Theme 2

The following are two examples of documentation. Read both and answer the discussion questions below.

Version 1

Mother has a history of domestic violence relationships, including with the father of her youngest children. She has a trauma history and substance abuse relapses. The most recent referral was because her current boyfriend (father of the youngest child) assaulted her in front of the children, giving her a black eye. After he was arrested, she went to the police, denied the violence, and tried to bail him out. She insists she wants to maintain the relationship even though interviews with the older children indicate they are scared of him and the youngest was in danger of being physically harmed during the last incident. In preparation for the Family Team Meeting, the father's parents have stepped forward and want to be considered as a placement resource for the youngest child.

Version 2

Father has a pattern of negatively impacting family functioning through physical violence directed against the mother in the presence of the children. This physical violence (including the most recent arrest, when he punched her in the head three times, giving her headaches for three days and a black eye; threw her down on the ground; and kicked her in the stomach) has led to multiple moves of the children, disrupting their academic attendance (the oldest child has missed 22 days of school this year because of family disruptions related to his father's violence). Father is also regularly verbally abusive to the mother and the older two children (who are not his children). The oldest child steps in to defend his mother verbally, and once physically. The older two children express that they are afraid that he will hurt their mother when he gets angry. They indicated he has never physically hurt or disciplined them. The family is less financially stable than 1 year ago, because both parents have lost their jobs because of father's violence and arrests. The mother was kicked out of her substance abuse program 3 months ago when father threatened another client (male) in the parking lot. Since then she has relapsed. Now she is 3 weeks sober. In the past, he has taken their child to his parent's house and not returned for weeks at a time, saying "he's never going to let her see her son ever again". His parents, when interviewed, expressed no concerns about his violence, but only concerns about her substance abuse.

Discussion questions

1. What is different between Version 1 and Version 2?
2. Which of the two versions is better and why?
3. Discuss the kinds of case plans each of the two versions would lead to? Which do you think will be more successful and why?
4. Given that the definition of domestic violence destructive practice is practice that can increase danger to the family or push them further away from services, discuss what about Version 1 might lead to domestic violence destructive practice?

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Theme 2

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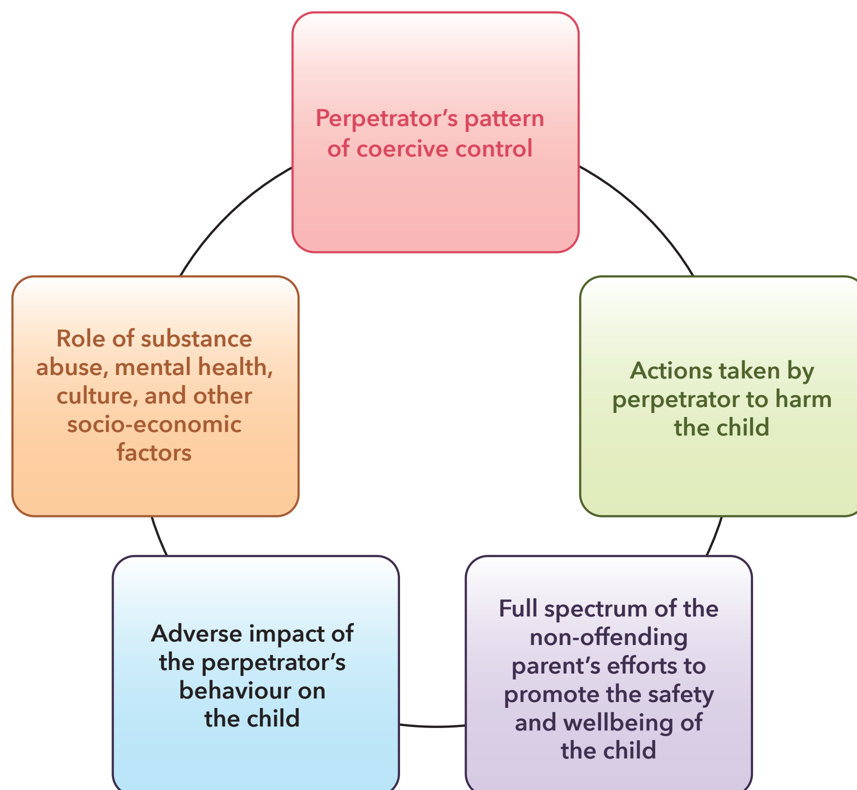

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Themes 3 and 4

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Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services

	Building partnership	Supporting safe decision-making for woman and children	Sustaining collaboration
Integrated service focus	• Do we have the primary services involved in the collaboration: CP and specialist DFV? • Are cross-agency service protocols in place, including meaningful involvement with family law? • Are we exploring responsive service pathways for women and children? • Are there linkages with specialist services—e.g. MH, DOA, disability, Indigenous, CALD?	• Do we have a common language around risk and perpetrator accountability? • Do decisions support the mother–child relationship? • Do we have all the appropriate information we need to make safe and good decisions? • To what extent is information sharing based on victim-centred practice?	• To what extent do workers trust services will respond appropriately to referred clients? • Do we need new collaborative practice tools? • In what ways are we sharing data and data analysis to inform service improvement? • Are key members remaining in the collaboration?
Democratising practice	• Does the partnership have a shared commitment to and understanding of women's and children's safety and perpetrator accountability? • Do we have a shared and equal investment in outcomes for women and children? • Does the partnership embrace diversity with meaningful representation—e.g. Indigenous, CALD, disability, LGBTIQ?	• Is decision-making collaborative? • Are decisions focused on perpetrator accountability? • Who exercises decision-making authority in the partnership? • Does the collaboration support alternative pathways for referrals relating to children?	• Do we have equal voices in the partnership? • Are we monitoring progress against the collaborative vision? • In what ways do our systems promote safe information sharing, and is this working to support the safety of women and children?
Partnership supportive collaboration	• Do we have champions supporting the collaboration? • Is there space for relationship-building? • Is the collaboration formalised within a supportive authorised environment? • Are the expectations of collaboration clearly authorised—e.g. in PDs?	• Are we working towards responsive risk assessment–informed triaging? • Are women and children safer through the collaboration, and how do we know? • Are we evaluating the collaboration and identifying and engaging new DFV-sensitive champions?	• In what ways is the collaboration fostering stability and managing change? • Is the collaboration open to new ideas and challenges? • What opportunities are there for relationship-building and joint training?

CP: child protection; DFV: domestic and family violence; FSS: family support services; PDs: position descriptions; MH: mental health; DOA: drug or alcohol; CALD: culturally and linguistically diverse; LGBTIQ: lesbian, gay, bisexual, transgender, intersex, and queer/questioning.

Themes 3 and 4