed reforms will have far-reaching impacts for victim/survivor safety and wellbeing and for perpetrator accountability if they are successfully developed and implemented. The proposed reforms include:

- The need to develop the knowledge, skills and collaborative capacity of statutory and non-statutory services working with children and their families in the context of DFV irrespective of whether the perpetrators of DFV remain in the home or have substantial contact with child and adult victims/survivors, as well as being better attuned to working with families where the co-occurring issues - whether stemming from substance abuse, mental health, culture, criminal involvement, housing and employment insecurity - are complex;
- Review and implementation of a revised DFV multi-agency risk assessment and risk management framework that will have a greater focus on children, perpetrators and issues of diversity than the previous version. It will intersect with important related developments, including new information sharing legislation, enabling information about perpetrators' behaviours to be more readily accessible to organisations providing DFV support, as well as the

establishment of Support and Safety Hubs in the 17 human service regions of the state.

- Earlier non-statutory intervention with families living with DFV and in complex circumstances where children may be at risk of significant harm, intended to deliver more effective, efficient and ethical service responses to vulnerable families and simultaneously reduce inappropriate notifications to the CP system (Humphreys, Healey, Kirkwood, & Nicholson, 2018).

Participants

As with the other research sites, the research team approached some of the stakeholders who had been involved in the PATRICIA project. This included No to Violence, a peak body that represents organisations and individuals working with men to end DFV. It included the Victorian Aboriginal Child Care Agency (VACCA), which is the lead Aboriginal child and family welfare organisation in the state that supports the rights of Aboriginal children and young people. And it included the Office of Executive Director in Melbourne's North Division of the Department of Health and Human Services, within which CP is located and with whom the research team had worked closely over the years in developing a multidisciplinary process for the triage of police DFV reports.

It was of strategic importance, given the reforms and implementation of the recommendations of the Family Violence Royal Commission (Victoria) (FVRC), that child and family services were invited to the table. The research team understood that these organisations would be interested in participating for two reasons: the first being that they would be seeking to build their knowledge and skills in working with the whole family in situations of DFV; and the second was the likelihood that they would be one of a number of organisations co-located within the new Support and Safety Hubs to work collaboratively with families. As a result, we specifically approached the Centre for Excellence in Child and Family Welfare, which represents over 100 Victorian organisations working with child and family services and with whom the Principal Chief Investigator had a close relationship over the years.

FIGURE 6 The Safe & Together Principles (reproduced with permission)



The final make-up of members of the CoPs included: two senior CP practitioners (one from the Office of Professional Practice and the other from one of the metropolitan divisions); a practitioner from VACCA (who unfortunately left the organisation during the life of the project); and 16 practitioners from eight child and family service organisations, of which four practitioners were involved in specialist DFV programs within their organisation. Aside from the CP participants who came from different offices, each organisation sent two practitioners who wished to be involved in the project.

Western Australia

The then Department of Child Protection and Family Support, now Department of Communities (the Department) were invited to be a part of the Invisible Practices project in early 2017 following the successful completion of the PATRICIA project. At this early stage, the Department requested that the project run internally due to the relative infancy of the development of the state's integrated system as well as exposure to the Safe & Together Model. Senior staff felt that there would be greater scope for improvement of practices if the focus remained internally within the Department. The Invisible Practices project provided the opportunity to invite 12 CP practitioners from across Western Australia to participate in the project. The Department was encouraged to invite a combination of staff from metropolitan and regional offices and, where possible, to include experienced Aboriginal and Torres Strait Islander practitioners, CP workers and team leaders.

Participants

Participants were selected through a combination of recommendations by PAG members while others volunteered

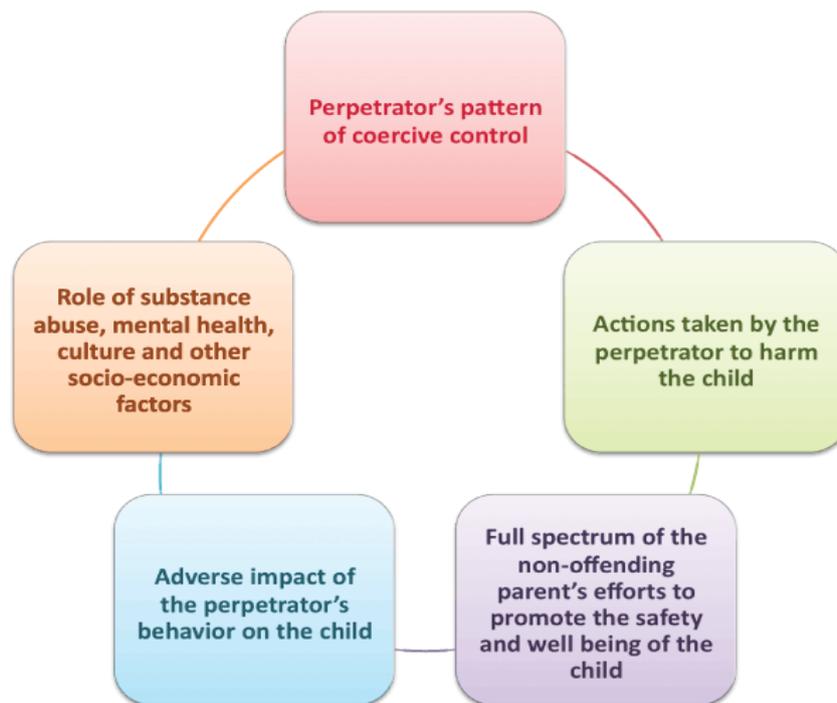
following an expression of interest invitation sent out by the Department. By the start of the Safe & Together Institute training, Western Australia's CoP consisted of 12 practitioners drawn from across the Department and included: seven regional and five metropolitan positions, with specific roles being made up of five team leaders, four senior CP workers, one CP worker and two Aboriginal practice leaders.

The Safe & Together resources and support

The Safe & Together approach is a "field-tested model for good collaborative practice" where DFV requires intervention and prevention (Humphreys & Healey, 2017, p.33). It is eminently transferable to diverse contexts, for example:

- for use by practitioners who are working in communities that have experienced oppression and socioeconomic disadvantage, as in Aboriginal and Torres Strait Islander communities;
- for use by practitioners working in and across justice, health and human services; and
- for statutory and non-statutory practitioners alike.

It also supports a robust multidimensional intervention for the wellbeing and safety of child and adult victims/survivors. It does this in mutually reinforcing ways through its foundational elements, which should never be isolated from each other. The foundational elements of the Safe & Together Model are its three core principles and critical components, shown in Figures 6 and Figure 7 respectively (Safe & Together Institute, 2018b).

FIGURE 7 The Safe & Together Critical Components (reproduced with permission)

As the name suggests, the central tenet is that children are best nurtured when they are kept Safe & Together with the non-offending parent (see Figure 6, Principle 1). This requires practitioners to partner with the non-offending parent as the default position (see Figure 6, Principle 2) as the most efficient, effective and ethical approach to take and in the best interests of children. It also requires genuine interventions with fathers who use violence and control to reduce the risk and harm to children. Therefore, in the larger context of working with men who use DFV, this results in a focus on “perpetrators as parents”. At the same time, the organisational and systems-wide culture within which practitioners work is critical to the success or otherwise, of moving toward DFV-informed proficient practice.

In this action research project, the demands on practitioners to improve their skills in working with perpetrators and in influencing their peers within their programs and organisations were intense. This – and the fact that they brought their own contexts within which they worked to the workshop space – was an important reason for undertaking the work in a community within which workers felt secure and free of judgement creating an environment in which to learn and support each other.

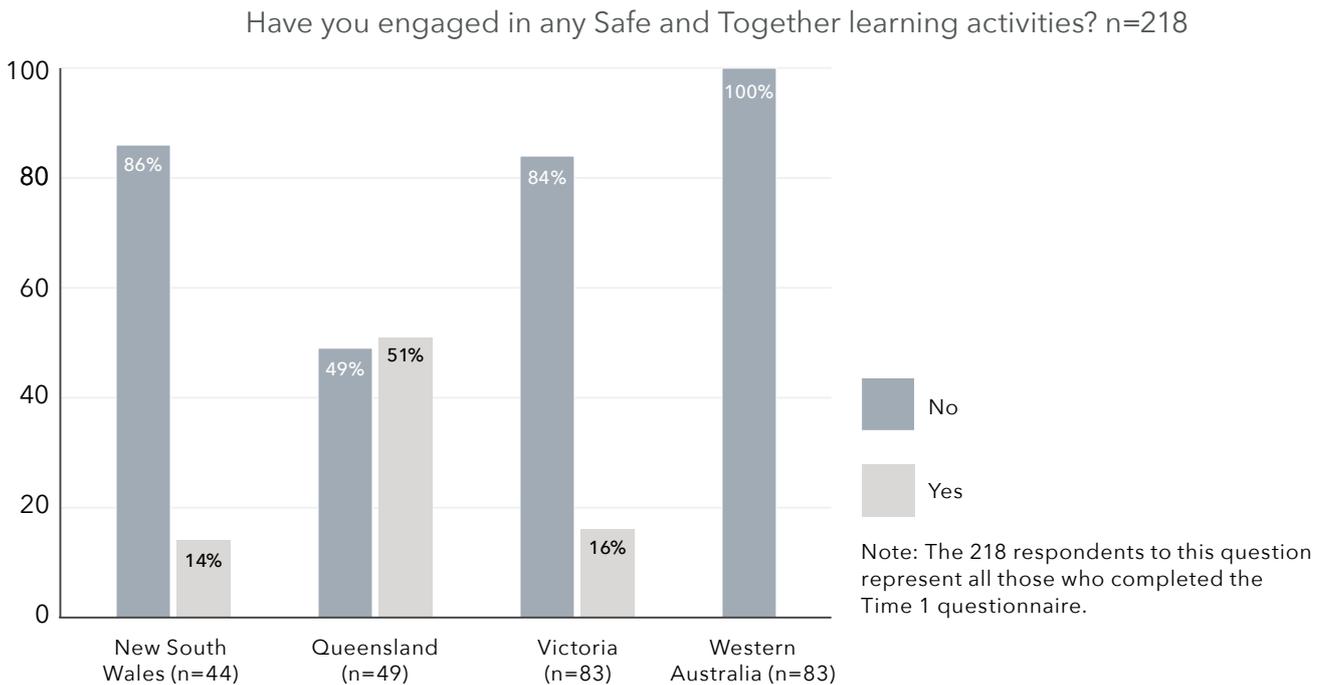
Some of the practitioners had experienced training in the Safe & Together Model prior to the Invisible Practices project; however, most had not. Figure 8 shows the proportion of 218 participants by state, who completed the Time 1 questionnaire

and had participated in any Safe & Together learning activity prior to the project, either as CoPs or secondary participants (see Figure 8). Participants in QLD had the most exposure, and none of the WA participants had any prior exposure. As this had been anticipated, the pre-learning and training material, therefore, focused strongly on introducing new practitioners to the model, while offering it as a chance to review for those familiar. Throughout the training and the CoPs, coaching by the Safe & Together consultants continually returned to the question of what it means to intervene with DFV perpetrators.

The goals of the project were clearly outlined at the start of the training to the CoP and PAG participants:

- to be able to articulate key aspects of the Safe & Together Model;
- have increased knowledge, skills and confidence related to working with perpetrators as parents;
- have increased knowledge, skills and confidence related to influencing colleagues’ and organisational practices; and
- to develop a plan to influence their colleagues around DFV-informed practice related to perpetrators as parents.

The main themes to be addressed during the training and in the CoPs had been worked through by the whole research team in a process of consensus and collaboration with the consultants during the planning phase of the project. Themes to be addressed were:

FIGURE 8 Respondents' prior exposure to the Safe & Together Model by state

- general engagement skills with male caregivers/fathers;
- partnering with women and building relationships with children;
- balancing the focus of interventions (fathers, mothers and children) in a multi-agency context; and
- issues surrounding worker safety.

There was also the intention to incorporate any additional issues, for example, in exploring how to improve existing practice tools or in discussing measures of success.

During the training, key Safe & Together material was reviewed as a way of furthering practitioners understanding of the model and its application to the focus on engaging fathers who use DFV and in influencing their target colleagues. This included looking at the importance of a shared language on which to base practice skills including assessment, interviewing,

documentation and case planning. Shared language is crucial in supporting multi-agency or collaborative working. The Safe & Together language also supports effective, efficient and ethical interventions that are more likely to lead to improved outcomes for families.

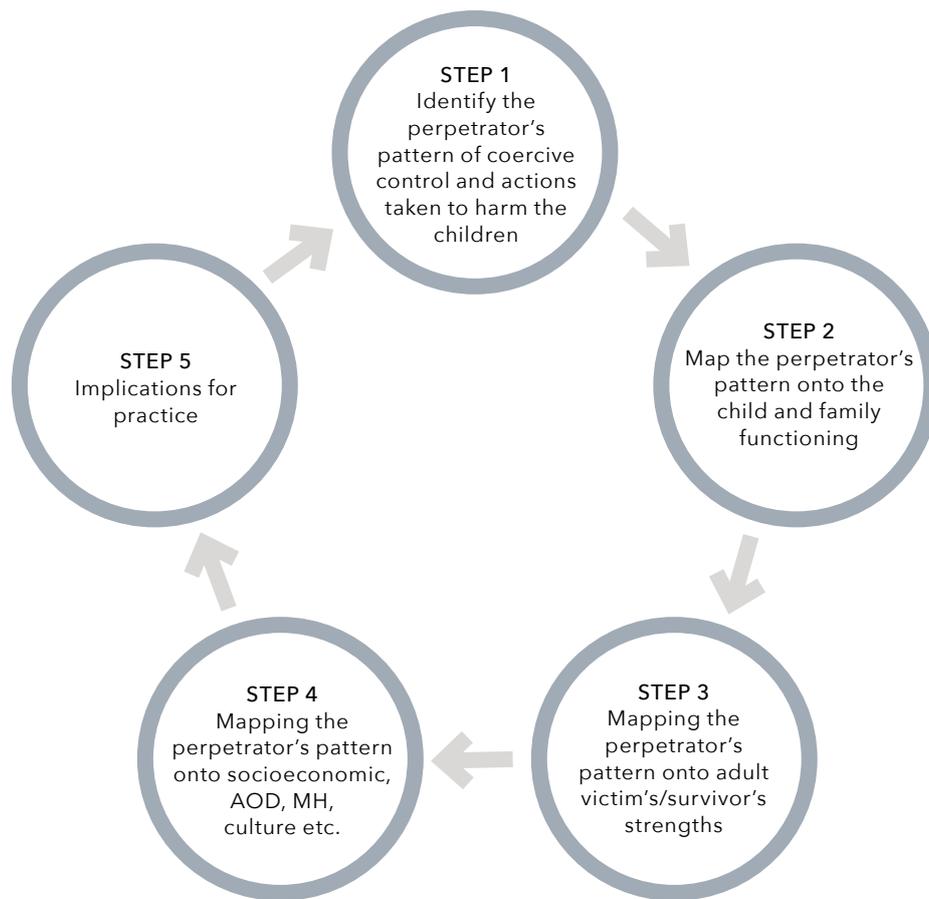
The importance of keeping the adult and child victims/survivors at the centre of work while focusing on the perpetrator as a parent and his use of violence as a “parenting choice” was continually stressed by the trainer as essential for practice change. This focus also enabled discussions of gender double standards and gaps in practice with fathers to be brought to the fore.

During training and subsequent CoPs, key questions were asked and reiterated to remind practitioners how the model’s principles support engagement with fathers who use DFV as parents. These were:

Questions to guide practice

1. Am I keeping outcomes for women and children at the centre of my practice and using the goals of: child safety; healing from trauma; and stability and nurturance, at the centre of my practice? What is the perpetrator expected to do to increase his children’s physical and emotional safety, healing from trauma and a stable and nurturing environment?
2. How am I connecting my work with the perpetrator to a partnership with the adult victim/survivor? What are her hopes and fears for the relationship and her specific concerns about safety and changes she would like to see the perpetrator make? How does my/our work with the perpetrator change my assessment of the impact of his use of violence on her and the children?
3. How am I engaging in a wide range of practices related to intervening with perpetrators as parents? Am I identifying the perpetrator’s behaviours and impact on each child and family functioning? Am I focusing on interventions with perpetrators as parents that will improve child and family functioning?

FIGURE 9 The Safe & Together Model's mapping perpetrators' patterns process



Importantly, during training, the Safe & Together Model critical components were presented as a potential template to guide practitioners' efforts at influencing their colleagues and organisations, and in raising understanding about the concept of DFV-informed practice. An important focus of the model lies in the principle that all interventions with perpetrators of DFV must occur in conjunction with partnering with the non-offending victims/survivors around safety and wellbeing for her and the children.

In addition to each CoP participant receiving detailed participant and resources guides, several conceptual and practice tools developed by the Safe & Together Institute were provided to participants during training and for their ongoing use with colleagues in their respective organisations or programs. The tools are all useful for supervision, guiding conversations and influencing others' practice. They included:

- The Multiple Pathways to Harm Framework, which highlighted several practice behaviours:
 - High standards for perpetrators as parents by linking their patterns of behaviour to outcomes for children.
 - The need to reduce gender bias by linking perpetrators' patterns to issues that are often attributed to the

victim/survivor (such as housing, school issues and maintaining family connections).

- A way of constructing an alliance with women and children by not just focusing on safety and trauma but a wider range of areas of functioning than is usually talked about at the intersection of DFV and children.
- Ways to address the needs of Aboriginal and Torres Strait Islander families by taking a more holistic or multidimensional approach to the relevance of DFV to child and family functioning.
- The need to ensure that change goals for the perpetrator are focused on what will help the family the most. This will mean including impacts of the perpetrator in relation to women and children achieving safety, healing from trauma, stability and nurturance.
- The use of a wide assessment framework that helps with engaging and motivating perpetrators by giving a wide set of domains of impact to explore with him. For example, instead of asking the perpetrator what the children saw, they ask "how did your actions that resulted in your arrest affect the overall functioning of the family; did it make the family stronger or weaker?"
- The Mapping Perpetrators' Patterns - Practice Tool (see Figure 9).

- This tool enables practitioners to document the perpetrator’s pattern of DFV and coercive control in a structured way, describing the extent and impact of the perpetrator’s harmful behaviours and actions on adult and child victims/survivors, the mother-child relationship and family functioning. Importantly, it involves mapping the perpetrator pattern onto the adult victim’s/survivor’s strengths, and onto the intersecting complexities of socioeconomic and cultural circumstances, the presence of impairment and mental health issues, and the use of alcohol and other drugs. This is a tool that allows practitioners to process cases as well as use to influence other’s practice. For example, it can be used to teach others how to think about DFV and/or as a tool to use in team meetings, or in other forms of case processing to document the perpetrator’s patterns of behaviour.
- The Case Planning with Domestic Violence Perpetrators in Child Welfare Cases tool.
 - This tool can be used by practitioners working as part of the case or safety planning with a perpetrator. It provides a list of suggested (not exhaustive) perpetrator behaviours with a description of each item’s purpose and a suggestion for evaluating the achievement of the item. For example, the father is to cease physical violence towards any member of the household (including pets). Its purpose is to set clear boundaries around future violence and to end physical harm and fear of future violence. Success could include no reports of violence from family and community, no observed indication of violence and no arrests.
- The Domestic Violence-Informed Continuum of Practice Examples (Safe & Together Institute, 2018a).
 - The Continuum is a significant resource that enables organisations to assess where they “sit” on a five-point continuum of DV-informed practice: from “DV-destructive” to “DV-proficient”.
- A series of short guides to assist practitioners and their supervisors to work in DFV-informed ways, including:
 - Specific instructions supervisors can give workers.
 - Common thinking errors in domestic violence cases.
 - Interviewing perpetrators; effective responses.
- Nine ways professionals collude with domestic violence perpetrators.

In short, the Invisible Practices project was supported by an extensive array of resources from the Safe & Together Institute.

Section 4:

Findings – improving practice

This section is organised according to the key themes that were given prominence by the CoPs. These were:

1. working with fathers who use violence and control;
2. partnering with women;
3. working with children and young people;
4. working collaboratively; and
5. worker safety.

Practice issues were noted over the course of the workshops with participants, and these are referred to within each of the relevant key themes as subthemes. These subthemes were driven particularly by the wider organisational and political contexts within which practitioners across the four states worked. The subthemes are not exhaustive but are a reflection of what was top of mind for each community's conversations with their respective Safe & Together consultant and research team.

The findings outlined in this section draw from the ethnographic notes taken during the workshops, including the national workshop, which reflect issues raised by practitioners and the consultant, as well as responses to two open-ended questions in the Time 1 and Time 2 questionnaires about what, in participants' view, their agency was doing well and in what areas improvements were required.

This section focuses on the first research question: *What do practitioners require from their organisations and/or other organisations to support them in working with fathers who use violence?*

Examples of good practice were noted throughout the course of the workshops and appear in text boxes to highlight their prominence. Some are in the form of statements; others are in the form of exemplar questions. The questions are exemplary because they derive from or are in alignment with the principles and critical components of the Safe & Together Model, as well as in alignment with, or supportive of state-specific practice models (for example, Queensland's Child Safety Practice Manual; Victoria's Best Interests Case Practice Model that guides CP workers and WA's Signs of Safety Child Protection Practice Framework). At the end of

each key theme, a case scenario is inserted with additional questions posed as a way of generating discussion and further practice guidance.

This section canvasses the broad sweep of issues that were mainly discussed within the CoPs across the four research sites. The italicised text indicates phrases that were used by those involved and indicates the source from which the comments were drawn (that is, whether from CoP, focus group or questionnaire data). Unless meaningful to the purpose for which they are replicated, no attempt is made to identify the person who articulated them other than to state whether they were a participant from CP, family services, DFV services or justice services. Nor are the state sites in which the participants are located identified. Where there is no attribution, the quotation comes from one of the Safe & Together consultants, either David Mandel or Kyle Pinto, and is nearly always in the context of a discussion involving a number of CoP participants. CoP participants were encouraged to bring one or two examples from practice to each workshop for discussion. They were expressly directed not to bring the worst or necessarily the most complex cases but rather, a case that illustrated some positive elements of practice that could generate discussion as to its features of "good practice".

Working with fathers who use violence and control

The term "pivot to the perpetrator" is used in the DFV-informed Safe & Together Model to direct practitioners to maintain their focus on the perpetrator's patterns of behaviour as the source of safety and risk concerns to the health and wellbeing of each victim/survivor (adult and child alike). In other words, the focus needs to be on the father's use of violence and control, not on the relationship between the parents and whether, for example, the parents have separated or not. Most importantly, it means identifying and documenting the harm the perpetrator poses to:

- each child in the family (or relevant extended community);
- the non-offending parent;
- each mother-child relationship; and
- to the functioning of the whole family.

The inability to interpret and understand the pattern of a perpetrator's behaviour has implications for risk assessment and safety planning. Simply put, the safety planning will be at best, minimal, and at worst, lethal, if it is based on an insufficient assessment of the risks posed as a result of insufficient knowledge about the perpetrator's pattern of behaviour.

Keeping the focus on the perpetrator's behaviours ensures that the perpetrator is visible as opposed to a focus on the adult victim's/survivor's deficits, which renders the perpetrator of violence invisible. Working with a perpetrator who is engaging, even in ways that are not positive (for example, he is angry about the need to pay child support), can be used as an opportunity to run with the momentum and challenge him to understand: the impact of his behaviour on his children; how to be a better father; and how to be a better partner. It is important to stay focused on his behaviours and how they affect the children as well as building the partnership with the non-offending parent. For example, the language of the practitioner when the perpetrator chooses not to engage can be helpful in supporting the mother. For example, if the practitioner relates that the father was reluctant to talk with them – *“So what you are telling me is that you do not wish to engage with us to promote the safety and wellbeing of your children?”* (CP CoP participant).

It is also important to think about the broad range of his behaviours by including questions about behaviours that may be emotionally manipulative and/or controlling. For example, does he owe the mother a financial contribution for the upkeep of the children in her care or is he responsible for paying the rent, yet, at the same time, does he bring junk food or expensive presents to the children on contact visits? In such a scenario, it would be important to ask him: what impact he thinks his behaviours have on the mother; what impact on the children; and what impact his behaviours might then have on the relationship between the mother and the children? As soon as he starts talking about the mother in a negative way, for example, trying to shift the focus onto her or to blame her for being a poor mother, it is important for practitioners to stay focused. The perpetrator will often be frustrated by the practitioner's strategy to shift the focus of the interaction to his behaviour and may engage other approaches to continue

deflection. The goal is for practitioners to have the skills to persist in guiding the perpetrator towards insight about the impact of his behaviour on his children: *“Hey, we're not here to talk about her; we're here to talk about you and the impact of your behaviours.”* He may get angry and try something else, but the idea is to continue to deflect him from focusing on the child's mother and away from himself.

Techniques for pivoting

The difficulty of working with fathers who use DFV before acquiring the necessary skills to do so is a common concern expressed by frontline staff and this was acknowledged by the Safe & Together consultants as an understandable concern. To prepare the path for skill development, the consultants posed a number of useful questions to practitioners to encourage them to think about what they have already observed in their work with men (not just men who use DFV), as well as questions that they might use either to drive different conversations with women, children and men as fathers. Participants were encouraged to ask these questions of themselves as much as with their colleagues:

- What kind of parenting strengths have they seen in men?
- What kinds of conversations are they having in their cases related to working with men?
- Are they talking to women about the men in their lives?
- Are they talking to children about their father's role in their lives?
- What might they learn about engaging men in non-DFV cases that might help in DFV cases?
- What are the men's hopes and fears for their children?

In moving questions toward a focus on a father's parenting, it becomes possible to explore how the perpetrator's patterns of behaviour support or undermine the adult victim's/survivor's ability to parent. Useful questions to ask practitioners to reflect on include:

- How are you linking issues of employment, substance abuse, mental health issues and cultural issues to a man's parenting?
- How has the perpetrator's behaviour contributed to the mother's substance use or interfered with her recovery?

While practitioners from DFV services report finding it challenging to keep the focus on perpetrator behaviours, particularly if their organisation works exclusively with women, there are nonetheless questions that can be asked of women that shift the focus back to the perpetrator's behaviours. The following question does this and, simultaneously, represents an intention to build an alliance with the adult victim/survivor:

- What does he do to strengthen the family?

Language is important in maintaining the focus on the perpetrator's behaviour. The use of general terms such as, "*He's made threats to kill*", conceal specific statements, such as "*I'm going to run you off the road and kill you*" which are important for mapping perpetrator behaviour and for subsequent risk assessment, safety planning and case management:

- Use the Mapping Perpetrators' Patterns - Practice Tool.

Participants across all CoPs hailed the Mapping Perpetrators' Patterns - Practice Tool developed by Safe & Together as instrumental in directing this work and helping them to pivot back to the perpetrator's behaviours (see Figure 9 and the description in Section 3). Some participants described the ease with which they saw themselves or others slip back into documenting the mother's behaviours during an assessment; for example, focusing on the mother's substance use as opposed to documenting how the perpetrator may "*push women to the point of using substances to manage and escape or appease a partner that is also using*". However, by having a structured tool like the Mapping Perpetrators' Patterns - Practice Tool, the participants spoke of being able to remain a lot more focused on the perpetrator's behaviours especially in the way the tool brings all of the perpetrator's behaviours together into one document that shows the "*true scope*" of the perpetrator's abusive and coercive practices.

Participants engaged in many thoughtful conversations about gender and inequitable gendered expectations on women as mothers and men as fathers within the CoPs. For example, participants discussed how to establish "*entry points*" to have meaningful conversations about this subject with men and developed locally based strategies. Specifically, they identified that talking about the similarities and differences between terms like "*blokes*" and "*men*" provided opportunities to

begin conversations about men's values and beliefs about being "men". These conversations were especially useful to practitioners.

Preparing for an interview

The following actions were found useful by CoP participants in preparing for an interview with perpetrators:

- Gather as much information as possible from multiple sources about the perpetrator's pattern of behaviour and document it; for example, by using the Mapping Perpetrators' Patterns - Practice Tool. This will help avoid manipulation and help assess safety.
- Have a clear purpose for each interview with the perpetrator; for example:
 - is it to establish his awareness of his behaviours?;
 - is it to talk about the impact of his behaviours on his children?; or
 - is it to talk about his hopes for his children and/or his wish to be a good parent?
- Role-play potential scenarios prior to interviewing the father.
- Be respectful of the perpetrator; do not argue or debate the facts, but help him to understand his behaviour has an impact on his children and therefore on his goals as a parent.
- Focus on the father's strengths but point out the contradictions in his parenting.
- Ensure the advice and wishes of the adult victim/survivor are known prior to the interview in order to protect the safety of the mother and children, and that of the workers involved; this means the adult victim/survivor is aware of when the interview is likely to occur, where it will occur and its purpose.
- Do not disclose anything the victim/survivor has said if it will endanger them and check in with the adult victim/survivor after the interview to help them plan for any possible fallout.
- Preparation, supporting less experienced colleagues and confidence building in practitioners are critical elements in working with perpetrators who use DFV.

It is essential that practitioners gather as much information as possible from multiple sources including both in and beyond the relationships within which he is using DFV, and about the patterns of his violent and controlling behaviours prior to interviewing him. Clearly, this preparation requires confidence in maintaining confidentiality and safety. This is especially important if considering working with a perpetrator in the home. To assess practitioner safety and that of victims/survivors, knowledge of the perpetrator's pattern of behaviour is essential prior to the meeting. The perpetrator remaining in the home should not automatically be regarded as increasing the level of risk; this might be the safest situation for family members. However, consideration of the best location in which to interview the perpetrator whether in the home, the practitioner's office, prison or another office, needs careful attention.

Gathering information from a number of sources may include other organisations as well as sources within his family and community, where safe to do so, and where there is no risk of breaches of confidentiality. Role-playing potential scenarios around what he might say and drawing up a list of his behaviours to help the practitioners recognise them are useful in keeping the practitioners focused on their goal for the interview. This may be especially important if the perpetrator tries to drive a wedge between staff. The purpose of engaging with the perpetrator needs to be clearly established with him. For example, the interview process is about gathering information from him about what sort of father he wants to be, asking about his behaviours and about the impacts of his choices of behaviour on the children.

Establish rapport, building engagement, avoiding collusion

Participants regarded listening to the adult victim/survivor about when, how and if to engage the perpetrator, as central to good practice. They believed that fathers should be engaged through the establishment of a relationship, while keeping the focus of interactions on the father's responsibility for his actions. The important point in building rapport and not colluding is to avoid any automatic validation of a father's efforts unless it directly benefits the children and family functioning.

One technique for establishing rapport is to engage both parents albeit separately in a discussion around their hopes and dreams for their children. Men can be asked what type of father they want to be and how violence towards their children's mother reflects on them as a father. Another technique is to build rapport through discussion of other areas of life, such as sport or employment. For example:

- What kind of dad do you want to be?
- How did you learn about the pregnancy?
- How did you decide to be a father or to take a fathering role?
- How do other service providers talk to you about being a dad?
- Talk to me about how people treat you as a father.

Practitioners in one CoP, however, expressed concern about engaging perpetrators who had been involved in particularly high levels of historic violence. Cases such as those involving incarcerated perpetrators prompted a discussion about whether any level of engagement "*would ever be enough*". In such cases, it is important to remember that:

- Engagement is one strategy to reduce danger to victims/survivors and to improve outcomes for the perpetrator.

When practitioners say, "*He doesn't fit with our profile*", "*He's too dangerous*", "*We can't find him*", there is a risk that the perpetrator will "*fall through the cracks*". The question about who is intervening with him then becomes a question to be dealt with in the multidisciplinary team through collaborative working approaches.

Practitioners also expressed concern that they may not have the skills to establish rapport and encourage engagement without colluding with the perpetrator. It is critical that practitioners work in teams where talking with the victim/survivor and read the case files in preparation for engagement with the father who uses DFV is undertaken.

Collusion can stem from practitioners' personal fear for their safety and the safety of the family, or from being unwilling or unable to challenge a perpetrator's male entitlement. When practitioners support each other in joint meetings, it diminishes the options available to the perpetrator through which he

can manipulate a meeting or a situation. For example, where there is a female and a male facilitator of men's groups, the male facilitator can come to the "rescue" of a female facilitator by "taking over" and thereby undermining her authority. Alternatively, he may take the approach that "she can handle the situation herself" and disappear from the conversation. Either way, the male facilitator has undermined his colleague by not modelling respectful, professional behaviour to the perpetrators present who are likely to be adept at exercising their superiority as males. It is important to achieve a balance whereby the male facilitator supports the female facilitator's statements without taking over the discussion. As the consultant to one CoP discussion observed:

There is a dance between engagement and collusion – a line – that we have to be aware of. Building rapport with him [the perpetrator] is a positive thing but rapport that cannot contain a conversation about his behaviour is not a functional rapport.

While the consultants reinforced the importance of listening to what matters to the perpetrator, they emphasised the equal importance of applying a critical lens that can also identify those things that matter to him that may be highly unreasonable. These things may be used as levers with which to confront the perpetrator about his behaviour and as stepping stones that engender deeper engagement with him, or even prompt behaviour change. For example, trauma that the perpetrator has experienced can also be used as a point of connection. The aim, however, is not to "make him a victim" but to establish understanding and insight both for him (if possible) and for the practitioners. It is crucial to avoid simply empathising with his "side of the story" and instead remain objective when talking about his patterns of behaviour.

Importantly, practitioners found the notion of a perpetrator's use of violence as a:

"parenting choice" invaluable in terms of avoiding "being sucked into the perpetrator's grooming tactics" (including positioning himself as a victim) – by bringing conversations back to his role in parenting."

A CP manager felt that this was a good shift away from previous approaches such as the derogatory, shaming response or the "headmaster response"; rather this approach focused on looking at the impact of the father's use of DFV on the child and making behavioural changes to become a better father.

The following were strategies to consider when working with perpetrators in order to avoid collusion:

- Prepare well before joint meetings with perpetrators to avoid collusion from colleagues who are not as well-trained or skilled in working with fathers.
- When a co-worker colludes, redirect the focus onto the perpetrator's behaviours with some pointed questions.
- When practitioners avoid collusion and support each other in joint meetings, it gives the perpetrator no (possibly gendered) way to manipulate the situation.
- Having discussions about collusion within organisations can build workers' understanding of strategies to avoid collusion.
- Think about the ways in which the service response system as a whole systematically colludes with the worldview of abusers on the grounds of gender, culture and so on, and refocus any appeals to victimhood by the perpetrator around these issues back onto his use of violence.
- Never excuse his use of violence but interact with compassion; be direct but do not shame him.

Referring men who use violence and control to programs

Clarity is needed about the purpose of referrals to programs such as MBCP or parenting programs. Most parenting programs do not address trauma or control. There are some programs newly emerging in the Australian context, however, that have been specifically designed to improve the fathering practices of men who use violence and control; for example, the Caring Dads program (Caring Dads, 2017). Participants in two of the CoPs were also involved in Caring Dads programs with one commencing its pilot phase as a direct result of participating in the CoP. When perpetrators are sent to an incomplete service or a program that does not address their controlling behaviours, they can use the program as a tool to manipulate mothers, especially in Family Law Court. The

goals of the intervention should be kept in mind. Program completion should not be viewed as a measure of successful intervention; instead, practitioners need to establish whether the survivors are safer. MBCPs can be a source of monitoring for perpetrators. For example, failure to turn up to the group can be documented and questions asked about where he was during this time. In these instances, the collaboration of services to promote the safety of the victims/survivors necessitate engagement with the man irrespective of his demonstrated behavioural change.

Practice at the intersections of DFV, culture and colonialism

Involving community in holding men who use violence and control to account is a good option with Aboriginal and Torres Strait Islander families.

It is apparent that in some jurisdictions, a concerted effort has been made to support the development and expertise of Aboriginal and Torres Strait Islander CP practitioners to work in community. As one Aboriginal participant pointed out, there are important differences between Aboriginal and Torres Strait Islander cultures including the forms which colonial oppression took. Practitioners working with Torres Strait Islander families may need to assess the hierarchical structure of each family as they may be unable to go straight to the parents living with DFV but will need to work through the appropriate respected kin (for example, auntie or grandparent) who will speak on behalf of the affected parent (personal conversation with Aboriginal practitioners involved in the project's national workshop, 8 February 2018; and email communication with CoP practitioner, 8 May 2018).

Not all perpetrators of violence and control against Aboriginal and Torres Strait Islander women and children are Aboriginal and Torres Strait Islander men. When the perpetrator is non-Aboriginal and Torres Strait Islander, assessment should be undertaken to determine if there is a racial connotation to the violence and to establish whether attitudes are informed by colonialism and racism, or if they stem from ignorance. There is also a need to acknowledge the extra power and control that perpetrators from a dominant culture can hold over a victim/survivor from a minority culture.

For example, a male practitioner who works with fathers reported that a non-Aboriginal father who used violence and control expressed ignorance of Australia's colonial history:

There were a lot of racial connotations in the violence as well. He had a limited understanding of our people and what had happened in Australia. So I was able to show him some stuff to unpack his responsibilities around being a father of an... [Aboriginal] baby... We talked about, 'do you think you're racist or just ignorant to the fact?'... So when he sat down and learnt about the history of this country, tears welled up in his eyes. A lightbulb moment hit. That after he had done all this stuff to mum... it's a privilege and a responsibility [to parent an Aboriginal child], and... ten weeks later he wanted to share the cultural history with his parents. (Aboriginal CP CoP practitioner)

Practitioners can educate non-Aboriginal and Torres Strait Islander men about the responsibilities of fathering an Aboriginal and Torres Strait Islander child and help to make them aware of the impact that racism has on their child's identity. Conversely, Aboriginal and Torres Strait Islander men might be engaged on their own experiences of racism.

It is important for practitioners to:

- Ensure that female Aboriginal and Torres Strait Islander practitioners work with Aboriginal and Torres Strait Islander mothers, and male Aboriginal and Torres Strait Islander practitioners work with fathers. This may require:
 - Strong senior management to capacity build and support Aboriginal and Torres Strait Islander practitioners.
 - Changes to organisational practice and culture to work in culturally appropriate ways with Aboriginal and Torres Strait Islander families and community.
 - Collaboration with Aboriginal and Torres Strait Islander organisations to provide an appropriate service.
- Identify the non-Aboriginal and Torres Strait Islander father's motivation for change; for example, assessing the extent to which his violence and abuse has a racial element and/or is an outcome of ignorance of colonisation.
- Consider educating non-Aboriginal and Torres Strait Islander members of the family around the impact of racism and its role in supporting violence-supporting

behaviours in the lives of Aboriginal and Torres Strait Islander family and community members.

- Consider addressing the Aboriginal and Torres Strait Islander father's own experiences of racism as part of a healing process without excusing their use of violence and control within their family and extended kin.
- Understand the heterogeneity of Aboriginal and Torres Strait Islander cultures and that this understanding needs to inform practice across diverse families and communities.

Assessing behaviour change

Assessment of perpetrator behaviour change was deemed as a requirement of good practice in order to map patterns and determine priorities. It should include a very detailed assessment which acknowledges that men who perpetrate violence and control are a diverse group and pose different risks to women and children. Picking up these differences assists in developing appropriate engagement strategies. For example, perpetrators who deny their behaviours need to be engaged differently from those who admit to their violence. Work with highly controlling perpetrators needs to focus on challenging the belief that he has the right to control his partner.

Assessments of behaviour change need to focus on looking for evidence that the perpetrator can describe the harm done to other people, that he accepts the consequences of his use of DFV, and that his behaviour is no longer harmful to victims/survivors. If the perpetrator can acknowledge harmful behaviours he engages in and has some sense of their impact, this can be worked with in terms of asking him to talk about the impact of his behaviours and what he will do differently. For example:

- Initial resistance does not mean resistance forever. Even men who eventually engage can be wary and resistant initially.
- Participation in a MBCP does not translate into any guarantees about behaviour change. Real behaviour change requires, at a minimum, admitting he has a problem, stopping blaming her and acting differently and less harmfully.

It is also important to understand that men can engage at a superficial level and manipulate the service to give the appearance of positive change. It is therefore important to stay connected to the adult survivor, if feasible, so as to understand whether the change is real and sustained. Questions to consider include:

- Does his lack of engagement amount to a safety or risk factor?
- Can the practitioners tell the adult victim/survivor that the perpetrator is showing up but not engaging to a significant extent to find out from her if there is any behaviour change? This will have the added benefit of informing her decision making and safety planning.

There was consensus that it will not always be possible for CP or community service providers to do change work with men in high-risk cases. This demonstrates the centrality of working collaboratively and in the context of multidisciplinary teams. If practitioners in human services assess a perpetrator as too difficult to engage with, the multidisciplinary team needs to discuss what the intervention with him should be. If necessary, a legal intervention may be necessary to hold him to account. The CoP highlighted a number of issues to be considered.

Practice Considerations

- There is a tension between a service stopping engagement with the perpetrator and holding him accountable.
- When is it time to shift to other accountability measures when practitioners say they cannot engage with a man they consider too dangerous?
- When practitioners say, "*He won't engage, we can't work with him*", it is a reflection on them and the system issues, rather than the men.

In cases involving high levels of violence, it is important to establish who has influence over the perpetrator and to determine motivational factors that can be used as tools for behaviour change. When a perpetrator is incarcerated, workers need to ask if he uses third party people (relatives or friends) to assault or threaten other people.

When a perpetrator displays an emotional response, such as crying, practitioners need to consider why this response may be occurring. For example, if he is incarcerated, the practitioner should question if crying is a demonstration of remorse, a response to being caught or an attempt to exert control. Any short-term changes in perpetrator behaviour need to be tested to determine if they endure. As participation in services and programs does not equal behaviour change, behavioural change goals should be used instead of service-oriented goals. Similarly, articulating remorse, attitudinal change or insight into his violent and abusive behaviour does not necessarily result in behavioural change or safety.

Assessing the threshold for engagement

If a perpetrator is not engaging or where the level of risk is extreme, it is important for the practitioner to maintain focus on his actions and patterns of behaviour through all available means of gathering information without harming victims/survivors and practitioners. The Safe & Together Institute consultants made a strong point that the challenge is in understanding, however, that there is no automatic correlation between severity of violence and willingness to change; nor does a high level of risk mean that the perpetrator is necessarily averse to engaging with a practitioner. It was pointed out that the “*noisy’ and openly aggressive man may be easier to work with than the quiet ones*”. The important point is for practitioners to at least try to meet with the perpetrator once. The cost of not meeting with him – and the flow on costs to the wider systems having to intervene at a later point - might be much higher.

Practice Considerations

- There is no automatic correlation between the level of violence and willingness to change; for example some perpetrators who choose to use high levels of violence and coercive controlling behaviours may nonetheless be motivated to change their behaviour and stop doing so. It is therefore important to try to meet with the perpetrator at least once.
- It can be difficult to forget the harm he has done and simultaneously be curious about his dreams for his family.

Scenario 1

Child protection (CP) workers have been involved intermittently with Jake's family over the past 9 years. The CP file reports that the mother, who is Aboriginal, experienced "extensive abuse" from her non-Aboriginal partner. Child protection had little understanding of the (non-Aboriginal) father's pattern of controlling and abusive behaviours, which included racial denigration of the mother. Jake was placed in non-Aboriginal foster-care due to "violence in the home" and "the mother's poor mental health and substance use". Jake was reunified with his mother once she left Jake's father.

Jake's father has another son, Jermaine, a three-year old, with another woman. Jake's father continued patterns of violence in the relationship with Jermaine's mother. In Jermaine's case, CP workers mapped the father's behaviours and partnered with Jermaine's mother. Jermaine remained safe with his mother in the house, as his father left to live with his parents. Jermaine now has one hour of contact with his father a week, supervised by a CP worker. Unlike Jake, Jermaine has not spent any time in care.

Child protection workers have been in contact with the father about Jake. They are taking a new approach to their work and are trying to better understand and map the overt and subtle behaviours that violent fathers use to exert power and control over women and children. Caseworkers have identified that since working to return Jake to his mother, his father's abusive and controlling behaviours have been escalating and include racist language and slurs against his former partner, her family and her culture.

It is evident that Jake's father is using the restoration plan as an opportunity to denigrate the mother's parenting, to negatively impact her relationship with Jake, and to manipulate the situation to gain custody of his son. The father's vexatious allegations are that the mother is drinking excessively and using drugs. Jake's father lives with his own parents, both of whom believe that violence arose out of the father's attempts to stop the mother from drinking and taking drugs. They support his position as a victim, wrongly accused, in both cases.

The father tells CP workers that keeping Jake with Jake's mother will condemn Jake to a life of substance use and violence, whereas he and his parents could provide a comfortable home in a quiet middle-class suburb. The father begins to ingratiate himself with CP and uses subtle coercive behaviours with the primary caseworker. Jake's father also uses subtle coercion techniques on Jake's teacher. Jake's teacher has contacted CP as she is concerned that Jake is exhibiting high levels of anxiety, due to Jake's mother sharing her fears with Jake about his father's behaviours. The teacher has tried having conversations with Jake's mother about "not sharing everything that is going on in her head" with Jake.

Child protection workers have made extensive efforts to build a partnership with Jake's mother and Jake. Child protection workers talk to Jake about his reaction on hearing his mother's fears about his father. Jake tells the CP workers that he does not like school and does not want to go because it means he spends more time away from his mother. The CP workers keep the teacher's perspective in mind but return the focus to Jake's father's behaviours. Child protection tried to engage Jake's father in conversations that challenge his behaviours and the effects on the child, with questions such as, "How is this supporting your child as an Aboriginal child?" "How is this supporting the cultural identity of your son?" "How is denigrating your child's mother good parenting?" The father is making few of the changes required of him. He has been telling Jake that he will

shortly come to live with him and his parents. He continues to lie to CP workers about the behaviours of the mother.

Child protection workers tell the father that he needs to come to meetings to discuss Jake's return to his mother and try to create a safe and engaging environment so that he will be part of the process. They ask him questions such as *"What are you doing to support your child?"*, and, *"What is your role in the family?"* The caseworker maps and documents the father's behaviours. They highlight his importance as a father by holding him to the standards traditionally expected of mothers and treating him as equally accountable in terms of his parenting and role in family functioning.

The CP worker on Jake's case is working closely with the CP worker assigned to Jermaine's case, so they can do joint mapping exercises related to the father's behaviours. Jermaine and his father had not had contact for a year before starting the supervised sessions. A critical part of the CP worker's case-noting is working with the father to establish what was occurring when contact ceased. The father currently reports struggling to connect with Jermaine, and is blaming the CP worker who is present during the supervised sessions for this. He also blames the abundance of toys in the room for distracting Jermaine. The CP worker makes notes on how Jermaine's father is reacting to the challenge of Jermaine ignoring him. Questions are asked, such as *"What's hard for you about that?"* and *"what do you think Jermaine needs most in these moments?"*

Note: This scenario was developed from a range of sources; any potentially identifying details have been changed.

Questions to guide practice

1. What information would a child and family services' worker need to receive from CP in order to partner with Jake's mother and to support the long-term wellbeing of Jake?
2. If the father in this scenario had multiple children with different mothers, how would this shape your approach to partnering with Jake's mother?
3. What steps do practitioners need to consider to ensure that the perpetrator is kept in view?
4. What strategies or approach might you need to use if both parents were Aboriginal?

Partnering with women

“Partnering with women” as used in the DFV-informed Safe & Together Model involves six important elements for practitioner consideration. It is based on the assumption that the woman is the victim/survivor and recognises that this is the majority pattern, but not the only pattern, of DFV.

First, it means the practitioner has a role in affirming that neither the adult victim/survivor nor the relationship she has with the perpetrator is the source of the violence and abuse; rather, it is the perpetrator’s behaviour and his choice in using DFV.

Second, it involves the practitioner asking women about the perpetrator’s pattern of violent and controlling behaviours, its impact on each child and on family functioning.

Third, it requires a practitioner assessment of the adult victim’s/survivor’s strengths to be undertaken; for example: in looking after the children; nurturing and loving the children; providing for the children’s needs (food, education, health, clothes, home); and keeping the family going despite the DFV.

Fourth, it means the practitioner validating her strengths, which involves acknowledging the added challenges to her parenting, in keeping the family functioning, in continuing to parent her children and her commitment to them in the face of her partner’s or ex-partner’s use of DFV.

Fifth, it means the practitioner planning in partnership with her around what her priorities and concerns are and, most importantly, being guided by her assessment of what is safe and culturally and socio-economically appropriate for her children and herself.

Lastly, it means the practitioner documenting the adult victim’s/survivor’s strengths as a parent and the perpetrator’s negative impact on the children’s lives and family functioning. Differences in documentation and case noting makes a tangible difference to how people (including practitioners) respond to a situation. Being specific about a perpetrator’s

behaviours in case-files and reports leads to perpetrator-focused interventions rather than interventions focused on the mother and children. For example, in a practitioner case planning meeting, it is better to be able to say to the mother that “*we got together and got clear about his behaviour and what he has been doing*” rather than “*we got together and talked about what you should be doing*”.

- When documentation is focused on the father’s behaviours, practitioners do not leave space for victim-blaming or “failure to protect” language.

One participant observed that the exposure to the Safe & Together principles and practices had shifted how they worked:

I think this way of looking at the work has made them [CP] think about and change their practice. They have an ethical responsibility to support the woman. (Non-statutory CoP participant)

Another participant spoke of how striving to partner with the victim/survivor “*reframed the thinking*” (Non-statutory CoP participant) of refuge workers who were going to evict a woman from the refuge because “*she had violated a rule...[and] allowed*” her partner to enter the front yard of the refuge. The worker was able to discuss the woman’s behaviours through the lens of coercive control with her staff and this resulted in a favourable outcome that enhanced rather than decreased the woman’s and her children’s safety. The participant reported that the manager described how,

...we have now changed that practice – we used to always blame her. We are changing that. No more. We stop now and look at the protective factors around keeping the children safe. We are now looking at the perpetrator – this is a huge system change in our organisation.

A participant who worked in a women’s only DFV service described using the Mapping Perpetrators’ Patterns - Practice Tool therapeutically in her one-on-one work, and in group work, to help victims/survivors to talk and map the myriad tactics deployed by their current and former partners. Using the tool enabled practitioners to document the full pattern of abuse and control that women and children were subjected to.

CoP participants reported that with their newly DFV-informed practice knowledge about partnering with the adult victim/survivor, they were now realising women were disclosing more than the physical violence that was perpetrated against them and their children. For example, one young mother had been supported by CP to move into her own accommodation. She disclosed that in attempting to evict the children's father he significantly damaged the property. The participant stated that prior to the Safe & Together training and involvement in the project's workshops, CP would have used language such as *"she can't do it...she's letting him in the home and the children are not safe"* but now they *"really took a different tack"* and viewed the father as *"the perpetrator"* whose damage to the home was a purposeful act intended to put the mother and their children at risk of homelessness (CP CoP participant). The CoP participant recognised that the violence was part of the perpetrator's pattern of coercive control to force adult and child victims/survivors into returning home.

Good partnering helps worker safety when engaging the perpetrator because it is through the victim's/survivor's knowledge that practitioners can check how, when and where to talk to him. It helps identify potential risks to practitioners, the adult victim/survivor and the children in relation to worker engagement. It also means the practitioner should check-in with the adult victim/survivor after talking with the perpetrator about the possible consequences for them. Working with the perpetrator can also be important to his children, given that they may have ongoing contact with him, particularly after separation has occurred.

Practice Considerations

- Practitioner feedback about the perpetrator's engagement in meetings will inform the adult victim's/survivor's decision-making process and be useful to her.
- Practitioners can tell the adult victim/survivor, "I asked him [this] and this is what he said..." It lets her understand what he was offered, what his response was and whether he is taking responsibility for his behaviour.
- Practitioners need to respect and honour the adult victim's/survivor's wishes for the perpetrator if they are to be genuine about partnering with her. It means acknowledging sentiments such as: "He's my husband; no one has ever sat down with him to talk about his violence."

Techniques for partnering with women

Practitioners need to understand the role of the perpetrator in the victim's/survivor's life, to be compassionate about her desire to be a family, and to let victims/survivors work through the ambivalent feelings that they will often hold. As David Mandel said during one CoP: *"Acknowledging the presence of love in survivors is not a move away from safety."*

Workers need to discuss the woman's hopes and fears about the relationship and respect her desires towards the perpetrator (for example, her wish that he be a better father), but keep her focused on whether he has demonstrated that he can change (for example, has he demonstrated that he can become a better father?). Practitioners can ask curious, non-judgmental questions that allow women to judge if the perpetrator is demonstrating real signs of change. Examples of questions to achieve this include: But you know, he's done this to other women before, he has done this to you before, what now makes it believable or credible when he says he will change?

Another technique that supports partnering with the non-offending parent is to ensure the same expectations of parenting are held for both parents and thus to practice "gender responsiveness". In the Safe & Together Model language, it means setting higher standards for fathers as parents than is usual so that assessments of men's parenting and contributions to family functioning are based on the same criteria that are typically used to assess women's parenting. Participants reported that they recognised they had "overloaded" mothers with parenting responsibilities while heaping fathers with praise for the occasional contribution to parenting or family functioning. This shift in practice further helped build rapport with mothers and hold perpetrators more accountable; not only for their violence but for their responsibility as a parent.

A good technique for partnering with mothers is to discuss the impact of perpetrator behaviour on family functioning. "Family functioning" can include family finances, health, education, housing and the mother's health and wellbeing. This makes it clear to the mother that the practitioner is not defining him by his violence. Gathering information on the father's role in family functioning also assists in keeping a focus on perpetrator behaviours.

Several additional examples of partnering techniques were presented. Practitioners demonstrated partnering with a mother by discussing with her how they were going to write court documents to explain that it was the perpetrator's behaviours that led to CP removing the children, and checking in to see if this was okay with her. Victims/survivors are not always linked with sufficient supports before their case is closed by CP. Continuity of care and partnering with the adult victim/survivor after removal of children, whether or not they are going to be reunited, is important. One police force was using an exercise program as a means of building relationships with victims/survivors. Women can report breaches without going into a station. Partnering with Aboriginal people has special considerations, which can take time. The suitability of the worker or person chosen to partner with an Aboriginal victim/survivor or perpetrator needs to be considered, and workers may need to involve people from outside of the agency for partnering. A range of practice considerations emerged.

Practice Considerations

- Use the Mapping Perpetrators' Patterns - Practice Tool therapeutically to help women victims/survivors to talk and map the myriad tactics deployed by their current and former partners. Using the tool enables practitioners to document the full pattern of abuse and control that women and children are subjected to. Use of the tool does not mean practitioners have to engage directly with the perpetrator (for example, for those services that do not work with men); however, it is useful for keeping the focus on his behaviours.
- Use of the Mapping Perpetrators' Patterns - Practice Tool is crucial in supporting perpetrator accountability and partnering with women. This is because the information is documented in a way that highlights the positive behaviours of the adult victim/survivor and the perpetrator's behaviours, and the impacts of these behaviours.
- Practitioners who do not work directly with perpetrators (such as some specialist DFV services) should also explore the perpetrator's parenting in depth and identify and document the impact of his parenting on the family functioning; for example, as a result of his parenting and violence-using behaviours, has he forced the adult

victim/survivor or all of the victims/survivors to move to a new house?

- Contextualise the adult victim's/survivor's protective efforts and safety planning by understanding and documenting the perpetrator's behaviour.
- Be explicit with the adult victim/survivor about the fact that it is the perpetrator's behaviour, not hers, not her choices and not the relationship itself that is the source of risk and concern about the safety and wellbeing of her and the children.
- Check how, when and where the perpetrator should be interviewed with the victim/survivor.
- For specialist DFV services that work with women only, it is important to bear in mind the degree to which they make it clear that the perpetrator is fully responsible for his behaviour, its impact on child and family functioning and that his behaviour is a parenting choice, even when it is directed at the adult victim/survivor and when the children are not physically present.

Safety planning

Safety plans need to hold perpetrators accountable, rather than focusing on what mothers "need to do". A strengths-based approach should be used by practitioners in safety planning, and the victim/survivor asked what she has been doing to keep the family safe. Women should also be asked what they would like to see change in their partner, and what the perpetrator might need to do to get there. The victim's/survivor's strengths should be well-documented by the practitioner. Safety planning is improved by running through scenarios to establish the level of duress the mother is under; for example, establishing how the mother thinks the perpetrator would react if she told him she had a job. Conversations should be held about who the mother can trust and share plans with. For example, a perpetrator who exhibited stalking behaviours kept locating a mother. Following detailed conversations with the mother it was revealed that a close friend of the mother's was giving the perpetrator information.

It needs to be borne in mind that the perpetrator is still a factor in the woman's decision-making, even while services

are partnering with her. If children are being removed from the care of their mother because she has returned to the home where the perpetrator is, it is critical to point out to her that they are being removed because the perpetrator has not changed his behaviour, that he continues to be a danger and his access to them is, therefore, a risk to their safety. It is important for practitioners to acknowledge their understanding of her actions, however; for example, “*We completely understand why you want to come back, but our fear is that he hasn’t changed in his dangerousness and that might lead to him hurting you or the children.*”

Victims/survivors in high-risk relationships may take actions to try to keep safe or to keep the perpetrator placated; these actions can lead to frustration for workers and can also be held against the victims/survivors in court, affecting outcomes for perpetrators and impacting on the victim’s/survivors’ safety. The role of coercion and the need to manage safety must, therefore, be considered. For example, magistrates giving conditions on DFV intervention orders that allow contact with written permission is resulting in coercion for that permission. Workers should partner with women to check whether “no contact” conditions and other interventions would make her safer or increase risk. Victims/survivors sometimes need to breach intervention orders in order to manage their safety. Statements such as “*she let him back into the home*” place responsibility on women and do not hold perpetrators accountable. As one CoP practitioner recounted, CP recently took the mother’s lead in a case of high-level violence where actions needed to be taken slowly and over time, for example:

They [CP] said that they should have removed the kids potentially a while ago but they didn’t because they took the mum’s lead on what that risk was like. If they did remove the kids, she was like ‘Well, I’ll be dead; so you’ll just be signing that.’ (Specialist DFV CoP participant)

The work on safety planning points to a number of issues for practitioners to consider.

Practice Considerations

The tensions between partnering with the victim/survivor and engaging with the perpetrator need to be understood

and acknowledged in practitioner working; for example, that:

- The mother can block the work with men, often because they are worried about their safety and it is the best option.
- Women are the experts in their own lives and on their partner’s behaviour patterns. If practitioners have an obligation to work with a perpetrator and the victim/survivor says not to, practitioners need to reconcile that tension with her.
- Practitioners need to meet the perpetrator but do so as safely as possible for the victims/survivors; hence the importance of meeting the victims/survivors first to understand the safety issues from their perspective.
- Practitioners need to listen and prioritise the voice of the victim/survivor but not let it automatically override practitioner process.
- Sometimes practitioners need to raise with the victim/survivor the costs of not meeting with the perpetrator; that is, “*If we don’t meet him, all the plans will be focused on you, all the actions focused on you*”; or “*We need information from him [the perpetrator] to do well in court. If we don’t, we won’t get change.*”
- A genuine partnership with the victim/survivor is about saying, “*This is what we can do, this is what we can’t*” to support her and her safety.
- Practitioners need victims/survivors to hear that they are not allies with him. They are giving her the opportunity to have input into the process to inform their work with him.
- Practitioners need to be careful when their organisation works with both the perpetrator and the victim/survivor that the perpetrator is not manipulating the situation to get information about the victim/survivor.

Including the extended family network

There have been recommendations to broaden the sweep of partnering with adult victims/survivors by the inclusion of the extended family on the assumption it will strengthen the family network; for example, the Carmody Report recommends this (Queensland Child Protection Commission of Inquiry, 2013). However, there is a need to assess extended family. While family members may be supportive, they can be a source of victim-blaming. Family group meetings can result in shaming for the victim/survivor.

Since...[the report]...we've got to get extended family involved, you got to include extended family more. You know, just on the basic idea that that will strengthen the family network. But I think a lot of us have said in terms of domestic violence, it isn't quite that straight forward. You know, because, you know, there's probably paternal family where you're not sure really how useful that's going to be and even maternal family...So, I think it's a beautiful thing in terms of the...[statutory CP]...framework, which is yes bringing in the extended family is great, but we do need to think carefully about how well will they understand this situation, because you could make things worse. (CP CoP participant)

Practitioners need to be aware of collusion between extended family members and perpetrators. Awareness is also needed in relation to differences in class and social standings in families. For example, while paternal grandparents may have a large house, they are not suitable candidates for child care if they are in denial about the perpetrator's behaviours. This will inhibit the mother's access to her children. Working with extended family provides an opportunity to educate them about DFV and the victim's/survivor's position (this also applies to services working with women).

I'm arranging to meet the grandparents to actually do a session with them around domestic violence dynamics and really do a proper one-on-one to explain about why mum's doing what she's doing, why it might seem weird but actually she's being really smart; so really educating the family. (CP CoP practitioner)

Engaging women who appear reluctant to engage

It can be difficult to partner with the adult victim/survivor if, in her opinion, there are no issues to grapple with or she has no goals in mind. It can be particularly difficult to partner with her while keeping children safe if she strongly does not wish to engage with practitioners. In such circumstances, it is helpful to understand that lack of trust on her part is a big barrier, particularly when the mother has had a previous engagement with various services that have been negative or threatened her safety or she has experienced as threatening. Practitioners need to think about whether they

have information about the perpetrator that would be useful to the adult victim/survivor. For example, possible questions the practitioner could ask of the victim/survivor are:

- What does information about the perpetrator of violence and control mean?
- Is it new information?
- Has the perpetrator's use of violence and control stayed the same over the years, got worse or better?
- What has been the impact of the perpetrator's use of violence and control over the years?
- I am wondering about the impact you have experienced following previous involvement of the service system?

If a perpetrator voluntarily shares information with practitioners, the practitioner should consider what he might be hoping you would do with the information in relation to the adult victim/survivor?

It is important to keep in mind that the more practitioners can talk and engage with the adult victim/survivor around the quality of the perpetrator's parenting, in identifying how his behaviours are a parenting choice and affect family functioning, the more this helps build rapport, confidence and trust between the adult victim/survivor and the practitioner. Participants in the CoPs found the Mapping Perpetrators' Patterns - Practice Tool a useful way of building a trusting relationship with women because it highlighted the strengths of the victim/survivor that may have previously been missed or discounted as irrelevant. Not all participants used the tool in this way, but those that did reported a favourable outcome. For example, one statutory CP practitioner reported a direct positive outcome of working through the tool with mothers, saying that they had noticed an increased rapport and trust with mothers, with one even contacting them to relay her "successes" and that she was no longer "scared" of them. The practitioner elaborated further saying:

...We've had some successes in partnering with the non-offending mums involved with the service [through use of the tool] and we are far more confident to enact safety plans and we are not going to hold the survivor responsible. (CP CoP participant)

Another CoP participant said of their statutory colleagues that:

...we are being more curious about the experience of non-offending parent, rather than writing her off. We are getting some good results in their ability to feel supported. In taking a stand, in some ways. It's not going to come back to them and they're not going to be judged. They no longer feel like they will get told off. (CP CoP participant)

Further, in having little information about where the perpetrator is currently, or what he is doing, he very quickly becomes invisible in the conversation. Practitioners need to consciously make sure they are placing the focus of conversation on him and his behaviours, and the impact on the victims/survivors.

Practice Considerations

If a woman is not engaging and seems to be siding with the perpetrator rather than the children, it will be important to think about or do the following:

- What might the perpetrator be doing that contributes to her behaviour and resistance to talk to the practitioner?
- Try to find more details about the violence, what the perpetrator is doing, and what impact his behaviour is having on family functioning. Support the information gathering by finding out from other sources what he has done. Establish whether any other service is intervening with him.
- What would make the mother believe that disclosing anything would make things better for her and her children?
- What might the mother be concerned the perpetrator will say about her that might create anxiety and fear for her?
- Consider if calling the police has made things better or worse for her.
- Consider how the perpetrator reacted to the police when they were called. His pattern of behaviour signals future issues and has implications for risk management.
- From the adult victim's/survivor's perspective, can other services assist/support him to change?
- Practitioners need to consider to what extent they, as practitioners, understand her relationship with the perpetrator of violence and control. Is the adult victim/

survivor looking for validation and acknowledgement that practitioners understand her "reality", particularly if they are from CP? Might she be wondering if it is safe to talk to practitioners? Is she fearful of how the perpetrator of violence and control will react if he finds out CP has been speaking to her?

- Are there issues of residence status, financial abuse, ramifications from other community members or family members that she feels concerned about?
- Practitioners need to be able to explain what they can do to help the mother and her children if she discloses what the perpetrator has done. Practitioners need to be able to also explain what she might benefit from but, equally important, they need to explain the limits of what they can do.
- It may be possible to use the Mapping Perpetrators' Patterns - Practice Tool with resistant adult victims/survivors as a way of building rapport and trust.
- Practitioners need to consider how they could work differently to build trust with women, particularly when the service system has previously let the adult victim/survivor down.

Scenario 2

Child protection (CP) workers are working with a teenager, Simon, who has been demonstrating high levels of violence towards other children at his school; towards family members including his young nephew, Travis; and towards the step-mother with whom he lives. A CP worker discusses Simon's use of violence with him, explaining that if these behaviours continue he will be judged too much of a risk to Travis to stay at home and that Simon will be taken into care until his behaviours improve. During the discussion, Simon's phone rings multiple times. All the calls are from his father (Travis's grandfather). The CP worker notes that Simon is getting more distressed with each call, overhearing phrases like "well they were at home when I left" and "it's Tuesday, she will have taken him to the library".

The CP worker learns through multiple sessions meeting with Simon that his father often uses him to keep track of his step-mother. The CP worker also learns that Simon's father has links to criminal drug networks. One day Simon loses his temper with the worker, yelling "It's not fair! Why do I get kicked out of the house? No one makes him leave!" The CP workers then establish that there are safety concerns for Travis, Simon and Travis's grandmother (Simon's step-mother) due to high level domestic violence, including multiple incidents of the following: strangulation, physical assaults, pouring petrol over Travis's grandmother and threatening to set her alight, torturing her with an oxy-torch to the bottom of her feet and threats to kill her. Travis's grandmother has been increasingly concerned about the grandfather's behaviour especially due to the grandfather's first (and recent) threat to kill Travis. She has previously stayed in the homes of close friends with the children, but the grandfather tracked them down. She, Travis and Simon returned home only after Travis's grandfather agreed not to kill her if she did so and that he would not live there.

A CP worker met Travis's grandmother accompanied by a worker from a DFV service linked with police. They arranged to meet outside the home as Travis's grandfather has surveillance cameras in the home. The workers find out the following information about Travis's grandfather from the grandmother: he is a bikie gang member and an enforcer and tracker/surveillance expert for them; he has access to guns; he has made multiple threats to kill Travis's grandmother; and his use of violence at home is escalating. Travis's grandmother tells the workers that there are things she knows about the perpetrator that are too dangerous for her to share. The CP worker continues to work with Simon, but takes a different approach and listens to his fears and concerns, rather than focusing only on Simon's behaviour. The workers initially discuss removing Travis but decide not to as the grandmother tells them this will result in the perpetrator killing her. In exploring with the woman how she has kept Travis safe up to this point, she reveals her strategy of not showing affection or attachment to the boy in the presence of his grandfather so that he will not think to hurt his grandson as a way of hurting her.

Child protection work on various plans with the grandmother to keep her, Travis and Simon safely in the house together, with the grandmother explaining which options will or will not result in repercussions for her from the criminal gang. The workers want to move the family to the refuge, but the grandmother says this is too dangerous because of his surveillance of the home. She devises a story to tell her partner so that when she and the children leave home the next day, he will think she has left because Travis's mother is trying to get Travis back (something that has occurred before). Simon's phone is removed from him and placed in the CP workers office so that they cannot be tracked while they are outside of the home. This is done with Simon's full permission, as he has talked with CP workers about his father's surveillance of himself and the family through his phone.

While the grandmother and children are out of the house, the perpetrator is arrested. CP workers collaborate with law enforcement colleagues at all levels of their respective organisations to ensure that the perpetrator is held accountable by the legal system. Police, probation and parole share information with CP to ensure that the woman and children are kept informed.

In each step of their planning and implementation of the plan, the workers take the lead from the victim/survivor in order to keep her, the children and themselves safe. Afterwards, the workers involved comment that they have learnt a great deal from the victims/survivors. A worker says that her own level of fear of the grandfather helped her to walk in the grandmother's footsteps and understand the grandmother's experience as a victim/survivor with this man.

Note: This scenario was developed from a range of sources; any potentially identifying details have been changed.

Questions to guide practice

1. What is at the core of DFV-informed practice in this case and which of these strategies are evident in the scenario?
2. If Travis' grandmother had been reluctant to engage with the workers or share information, what approach could the workers have taken to partner with her and how might they document it?
3. How should the safety of Travis' grandmother and that of workers be planned?

Focusing on children and young people

The theme of focusing on children and young people (hereafter referred to collectively as “children”) was not spoken about as directly as the other themes during the CoPs. That said, discussion about pivoting to the perpetrator and partnering with women were aimed at promoting safety and wellbeing for adult and child victims/survivors. The use of language to hold the perpetrator responsible for his abusive and coercive behaviours often “intertwined” with a focus on the children. For example, the recognition that DFV is a parenting choice allowed the conversations with the perpetrator to bring the focus back onto the safety and wellbeing of the children. Issues raised therefore relate to how practitioners develop and maintain this focus on children when working with perpetrators rather than on working directly with children per se. It is important to bear in mind that lack of perpetrator accountability will have negative impacts upon children.

Children’s ambivalence and contact

In addition to partnering with women as the non-offending parent, it is critical that practitioners build relationships with children when working with their male caregivers – whether they are their biological fathers or not – as a way of balancing and strengthening the intervention with perpetrators of violence and control in the hope of better long-term outcomes for children. Working with the father is vital in terms of addressing the long-term impacts of the father’s behaviours on them. This is because most children will have ongoing contact with their father, including after separation. Children are more likely than their mothers to be in a long-term relationship with their father. This approach is also important for step-children of perpetrators of violence and control, as they face increased risks of ongoing harm from step-fathers. If practitioners are working with a child, how they talk about the father to the child (whether the relationship is biological or not) is important.

Children often have deeply ambivalent feelings about their father, and they need to know that this is okay. It is possible that children with biological fathers will feel even more conflicted than those children with non-biological fathers. The

Safe & Together Institute approach here is to let children and young people know that their love for their father is okay and that it is also okay – and normal – to hold negative feelings about him, simultaneously. It is important for practitioners to ask themselves reflective questions in this challenging area:

- How well do practitioners handle the child’s conflicted feelings about their parent?
- What are practitioners’ comfort levels with children’s ambivalence about their fathers?
- How open and receptive are workers to hearing children talk about their fathers in positive ways?

In one CoP discussion relating to the supervised access of children, a CP practitioner explained their adoption of very specific Safe & Together language to further encourage safe parenting by focusing on the children when a perpetrator had demonstrated positive behaviour change. In this case, the participant spoke of the importance of naming the father’s abusive behaviours, while at the same time acknowledging the importance of the father’s role in the child’s life. The participant spoke of focusing on the father’s pattern of abusive behaviours. This allowed a more reliable assessment through “*diving deeper*” into the exploration of the perpetrator’s attitudes around his abusive behaviours. For example, the practitioner stated that even though the adult victim/survivor indicated that she was feeling safer, it became evident that the father did not see himself as responsible for the abuse. The group discussed the importance of talking to the father about how he intends to parent and that they (the department) are involved for the safety of the children. The group spoke of the need to closely monitor the father while having ongoing conversations with him about his abusive practices and impacts on the children. One of the conversations would be about what he intends to do so that the department considers him to be suitable to have safe contact with his children.

Co-occurring issues: DFV and child maltreatment

Practitioners should have the working assumption of the likelihood that DFV is present in a family where child abuse or neglect is occurring. If these cases are approached as a “*blank slate*”, this will not lead to good practice. For example, without an assessment of the father’s influence on the child

and family functioning, blame may either be attributed to the mother or the father's good or bad parenting goes unrecognised. Screening for DFV therefore, should always be undertaken. Careful attention to how DFV screening is undertaken is required.

Practice Considerations

Questions for practitioners to reflect on, identify, practice and/or document include:

- Did practitioners meet with both parents separately?
- Did practitioners question each parent about DFV?
- Do practitioners ask if a case of child maltreatment is being presented in a way that makes the father invisible?
- Do practitioners routinely screen for DFV when they respond to child maltreatment and do practitioners routinely screen for child maltreatment when they respond to DFV?

Patterns of control in families where there is sexual abuse of children are different to those in which the perpetrator is sexually abusing both mothers and children. Fear can place mothers in a difficult position in disclosing concerns regarding sexual abuse. This requires practitioners to be alert to indicators of child sexual abuse. Practitioners concerned about the perpetrator's sexual abuse of children can engage the mother with their concerns. Suggestions for engagement include: *"There's something serious I want to talk to you about. I have concerns for this, which may be hard for you to hear, but I do want you to hear what our concerns are and why."* A further example is: *"We're concerned with his behaviour. I'm wondering if you have any concerns about how he behaves with her."*

Engaging with perpetrators of violence and control as fathers

Work with the perpetrator of violence and control is important to children because they are likely to have contact with him, regardless of whether the adult victim/survivor does. It can also be considered as important violence prevention work for future relationships and family formations. For example, many men who use violence and control enter new relationships with other women who have children or have

more children of their own. Practitioners find engaging with fathers who appear not to have any commitment to their child a challenging aspect of practice. In these situations, practitioners sometimes assume that perpetrators view children as *"collateral"*. A suggested technique for engaging perpetrators who show no commitment towards their children is for the worker to commit to contacting the father once a week; this demonstrates that even if the father is not taking responsibility, the worker still is. It also allows for monitoring of the father's behaviour, as well as showing that there is some level of scrutiny and opportunity for addressing his violence. That said, this technique needs to be based on discussions with the mother about whether this approach decreases or increases their safety.

Practice Considerations

When engaging fathers about their experiences and hopes in parenting, practitioners need to be educating them about the harm they cause children (including children in utero). Fathers need to know that they harm children through their use of DFV and controlling behaviours directed at both adult and child victims/survivors. Interventions with fathers, therefore, require a focus on the children, including those not yet born, rather than placing sole responsibility for children's safety and wellbeing onto mothers. Practitioners may need to ask several things of the perpetrator as a father, including asking him to:

- Leave the home.
- Make decisions based on the children, such as continuing to pay the rent or keeping the utilities on.
- Return the car or the car keys that prevents the mother from driving the children to school, for example.
- Nominate and commit to taking protective actions to ensure the safety of children and their mothers.

Practitioners may need to engage their collaborative partners, for example by:

- Asking the court to implement an order of protection.
- Asking probation to make additional sanctions or undertake further monitoring of the father.
- Working with child-specific program practitioners, such as counsellors, and informing them of the perpetrator's patterns.

- Ensuring that other service providers who may be working with the children are making child-focused assessments.
- Ensuring that breaches of protection orders are followed up by police and other justice services.

Scenario 3

Child protection (CP) workers are engaged with a family with four children all less than ten years of age. Concerns were raised over the mother's agitated presentation at the hospital during the birth of Child D. The mother was upset that the father of the youngest two children (Child C and Child D) was not present. The eldest children in the household (Child A and Child B) are from the mother's previous relationship and have limited contact with their biological father.

The mother was physically abused while holding Child D during a recent DFV incident. The workers established a relationship with the mother. They used phrases like *"I'm not here because I'm worried about your parenting; I'm here because I'm worried about his."* A DFV risk assessment was completed, indicating that the father was a serious threat. He had perpetrated physical threats, physical violence, threats to kill, suffocation, strangulation and sexual abuse against the mother and displayed high levels of jealousy. The children have witnessed his violence. The mother provided details of her efforts to protect the children, including that she would always close the bedroom door when she knew the father was going to rape her. He has also physically and verbally abused the children. His behaviour was escalating, and he was exhibiting signs of depression and drug addiction. He showed little interest in children A and B. The father did not let Child C out of his sight and excluded the mother from her care. Following the latest incident, the father spent time in prison and on release was placed on a no-contact DFV order. On their next visit, CP found the father present at the house. The police were notified. When they arrived, the mother informed the police that the father was not present, and the police left without searching the house.

Following the breach of the order, CP reviewed their mapping of the father's pattern of violent and controlling behaviours and considered the mother's protective abilities, including actions she had undertaken and further actions she could take. They spoke to each child, except the youngest. The two oldest expressed concerns for their mother, themselves and each other. Child C was unable to express herself in this initial interview even with child-friendly prompts. CP concluded that the children were unsafe, as there was no one able to hold the father accountable. Police advised it was unsafe to visit the house without police protection and accompanied workers to the house to try and further develop safety plans with the mother.

The mother was concerned when workers attempted to find another family member she and the children could live with. The mother and children A, B and D were present at the house. The father and Child C were not. The police held off arresting the father, as CP were concerned that he would attempt to kidnap Child C if police approached. On his return, the father would only engage with CP across the road from the house, and with no police present. Through negotiation, the father relinquished Child C. He showed no concern for children A, B and D, but showed great concern over who would care for Child C.

The four children were taken into CP care. Child A was highly distressed and required extensive calming and reassurance. CP thought this distress stemmed from fear of leaving the mother to face the violence. Child B was withdrawn, and Child D demonstrated hyper-vigilant behaviour. The father and mother stated they would work with CP, though not the team leader who had received a death threat from the father. There is an ongoing relationship between the worker and mother.

The worker told the mother *"I am not removing your children right now because of you; I'm doing it because of him."* The father is still present in the house. He was charged with a breach of the DFV order but was given bail conditions. Workers continue to be concerned for the mother's safety.

Note: This scenario was developed from a range of sources; any potentially identifying details have been changed.

Questions to guide practice

1. What phrases might workers use to engage the older children in conversation to establish the levels of violence and control they have been exposed to as well as the strengths of the family?
2. What communication channels need to be set up between the children and the child's mother?
3. How will the harm to children be documented in such a way that unsafe child contact arrangements are not made by the court in relation to the father?
4. What further information and from what sources could you glean a deeper understanding of the impact of DFV on the different children?

Working collaboratively

Collaborative efforts in an integrated response increase the safety of women and children and generally support the reunification of children to the care of the non-offending parent. This commonly requires the collaborative efforts of police, specialist DFV and child and family services in terms of assessing for and managing risks for adult and child victims/survivors.

Using the Safe & Together Model to facilitate and enhance collaboration

CoP participants found that the Safe & Together Model provides a further common framework to work from, allowing workers to understand and support each other in their advocacy roles. For example, as one statutory practitioner explained of a non-statutory refuge practitioner:

We are on the same page...She [non-statutory refuge worker] knows we are in her...[an adult/survivor's] corner. We advocated together to get the DFV order in partnership with...[the refuge service]. We are bringing it to the table; she [refuge worker] can see that I'm not trying to sabotage her. (CP CoP participant)

Collaboration should be conducted in multidisciplinary settings, based on common risk assessment and include attention to the perpetrator's pattern of control. This is otherwise referred to as pivoting to the perpetrator or adopting a perpetrator pattern-based approach (Humphreys, Healey & Mandel, 2018). In the research site where the greatest exposure to the Safe & Together Model has occurred in Australia, to date, CoP participants deemed it important to check if other services engaged with the adult victim/survivor used a perpetrator pattern-based approach and, if not, what approach they used, as shared use of Safe & Together language and similar viewpoints enhance practice. In this site, it was also suggested that when collaborating on cases, staff from other services should ask CP if they are using the Safe & Together Model in risk assessment and where they are meeting the principles. As a means of progressing practice, it was recommended that CP workers not meeting core principles, be directed to their Senior Practitioner for supervision. There was thus mutual recognition that the Safe & Together Model is altering organisational practice and

increasing collaboration between CP and the specialist DFV sector. This change is leading to increased engagement with adult victims/survivors and improved practice. A specialist DFV practitioner reported:

When I came into the sector there was a lot of distrust about statutory...[CP]. If we would share with...[CP]...we often got knee-jerk reactions or reactions that totally exposed the victim, and put her at high risk, so as a sector we closed the door and we no longer talked to...[CP] because it was not safe to do so. But since...[Safe & Together] model has come in the last 5 years and especially now in the last 2 years, with this particular region taking it on board so strongly, the trust has been built. As the sector has opened the door just a little crack, I guess, parallel process is that victims have opened the door a little crack too and test the water and see what the response is going to be. (DFV CoP participant)

Similarly, a statutory CP worker stated:

...[DFV] services are realising what we are doing now and how we're changing in ...[statutory CP], so the relationship is a lot stronger with them and then that means that they can ask more. (CP CoP participant)

Participants in the research site with the greatest exposure to the Safe & Together Model in the statutory CP called for its further extension within and beyond statutory CP - in other words, across their state. It was recommended that case consultations at CP include specialist knowledge from the DFV sector and attendance of a staff member as a critical friend, providing reflective, independent feedback as practiced in the project's research site. Frameworks could be shared more widely with workers from other agencies, for example, alcohol and other drug counsellors, and a community forum could be organised to share Safe & Together principles and ways of partnering with mothers. In general, participants expressed a desire for Safe & Together-trained practice to be extended to further collaboration with CP.

Practice Considerations

In order to support and enhance collaborative working:

- Strong senior management support is required to change the DFV practice within organisations, and to provide front-line practitioners and their team leaders with

the authorising environment to work more effectively across organisations.

- Formal agreements across collaborative/multidisciplinary settings can help to maintain the focus of meetings on the perpetrator's behaviours.
- Organisations need to actively work to pivot the lens from a focus on the mother to a focus on the perpetrator's behaviours, within their own organisations and in multidisciplinary programs and settings.
- Opportunities need to be established that encourage practitioners to meet regularly together to continue to build their knowledge and skills in engaging men who use violence and control. This could include those with knowledge of the Safe & Together Model providing modelling, coaching or supervision, when they are available, within an organisation.

Gathering and sharing information

Practitioners reported challenges sharing information with other agencies. Referrals were often made to programs without the inclusion of critical information. When information is provided, for example, during court hearings, it needs to be used in a manner that ensures the adult victim's/survivor's safety. In addition, prison release notification programs were a particular topic of discussion in one of the research sites because they were not working well, resulting in the perpetrator being released before the relevant parties and organisations had been informed.

In another research site, one of the statutory CP participants described their work in prison settings as *"a bit of a silo"* given the many occasions when they found that Corrections were working with the same perpetrator but in isolation of each other (CP focus group participant). The integrated response is being used to gather information, most of which is generally held by CP, with information added by police. This is proving to be a time-consuming but worthwhile process. A statutory CP practitioner based in a regional centre of another state spoke of their successful sharing of information with a specialist DFV men's service:

We work closely with [MBCP facilitator]. I use him for a mentor for a number of staff. We generally just give

him a call once we've got a dad to agree that he's willing to give it a go of the program. [The facilitator] is usually on their tail within 24 hours, and he takes it from there and we tend to take a step back. Whether he's got dad into the group or not, we tend to openly share what we've got to [the facilitator] and he takes it from there.
(CP CoP participant)

Practitioners involved in the CoPs were aiming to improve the organisation of information in their work by having one document at stakeholder meetings, to which all agencies can add information. This would allow all stakeholders in high-risk cases to view and add content to map perpetrator behaviours.

Practice Considerations

To support collaborative information gathering and sharing, it is important to:

- Recognise that detailed description of the perpetrator's behaviours and their impact on child and family functioning in case notes. Use of the Mapping Perpetrators' Patterns - Practice Tool demonstrated positive outcomes, particularly by countering the "maternal failure to protect" discourse and in usage with police, corrections and courts.
- In multidisciplinary settings with police and corrections, practitioners can shift the conversation by saying *"to help us do the work with mum and the kids, it would help us to know more from anyone around the table about his behaviours and patterns; that is, a quick pivot to the perpetrator."*
- Work with referral pathway organisations to make sure their referral documentation focuses on the behaviours of perpetrators and the impact of their behaviour on child and family functioning. Referrals should also identify the strengths and protective actions already taken by the mother.
- Have regular teleconferencing or case conferencing if multiple organisations are engaged with a perpetrator, to avoid his manipulation of "facts" and to keep the focus on his behaviours.
- Develop more systematic ways of sharing information about appointments, assessments and case plans, so that all organisations are focused on his behaviours. If all

organisations involved share information, there is more opportunity to have a consistent plan in responding to his behaviour.

Collaboration with the legal system

One of the research sites had a specialist DFV service that worked with police and CP in demonstrably collaborative ways. There remains, however, poor communication between courts (for example, Magistrates, Supreme and Children's Courts) and limited communication between the courts, CP, police and the Supreme Court. Collaborative efforts between the courts and police are further hampered by huge caseloads. Despite the challenges, promising developments in practice are occurring. Different orders are providing avenues for intervention with the same family. For example, a recovery order for a child might be used in the Family Court, or a breach of a DFV order might be of interest to police. Statutory CP is planning to meet with magistrates and police prosecutors to work on information-sharing and ways to reduce the workload of Police Prosecutors in Magistrate's Courts by having protection order applications heard in the Children's Court, if the family already has matters in that court. Protection orders are important as cultural statements about the unacceptability of DFV, as a means of managing the safety of women and children, and of increasing consequences for perpetrators of violence. However, it can take 2-3 days for courts to provide protection orders to police, a delay that leaves victims/survivors without legal protection. Practitioners voiced frustration that Courts were issuing consent clauses in their orders and lack of accountability was noted in protection order breaches. For example, perpetrators breaching protection orders can be given bail conditions.

Collaborative efforts in the legal systems would be further enhanced by education for magistrates and by provision of information based on perpetrator patterns. Magistrates may not be aware that some parenting programs are not appropriate for DFV perpetrators and can be used by fathers to increase control over mothers in the Family Law Court. In one jurisdiction, practitioners recently used the Safe & Together mapping exercise with magistrates from the Family Law, Children's and Domestic Violence Courts. A magistrate

reported their decision-making would be different if they were provided with the level of detail that the Mapping Perpetrators' Patterns - Practice Tool permits, in contrast to the current paucity of information that is provided. One CoP participant illustrated the poverty of detail with the following catch-all phrases: "He's gone to a parenting program", "There's a history of domestic violence" or "She is on drugs" (Non-statutory practitioner, CoP).

Worker safety

Worker needs and safety issues were discussed in-depth during one of the CoP sessions. In the course of this conversation, a distinction between physical and psychological/emotional safety was made. Most participants identified strategies adopted by their organisations to ensure physical safety, such as using duress alarms and working side by side with the police on high-risk cases.

In some research sites, it was concerning that several workers from NGOs indicated that due to budget cuts which had left them short staffed, they were sometimes attending homes alone without a secondary worker present. For example, one worker indicated that her service saw over 400 women the previous year and in her view, no visits occurred with two workers. She perceived that her service had a lack of adequate funding and there were "no worker safety considerations" (DFV CoP, participant). However, the majority of participants were able to identify a range of safety measures that their agencies had put in place to minimise the risk of harm to workers.

In relation to psychological and emotional safety, participants discussed the vital need for quality supervision that enabled workers to adequately debrief and critically reflect on the nature of the work and its impact on workers. One participant indicated that they did not feel that the organisation was doing a good enough job in this regard. They indicated that:

Burnout comes from the constant barrage of change... change every three months, new police stuff... cuts have affected frontline staff...they have been pared back. (CP CoP participant)

Participants also discussed “*vicarious trauma*” and felt that in some organisations, particularly CP, this was a concept that was used to shame workers. There was a consensus that quality supervision was a prerequisite to improving practice engaging men who use violence and partnering with women victims/survivors.

Identifying and assessing risk

The risks to worker safety, and the associated fear, have implications for assessment and intervention with perpetrators, adult and child victims/survivors. Worker safety has been easier to manage where work is office-based (in the case of probation and parole services), as opposed to CP where workers see perpetrators in their home. Worker risk can increase when the perpetrator sees an alliance between CP and the adult victim/survivor and when children are being removed from families. It can be challenging to engage with mothers when a police presence is required to ensure worker safety. Child protection workers do not always have photos of perpetrators, which potentially places them at greater risk.

Poor systems also compromise worker safety. For example, after CP has closed a case, family support services can commence working with the family without relevant information about the perpetrator or the skills required to manage worker safety. Child protection can continue to work with incarcerated perpetrators after the mainstream CP case closes; however, with some perpetrators this is too dangerous as security for the worker is not strong enough within the prison. Transferring cases with insufficient handover can increase risk when newly allocated workers decide to engage with perpetrators where it is unsafe to do so. This can lead to “over-engaging” and collusion. Worker and client safety can also be compromised by lack of time allocated to cases and by closing and re-opening cases, as encapsulated by the following quote:

...[the case] comes(?) into [family service]...because...[CP] has closed [the case]. We then set off all the red buttons and everything else, then it goes back to...[CP] again...She... [the specialist DFV worker embedded in family services] has now got to explain to these new workers now, ‘please don’t talk to him.’ And that’s a concern for me in that it goes round and around and then you guys...[CP] try and

support the family and then we go and try help, then our worker says, ‘Let’s ring Dad and see if we can get him to come along to...’ and I’m thinking ‘No, let’s not.’ (DFV CoP participant)

The legal arena poses additional risks for workers. For example, in one jurisdiction, police regard that the service that has the most information should apply for a protection order on behalf of the non-offending parent - this is generally CP. However, there is reluctance by CP to submit applications due to concerns for worker safety as perpetrators could single out or target the workers involved with the family. This leaves the police to look for this evidence in alternative ways. Lack of communication regarding bail releases, or perpetrators knowing who has provided information resulting in a breach, also increase worker risk and can result in reluctance by CP to breach perpetrators using their statements. This experience parallels the adult victim’s/survivor’s experience when court results and police callouts do not promote her safety. In these cases, adult victims/survivors are left at increased risk and are reluctant to use these interventions again. Workers can also feel threatened at court by the presence of perpetrators. This is particularly the case in courts that do not have a women’s safe room or DFV advocacy service.

Managing practitioner fear

It is important for workers to manage their wellbeing and mental health in the face of their fears. It is reasonable to share concerns with adult victims/survivors, as practitioners report they are scared for their own safety and fearful for hers.

It’s really important to recognise that workers’ fears about perpetrators show up in subtle and not so subtle ways. Workers may not try all avenues to locate perpetrators because of fear for their own or survivors’ safety, or not see the point in engaging him as they don’t think it will achieve anything.

Worker fear can result in victim-blaming and in under or over-estimating the level of danger, which affects the safety of both victims/survivors and workers: “We become angry at her for ‘not making the right choices’ so we don’t have to deal with our fear.”

Organisational culture can be problematic for practitioners in terms of instilling an attitude that *“You have to be tough to do the job and if you’re not, you shouldn’t be doing it”*. Some CoP participants, particularly CP practitioners, spoke about becoming *“desensitised”* to the abusive language and behaviours of perpetrators to the extent that new staff are neither prepared nor supported to manage professional and personal boundaries when working with perpetrators. In a working environment that instils a *“culture of toughness”*, it is unlikely to engender confidence in people disclosing their fear of perpetrators. These issues raise concerns for practitioners and organisations to address.

Practice Considerations

- How can organisations establish a culture to support safe practice as part of everyday working?
- How can organisations make it safe for practitioners to express their fear and safety concerns?
- Organisations need to be cognisant of the fear that workers may have when working with perpetrators of DFV, and be proactive in finding ways to support their staff through structured debriefing sessions involving new and experienced staff.
- The more embedded the fear of personal harm, the more uncomfortable it will be for practitioners to admit to their fear.
- Practitioners may need extra support to work with men who use DFV. This could include mentoring, de-briefing, joint working or joint planning.
- How do organisations respect practitioners’ instincts about their own safety, and support practitioners to not avoid their responsibility to engage with men who use DFV?
- What triggers discussion about safety in organisations?
- When should two workers automatically be required and in what circumstances (whether for home visits or office-based meetings)?
- Does an overt threat from a perpetrator to a practitioner, or a history of threatening previous workers, trigger an automatic response as to how and where meetings with the perpetrator will occur?

The Safe & Together consultant noted that some worker safety strategies (trying not to involve police, avoiding topics that may escalate him) have a lot in common with what adult and child victims/survivors do day-to-day to try to ensure their own safety:

When we pay attention to the worker safety issue, if we watch it really closely, we actually can learn a lot about the experience of adult and child survivors managing safety.

Worker safety strategies

Planning for safety commences with a comprehensive assessment and is enhanced by good communication, information sharing and by working in teams. The perpetrator pattern-based approach is important from a worker safety perspective. Perpetrators are heterogeneous as a group and there is a need to determine the level of dangerousness, participation in criminal activity and other anti-social behaviour, substance-use and whether they are able to be engaged or pose too much of a threat to worker safety.

Practice Considerations

Strategies and issues for practitioners and their organisations to consider include:

- Perpetrator mapping should be used in all referrals to avoid increasing risk to clients and workers and to avoid collusion with the perpetrator.
- Knowing if the perpetrator has been violent to people outside of the family and his domestic violence history.
- Careful thought about where to meet the perpetrator: his home or even in the organisation’s office are not necessarily the safest places. It may need to be in a police station; however, the trade-off of meeting in a police station may be that less honesty and openness can be expected.
- Thinking about how many practitioners, and which kind, need to be involved in the meeting with the perpetrator. For example, are two practitioners sufficient, or three (with one outside the meeting space), or is the organisation’s security officer or police necessary?

To keep the focus on perpetrators, workers need to look after themselves and to work in teams: *“Working in multidisciplinary*

teams is a great way to manage safety". Having a safe space for workers to debrief allows them to keep the focus on perpetrator accountability and on the safety of women. However, gender can play a role in how male workers and supervisors view female workers' safety, and how workers who are victims/survivors themselves, view other workers and victims/survivors: *"You sometimes have male team leaders who will struggle to understand what their female workers are going through"*. Further, male team leaders may not know how to help female workers who are feeling unsafe working with perpetrators *"without being patronising or patriarchal or taking over"*.

While the team approach is important for safety, multidisciplinary collaboration can be more challenging in high-risk situations where there is criminal activity, severe violence and significant concerns for victim/survivor and worker safety. Such cases may need to be moved up the police and CP hierarchy to be managed. It may be useful for probation and parole services to develop high-risk teams with specialist knowledge to work on cases and a shared DfV risk-assessment tool for the purpose of assessing perpetrators with a known history of serious crime.

Managing boundaries in meetings with perpetrators is important. Practitioners need to develop skills in establishing boundaries, including reflecting on how they feel about setting boundaries. The gender and cultural background of the worker interviewing perpetrators can matter. For example, female practitioners may find perpetrators trying to bully or charm them in the same way they bully or charm their partners. There can be power struggles in meetings as a result that need to be contained and named for what they are.

Practice Considerations

Strategies to keep in mind to help establish and maintain boundaries include:

- Preparing the perpetrator before the meeting by letting him know that *"we're going to talk about some tough things"*.
- Setting limits from the start of the practitioners' engagement with the perpetrator and knowing how to deal with him if he starts encroaching on the boundaries established.

For example, letting him know that if he gets angry or abusive, *"we're going to end the meeting"*.

- Preparation for an interview or meeting might include saying things like: *"This is a conversation about you and your behaviour; if you start talking about x [his partner], we're going to bring the conversation back to you."*

Scenario 4

A worker in a non-statutory organisation prepares for a meeting with a father who has a history of verbally aggressive and demanding behaviour towards workers. He has used and continues to use violence against his partner (mother) as well as bullying and being physically violent towards his son. The mother wants the worker to meet with the father so he can “tell his story”, while the worker’s purpose is to assess the father’s attitude to his use of violent and threatening behaviour.

The worker arranged for the father to come to a meeting on site at her organisation. She arranged for another worker to be in the room with her during the meeting with the father and chose a room that has an exit door to the outside of the building. She has, however, devised a backup plan if the father chooses to leave through the internal exit, which involves a third worker to be outside the room, ready to call the police if need be. Having undertaken a preliminary risk assessment, the worker is aware of the pattern of violent and manipulative behaviour towards the father’s partner and son but also knows that the father has no history of violence towards others outside the family.

In addition, the worker together with her co-worker discuss what limits they will set on the meeting and the father’s behaviour, how to manage any infringement of these boundaries, and how they will talk to him about this. The workers also agree on a code word to be used in the event that one worker feels that things are getting out of hand or becoming unsafe. This involves planning the interview, particularly how to manage the father’s expectations and preparing him for difficult topics to be covered.

At the start of the meeting, the father is verbally aggressive and tries to steer the conversation towards a discussion about his teenage son’s faults. The two workers back each other up by continually bringing the conversation back to the father, his behaviour and his importance as a parent, he begins to realise the meeting is not a “man beating” session and that he is being treated with respect. He then starts to engage.

Note: This scenario was developed from a range of sources; any potentially identifying details have been changed.

Questions to guide practice

1. In making an assessment about the level of safety prior to meeting with the father, what information do workers need to gather and document and from what sources?
2. What sorts of discussions are required with co-workers prior to interviews to avoid collusion?
3. What de-briefing will be required following an interview with a father who uses violence?

Section 5:

Findings – capacity building

This section presents the findings on the elements that contributed to practice development in services, including CP and family services seeking to build the capacity of their practitioners to work with fathers who use violence and control. It focuses on the strategies, achievements and challenges for the practitioners involved in the project in the context of their respective organisations. These were identified by CoP participants as having an impact on their ability to implement practices relating to the Safe & Together Model (the principles and critical components) and were perceived to exist on multiple levels.

We start, however, with some broad findings from participants' assessment of practice knowledge and practice change drawn from the analysis of the Time 1 and Time 2 questionnaires and focus group reflections. These findings set the context for further synthesised findings discussed under the following themes:

- influencing role of practitioners in practice change;
- systemic issues;
- organisational issues;
- collaborative issues; and
- individuals' issues.

This section particularly addresses the second research question: *What evidence is there that the capacity building of CoPs - supported by coaching and supervision from the Safe & Together Institute - provides increased experience of safety and support for practitioners?* It will, however, become evident that most/many of the contextual issues reported on in this section are also relevant to the first research question about the support that practitioners require from their organisations in order to work with fathers who use violence and control. In effect, the answers to both of these questions are intertwined; this will be explored further in the concluding section.

As with the previous section, this part draws from the ethnographic notes taken by members of the research team during workshop discussions about participants' progress with their "influencing work" and how they relate to the themes identified as systemic, organisational, collaborative and individual-based. It also draws on the analysis of data

provided by 31 of the 65 CoP participants across the four research sites, in written form, about their influencing work, reflections captured during the focus groups held at the conclusion of each research site's CoP, and responses to the questionnaires. Mostly, this section draws from the 96 "primary" and "secondary" participants who submitted both a Time 1 and Time 2 questionnaire, but occasionally responses from the 218, who completed the Time 1 are presented. State sites are not identified for the findings; however, where appropriate, quotations (appearing in italics) are attributed to the participant's type of agency or program: "CP worker", "family services worker", "justice services worker" (including police, probation and parole workers), or "DFV worker" (including specialist women's or men's DFV worker).

Participants' assessment of practice knowledge and change

In the Time 1 and Time 2 questionnaires, participants were asked to respond to two series of questions (see Appendices E and F for the Time 1 and Time 2 questionnaires, respectively). The questionnaire was designed to help in assessing the impact of the Safe & Together Model training and workshops on professional practice. At Time 1, respondents (who were practitioners and/or supervisors of practitioners), were asked to answer by drawing on their previous 12 months' experience; that is, prior to their involvement in the Invisible Practices project. At Time 2, they were asked to answer by drawing on their experience of being exposed to the Invisible Practices project.

Respondents' assessment of practice change in their team or program

The first series of five questions asked about current practice within their overall team or program in which they were primarily based. They were advised that these questions were not seeking responses to perceptions about their own individual practice but of their assessment of their team's or program's skills. They were asked to make an assessment and rate according to five categories: "all of the time", "most of the time", "some of the time", "rarely" and "never". If they did not routinely have access to information (for example,

about the perpetrator) or did not routinely work with the client group (for example, adult victims/survivors), they could select “not applicable”.

The five areas of assessment were drawn from the Safe & Together Model and asked how often they worked or applied the skill of:

6. Assessing for perpetrator patterns of abuse.
7. Identifying the impact of the perpetrator’s patterns of abuse on child and family functioning.
8. Working in partnership with adult victims/survivors in a way that builds on their protective strengths.
9. Safety planning with the adult victim/survivor.
10. Developing case plans to intervene with the perpetrator.

As Figures 10 and 11 show, respondents’ assessment of the frequency with which the five skills were applied were as follows:

- Of the 89 who answered at Time 1, 59 (66%) of respondents said they applied the skill of assessing for perpetrator patterns of abuse “all or most of the time”. Of the 87 who answered at Time 2, 62 (71%) said they did so “all or most of the time”.
- Of the 93 who answered at Time 1, 72 (77%) of respondents said they applied the skill of identifying the impact of the perpetrator’s patterns of abuse on child and family functioning “all or most of the time”. Of the 91 who answered at Time 2, 74 (81%) said they did so “all or most of the time”.
- Of the 90 who answered at Time 1, 70 (78%) of respondents said they worked in partnership with adult victims/survivors in a way that builds on their protective strengths “all or most of the time”. Of the 91 who answered at Time 2, 74 (81%) said they did so “all or most of the time”.
- Of the 90 who answered at Time 1, 71 (79%) of respondents said they applied the skill of safety planning with the adult victim/survivor. Of the 88 who answered at Time 2, 78 (89%) said they did so “all or most of the time”.
- Of the 85 who answered at Time 1, 50 (59%) of respondents said they applied the skill of developing case plans to intervene with the perpetrator “some of the time or

rarely”. Of the 74 who answered at Time 2, the proportion had shifted to 39 (53%) saying they did so “all or most of the time”.

These findings appear to illustrate several issues and raise as many questions as answers. Overall, respondents rated their team’s or program’s skills in applying the broad skills of pivoting to the perpetrator and partnering with the adult victim/survivor highly; at least two-thirds (or more) at Time 1 and Time 2 responded that they did so “all or most of the time” except in one area.

The one area in which they did not rate the application of the work highly related to developing case plans to intervene with the perpetrator. Does this mean they did not work with fathers who use violence and control? It most likely does. Consider, for example, that of the 96 respondents at Time 1, 64 (67%) were either practitioners or managers in CP and family services (29% and 38% respectively). Although the proportion of CP and family services’ respondents did not change significantly by Time 2, there was a positive shift over the life of the Invisible Practices project from 59 percent who said they only developed case plans to intervene with the perpetrator “some of the time or rarely” at Time 1 to 53 percent who said they did so “all or most of the time” at Time 2.

It would be reasonable to speculate that prior exposure to the Safe & Together Model might have an impact on respondents’ assessments of practice change, as would the number of workshops they attended during the Invisible Practices project. Further analysis is required to explore this.

The modest increases in the application of most of these skills, particularly in relation to safety planning with the adult victim/survivor are borne out by a series of five extra questions asked of respondents at Time 2. Each time respondents answered the questions about the frequency with which they applied the five skills, they were asked if their skills had improved “since involvement in the Invisible Practices project”.

FIGURE 10 Frequency with which respondents applied Safe & Together skills at Time 1

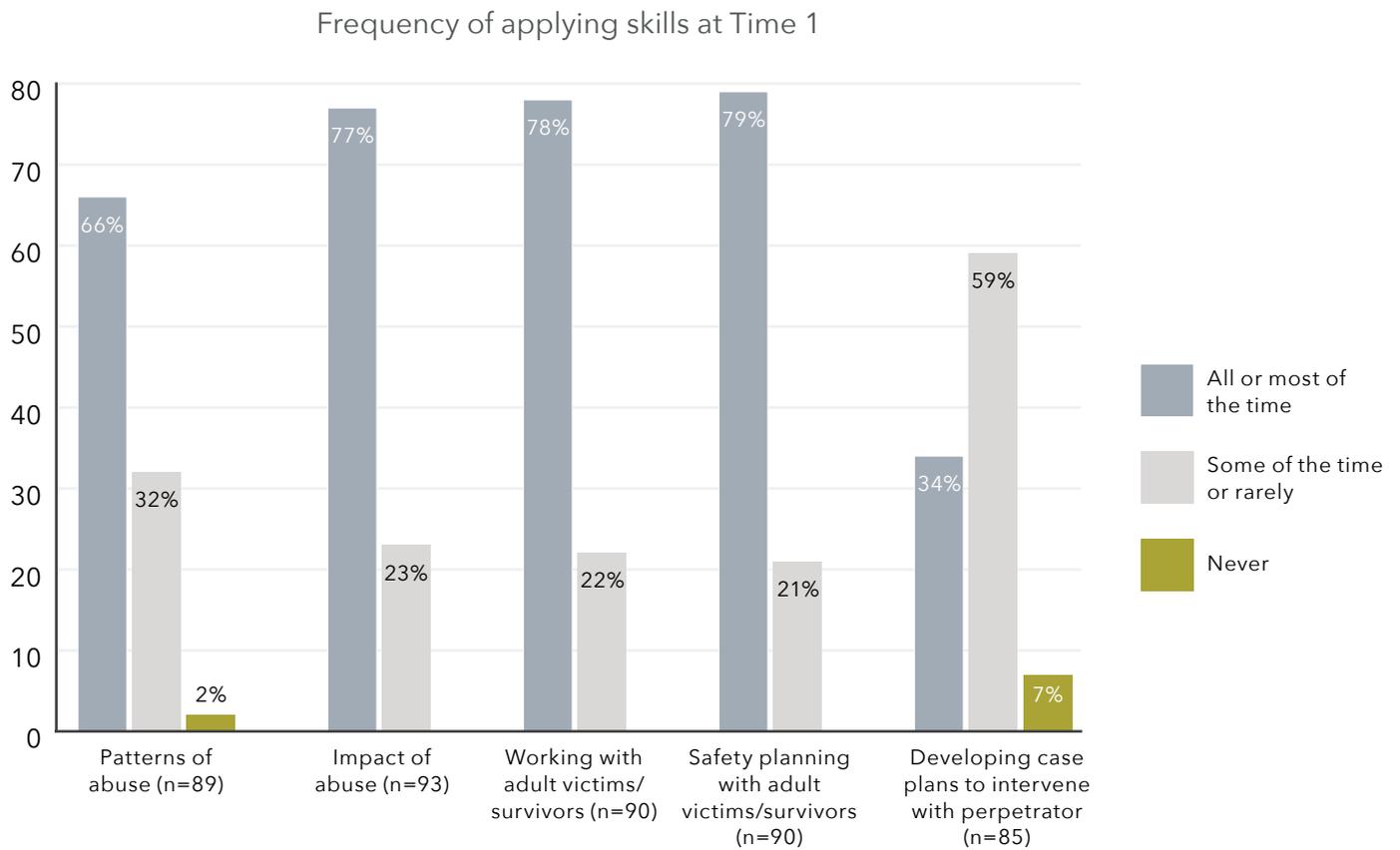


FIGURE 11 Frequency with which respondents applied Safe & Together skills at Time 2

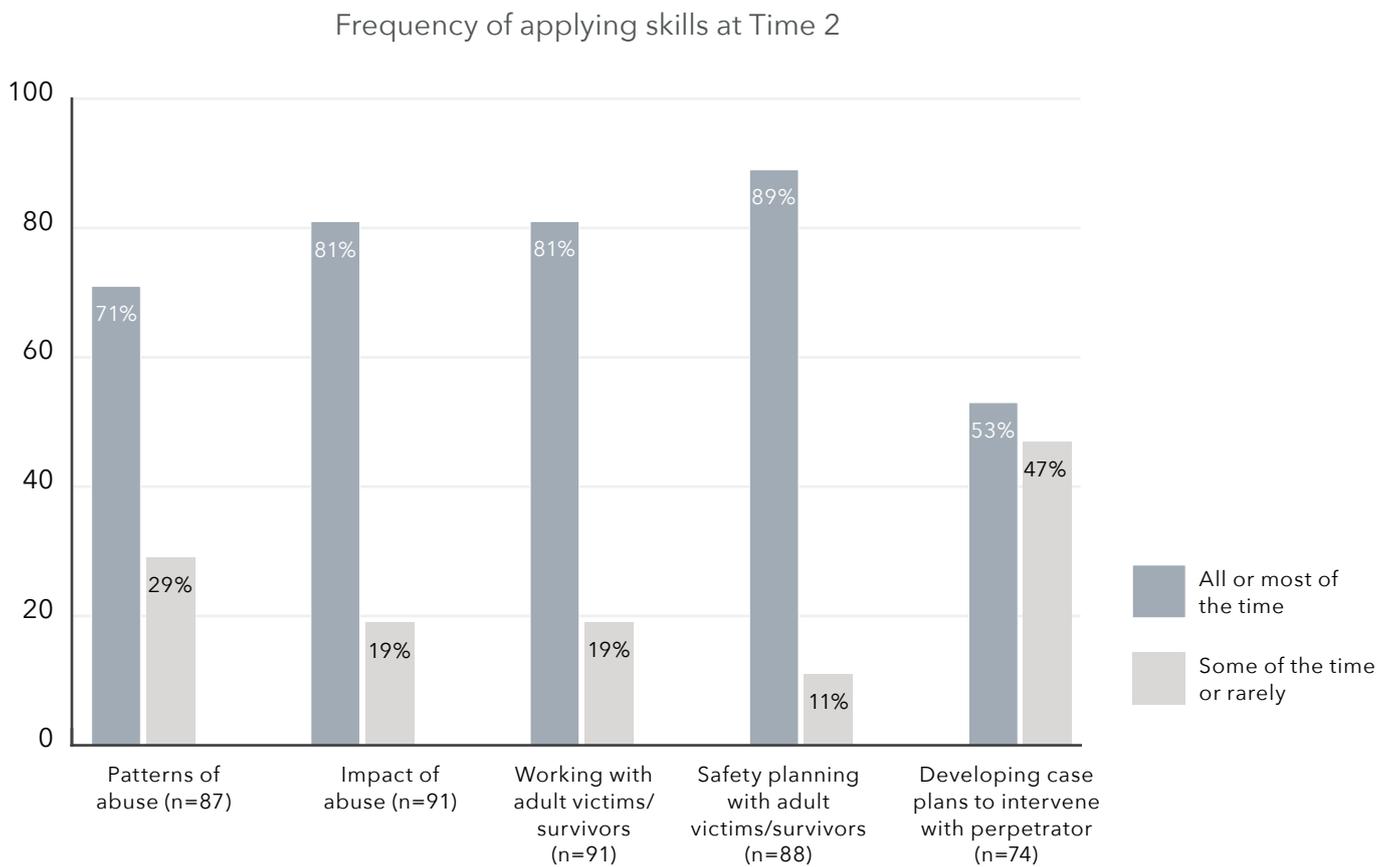
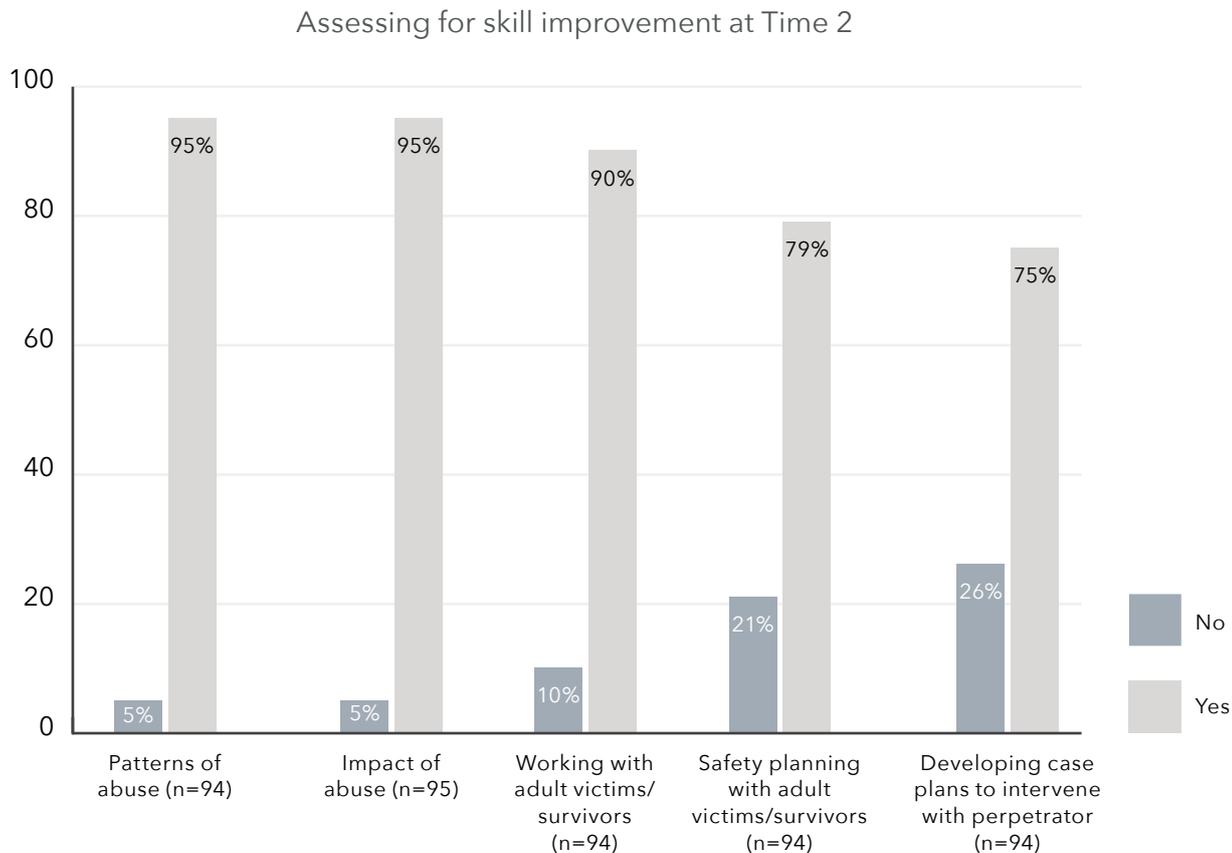


FIGURE 12 Respondents’ assessment of whether skills across five Safe & Together criteria have improved or not since involvement in the Invisible Practices project at Time 2



As Figure 12 shows, the skills of assessing for perpetrator patterns of abuse and in identifying the impact of the perpetrator’s patterns of abuse on child and family functioning each attracted the highest proportion of positive assessments of 95 percent. These were followed by the skills in partnering with the adult victim/survivor in a way that builds on their protective strengths at 90 percent. Skills in safety planning with the adult victim/survivor and in developing case plans to intervene with the perpetrator attracted positive assessments in a significantly smaller proportion of respondents: respectively, 79 percent and 75 percent.

The practice improvement, as a result of the participation in the Invisible Practices project, is positive, but it also indicates the extent to which there is a long way to go before practitioners and managers feel equally confident in all aspects of implementing the Safe & Together Model.

Respondents’ assessment of practice change in their agency

The second series of Time 1 and Time 2 questions asked how respondents rated their agency’s current capabilities across seven criteria. These criteria were developed by the

research team and drew on seven domains of the Safe & Together Model.

The first question asked: How respondents rated their agency’s current capability to work with fathers who use DFV, using a scale from “highly developed” to “progressing”, “minimal”, “not in place” or “not sure”. At Time 1, 60 (63%) of the 96 respondents said their work in this regard was “progressing” with a further 17 (18%) saying it was “minimal” and 12 (13%) saying it was “highly developed”. By Time 2, respondents indicated their agency’s current capability had risen with 72 respondents (75%) saying work was “progressing”. Interestingly, the number of respondents indicating work in this area was “highly developed” had dropped to 9 respondents (9%) of the overall total of 96 respondents.

Respondents were also asked to rate their level of agreement with a series of statements about whether their agency:

- addresses DFV as a core part of child welfare practice;
- has clear safety protocols for how to work with fathers who use DFV;
- makes them feel supported by their agency when working with fathers who use DFV;

- supports practitioners to identify and document the impacts of the perpetrator’s behaviour pattern, including coercive and controlling behaviours;
- supports practitioners to identify and document mothers’ protective strengths and work in partnership with them; and
- encourages practitioners to balance the attention to perpetrators, non-offending parents and children (for example, this could involve indirect work through multi-agency collaboration).

They could choose a five-point scale (“strongly agree”, “agree”, “neutral”, “disagree”, or “strongly disagree”) with an option to answer, “not applicable”.

Figures 13 and 14 demonstrate the variability in responses to questions about their agency’s capabilities in comparison to questions about their program’s or team’s capabilities (Appendix H provides more detailed evidence of the greater variability of responses in relation to participants’ assessment of organisational change). For example:

- Of the 96 respondents at Time 1, 81 (84%) were in net agreement that their agency addresses DFV as a core part of working with children. This rose to 89 (94%) of 95 respondents at Time 2.
- Yet, of the 92 respondents at Time 1, only 44 (48%) were in net agreement that their agency had clear safety protocols for how to work with fathers who use violence. This rose to 48 (53%) of the 91 respondents at Time 2.

It is important to note that responses to the “extra” Time 2 questions that asked about positive change in the respondents’ agency in the last six months (that is, over the duration of the Invisible Practices project) on each of the measures, respondents attributed the change “to some extent” to their involvement in the Invisible Practices project (see Table 4 in Appendix H). Overall, questionnaire respondents were a little less positive in their assessments of their agency’s practice improvement compared to their assessments of their own team’s or program’s practice improvement.

Primary participants’ reflections on their Time 1 perceptions

Given that working with fathers who use violence and control is such an under-developed area of work, the research team had not anticipated that participants would rate their skills and competency against the critical components of the Safe & Together Model elements so highly at Time 1. The researchers asked primary participants during the focus group held in each site after the last meeting of the CoP to reflect on what they could recall of their answers in the Time 1 questionnaire. They were asked if they thought they would have responded in the same way given what they now know. There was consensus (even amusement) around the groups that the Time 1 questionnaire responses were inflated because participants did not understand their practice in relation to engagement with men. As one participant said:

...We thought we were doing good practice but you don’t know what you don’t know. (Family services practitioner, FG)

Some thought their answers might be the same in Time 2 or that they might drop because they could now see “gaps in their practice” (Men’s behaviour change practitioner, FG); while others said, “I know nothing” or that “Now I get that I don’t understand patterns of behaviour to the extent that David talks” (Men’s behaviour change practitioner, FG) or that:

I feel like I haven’t influenced my...[secondary participants]... as much as I should’ve. Maybe if they rated themselves high in the Time 1 questionnaire, there wasn’t as much uptake because they thought they already knew the content. (Family services practitioner, FG)

Training showed that we weren’t necessarily aware of ourselves and we rated ourselves higher than we might have done...we may have thought we were doing a better job than we were...(DFV practitioner, FG)

Influencing role of practitioners in practice change

The influencing work undertaken as part of the Invisible Practices project by the CoP or “primary participants” was

FIGURE 13 Respondents' rating of their agency's current work in the Safe & Together domain of addressing DFV as a core part of working with children at Time 1

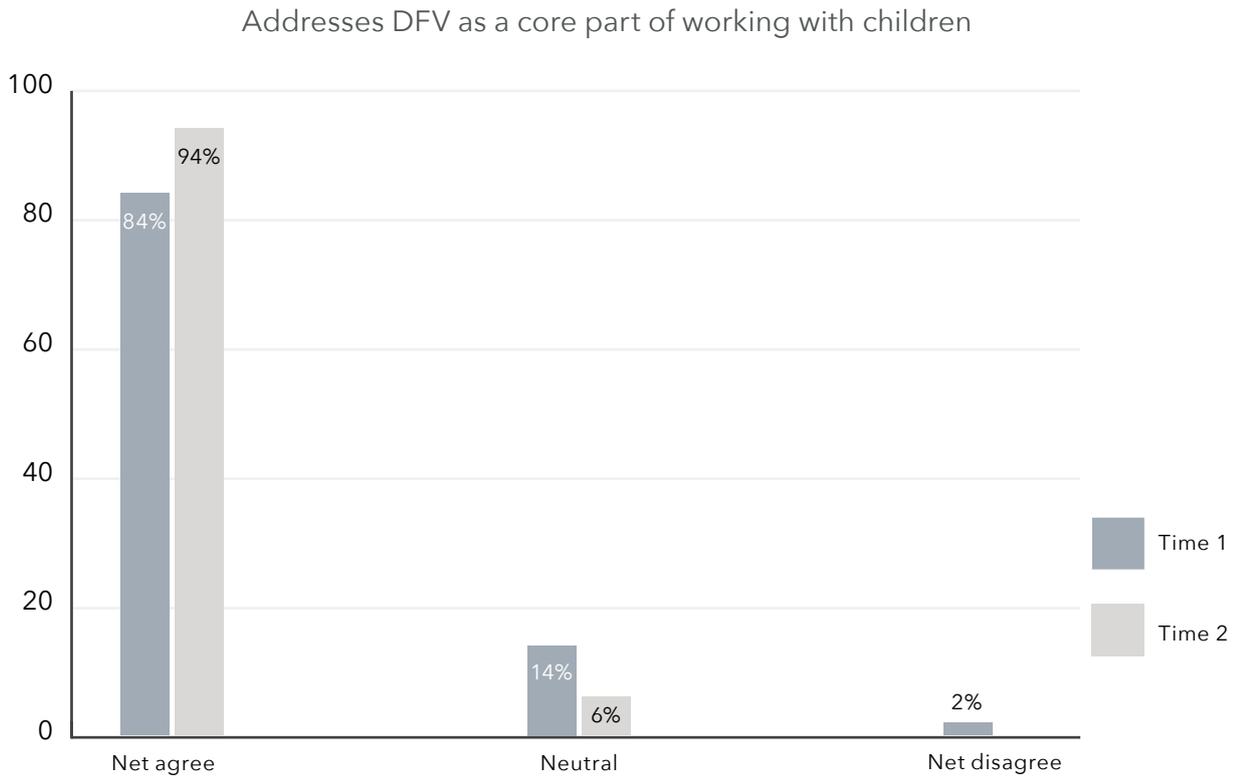
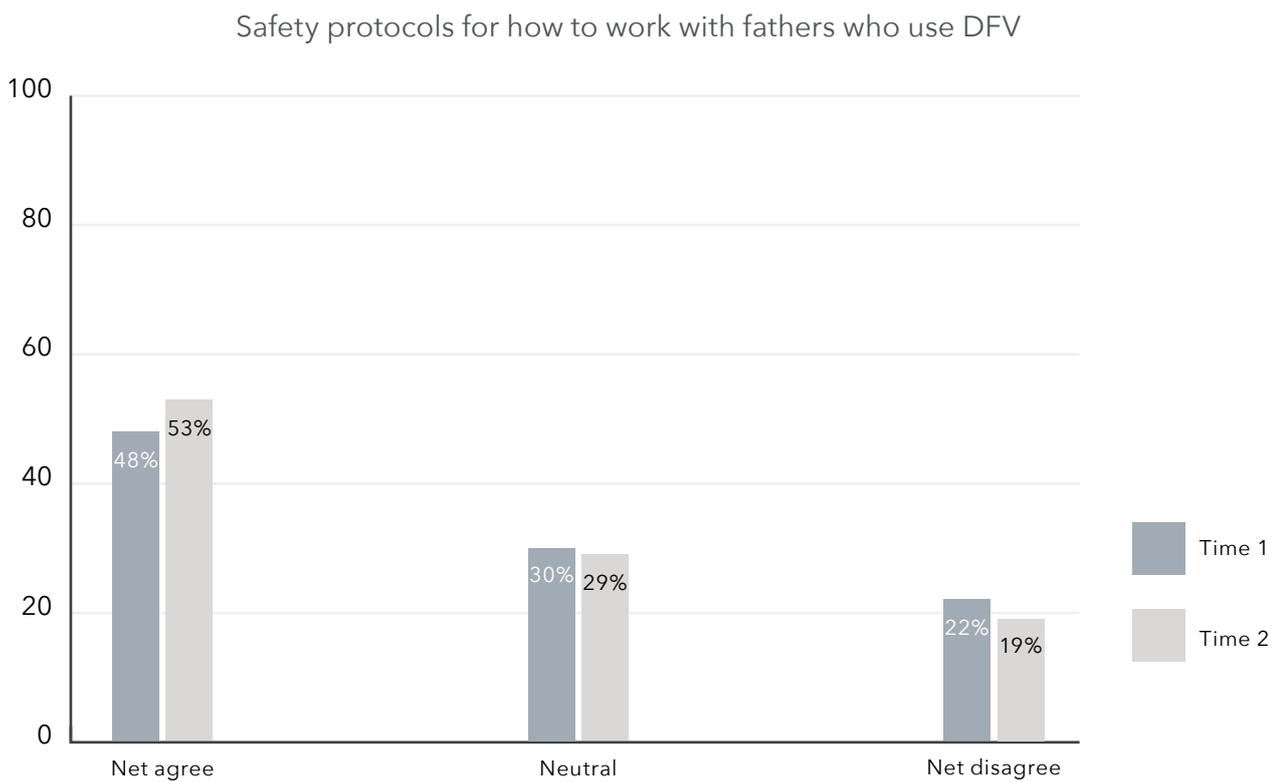


FIGURE 14 Respondents' rating of their agency's current work in the Safe & Together domain of having clear safety protocols for how to work with fathers who use DFV



reported to be having a positive impact on practice and on outcomes for families with DFV being more effectively identified and described.

Participants reported incorporating Safe & Together language into case noting and encouraging their “secondary” participants and other co-workers to use the same language.

Teamwork

Influencing work was most effective when done as part of a team. However, participants expressed discomfort in undertaking influencing activities if they were new to the role, if they felt reluctant in being seen to think they “knew better” or if they felt isolated from other participants; for example, in one research site, most of the CoP participants were the only ones from their geographic area. This highlights the collaborative orientation of the Safe & Together Model when engaging colleagues. In one example, Walking with Dads’ staff offered to attend participants’ workplaces to assist with influencing work. In contrast, a regional team leader said:

It would have been great to have a partner to bounce back on once back in the district to do the implementation [of the learning and the Safe & Together approach] in pairs... It is useful to have someone else in that context, especially when so much of it makes sense to those who completed the training. (CP practitioner, CoP)

Seniority

CoP participants indicated that the position they held in their government department or organisation had an impact on how and who they were able to influence. For example, team leaders found it easier than frontline workers to influence others in their team because of their relative seniority. As one team leader said:

I’m really lucky as I’m a Team Leader, so my team can’t escape and are somewhat of a captive audience. I was really enthused by the two-day training, and I discussed it over an hour in an extra team meeting. I discussed the philosophies behind the Safe & Together Model, and the importance behind [influencing “secondary participants”]. I was calling on my team members to “keep it real” and

if I was slipping back into a victim-blaming stance, I needed them to push me back and remind me to “pivot” to the perpetrator...I also took the opportunity to raise it [the model] at a district staff conference that included 67 staff. I’ve spoken to the district officer, who’s on board as well and has given me free license to talk about it at our district. (CP practitioner, CoP)

A regional team leader had a smaller team and spoke of the strategies they were able to implement:

...my team is a little smaller, so I met with my team leader group. I took it as an opportunity to talk about the learnings from the two days [of training]. The Team Leaders were energised about the program. The...[DFV unit]...has decided to incorporate some of it into their training. All Team Leaders made a commitment to meet individually with their teams and redistribute the [Safe & Together Institute] resources and tools to each of their team. (CP practitioner, CoP)

Practice-led influencing

Use of the Mapping Perpetrators’ Patterns - Practice Tool was a key strategy for influencing practice change through practice. One Aboriginal practice leader spoke of how they used the mapping tool to influence the team so that they really had to focus on:

...Mum’s strengths in keeping strong for her family and focusing on that rather than what the mum had not been doing. (CP practitioner, CoP)

Another senior CP participant spoke of speaking about the Safe & Together Model at a staff meeting and that most of their team had “jumped on board” and were using the mapping tool a lot more when they got new intakes. Encouragingly, this CoP participant also spoke about their team members making concerted efforts to visit parents in the prisons to form part of their assessments (CP practitioner, CoP). This was not something they had engaged in much prior to the involvement of the participant in the project.

While some participants were struggling with the time to undertake their influencing tasks, it was happening formally

within teams and informally with individuals beyond the “official” list of “secondary participants”. For example, a police prosecutor was named as one participant from the police as a “secondary participant”. Knowing that the police prosecutor was being “influenced” by participants, CP chose to also work with the same prosecutor to change court practices. At the Magistrate’s Court a participant achieved informal “influencing” by successfully arguing that the mother’s safety plan should not be included in the father’s affidavit:

It was at the point where I was, I don’t want to put this information in, so I had a chat with the legal team where I was able to redact the information. Which means Dad was given a completely different affidavit to Mum. It was the same affidavit that I wrote but they took out certain sections for her safety and he was given a version that was blacked out and certain exhibits, like on safety plan was removed. So it took a bit of arguing with the legal service because it was lots of extra work for them, and I had to justify each paragraph as to why I thought that needed to be removed because they weren’t really agreeing with a bit of it. But in the end we got quite a lot removed out from Dad’s affidavit and that kept Mum safe...And now others, they’re all doing that for all...[DFV] cases, so they’re redacting...information to keep, I suppose, the victim safe and the perpetrator doesn’t get that information, so that’s been good. (CP practitioner, CoP)

The wider influence of this practice example was supported by other participants:

Because of that case, it’s now impacting lots of other cases... office workers had to redact a whole heap, which they’re not happy about it, but now it’s like the tone has been set that in...[DFV] cases, this is what you do now...so that’s a big influence. (CP practitioner, CoP)

However, participants identified several challenges in working with others who had not received training or had not had the same degree of training. One site’s CP CoP participants regard their work with other colleagues or with practitioners from other organisations as opportunities for mentoring; for example, one participant used the Mapping Perpetrators’ Patterns - Practice Tool to challenge a co-worker’s assessment that violence in an Aboriginal and Torres Strait Islander couple relationship was “mutual”. When a practitioner is

finding it hard to focus on the violent and coercive behaviours of a man because he is from a different cultural group, by placing the behaviour patterns of the victim/survivor and the perpetrator side-by-side, it became possible to keep the discussion “fact-based” and devoid of cultural bias. Other practitioners spoke of plans to incorporate perpetrator mapping exercises into their practice.

Challenges in practice remained. Practitioners were concerned that the mapping tool is sometimes used in a manner that misses the strengths of the adult victim/survivor and focuses exclusively on the perpetrator’s behaviours. Reasons given for this include the fast-paced practice environment and practitioners becoming overwhelmed with the amount of information gathered on the father’s behaviour. Further, when new people are brought into a case, perpetrator-pattern mapping may not get passed on or may not have been done. This leads to difficulties in assessing risk. It is also difficult for perpetrator-mapping to be done when information on a referral is scant:

It’s impossible for us to do perpetrator patterning with a new case that comes in from...[CP] when it’s not in a referral. We just try and do a pattern on the referral sheet which has got two pages, so it doesn’t work. (FV practitioner, CoP)

Systemic issues

Several systemic or macro level issues provided opportunities and challenges for being able to implement the practice change that practitioners wished for. These include political, legal and economic or resource issues that were beyond the control of practitioners and their organisations but that nonetheless had an impact on the extent to which those involved felt they could shift practice and pivot to perpetrators, while building a relationship with women and keeping the focus on children’s wellbeing and safety. Participants also made extensive observations that ranged widely in response to questions in the Time 1 and Time 2 questionnaires about what their agency was doing well, and where they felt their agency required the greatest area of improvement in working with fathers who use violence and control. These related to training and workforce development, investment in fathering programs informed by the Safe & Together Model or complementary programs.

Political context

In the current political climate, the strong emphasis on managerial practices was seen to result in a preoccupation with complying with strict accountability measures and outcomes that require managers and their staff to concentrate their efforts on meeting prescribed targets. This was perceived by some participants as limiting their capacity to do anything else. As three CP participants in one CoP observed:

...we are saturated with top down targets...it is hard to keep a proactive focus...it's all about spreadsheets and data ... there are huge expectations and its tough.

...the high accountability and outcome focus...[of the current government]... is on – “see more children” – it is very difficult to support staff and to oversee much of the work.

...there are targets each month – non-stop targets with less people and more change...more paper work and data collection...it doesn't allow the complex trauma within families to 'set' in my head. (Three CP practitioners, CoP)

In one research site, the impact of government reforms in policing was also discussed. One manager indicated that the biggest challenge in relation to engaging men and building partnerships with women was in relation to “housing and police.” Specifically, recent government policy has driven policing initiatives to reduce recidivism rates of high-risk offenders through a targeted police response similar to the targeted police response seen in relation to other major crimes. Participants believed that this has resulted in a situation whereby the police no longer have time to work collaboratively with others owing to the demand to meet target reductions within a particular timeframe. As one participant said the:

...police force focuses on high-risk offenders and uses... [safety meetings]...to the exclusion of other police issues... [DFV liaison officers]...are no longer in homes, there are too few of them and they spend their time addressing court stuff. (CoP)

Legal context

Many participants in one research site indicated that the shifting policy regarding permanency planning has had some adverse impacts on workers' abilities to keep women and children “safe and together.” Specifically, NGO workers described how they had noticed improvements in CP workers' abilities to engage women experiencing DFV at the “front end” but not at the “back end”. When children were removed and came into care, workers perceived that there was a hegemonic concern with making permanency planning decisions quickly, which often did not allow sufficient time for women to make necessary changes to convince decision-makers that children should be restored to their care. For example, a participant from a women's health centre reported:

We see many women coming to groups; “poverty groups” is what I call them – I see women who have made changes but...CP...may not be necessarily be accepting those as women's changes...they avoid restoring children from mums “lacking insight”...CP...have a restoration team which means the process changes over to a different worker. They have a restoration policy framework that means that there will only be a 2 year period for undertakings. (DFV practitioner, CoP)

In noting the greatest area of improvement needed by their agency in working with fathers who use DFV, some questionnaire respondents reflected on the fact that both the legal and service systems are being abused by many perpetrators “to inflict further harm on mothers and children” (Family services, CoP). One participant questioned whether their agency should apply for protection orders more often, noting that this is challenging in practice when the mother is not agreeable, and suggested applications should be reframed to focus on children. As reported: “Sometimes I think we should re-frame the discussion around protecting the children just like we do for child protection orders” (CP practitioner, questionnaire). One questionnaire respondent suggested that better support from courts and the police would bring the justice response in alignment with CP responses. However, police reported that lack of resources curtails police responses leading to “repeat calls for service” and to police working with men “in a punitive way as opposed to assisting with their rehabilitation” (Justice services, questionnaire). To case

manage effectively, police need more access to programs and agencies to support men. Resourcing and limited referral options were also seen to adversely affect practice more generally; for example, more resources are needed for case-management models across services.

While some participants reported that court work has improved to ensure that perpetrators are complying with conditions on DFV protection orders, others noted no real change:

Even when material is presented in accordance with the Safe & Together Model, court still responds in the same way...court wants evidence of concerns (mostly physical evidence) rather than evidence of change. (CP practitioner, questionnaire)

The court system was described as fragmented and to be still using language suggestive of mutual conflict. As reported:

We deal with one small part of the picture. We develop all of the court material for matters which go onto become part of the court applications. The court material that I see still, in many instances, uses a narrative around there being 'DV in the relationship', and the mother failing to protect the children because of her inability to leave, or dual violence without any consideration of the main perpetrator. (CP practitioner, questionnaire)

Economic context

Many participants indicated that their services had undergone significant changes in personnel and many NGO services indicated that they were insufficiently resourced with an inadequate complement of staff. Added to that were observations about the lack of MBCPs as a major hurdle to being able to work with men who use violence and control. Some questionnaire respondents also observed that engagement with men was limited by workers not seeking them out due to being time poor and fearful. High staff turnover and hiring of “quite young staff” means that workers are often ill-equipped to “deal with domestic violence perpetrators”. As stated by one respondent: “...young staff are fearful of perpetrators”.

Questionnaire respondents also wrote of staffing issues with one case worker per family making the work more complex and risky. They wrote of high caseloads further inhibiting opportunities to engage with families. One observed that working as intensively with fathers as with mothers effectively doubles caseloads. Practitioners reported struggling to find the time to undertake “structured and purposeful” assessment. One worker suggested partnering with the adult victim/survivor needs to be prioritised over throughputs in assessment. Time constraints also limit worker ability to establish a professional relationship with a perpetrator of violence and to contribute to integrated responses which, it was argued, improve perpetrator accountability. These were areas in which several questionnaire respondents identified as requiring improvement within their agency but are reflective also of systemic challenges.

A suggestion was made from one questionnaire respondent that improved technology could benefit staff safety: “As a team leader, I am aware I cannot keep track of the safety of co-locating staff without updated technology.” (Family services practitioner, questionnaire)

Training and workforce development

The need for further Safe & Together Institute training was identified to enhance the skills of all workers within agencies and across sectors: “Every frontline worker needs to be trained”, as well as those in case-management roles. This training needs to be “more in-depth” and to include:

- professional decision-making in risk assessment, risk management and safety planning;
- identifying and documenting fathers’ patterns of control;
- knowledge and skills in engaging fathers while simultaneously holding them accountable, for example, through examples of questions to ask and motivational interviewing techniques; and
- the use of assessment tools.

One participant highlighted that Safe & Together Institute training might need to be specifically tailored to in-home, voluntary services as staff members are unsure how to implement training in the practice context:

The training was great; however, a lot of family services staff were unsure how to take such a direct approach of making fathers who perpetrate domestic/family violence accountable without putting the mother and children at risk or damaging engagement given our program is voluntary. (Questionnaire respondent)

There was an argument for funding for all staff to be trained in Safe & Together Model:

As...Safe & Together [Model]...did not reach as far as [I] would have liked, the changes to the agency have not been extensive. This will hopefully keep changing over time...The whole Department would benefit from...Safe & Together [Institute]...training. Some teams continue to focus on separating parents from each other and the child protection concerns usually follow the parent caring for the children. (CP practitioner, questionnaire)

Responses to the question about what improvements the participant's agency required included suggestions for training and workforce development of a generic nature:

- Specific training to help workers develop skills in identifying family and lateral violence in Aboriginal and Torres Strait Islander communities.
- The suggestion that the participant's specialist women's DFV agency reinstate the running of programs for men, as the agency had done in the past, as a way of upskilling current practitioners.
- Introducing guidelines on when and how to work with perpetrators without increasing risk to women and children and through clarification of privacy issues and considerations.
- Using staff secondments as a way of expanding worker skills and knowledge.
- Having tip-sheets for working with men and improved risk assessment instruments as confidence-boosting strategies for workers.

Developing fathering programs

Favourable worker skill, knowledge, confidence and practice skills were reported by questionnaire respondents where

specialist programs for working with fathers had been introduced and/or the Safe & Together Model was already influential. Men were being engaged through MBCPs, and some family services were providing outreach family support and individual counselling and therapy to fathers. However, respondents saw a need for further progress in this area:

I believe we don't go out of our way or think out of the box to try and engage fathers and make them accountable. We are improving but this has a long way to go. (Family services practitioner, questionnaire)

The Safe & Together Model was described as a "best practice" approach by a number of questionnaire respondents. The perceived benefits include improved engagement with men and increased accountability. As one reported:

They are really starting to try new ways of engaging perpetrators of violence in accordance with Safe & Together Model, and to keep trying and documenting fathers' behaviour in other ways when they do not participate. (Family services practitioner, respondent)

Questionnaire respondents also noted that organisations that have not received training in the Safe & Together Model recognised the need to hold perpetrators of violence accountable but are less aware of the practice framework, micro-skills and tools to support this. Similarly, participants described several specialist programs such as Walking with Dads, Men Choosing Change, Safe Dads, Dads Putting Kids First, Caring Dads and Keeping Families Safe as leading toward positive practice developments. One participant's comments highlight the value of a program based on the Safe & Together Model:

"Walking with Dads" is the standout program. This is helping to influence general improvement in practice. (CP practitioner, questionnaire)

The positive shifts in practice attributed to Safe & Together Model exposure and specialist programs for fathers who use violence and control include the use of perpetrator mapping, the development of greater understanding of risk, improved assessment, greater attention to mothers' protective behaviours and enhanced information sharing and collaboration. There was a call for funding to promote and extend the Safe & Together-informed *Walking with Dads* program.

In addition to training, respondents observed that the workforce needs more support to engage with perpetrators and to hold them to account, including those who are intimidating or avoidant.

Some participants reported a shortage of domestic violence perpetrator programs and/or other programs to work with fathers. One worker drew attention to the need for early intervention programs and increased collaboration between services, stressing the point through the use of capital letters in their questionnaire response:

PERPETRATOR INTERVENTION AT THE EARLIEST OPPORTUNITY AND WORKING IN UNISON WITH OTHER FAMILY VIOLENCE SUPPORT AGENCIES.
(Justice Services, questionnaire).

One agency is sourcing an online DFV program for men. This is a considerable shift in practice as the agency has not previously focused on male perpetrators of violence. It was also noted that more funding would increase uptake of MBCPs:

With more financial support, it would make the program more accessible for men that may be committed to working on their behaviour but are not in a financial situation to afford the program. (DFV practitioner, questionnaire)

Organisational issues

Many CP participants indicated that they felt they were continuously engaged in training activities in order to learn new systems, policies and practices as a result of widespread changes and reforms occurring in their respective jurisdictions. For one CP manager, this had resulted in feeling overwhelmed and unable to sustain the new approach to this work let alone engage in the influencing work:

I have so many things to do – it is hard to keep on...It has been so busy that this has fallen by the wayside. (CP practitioner, CoP)

Role of senior management support

Although other members of the CoP were empathic to the difficult circumstances that CP workers engage in, some felt insufficiently supported by their managers and fellow colleagues.

Collaborative issues

The great challenge in the project's work was to improve practitioner confidence in working with fathers who use violence and control. During one CoP meeting, participants observed the difficulty in pivoting to the perpetrator when the wider service system does not yet support this approach; for example, the model clearly requires a collaborative, multidisciplinary approach, yet many services with whom it would be ideal to work are not yet oriented to an understanding of DFV dynamics and patterns of coercive control let alone understanding the subtlety of pivoting to the perpetrator and partnering with women in order to focus on children's safety and wellbeing. As one participant observed, it is difficult to practice in an organisational culture that focuses on addressing alcohol and other drug use divorced from an analysis of the clients' use of DFV and control.

As an example of this, key Safe & Together principles and practices such as mapping the perpetrator's pattern were significantly hampered by organisational difficulties around the timely exchange of information. In one jurisdiction, in spite of legislation developed to make information exchange in CP matters easier, participants indicated that they continue to have difficulty accessing vital police information in a timely fashion. They indicated that there were inconsistencies across local command areas with highly variable response times. Child protection workers stated that their response was often deleteriously affected by communication delays:

There is a big lag to get the history – we need the police narrative which takes 4-6 weeks to get the coercive control history. (CP practitioner, CoP)

Participants also indicated that they find it extremely difficult to collaborate and exchange information with Corrections:

When men are in remand – it’s like they’re in a black hole and we can’t get information about them when they are in prison either. (CP practitioner, CoP)

Participants stated that these difficulties hampered their efforts to get information about the impact of men’s sentences on their children.

One CoP participant indicated that she was under pressure from her supervisors who she perceived to be communicating:

The ultimate message up above us is the message is to kick the guy out and work with the women...but we need to work with the men. (CP practitioner, CoP)

A manager of a NGO indicated that she had been met with resistance on many occasions when she discussed the idea of engaging men who use violence and control to colleagues or interagency partners:

The biggest challenge has been trying to get people to see the sense in working with perpetrators. (NGO practitioner, CoP)

Overall, participants held the view that effective intervention with men who use violence, and with women and children affected by family violence, needs to be built on the best available evidence and delivered within a consistent integrated response. Towards this end, workforce development, including training, has been occurring and is improving practice, but participants were clear that it had not been sufficiently disseminated. Consequently, there are short-falls in worker skill and knowledge, which limits the extent to which case managers and other workers are equipped to deal with DFV. Participants observed “knowledge gaps” extending to management, with potentially serious implications for practice. As one participant noted:

Our management team does not seem to understand the specific risks of domestic violence and what this means for the victim and the community at large. They are the decision-makers and this is where we fall down: action is unable to be taken as the decision-makers are not informed. (Justice Services practitioner, questionnaire)

Similarly another participant noted:

Management requires a greater understanding of domestic/family violence; at times, there is a push to include fathers without doing appropriate risk assessment. (Family services practitioner, response)

While some organisations are developing training around working with fathers for all staff as a core competency, questionnaire respondents conveyed a lack of confidence among staff and their thirst for further professional development and support:

There continues to be concern raised that engaging the perpetrator to address their behaviour will increase risk to survivors and children. Staff are concerned for their safety and wellbeing and their capabilities to engage fathers who use violence. (DFV practitioner, questionnaire)

Individual issues

Several participating CP managers in one research site expressed the need for their workers to develop better engagement skills with women victims/survivors and male perpetrators. They noted a degree of improvement but expressed the need to continue learning how to best “skill up” their workers to be able do this work:

When interviewing women it is difficult to engage with denial and minimisation. We are making a bit of headway but not fast. (CP practitioner, CoP)

Another manager expressed the view that there needs to be a change in relation to the way that workers initially engage with women:

There is a lot of pressure when the case comes in – we now need to take the time and listen to the mum – she is the expert on her own safety. (CP practitioner, CoP)

Participants agreed that there was a need to continue to learn how to best engage men who use violence and control. While they perceived improvements in this area they agreed with one worker who said: “...on a case by case level it is a slow process. It is hard to engage men.” (Family services practitioner, CoP)

Everyone agreed that there is a need for sustained work in this complex area of work given that many agreed that: “*We are struggling with the invisible man syndrome, still finding it hard to hold them accountable.*” (CP practitioner, CoP). Participants also strongly identified the need to continue improving their knowledge and skills in order to engage men who use violence and who have multiple complicating factors such as mental health issues and/or substance misuse problems.

Summary

Respondents to the qualitative questions reported positive shifts in practice within and across their agencies between Time 1 and Time 2. Progress was reported in engaging and working with men who perpetrate violence and in increasing support for mothers and children; however, also apparent was the need to extend and embed change and to remove barriers to further improvements. Barriers to, and opportunities for, enhanced practice were identified at the systemic, organisational and individual levels, as well as in relation to collaboration within and between services and sectors.

Section 6:

Discussion and concluding comments

In this final section of the research report, we draw together the different strands of the research to consider the synthesis of findings and the key implications for practice and policy.

The Invisible Practices project has provided a wide-ranging exploration of practice across Australia about the work with fathers who use violence and control with a specific focus on those practitioners who see men in their own homes rather than in group work programs. Child protection, family services and specialist DFV workers have all been engaged in this action research project. In one state there were also contributions and involvement by police, probation and parole. Safe & Together (Kyle Pinto and David Mandel) have provided the conceptual framework and supported practitioners to enhance the work that they are undertaking in the DFV area.

Problems with fathers who use violence and control

The initial premise for the research has been that fathers who use violence have an ongoing and largely problematic role in the lives of their children. The review of the literature challenges the notion that men can be good fathers and violent and abusive partners (Humphreys & Campo, 2017; Holt, 2015). The high levels of direct child abuse (Kimball, 2016), the traumatic experience of hearing and seeing violence towards their mothers (Lourenço et al. 2013), disabling the child's mother, poor co-parenting (Thompson-Walsh, Scott, Dyson & Lishak, 2018), and undermining family functioning through creating homelessness, school disruption and financial abuse (Mandel, 2009), all contribute to negative impacts on the child's emotional and behavioural development. High levels of post-separation violence often associated with time spent with the child's father suggest that these behaviours do not change with separation (Kaspiew et al. 2017).

However, attention to these poor parenting behaviours has only relatively recently begun to be identified and addressed. Children and young people are requesting reparation from their fathers and expecting recognition of the destructive effects of their father's abuse and violence (Lamb, Humphreys & Hegarty, 2018). Poor fathering behaviours are being identified

(Holt, 2015) and the heterogeneous nature of inadequate and abusive fathering are explored (Heward-Belle, 2016).

Problems with the service system response

It is unsurprising, given the lack of attention to fathers who use violence, that the service system response is undeveloped. While there are many areas where the formal system can become a source of secondary abuse for women and children subjected to DFV (Heward-Belle, Laing, Humphreys & Toivonen, 2018), the response from statutory CP has been consistently criticised (Robbins & Cook, 2017). A range of issues are problematic including:

- the focus on mothers and their ability (or not) to protect their children;
- the lack of attention to the source of harm, namely the father's use of violence and abuse;
- the expectation that women will separate as the primary strategy towards safety in spite of high levels of post-separation violence and the lack of supervised contact provision (Humphreys & Absler, 2011; Lapierre, 2010; Heward-Belle et al. 2018).

Specialist DFV workers have been seen as a primary source of support for women leaving situations of DFV (James-Hanman, 2018). However, in relation to children and to those women who stay with their partners, the specialist DFV sector has an uneven record. Some services are explicit that they do not work with women who remain in the home with their partners, while children are also often not given attention either due to the funding model or worker skills. Family services have frequently been seen as the appropriate response for vulnerable families, but few of these workers have had explicit training in responding to DFV (Humphreys & Campo, 2017).

Exploring practice in a marginalised area

The Invisible Practices project sought to investigate the practices that were being developed through CP, family

services and the specialist domestic violence sector where workers were engaging with individual men who were having substantial time with children. It was unclear what form this work was taking and what would be the elements of good practice that could be documented to support workers in the future tackling this complex task.

An action research model that brought together practitioners, researchers and the Safe & Together consultants through CoPs in four states explored the skills and knowledge required to work with fathers who use violence, and the support that workers required from organisations to undertake this work. The research also explored whether practitioners benefited from the capacity building provided through not only the CoPs, but also the training, mentoring, peer support and the experience of influencing others in their organisation.

The role of the Safe & Together Institute

The Invisible Practices project was explicit in its use of the Safe & Together Model and its resources (Safe & Together Institute, 2018c). Several factors led to this choice for an action research project focused on capacity building of practitioners to respond to fathers who use violence. First, the conceptual model provides a clear and positive direction for intervening to change practice for CP workers and others who work with families where there are children living with DFV. Whereas others have been strong on critique (Strega et al., 2008), the Safe & Together Model provides specific and detailed strategies for constructive working in a complex area of practice. More particularly, the strategies are predicated on the centrality of multidisciplinary teams working collaboratively in order to achieve safety for victims/survivors and workers and accountability of fathers who use violence and control.

Second, the approach is strongly practice orientated and the Invisible Practices project was designed to explore practice using the work of Wagenaar and Noam Cook (2011) who theorised the notion of practice-led knowledge. Third, the research team had worked with Safe & Together successfully on a previous project to develop collaborative strategies of working between CP and DFV specialist services using case reading practice as a foundation for interrogating practice

(Humphreys et al. 2018) and therefore the foundations for a further action research project were in place.

The Safe & Together conceptual framework combined with the preoccupations of workers across the four CoPs led to structuring the practice knowledge building under the themes of:

- working with fathers;
- working with mothers;
- working with children and young people; and
- working within the organisation, including attention to worker safety, training and supervision.

Setting the context for working with all family members

At the outset of the project, it was clear that while the interests of the stakeholders in the project were focused on practices for working with fathers who use violence, that practice in this area required the full conceptual Safe & Together framework. This framework recognises the equal importance of working with men, partnering with the non-offending parent (usually the child's mother), focusing on children and recognising the interface with other complex issues of mental health and substance use. In particular, the Invisible Practices project emphasised partnering with the child's mother as much as working with the child's father (biological or social).

The second strong emphasis in the project lay in finding the balance between the skills and knowledge of practitioners and the changes required from their organisations to support them in working with fathers who use violence. The Safe & Together framework places as much emphasis on the organisational culture as the skills required of individual workers.

The third focus of Safe & Together work lies with documentation of the evidence of harm, the evidence of protective factors and the impact of harmful behaviour on women, children and family functioning.

Key skills for working with fathers who use violence and control

There are now strong injunctions, particularly for CP practitioners, to engage with men when there are concerns about children living with DFV (Stanley & Humphreys, 2017). In the language of Safe & Together, this is referred to as “*pivot to the perpetrator*” (Mandel, 2014) and stands in direct contrast to practices which focus only on the child’s mother as the source of protection and make the perpetrator of violence and his harm to children invisible. The focus is not the relationship between men and women, but rather understanding and documenting the harm created by DFV to individual children, the child’s mother and the overall functioning of the family. Particular sub-themes are highlighted through the use of italics.

Practitioners outlined a range of techniques required to focus on fathers who use violence and avoid being drawn back into focusing on the assessment of the child’s mother. In particular, they found that having a structured tool (such as the Safe & Together’s Mapping Perpetrators’ Patterns - Practice Tool), which stepped them through a series of questions about the different forms of harm that were present from the perpetrator of violence, created a helpful means of counteracting ingrained and often mother-blaming practices. Key to the practice change is the *focus on parenting* when talking with fathers. Constantly shifting the interview/conversation from blaming or describing the behaviour of others (particularly his partner or ex-partner), to returning to the subject of his parenting behaviour was a consistent theme in all CoPs. It is potentially an area where there is a significant difference in training for MBCPs where children are not usually the focus (Askelan & Rakil, 2018).

In line with good practice in any area of social work, thorough *interview preparation* is critical to effectiveness and confidence for the practitioner in the interview (Harms, 2015; Healy, 2017). In this respect, interviewing fathers who use violence and control is no different. However, given the risks in this area, the importance of gathering information from as wide a range of sources as possible, and ensuring the safety and confidentiality of information that comes directly from women and children if they have requested that this information

is not to be divulged at interview, requires considerable thought, preparation, and where possible, practice with a colleague prior to interview. This is an area where practice needs to slow down rather than being constantly reacting to crises. Many workers commented on the need for support from their organisations to have the time for adequate interview preparation.

A consistent theme through the CoPs was the need to *establish rapport, build engagement, and most importantly avoid collusion*. Of critical importance was working with the adult victim/survivor about when, how and if to engage the perpetrator. A CP practice of “cold calling” was not recommended. Careful preparation was needed to not collude with the perpetrator and to build rapport without automatically validating the father’s efforts unless they directly benefited the children and family functioning. One of the clearest messages lay with co-working (a safety measure) but a strategy which only worked well if prior preparation had established the ground rules needed to ensure that they were not being played off against each other by the perpetrator of violence.

New developments have occurred in working with men who use violence to provide case management for a range of problems over and above intervention focused on the violence and abuse perpetrated. Some evidence is emerging that MBCPs may be more effective when this added intervention is available (Kaspiew et al. 2017). *Referring men* who use violence and control to programs requires particular knowledge and skills given that many programs, particularly mainstream parenting programs may be unsuitable for fathers who use violence. Programs such as Caring Dads (Scott & Crooks, 2007) are designed with this particular group of men in mind; however, they are only currently available in a few places in Australia.

Practitioners were critically aware of the need to assess for *motivation to change and the threshold for engagement*. There was recognition that fathers who use violence had often been ignored due to fear of their abuse (Fusco, 2013; Jenney, Mishna, Alaggia & Scott, 2014). However, there was acknowledgement by practitioners that the threshold for engagement had been too low and that opportunities to work safely with fathers

who use violence to assess their motivation to change and their parenting skills had been missed. Practice continuously slipped onto a focus on women rather than the assessment of the harmful impact of the perpetrator's behaviours; a process echoed in other research (Rivett, 2010; Baynes & Holland, 2012). The over-representation of Aboriginal and Torres Strait Islander children in care in Australia suggests the need to ensure that *practice is sensitive to the context of colonisation* and the impact of discrimination and poverty on Aboriginal and Torres Strait Islander families and communities (Victoria, Commission for Children and Young People, 2016a).

A much more nuanced approach was required that made assessments based on evidence that the perpetrator can describe the harm done to other people, that he accepts the consequences of his use of DFV and that his behaviour is no longer harmful to adult and children victims/survivors. These steps to responsibility require practitioners with a detailed understanding of assessment of men who use violence (Iwi & Newman, 2015) as well as the ability to assess their engagement with parenting and the skills required (McConnell, Barnard, & Taylor, 2017).

A clear message is that not all men have the capacity or motivation to change and therefore the *notion of engagement may be limited*. While the severity of violence may not necessarily be an indicator of capacity to change, there are some men whose violence and abuse is too dysregulated or criminal. In such cases, there should not be an expectation of "engagement", a term which implies some form of relationship building. However, this should not preclude assessment for intervention from other sources, or from attempts to contact the man for the purposes of assessment, even if this is to evidence his lack of interest in working for the best interests of his children.

Partnering with women

One of the strongest messages from the research was that the engagement and partnership with women was central to safe and effective work with fathers who use violence. It is worthwhile reiterating key messages from the practitioners in this final section of the report to emphasise the importance of

partnering with women if work with fathers who use violence is to be safe and effective.

A number of principles are clear. These include the affirmation that neither the adult victim/survivor nor the relationship she has with the perpetrator is the source of the violence and abuse; rather, it is the perpetrator's behaviour and his choice in using DFV. It involves asking women about the perpetrator's pattern of violent and controlling behaviours, its impact on each child and on family functioning. It also requires an assessment and documentation of the adult victim's/survivor's strengths in the face of the violence she is experiencing and the ways in which she attends to the functioning of the family in the face of these challenges. Importantly, it means planning in partnership with her the priorities and concerns she holds and being guided by her assessment of what is safe and culturally and socio-economically possible for her children and herself.

The responsibility of the practitioner lies with the *documentation of the adult victim's/survivor's strengths* as a parent and the perpetrator's negative impact on the children's lives and family functioning. Documentation and case noting make a tangible difference to how people (including other practitioners) respond to a situation. Being specific about a perpetrator's behaviours in case files and reports leads to perpetrator-focused interventions rather than interventions focused on the mother and children.

Safety planning and advocacy with women has always been a key plank of responding to women living with domestic violence (Davies, Lyon & Monti-Catania, 1998) across women from diverse and marginalised communities (Almeida & Lockard, 2005). Practitioners in this research continued to hold this approach as central to partnering with women. The difference created in this study was the specificity of the approach to CP and family services workers who were pushing back against the practice of assessment of the mother's parenting, protection and whether she was prepared to separate (Douglas & Walsh, 2010). The experience of the practitioners in the CoPs was that the attention to safety planning, advocacy and the engagement of the child's mother with the documentation of the harm created through the perpetrator's domestic violence was a different experience that

created the foundations for an important alliance between practitioner and the victim/survivor.

Changes in practice for those in specialist women's domestic violence services were also evident. Initially, practitioners reported that they did not work with men and therefore much of the practice to be explored would not be relevant. However, *a shift to working with women* often using the Perpetrator Pattern Mapping tool placed much greater attention on the perpetrator's pattern of abuse, the impact of that abuse and the tactics that the mother and children used to protect themselves in the face of the abuse. Women's workers reported a shift in their practice to also "pivot to the perpetrator" (Mandel, 2014).

Given the importance of working with women, a significant amount of attention was placed on the *challenges created when women appeared reluctant to engage* with workers from the different services involved in the CoPs. This is not an issue exclusive to women living with DFV (Kindsvatter, Duba & Dean, 2008). However, it represents significant challenges and practitioners in CoPs worked creatively to understand the woman's position, the sources of her reluctance and strategies for building trust. Again, the focusing on the parenting from the perpetrator of violence and the challenges she faced in mothering through violence (Buchanan, 2017) provided important underpinnings to practice. The particular issues raised for Aboriginal and Torres Strait Islander women and their children were consistently in focus, and the requirement for cultural respect and active addressing of fears associated with the Stolen Generation are ones which have an important and destructive history in CP practice which always needs to be addressed (Holder, Putt & O'Leary, 2015).

Attention to community and kinship networks is not only an issue for Aboriginal and Torres Strait Islander women which practitioners needed to explore. A key element of practice was to extend the women's network and to look to the sources of support for both herself, her children and for the perpetrator of violence. There is evidence that strengthening community support is an important prevention and resilience strategy (Bybee & Sullivan, 2002). However, there was also critical awareness that within the father's network may be family members who blame the mother and minimise the father's

violence. Careful exploration was required to ascertain where there were safe family members who would actively support children and stand up to the DFV.

A focus on children and young people

The PATRICIA research program which included a case reading project using Safe & Together tools indicated that although there was room for improvement, there was evidence that workers were seeing and engaging with children (Humphreys, Healey & Mandel, 2018). To some extent, the CoP workers concentrated their efforts on new areas of work which included working with fathers who use violence and skills of partnering with the child's mother. The children's needs were constantly brought into view through the focus on parenting.

A number of issues in relation to children were particularly pertinent. The recognition that *children may have ambivalent feelings* about their fathers and developing the skills to work with children about this difficult topic were high priorities for practitioners. It is an area where there is a considerable evidence base (Peled, 1998; Lamb et al. 2018). It is also an area where it is recognised that difficult conversations about children and their fathers may need to be facilitated with the child's mother (Humphreys, Thiara, Sharp & Jones, 2015) and this may be particularly difficult when children are replicating their father's behaviours (Kaspiew et al. 2017).

Practitioners were particularly aware of the *co-occurrence of other forms of child abuse* where there was DFV (Kimball, 2016). The issue of screening for DFV where there was child abuse and vice versa, where there was DFV to screen for other forms of child abuse, was recognised as an indicator of good practice. These screening and evidence gathering activities were seen as essential to understanding the context, the safety issues and the behaviours to be addressed by practitioners in understanding the experiences of children. The father's parenting could not be understood without this information, nor could men be fully engaged in the role that they played as a father without this contextual understanding (Heward-Belle, 2016; Kaspiew et al. 2017).

The role of organisations

Worker skills and knowledge and capacity building that occurred as a result of Safe & Together training and the experience of the CoP were a clear focus of the Invisible Practices research. However, all practitioners were embedded in organisations which held specific and entrenched cultures and practices for working with domestic violence. The Safe & Together framework (Mandel, 2014), combined with the knowledge building from workers (Wagenaar & Noam Cook, 2011; Noam Cook & Wagenaar, 2012), highlighted that changes to practice were not possible without substantial senior management support to shift practices within the organisation. Practitioners' sense of safety and support was entwined with their experience of capacity building within their organisations.

The results of the Time 1 and Time 2 questionnaires point to the value that workers found in participating in the research and the associated capacity building elements. The questionnaires asked participants if they applied skills in five areas of their own practice or program:

- Assessing for perpetrator patterns of abuse.
- Applying the skill of identifying the impact of the perpetrator's patterns of abuse on child and family functioning.
- Working in partnership with adult victims/survivors in a way that builds on their protective strengths.
- Applying the skill of safety planning with the adult victim/survivor.
- Applying the skill of developing case plans to intervene with the perpetrator.

The results showed an overall albeit modest positive shift in participants' assessment of the frequency with which they applied these five skills associated with the Safe & Together Model from Time 1 to Time 2. The small proportion who, at Time 1, had answered that they never applied the skills of assessing for perpetrator patterns of abuse and in developing case plans to intervene with the perpetrator were not evident by Time 2. It has to be stressed too, that by their own admission (made during the focus group discussions), participants rated their practice highly at Time 1, so their lower assessment of

practice at Time 2 may reflect a heightened awareness of the challenges in implementing all of the Safe & Together skills, particularly within the short time frame of six months. It may also be a reflection of insights into what they thought they knew, but the work of the project taught them otherwise.

The questionnaires also asked participants for their assessment of any change in their organisation's current capabilities. Again, the limited duration of the project constrains the degree of change that could be realistically expected. On all measures, however, questionnaire participants reported that their agency supports or encourages practitioners to work in a number of DFV-informed ways, including:

- Addressing DFV as a core part of working with children.
- Having clear safety protocols for how to work with fathers.
- Feeling supported by their agency when working with fathers who use DFV.
- Identifying and documenting the impacts of the perpetrator's behaviour pattern.
- Identifying and documenting mothers' protective strengths and to partner with them.
- Balancing attention to the perpetrators, non-offending parents and children.

There were significant increases in two areas of agency support. The first was a 25 percent increase from Time 1 to Time 2 in respondents feeling supported in identifying and documenting the impacts of the perpetrator's behaviour pattern (in other words, in "pivoting to the perpetrator"). The second was a 20 percent increase in feeling that their organisation encouraged them to balance their practice across the whole family; that is, balancing attention to the perpetrator, non-offending parent and children. At the same time, there was an obvious decrease in the proportion of respondents recording feeling unsupported in or discouraged from working in these two areas with a 15 percent decrease in relation to pivoting to the perpetrator and a 7 percent decrease in balancing attention to perpetrators, non-offending parents and children between Time 1 and Time 2 (see tables in Appendix H).

Practitioners experienced these benefits at many levels: through the process of influencing others; systemic issues

and organisational issues; and in relation to collaborative issues. Three issues are highlighted for particular attention: worker safety; training, coaching and supervision; and the role of collaboration.

Working with fathers who use violence and control is not possible without detailed attention to *worker safety* (Littlechild & Bourke, 2006). There is no capacity for workers to pivot to the perpetrator if senior management is not prepared to address this practice change with enhanced attention to worker safety. Interestingly, a high proportion of workers (both primary and secondary participants) felt that physical worker safety was given a priority in their organisation and they could name a range of detailed strategies. There were exceptions, particularly in under-funded NGOs where two workers were often needed but not available. These issues of safety are ongoing ones within the literature particularly in relation to CP workers (Jenney et al. 2014).

However, practitioners were clear that psychological safety was just as important as physical safety. This includes vulnerabilities to vicarious trauma (Beckerman & Wozniak, 2018), collusion with perpetrators through fearfulness (Scourfield, Smail & Butler, 2015) and inappropriately re-orientating their practice to women as a way of avoiding the perpetrator of violence (Lapierre, 2010). In particular, the vulnerability of young women with heavy statutory responsibilities engaging with fathers who use violence highlighted particular issues which organisations need to address in relation to the wellbeing of their workforce.

The importance of safety for workers raised the issues, particularly for CP workers, of working with the police and collaborating with other organisations. Unlike specialist DFV workers and family services workers, statutory workers do not necessarily have a choice about working with fathers who use violence (Humphreys & Campo, 2017). The presence of police, while potentially a block on engagement, was also at times considered a necessity. At other times, well-supported office based interviews or working with others in a multidisciplinary team proved to be sufficient safety enhancements. Those workers who were part of an *interdisciplinary response* were particularly positive about the benefits of this approach to working with DFV, a finding supported by a previous study

(Humphreys & Healey, 2017). When statutory organisations are involved, collaborative partnerships need to be authorised at senior management level. For frontline workers and team leaders this collaborative approach is foundational and holds clear responsibilities for organisations to ensure that these partnerships are brokered and well supported (Osborn, 2014).

The role of organisations in facilitating the shifts to a more responsive and proficient practice with fathers who use violence was particularly evident in those who were participants in the CoPs. They spoke at length in the final focus groups about the benefits that they perceived from the range of processes which enhanced their practice. The mentoring from Safe & Together Institute consultants, the value of sharing the details of practice between peers, the unexpected “uplift” from influencing others as a way of embedding their own practice change were all mentioned as valuable. It was clear that rather than one-off training which may be of limited value (Noam Cook & Wagenaar, 2012), *the more embedded approach to learning and development* drew consistent benefits which were spoken about with enthusiasm. However, particularly when the results of the open-ended questions from secondary participants were analysed, it could be seen that workers felt unprepared in the work with fathers who use violence. Further training and learning was high on their agenda and spoken about consistently. The focus on women rather than the perpetrator of violence has been named with monotonous regularity (Rivett, 2010; Scourfield et al. 2015) and workers were very clear that a shift in practice required extensive training and support.

Outcome measures

The research team had originally hoped to support the development of outcome measures for CP and other services to use in assessing the impact of improved practice on outcomes for women’s and children’s safety and wellbeing. It was hoped to add a consultation process by inviting members of a “lived experience” group associated with the University of Melbourne’s Research Alliance to End Violence against women (MAEVe), to provide input. However, this was not feasible within the timeframe of the project.

The research team discussed what measures might be appropriate over successive progress meetings as well as seeking ideas from their respective PAG members in each state. It is clear that the statutory CP sector regards fewer children in out-of-home-care as a significant sign of “improvement” but to isolate practice change as the “cause” of such a reduction, when there are so many variable factors at play, is likely to be impossible.

There was general consensus within the research team that *case file analysis* to assess documented practice change, such as previously undertaken by the team with the support and training of the Safe & Together Institute might prove helpful, as would the impact of *evaluating the use of the Safe & Together Institute Mapping Perpetrators’ Patterns - Practice Tool* for victim’s/survivors’ perceptions and experiences of safety, for example, as a result of the tool’s use in court decisions, its use in case planning, and in case management by police and multi-agency teams (Humphreys, Healey & Mandel, 2018; Queensland. Department of Child Safety, Youth and Women, 2017).

Measures of outcomes for victims/survivors also clearly requires organisational support.

Developing the infrastructure

The attention to fathers who use violence in the Invisible Practice project highlighted the gap in the service system in its response to intervening with men who use violence. The focus on men as fathers in the context of DFV requires developments in the service system to respond to the range of needs which are currently inadequately met. Parenting programs fail to address violence, parenting through fear, poor co-parenting (Thompson-Walsh et al., 2018) and the children’s need for reparation (Lamb et al. 2018). Yet few programs are designed to work explicitly with fathers who use violence. Exceptions such as Caring Dads (McConnell et al. 2017; Scott & Crooks, 2007) and other programs such as the Jacana program developed by the Domestic Violence Intervention Project, London (Coy, Thiara, Kelly & Phillips, 2011). However, most of these program developments tend to focus on single gendered groups (Humphreys & Campo, 2017).

Other important developments have also occurred with the more holistic Aboriginal and Torres Strait Islander programs which include not only a healing aspect to the program but also working with attention to all family members (Gallant et al., 2017). For those areas that have access to these programs, practitioners spoke fulsomely about the benefits of having a supportive point of referral for ongoing work with fathers who use violence.

Future developments would see a cross-fertilisation of ideas, skills and knowledge between the work with the Safe & Together Institute framework and the group work programs. They are clearly compatible in their approaches but intervening at different points within the journey for fathers who use violence.

Concluding comments

It is clear that the practitioners involved in the Invisible Practices project received great insights into how practice could be implemented and enhanced in order to work with fathers who use violence and control as a result of their exposure to the DFV-informed Safe & Together Model and resources. However, it is equally clear that organisational support from senior management is critical if practitioners are to practice in ways that are safe not only for the victims/survivors but for themselves.

“Good”, safe, ethical, effective practice in this complex, challenging area of practice means that to pivot to the perpetrator fundamentally requires partnering with the non-offending parent. In so doing, the impacts of parenting – the harmful behaviours of the perpetrator and the protective strengths of the mother (and wider community network) – will focus attention on the wellbeing of each child. The domains of focusing on the perpetrator of DFV, partnering with women, working with children and working in safety as practitioners, cannot and should not be isolated from each other; rather, the work must be balanced in attending to all of these domains.

It is also clear that while this short, intense project provides some practice guidance for CP, family service and other

practitioners, there is a great deal more to be done to move toward a DFV-proficient intervention system where “policies and practices are consistent, dependable, and are used throughout the...system” (Safe & Together Institute, 2018a).

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Appendix A:

Invisible Practices state-based report template

This template¹ provided a guide to each site's (state's) research team during the data-collection phase of the project as well as providing a guide for the final synthesis of data gathered across the four states.

| | |
|--|---|
| A. The State-based Research | Description of research, locale etc. |
| B. Methods - overall methods documented | <ol style="list-style-type: none"> 1. Action research framework 2. Ethnographic approach: Project Advisory Group; workshop participants; national workshop 3. Focus group with participants of each CoP (primary participants) 4. Time 1 and 2 Questionnaires 5. Influencing sheets from primary participants |
| C. Rationale for participants and context - each state-based team provides | Rationale and context of establishment/development of PAG and CoP workshop participants, significant state specific issues |
| D. Improving practice - key themes for relevant to Safe & Together principles and critical components | <ol style="list-style-type: none"> 1. Pivot to perpetrator (general engagement skills with biological and non-biological fathers) 2. Partnering with women (to balance and/or strengthen the intervention with perpetrators) 3. Focus on children (to balance and/or strengthen the intervention with perpetrators) 4. Collaborative working (balancing the focus of interventions with fathers, mothers and children in the context of multi-agency working) 5. Worker safety: risk assessment and risk management 6. Organisational issues/ authorising environment |
| E. Capacity building - enablers of and challenges to supporting practitioners, organisations and processes | <ol style="list-style-type: none"> 1. Organisational/institutional culture e.g. quality of intra- and inter-agency relationships and systems, attitudinal and cultural shifts, language used to describe perpetrator behaviours, language used to describe non-offending parent 2. Organisational policies and practices 3. Resources e.g. time, financial, expertise/developing professional practice, infrastructure 4. Sustainability of improving and monitoring practice change 5. Influencing 'secondary' participants - how/ by what means? |
| F. Quotes for reports | |

¹ Adapted from: Humphreys & Healey (2017) and Stake (2013).

Appendix B:

Organisations represented in the project

Project Advisory Group members in each state

Statutory and non-statutory organisations represented on each state's Project Advisory Group

| | |
|-------------------|---|
| New South Wales | <p>CatholicCare</p> <p>Department of Family and Community Services, Sydney, South Eastern Sydney and Northern Sydney Districts Gosford and Lakemba offices</p> <p>Jannawi Family Centre</p> |
| Queensland | <p>Centre Against Domestic Abuse, Caboolture</p> <p>Churches of Christ (Intensive Family Services)</p> <p>Department of Child Safety, Youth and Women, Caboolture statutory CP and Intensive Family Services*</p> <p>Mercy Community Services (Men's Behaviour Change)</p> <p>Partnership Response at Domestic Occurrences, Caboolture</p> <p>Probation and Parole, Caboolture</p> <p>Queensland Police Service</p> |
| Victoria | <p>Anglicare Victoria</p> <p>Berry Street Victoria</p> <p>Bethany Geelong</p> <p>Centre for Excellence in Child and Family Welfare</p> <p>Children's Protection Society</p> <p>Department of Health and Human Services Child Protection (statutory CP)</p> <p>DV Vic.</p> <p>Lifeworks</p> <p>No To Violence</p> <p>Victorian Aboriginal Child Care Agency</p> <p>Windermere</p> |
| Western Australia | <p>Department for Child Protection and Family Support</p> |

Services represented in each Community of Practice

NSW

| | Central Coast | Lakemba |
|-----------------------------|---|--|
| Statutory CPS | 5 (2 Managers, 2 Caseworkers, 1 Casework Specialist - all from Gosford office) | 7 (1 Manager, 4 Caseworkers, 1 Casework Specialist, 1 Masters level Social Work Student on final placement - all from Lakemba office) |
| DV & CP Services | 3 (1 Manager Coast Shelter, 1 Aboriginal Family Support Service Worker, 1 Youth Worker - Allambi Youth Hope) | 5 (1 Sydney Day Nursery Brighter Futures Program, 2 Catholic Care Intensive Family Preservation Service, 1 Jannawi) |
| Health & Community Services | 2 (1 Catholic Care Family Centre Manager, 1 Social Worker Community Women's Health Centre) | 1 (1 Manager Catholic Care - Post Separation Case Management Team) |
| Totals | 10 4 Managers Front line caseworkers | 13 2 Managers Front line caseworkers |

QLD

| Type of organisation | Number of workers |
|---------------------------------------|--|
| Statutory Child Protection | 8 (including 2 workers from <i>Walking with Dads</i> , 2 Indigenous workers) |
| Domestic and family violence services | 2 (including 1 with an integrated agency role) |
| Justice services | 3 (2 QPS, 1 Probation and Parole) |
| Generalist services | 2 (1 MBCP worker, 1 Specialist DFV worker embedded in IFS) |

VIC

| Type of organisation | Number of workers |
|--|--|
| Statutory Child Protection | 2 (1 specialist family violence practitioner; 1 senior practitioner) |
| Family Services and Domestic Violence Services | 15 (2 MBC workers, 13 family services workers) |

WA

| Type of organisation | Number of workers |
|----------------------------|---|
| Statutory Child Protection | 12 (5 team leaders; 4 senior workers; 1 worker and 2 Aboriginal practice leaders) |

Appendix C:

Information for participants

Information (plain language statement)

Invisible Practices Action Research Project

Thank you for representing your organisation in the Invisible Practices Project, a project which will investigate and simultaneously develop the workforce capacity of child protection and non-statutory services working with fathers who use domestic and family violence (DFV).

Purpose and significance of this research

A significant amount of intervention with men who use violence and abuse in relationships does not occur in specialised men's behaviour change programs but through child protection and family services interventions, yet these practices are neither documented nor evidence-based. With some exceptions, detail is generally lacking in this sensitive area of work about models for good practice that address the diversity of perpetrators seen by child protection and family service practitioners. No standards and little guidance exists in most states.

This project aims to research a current practice and knowledge gap, namely the skills required by child protection and non-statutory service practitioners to work with fathers who use violence and to document the skills. It will provide a unique focus on research and workforce development. Through collaboration between researchers, state child protection departments and NGOs in the four participating states (NSW, QLD, VIC and WA), it will shine a light on the ubiquitous but unacknowledged work of frontline practitioners in child protection and non-statutory services intervening with fathers who use DFV.

A key output will be the development of practice guidelines for how practitioners work with fathers who use violence and controlling behaviours.

Key questions of the action research project

The Invisible Practices project seeks to answer the following questions:

1. What do practitioners require from their organisations and/or other organisations to support them in working with fathers who use violence?
2. What evidence is there that the capacity building of the workshops, supported by coaching and supervision from the US-based Safe & Together Institute, provides increased experience of safety and support for practitioners?

Benefits of this research

This project has the potential to support the development of a more ethical service system response for women and their children who experience DFV. It also aims to benefit practitioners working with fathers who use DFV by giving them greater confidence (by grounding their practice in foundational principles); enhancing worker safety; and in sharing ways to influence organisational learning.

Your role in this action research project

You are being sent this information because your supervisor/manager/CEO who sits on the project's Advisory Group associated with the project in your state has invited you as someone with an interest in and the potential to champion practice improvement in this area of work and as someone who

welcomes the opportunity for training and supervision with the Safe & Together Institute's team. Alternatively, a workshop participant from your agency has nominated you as someone they will 'work with' and share what they have learnt from their participation (that is, you are like a 'secondary' or 'indirect' participant). Whether you are a 'workshop participant' or a 'secondary participant', your participation in this work is at your discretion; in other words, voluntary.

As a practitioner working with families experiencing DFV, your expertise will be harnessed through a series of six workshops. These workshops will be capacity built through training and coaching by the US-based Safe & Together Institute's resources and consultants and a skilled facilitator from the research team in your state. A researcher will work alongside each series of workshops to be held in four states (NSW, QLD, VIC and WA) to investigate changes in practitioner practice and the experience of organisational support for your work.

As a participant in the state-based workshops you are asked to:

- Attend 2 full days of face-to-face training (in your home state) with a consultant from the Safe & Together Institute, facilitated by one of the project's experienced Chief Investigators.
- Undertake pre-learning tasks in advance of the training; amounting to approximately 2-3 hours.
- Engage in six two-hour workshops (Workshop 6 will be extended by an hour).
- Identify and offer de-identified examples of practice with families where there is DFV or examples of attempts to effect practice change for discussion in the workshops; amounting to 15 minutes preparation.
- Be champions of practice change in relation to colleagues and teams you are responsible for in the area of working with fathers who use violence and controlling behaviours.
- Undertake a Time 1 Questionnaire about your previous 12 months' experience in relation to your experiences of working within your program or team or local office and a Time 2 questionnaire at the conclusion of Workshop 6. You will also be asked to invite the colleagues ('secondary participants') you will 'influence' in the course of your participation in the project, to undertake both questionnaires.
- Engage in a reflective focus group at the end of Workshop 6.

Project funding

This project is funded by Australia's National Research Organisation for Women's Safety, and involves research teams from the University of Melbourne, UNSW, University of Sydney and Curtin University; representatives of NSW, Victoria's and Western Australia's child protection agencies; and representatives of community based organisations.

Providing participants with information and consent

Your participation in this project is voluntary and you may thus personally withdraw your consent to participate at any time, in which case your organisation will most likely wish to delegate participation in the workshops to another representative from your organisation. If you are simply unable to attend a particular workshop we would appreciate you discussing the possibility of selecting another appropriate person from your organisation to participate.

Your attendance at each workshop will be registered in writing in accordance with the terms of our ethics application (see details in footer).

In keeping with the action research methodology for this study, the workshops will be planned to facilitate a process of collaborative inquiry, through which participating agencies can share problems, issues and solutions in a confidential setting and a spirit of cooperation and mutual respect. Participants will be asked to agree to abide by these principles of confidentiality, collaboration and respect by signing the registration at the start of the workshops, in order to give effect to your organisation's commitment to develop practice guidelines for practitioners who work with fathers who use DFV.

Also in accord with the action research approach, relevant findings of the workshops will be analysed and disseminated to all workshop participants for comments and feedback. You will be kept informed of the project's overall progress and have the opportunity to join project team discussions.

Findings from the project may also be presented to conferences and published in academic and other journals. The funding body, ANROWS, will publish the final report and the practice guidelines for practitioners who work with fathers who use DFV (as a research to policy and practice paper). Individual participants and organisations will not be named in such reports or presentations unless they have specifically consented to sharing specific knowledge.

Risks arising from your participation

Risks associated with this project are minimal. However, it is important for you to be aware of the following potential issues and to know that there are those with experience in facilitation in each state-based research team who will ensure that workshops are well facilitated and that the established ground rules of respect, privacy and confidentiality are adhered to.

There is a time and engagement commitment in terms of preparing for the workshops. We will ensure that workshops will occur in locations that are of the greatest convenience to the majority and that preparation for workshops is communicated to you within realistic timeframes.

The number of participants from each agency is small so participants' identity will not necessarily be confidential and a list of participants' agencies may be included (with their permission) in the final research report. We will, however, ensure that comments that participants wish to keep confidential remain so. Every opportunity will be provided to participants to check that written material generated by the research team does not contain material that would identify them or their specific agency. Individuals and agencies will not be named in project reports unless participants have specifically consented to be named. In those instances where a statement is attributable to an individual or agency, the researchers will seek permission for its use from the participant.

There is a potential risk for some participants to feel that their professional credibility is being questioned when participants are discussing contrasting approaches to engaging

with families living with DFV, and especially fathers who use violence and controlling behaviours. We will ensure that debriefing and feedback loops are built into successive interactions between all participants as the workshops progress.

Due attention will be given to sensitive workshop discussions should they arise, particularly as to whether or how they should be made public or not. As the workshops are part of an action research methodology, there will need to be agreed upon adherence to the principles of confidentiality, cooperation and mutual respect, in order to facilitate an environment in which it is safe to discuss challenging professional practices and relationships with other agencies.

Potential participants will have contact details of each local research team and the contact details of the research team based at the University of Melbourne who are managing the overall project are provided below, should participants wish to raise any matters.

Contact details for the research team managing the project

The research is being undertaken by a large research team across the four participating states; however, overall project management and responsibility resides with Professors Cathy Humphreys and Marie Connolly and Dr Lucy Healey, in the Department of Social Work at the University of Melbourne. Any questions regarding the project may be directed to:

Principal Researcher - Cathy Humphreys; 03 83449427 or cathy.humphreys@unimelb.edu.au
 Marie Connolly; 03 903 54513 or marie.connolly@unimelb.edu.au
 Lucy Healey; 03 8344 9429 or lhealey@unimelb.edu.au

Concerns about the conduct of the project

This research project has been approved by the Human Research Ethics Committee of The University of Melbourne. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Manager, Human Research Ethics, Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 2073 or Email: humanethics-complaints@unimelb.edu.au All complaints will be treated confidentially. In any correspondence please provide the name of the research team or the name or ethics ID number of the research project.

Appendix D:

Focus group schedule

Focus group schedule for workshop participants

Introduction

Invisible Practices Project Research question: What evidence is there that the capacity building of CoPs / workshops, supported by coaching and supervision from S&T Institute, provides increased experience of safety and support for practitioners?

Definition of capacity building: This refers to practitioners:

- Ability to influence/enhance their staff/colleagues' skills and sense of safety when working with fathers who use DFV; and
- Ability to develop their organisation's capacity in working with fathers who use DFV.

Definition of working with or engaging fathers who use violence: This involves practitioners:

- Shifting their focus of attention onto the perpetrator's patterns of behaviour as the source of safety and risk to adult and child victims/survivors and to the mother-child relationship;
- Exploring, assessing and documenting the role of the father who uses violence in the family and the impact of his parenting choices on family functioning;
- Using the same criteria that mothers' parenting is assessed on for fathers; and
- Sharing this information with other parts of the DFV service system so as to ensure that the 'right' service responses (whether that be criminal justice, civil justice, child protection systems and/or non-mandated community services) become involved in addressing the father's use of violence and abuse.

Questions

1. The project was designed not as individual training, but as an organisational learning tool. How has the project achieve this (examples)? Could you describe the strengths and limitations of this process and expectation e.g. were there particular issues for those of you working in regional/remote/rural areas or for those of you working in statutory versus non-statutory services or other kinds of services/programs or in multi-agency collaborations?
2. How, if at all, has your participation in the IP project influenced organisational culture and practice in relation to working with fathers/DFV cases?
3. What was it like working with your 'secondary participants' as a way of advancing practice; for example, use of 'pathways to harm perpetrator mapping tool' (see pp35-40 in the IP Participant Guide) or your Action Plan [this latter may be only relevant to QLD]?
4. Can you describe other ways (beyond working with your 'secondary participants') in which you have been able to advance practice in relation to men who use violence?
5. Did you feel supported by your agency in participating in the CoPs/workshops? Prompt: in what ways? What were the challenges in the process?
6. The Invisible Practices project had several elements: (1) practice resources (2) Supporting consultants (David Mandel and Kyle Pinto or Lesley, Sue and Cherie in the case of Lakemba)

(3) workshop facilitators (4) the CoP/workshop sharing ideas and examples of working with fathers who use DFV and refocusing on the perpetrator's pattern of behaviours (5) the Project Advisory Group's influence/input (6) secondary participants to influence and (7) participation in a research process. What was the single most important element for you and why? Prompts: how would you describe the engagement with your (a) your consultants (b) facilitators (c) practice resources etc.?

7. For those of you who work directly with fathers who use/have used DFV do you now experience an increase in safety and support from your organisation? For those of you who manage/supervise staff who work directly with fathers, do you see a greater sense of safety and support being experienced by your staff? To what do you attribute this? Prompts: ask for behavioural examples or reports of conversations that demonstrate this.
8. Most respondents rated their practice quite highly at Time 1. From what you can recall of the Time 1 questionnaire, do you think you will respond to the questions in the same way? What might you answer differently having been involved in this project? [Note: you need to go to the reports I sent each state and check this is so for questions 10 to 13. These were questions asking them how frequently they applied skills of (a) assessing perpetrator patterns of abuse (b) identifying the impact of the perpetrator's patterns of abuse on child and family functioning (c) working in partnership with adult victims/survivors and building on their protective strengths (d) safety planning with the adult victim/survivor.]

If you have time, ask any of the following questions:

9. How, if at all, have your skills in relation to perpetrator engagement been advanced? For those who do not work directly with perpetrators: has your practice changed to increase the attention to fathers who use violence (e.g. by seeking/providing information about perpetrators' behaviours)?
10. How, if at all, have your skills in partnering with the non-offending parent (usually mother) advanced (ask for examples)? For those who do not work directly with the non-offending parent, in what ways (if at all) has your practice altered because of participation in this project?
11. Has your work with children living with DFV been enhanced? If so, in what ways? For those who do not work directly with children, in what ways (if at all) has your practice altered because of your participation in the project?
12. Any other comments?

Thank you

If we need to seek further detail, can we make a follow-up call to you?

Appendix E: Time 1 Questionnaire

Invisible Practices Time 1 Questionnaire

Questionnaire: for workshop participants and colleagues

ID 3

Please read these instructions carefully as they contain important information about how to answer the questions.

This questionnaire is designed to be undertaken **before** you - or a colleague you work with - participates in the Invisible Practices Project's Safe and Together training and workshops / Communities of Practice.

The questionnaire will take approximately **15 minutes to complete**. You need to **complete it in one sitting at your computer or tablet whilst connected to the internet** (it has not been designed for a smartphone). **If, for any reason, your internet connection is broken, you will need to open an entirely new questionnaire and begin - and complete - in one session**. A small red asterisk after a question or after the response 'other', means that you are required to fill in a response. You will get a prompt to return to complete any missed fields. If you are doing this on a tablet, use the forward and back arrows at the bottom of the page to move between pages; to submit, click on the forward arrow at the bottom of the page.

Please answer the following questions drawing on your previous 12 months' experience (that is, disregard the upcoming Invisible Practices project). Questions should be answered in relation to your experiences of working within your program or team or local office. We understand that you may not work directly with perpetrators of DFV but your practice, or your team's practice, may be informed by information available to you about perpetrators.

We will be using what you report in this questionnaire in combination with others' responses, in order to help us assess the impact of the Safe and Together Model training and workshops on your work and professional practice.

The information we collect from you will be confidential. We will not be sharing any of your individual information with anyone. Whilst we are asking for your name, it is only to be used to help us connect your answers across the two time periods (Time One and Time Two questionnaires). Your name will only be used internally by the researchers on this project. We ask about your cultural heritage because we also want to know about the cultural diversity of participants engaged in this project. We will present and report the data from the questionnaires by state or type of agency when appropriate, while ensuring anonymity.

We appreciate you taking the time to complete this questionnaire.

Please note: "DFV" means domestic and family violence. "Father" refers to male caregivers who use DFV. "Mother" refers to the non-offending or protective parent.

About You

ID 4

1. Please help us identify you. *

First Name

Last Name

ID 53

2. Please describe your gender.

- Female
- Male
- Transgendered
- Other

ID 20

3. Select location *

| | |
|-------------------|---|
| New South Wales | ▲ |
| Queensland | |
| Victoria | |
| Western Australia | ▼ |

ID 38

4. Which setting best describes your location?

- Rural and remote
- Regional
- Urban/suburban
- Other

ID 21

5. Please select your program type *

- Child protection (statutory)
- Children & family services
- Specialist women's DFV
- Specialist men's DFV
- Other

ID 40

6. Are you attending the 6 Invisible Practices workshops / Communities of Practice? (Select 'no' if you are working with a colleague or supervisor who is.) *

- Yes
- No

ID 41

7. What is your **primary** role within you agency? *

- Senior Manager
- Manager
- Team Leader
- Senior Practitioner
- Front line worker / practitioner
- Other

ID 54

8. What best describes your cultural heritage (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> North American |
| <input type="checkbox"/> African | <input type="checkbox"/> Pacific islander |
| <input type="checkbox"/> Anglo-Australian | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Anglo-European | <input type="checkbox"/> Torres Strait Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic/Latino | <input type="text"/> |

LOGIC Show/hide trigger exists.

ID 58

9. Have you engaged in any Safe and Together learning activities? *

- Yes
- No

LOGIC Hidden unless: #9 Question "Have you engaged in any Safe and Together learning activities?" is one of the following answers ("Yes")

ID 46

10. If you answered 'yes' to the previous question (that have you have been involved in Safe and Together learning activities), please check all that apply.

- Webinar
- Online Course
- Live Video Chat Consultation (Skype, FaceTime, Lync, etc.)
- In-person Case Consultation with Safe and Together Staff
- Additional In-person Training or specialist workshop
- Participant in the PATRICIA Case Reading Project
- Other

Case Practice

Page description:

These questions are for people who are practitioners or supervisors and ask about current practice within your overall team or program. (They are not seeking responses to your perceptions about your own individual practice.)

ID 47

11. Thinking about your current practice (or of the team(s) you supervise), how often do you apply the skill of assessing for perpetrator patterns of abuse? Select 'not applicable' if you do not routinely have access to information about the perpetrator (for example, from other agencies and/or discussion with victims).

- All of the time Most of the time Some of the time Rarely
- Never Not applicable

ID 48

12. Thinking about your practice (or of the team(s) you supervise), how often do you apply the skill of identifying the impact of the perpetrator's patterns of abuse on child and family functioning? Select 'not applicable' if you do not routinely have access to information about the perpetrator (for example, from other agencies and/or discussion with victims).

- All of the time Most of the time Some of the time Rarely
- Never Not applicable

ID 49

13. Thinking about your practice (or of the team(s) you supervise), how often do you work in partnership with adult survivors in a way that builds on their protective strengths? Select 'not applicable' if you do not routinely work with adult survivors.

- All of the time Most of the time Some of the time Rarely
- Never Not applicable

ID 51

14. Thinking about your practice (or of the team(s) you supervise), how often do you apply the skill of safety planning with the adult survivor? Select 'not applicable' if you do not routinely have access to information about the perpetrator (for example, from other agencies and/or discussion with victims) or if you do not work with adult survivors.

- All of the time Most of the time Sometimes Rarely
- Never Not applicable

ID 52

15. Thinking about your practice (or of the team(s) you supervise), how often do you apply the skill of developing case plans to intervene with the perpetrator? Select 'not applicable' if you do not routinely have access to information about - or you do not make referrals relating to - the perpetrator.

- All of the time
 Most of the time
 Sometimes
 Rarely
 Never
 Not applicable

About Your Agency

Page description:

Please note: “DFV” means domestic and family violence. “Father” refers to male caregivers who use DFV. “Mother” refers to the non-offending or protective parent.

ID 22

16. How do you rate your agency’s current capability to work with fathers who use DFV?

- Highly developed Progressing Minimal Not in place Not Sure

ID 23

17. My agency addresses DFV as a core part of child welfare practice.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| <input type="radio"/> |

ID 26

18. My agency has clear safety protocols for how to work with fathers who use DFV.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| <input type="radio"/> |

ID 27

19. I feel supported by my agency/associated agency when working with fathers who use DFV.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| <input type="radio"/> |

ID 29

20. My agency supports practitioners to identify and document the impacts of the perpetrator's behaviour pattern (including coercive and controlling behaviours)?

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

Not applicable

ID 31

21. My agency supports practitioners to identify and document mothers' protective strengths, and work in partnership with them.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Not applicable

ID 32

22. My agency encourages practitioners to balance the attention to perpetrators, non-offending parents and children (this could involve indirect work through active multi-agency collaboration).

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Not applicable

Your assessment

ID 34

23. What do you think your agency is doing best in terms of working with fathers who use DFV? Explain with examples if possible

ID 35

24. Where does your agency require the greatest area of improvement in working with fathers who use DFV? Explain with examples if possible

Thank You!

ID 1

Thank you for taking our survey. Your response is very important to us.

Appendix F:

Time 2 Questionnaire

Questionnaire: for workshop participants and colleagues

10 3

Please read these instructions carefully as they contain important information about how to answer the questions.

This Time 2 questionnaire is designed to be undertaken because (a) you attended the Invisible Practices Project's workshops (Communities of Practice) as a 'primary participant' or (b) you are a 'secondary participant' (that is, a colleague or supervisor of someone who attended the workshops).

This Time 2 questionnaire is very similar to, but not exactly the same, as the Time 1 questionnaire that you may have filled in earlier in the year.

The questionnaire will take approximately **15 minutes to complete**. You need to **complete it in one sitting at your computer or tablet whilst connected to the internet** (it has not been designed for a smartphone). **If, for any reason, your internet connection is broken, you will need to open an entirely new questionnaire and begin - and complete - in one session.** A small red asterisk after a question or after the response 'other', means that you are required to fill in a response. You will get a prompt to return to complete any missed fields. If you are doing this on a tablet, use the forward and back arrows at the bottom of the page to move between pages; to submit, click on the forward arrow at the bottom of the last page.

Please answer the following questions drawing on your experience of being exposed to the Invisible Practices project unless otherwise instructed. Questions should be answered in relation to your experiences of working within your program or team or multiagency work. If you find these closed questions oversimplified in relation to your work, please note that at the end of the questionnaire, there will be a space to comment in more detail.

We will be using what you report in this questionnaire in combination with others' responses, in order to help us assess the impact of the Safe and Together Model training and workshops on your work and professional practice.

The information we collect from you will be confidential. We will not be sharing any of your individual information with anyone. Whilst we are asking for your name, it is only to be used to help us connect your answers across the two time periods if you do the Time One and Time Two questionnaires (some of you may not have done both and that is okay). Your name will

only be used internally by the researchers on this project. We ask about your cultural heritage because we also want to know about the cultural diversity of participants engaged in this project. We will present and report the data from the questionnaires by state or type of agency when appropriate, while ensuring anonymity.

We appreciate you taking the time to complete this questionnaire.

Please note: “DFV” means domestic and family violence. “Father” refers to male caregivers who use DFV. “Mother” refers to the non-offending or protective parent.

About You

ID 4

1. Please help us identify you. *

First Name

Last Name

ID 53

2. Please describe your gender.

- Female
- Male
- Transgendered
- Other

ID 20

3. Select location *

New South Wales
Queensland
Victoria
Western Australia

ID 21

4. Please select your program type *

- Child protection (statutory)
- Children & family services
- Specialist women's DFV
- Specialist men's DFV
- Other

ID 38

5. Which setting best describes your location?

- Rural and remote
- Regional
- Urban/suburban
- Other

ID 40

6. Did you attend the Invisible Practices training and 6 workshops? (Select 'no' if you are working with a colleague or supervisor who did attend; that is, you did not attend the workshops but are involved as a 'secondary participant'.) *

- Yes No

ID 75

7. For participants who attended the workshops supported by Safe and Together, how many workshops did you attend? Note: if you were a 'secondary' participant, please do not answer this question.

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | Not |
| workshop | workshops | workshops | workshops | workshops | workshops | applicable |
| <input type="radio"/> |

ID 41

8. What is your **primary** role within your agency? *

- Senior Manager
- Manager
- Team Leader
- Senior Practitioner
- Front line worker / practitioner
- Other

ID 54

9. What best describes your cultural heritage (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> North American |
| <input type="checkbox"/> African | <input type="checkbox"/> Pacific islander |
| <input type="checkbox"/> Anglo-Australian | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Anglo-European | <input type="checkbox"/> Torres Strait Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic/Latino | <input type="text"/> |

LOGIC Show/hide trigger exists.

ID 58

10. Aside from your participation in the Invisible Practices project (as a 'primary/workshop' or 'secondary' participant), have you engaged in any Safe and Together learning activities? *

- Yes No

LOGIC: Hidden unless: #10 Question "Aside from your participation in the Invisible Practices project (as a 'primary/workshop' or 'secondary' participant), have you engaged in any Safe and Together learning activities?" is one of the following answers ("Yes")

ID: 46

11. If you answered 'yes' to the previous question, please check all that apply. *

- Webinar
- Online Course
- Live Video Chat Consultation (Skype, FaceTime, Lync, etc.)
- In-person Case Consultation with Safe and Together Staff
- Additional In-person Training or specialist workshop
- Participant in the PATRICIA Case Reading Project
- For Lakemba NSW respondents: 'in-person consultation with University of Sydney academics'
- Other

Case Practice

Page description:

These questions are for people who are practitioners or supervisors and ask about current practice within your overall team or program. (They are not seeking responses to your perceptions about your own individual practice.)

ID 47

12. Thinking about your current practice (or of the team(s) you supervise), how often do you apply the skill of assessing for perpetrator patterns of abuse? Select 'not applicable' if you do not routinely have access to information about the perpetrator (for example, from other agencies and/or discussion with victims).

- All of the time Most of the time Some of the time Rarely
- Never Not applicable

ID 59

13. Since involvement in the Invisible Practices project, my skills in relation to assessing for perpetrator patterns of abuse have improved.

- Yes No

ID 48

14. Thinking about your practice (or of the team(s) you supervise), how often do you apply the skill of identifying the impact of the perpetrator's patterns of abuse on child and family functioning? Select 'not applicable' if you do not routinely have access to information about the perpetrator (for example, from other agencies and/or discussion with victims).

- All of the time Most of the time Some of the time Rarely
- Never Not applicable

ID 66

15. Since involvement in the Invisible Practices project, my skills in identifying the impact of the perpetrator's patterns of abuse on child and family functioning have improved.

- Yes No

ID 49

16. Thinking about your practice (or of the team(s) you supervise), how often do you work in partnership with adult survivors in a way that builds on their protective strengths? Select 'not applicable' if you do not routinely work with adult survivors.

- All of the time Most of the time Some of the time Rarely
- Never Not applicable

ID 62

17. Since involvement in the Invisible Practices project, my skills in partnering with adult survivors in a way that builds on their protective strengths has improved.

- Yes No

ID 51

18. Thinking about your practice (or of the team(s) you supervise), how often do you apply the skill of safety planning with the adult survivor? Select 'not applicable' if you do not routinely have access to information about the perpetrator (for example, from other agencies and/or discussion with victims) or if you do not work with adult survivors.

- All of the time Most of the time Sometimes Rarely
- Never Not applicable

ID 63

19. Since involvement in the Invisible Practices project, my skills in safety planning with the adult survivor have improved.

- Yes No

ID 52

20. Thinking about your practice (or of the team(s) you supervise), how often do you apply the skill of developing case plans to intervene with the perpetrator? Select 'not applicable' if you do not routinely have access to information that can (under current information sharing legislation) contribute to perpetrator case plans or you do not make referrals relating to perpetrators.

- All of the time Most of the time Sometimes Rarely
- Never Not applicable

ID 64

21. Since involvement in the Invisible Practices project, my skills in developing case plans to intervene with the perpetrator have improved.

Yes No

About Your Agency

Page description:

Please note: “DFV” means domestic and family violence. “Father” refers to male caregivers who use DFV. “Mother” refers to the non-offending or protective parent.

ID 22

22. How do you rate your agency’s current capability to work with fathers who use DFV?

Highly
developed

Progressing

Minimal

Not in place

Not Sure

ID 67

23. In the last 6 months, positive change in my agency in relation to our current capability to work with fathers who use DFV can be attributed to our involvement in the Invisible Practices project...

To a large extent

To some extent

Not at all

Unsure

ID 23

24. My agency addresses DFV as a core part of child welfare practice.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| <input type="radio"/> |

ID 68

25. In the last 6 months, positive change in my agency in relation to addressing DFV as a core part of child welfare practice can be attributed to our involvement in the Invisible Practices project...

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| To a large extent | To some extent | Not at all | Unsure |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

ID 26

26. My agency has clear safety protocols for how to work with fathers who use DFV.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| <input type="radio"/> |

ID 69

27. In the last 6 months, positive change in my agency in relation to working with fathers who use DFV can be attributed to our involvement in the Invisible Practices project...

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| To a large extent | To some extent | Not at all | Unsure |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

ID 27

28. I feel supported by my agency/associated agency when working with fathers who use DFV.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Not applicable

ID 70

29. In the last 6 months, positive change in my agency in relation to feeling supported by my agency/associated agency when working with fathers who use DFV can be attributed to our involvement in the Invisible Practices project...

To a large extent

To some extent

Not at all

Unsure

ID 29

30. My agency supports practitioners to identify and document the impacts of the perpetrator's behaviour pattern (including coercive and controlling behaviours)?

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Not applicable

ID 71

31. In the last 6 months, positive change in my agency in relation to supporting practitioners to identify and document the impacts of the perpetrator's behaviour pattern can be attributed to our involvement in the Invisible Practices project...

To a large extent

To some extent

Not at all

Unsure

ID 31

32. My agency supports practitioners to identify and document mothers' protective strengths, and work in partnership with them.

Strongly
agree

Agree

Neutral

Disagree

Strongly
disagreeNot
applicable

ID 72

33. In the last 6 months, positive change in my agency in relation to supporting practitioners to identify and document mothers' protective strengths and work in partnership with mothers can be attributed to involvement in the Invisible Practices project...

To a large extent

To some extent

Not at all

Unsure

ID 32

34. My agency encourages practitioners to balance the attention to perpetrators, non-offending parents and children (this could involve indirect work through active multi-agency collaboration).

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Not applicable

ID 73

35. In the last 6 months, positive change in my agency in relation to encouraging practitioners to balance the attention to perpetrators, non-offending parents and children can be attributed to our involvement in the Invisible Practices project...

To a large extent

To some extent

Not at all

Unsure

Your assessment

ID 34

36. What do you think your agency is doing best in terms of working with fathers who use DFV? Explain with examples if possible

ID 35

37. Where does your agency require the greatest area of improvement in working with fathers who use DFV? Explain with examples if possible

ID 74

38. Exposure to the domestic violence-informed approach to child welfare (the Safe and Together approach) during the Invisible Practices project has advanced my practice and/or management of staff. *

Strongly
agree

Agree

Neutral

Disagree

Strongly
disagree

Unsure

Thank You!

ID 1

Thank you for taking our survey. Your response is very important to us.

Appendix H

Questionnaire data

The tables in this appendix provide more detail about participants' assessments of their agency's practice change between Time 1 and Time 2 of their involvement in the project.

TABLE 2 Respondents' rating of their agency's current work in six Safe & Together domains at Time 1

| Questionnaire respondents' assessment of their agency | | | | | | | | | | | | | |
|---|---|------|---|------|---|------|--|------|---|------|---|------|--|
| | My agency addresses DFV as core part of working with children | | My agency has clear safety protocols for how to work with fathers who use DFV | | I feel supported by my agency when working with fathers | | My agency supports practitioners to identify and document the impacts of perpetrator's behaviour pattern | | My agency supports practitioners to identify and document mothers' protective strengths and work in partnership with them | | My agency encourages practitioners to balance the attention to perpetrators, non-offending parents and children | | |
| | n | % | n | % | n | % | n | % | n | % | n | % | |
| Net agree | 81 | 84% | 44 | 48% | 62 | 71% | 59 | 62% | 81 | 85% | 50 | 53% | |
| Neutral | 13 | 14% | 28 | 30% | 20 | 23% | 20 | 21% | 9 | 10% | 31 | 33% | |
| Net disagree | 2 | 2% | 20 | 22% | 5 | 6% | 17 | 18% | 5 | 5% | 14 | 15% | |
| Total | 96 | 100% | 92 | 100% | 87 | 100% | 96 | 100% | 95 | 100% | 95 | 100% | |

*percentages do not always equal 100% due to rounding

TABLE 3 Respondents' rating of their agency's current work in six Safe & Together domains at Time 2

| Questionnaire respondents' assessment of their agency | | | | | | | | | | | | |
|---|---|------|---|------|---|------|--|------|---|------|---|------|
| | My agency addresses DFV as core part of working with children | | My agency has clear safety protocols for how to work with fathers who use DFV | | I feel supported by my agency when working with fathers | | My agency supports practitioners to identify and document the impacts of perpetrator's behaviour pattern | | My agency supports practitioners to identify and document mothers' protective strengths and work in partnership with them | | My agency encourages practitioners to balance the attention to perpetrators, non-offending parents and children | |
| | n | % | n | % | n | % | n | % | n | % | n | % |
| Net agree | 89 | 94% | 48 | 53% | 67 | 78% | 83 | 87% | 85 | 90% | 68 | 73% |
| Neutral | 6 | 6% | 26 | 29% | 15 | 17% | 10 | 10% | 7 | 7% | 18 | 19% |
| Net disagree | 0 | 0% | 17 | 19% | 4 | 5% | 3 | 3% | 2 | 2% | 7 | 8% |
| Total | 95 | 100% | 91 | 100% | 86 | 100% | 96 | 100% | 94 | 100% | 93 | 100% |

*percentages do not always equal 100% due to rounding

TABLE 4 Respondents' assessment of the extent to which they attribute positive change in their agency to their involvement in the Invisible Practices project

| | Agency's current capability | | DFV as core part of working with children | | Safety protocols to work with fathers | | Support when working with fathers | | Impacts of perpetrator's behaviour pattern | | Mother's protective strengths | | Balance attention | |
|-------------------|-----------------------------|-----|---|-----|---------------------------------------|-----|-----------------------------------|-----|--|-----|-------------------------------|-----|-------------------|-----|
| | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| To a large extent | 21 | 22 | 21 | 22 | 16 | 17 | 18 | 19 | 26 | 27 | 24 | 25 | 25 | 26 |
| To some extent | 59 | 62 | 57 | 60 | 55 | 58 | 47 | 50 | 54 | 57 | 53 | 56 | 49 | 52 |
| Not at all | 8 | 8 | 7 | 7 | 11 | 12 | 13 | 14 | 6 | 6 | 7 | 7 | 5 | 5 |
| Unsure | 7 | 7 | 10 | 11 | 13 | 14 | 17 | 18 | 9 | 10 | 11 | 12 | 16 | 17 |
| Total | 95 | 100 | 95 | 100 | 95 | 100 | 95 | 100 | 95 | 100 | 95 | 100 | 95 | 100 |

*percentages do not always equal 100% due to rounding

Table 4 shows respondents' assessments of the extent to which they attributed positive change in their agency to the involvement in the Invisible Practices project. This series of questions asked respondents to respond to each of seven domains of the Safe & Together Model at the conclusion of the CoP meetings (in other words, at the time of the second (Time 2) questionnaire). The largest proportion of respondents found that their exposure to the project and the Safe & Together Model accounted for positive change in their agency "to some extent". The data relates to respondents who submitted both Time 1 and Time 2 questionnaires

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