ESTIE

Quick Reference Guide

Supporting practice at the intersections of domestic and family violence, mental health and alcohol and other drug use.

ESTIE
Evidence to Support Safe & Together Implementation and Evaluation

Proudly funded by NSW GOVERNMENT

Acknowledgements

We would like to thank all of the committed and enthusiastic practitioners and service managers working in NSW Health and non-government organisations who were integral to the *ESTIE Project*. Their openness to learning and commitment to addressing Violence, Abuse and Neglect (VAN), as well as driving more domestic and family violence-informed practice across the service sectors, has been crucial to this research. Their ongoing dedication to developing a better service system for women, children, men, and families living with domestic and family violence, alongside mental health and/or alcohol and other drug use challenges has been key.

The *ESTIE Project* was only possible with generous support and funding from the Prevention and Response to Violence Abuse and Neglect Unit, Government Relations Branch, NSW Ministry of Health. Their commitment to leading innovation in this space has been critical in building the best practice evidence base.

The research team would like to acknowledge the work of the *STACY Project (Safe & Together Addressing Complexity)* and in particular the *STACY Practice Guide* that was developed as part of that project. The *STACY Practice Guide* was a foundational piece of work on which the *ESTIE Project* and accompanying *Practice Resource* and *Quick Reference Guide* were built.

Acknowledgement of Country

The *ESTIE Project* team and participants in this research recognise Aboriginal and Torres Strait Islander peoples as the First Nations' People of Australia and acknowledge the traditional custodians of the lands on which we undertook the *ESTIE Project* and on which we live and work each day. We acknowledge and thank leaders, past, present, and emerging for their tireless and continuous work in caring for country and community.

Always was, always will be Aboriginal land.

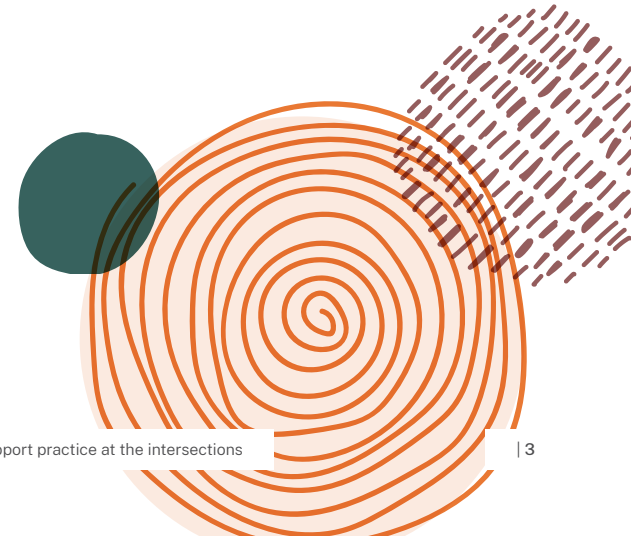
Statement of commitment to Aboriginal and Torres Strait Islander families and communities

We recognise and acknowledge all Aboriginal Australians for their acts of resistance and continuing strength in fighting against oppression and ongoing impacts of racism and colonisation on a daily basis, whilst holding an energy and commitment to keeping families and communities safe.

The *ESTIE Project* acknowledges that individual and collective experiences of trauma, including invasion, colonisation, Stolen Generations, genocide, and assimilation have been and continue to be profoundly harmful. We also acknowledge that systems continue to perpetuate violence and abuse leading to social and economic oppression for Aboriginal people, families, and communities.

The *ESTIE Project* is committed to improving individual and system responses, and recognises the complex relationships between colonisation, trauma and oppression with domestic and family violence, mental health, and drug and alcohol use. We have been privileged and honoured to be able to work in this space with our Aboriginal colleagues and build on collaborative learning from their extensive wisdom and expertise. We value their guidance on ways of healing that can be mediated by Aboriginal-led initiatives and culturally appropriate services that nurture the spirit, resilience and cultural identity of Aboriginal families and communities.

We also acknowledge that while the Safe & Together™ Model has been developed with consideration of colonisation and racism, it does not consider the specific Australian or NSW experience of colonisation, dispossession and institutional racism, and more work is required to understand how the Safe & Together™ Model intersects with local Aboriginal world views, healing frameworks and principles.



ESTIE Project team

Professor Cathy Humphreys	University of Melbourne
Dr Margaret Kertesz	University of Melbourne
Assoc. Professor Lesley Laing	University of Sydney
Cherie Toivonen	CLT Byron Consulting, Sydney
Jasmin Isobe	University of Melbourne
Erin Links	University of Melbourne
David Mandel	Safe & Together Institute
Heidi Rankin	Safe & Together Institute
Marlene Lauw	Aboriginal Cultural Safety Consultant ML Consultancy Services, Coolangatta

For further information

Margaret Kertesz
The University of Melbourne
Department of Social Work
E: mkertesz@unimelb.edu.au
T: 03 9035 8508

Some people may find parts of this resource confronting or distressing.

If you would like to talk to someone, you can call:
1800 RESPECT — 1800 737 732
Lifeline — 13 11 14

November 2022

Suggested Citation:

Toivonen, C., Kertesz, M., Lauw, M., Humphreys, C., Isobe, J., Links, E., & Laing, L. (2022). *ESTIE Quick Reference Guide: A worker's guide to support practice at the intersections*. University of Melbourne, Melbourne and Ministry of Health, NSW.

About the Quick Reference Guide

Who is this Quick Reference Guide for?

The *ESTIE Quick Reference Guide (The Guide)* is designed for people working at the intersections of domestic and family violence (DFV), mental health, alcohol and other drug use, and child protection. It will be most useful to those who already have an understanding of the Safe & Together™ approach. It may also be used by those seeking to gain some insight into domestic and family violence informed practice. It is relevant to those working in both acute and longer-term therapeutic settings, community organisations and the broader health sector, and is relevant to services for adults, children or families.

How to use this Quick Reference Guide

The Guide has been developed as a quick reference companion document to the *ESTIE Practice Resource* **and should not be used without reference to the fuller explanations contained in the *ESTIE Practice Resource***. It is designed to prompt workers to use domestic violence informed approaches when engaging with victim/survivors and their families at the intersections of domestic and family violence, mental health issues and alcohol and other drug use.

The Guide is divided into three sections:

ONE *Foundations*

An overview of how the intersecting issues impact victim/survivors and their families, and a brief overview of the Safe & Together approach within the context of the *ESTIE Project*.

TWO *Working at the intersections*

Guidance on how to work with victim/survivors and their families using the key ESTIE findings and Safe & Together Principles.

THREE *Service and systems considerations*

Guidance on working safely, working collaboratively and systems change work.

The Guide should be used in conjunction with a worker's professional judgement and decision-making approach. It is to be used alongside the service or organisation's policy and practice guidance. *The Guide* does not replace agency policy or procedures, but rather aims to support domestic and family violence informed practice.

The Evidence to Support Safe & Together Implementation and Evaluation (ESTIE) Project companion documents

The *Evidence to Support Safe & Together Implementation and Evaluation (ESTIE)* research explored how workers and organisations could work collaboratively across service sectors with families who were living with domestic and family violence and parental issues of mental health and alcohol and other drug use. Using the Safe & Together™ Model, the project aimed to build workers' understanding of how these issues intersect and can form an integral part of the perpetrator's violent and abusive behaviours which affect both victim/survivors and their children. *The Guide* reflects the outcomes of the research.

The Guide is a companion to the *ESTIE Practice Resource* and the *ESTIE Research Report*. *The ESTIE Practice Resource* provides detailed information about working across the intersections including the use of language, practice tips, links to resources, insights from workers, and case studies. The *ESTIE Research Report* describes in detail the methodology and findings of the *ESTIE Project*.

SECTION ONE

Foundations

of domestic and family violence informed practice at the intersections

How do domestic and family violence, alcohol and other drug issues, and mental health issues intersect?

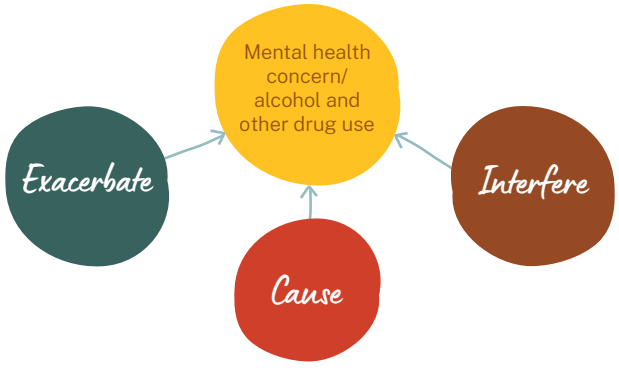
Many victim/survivors of domestic and family violence experience higher rates of mental ill-health and/or increased use of alcohol and other drugs. These impacts are often referred to as 'symptoms of abuse'. Workers must be mindful of how and when these impacts developed, the connection with the violence and abuse, and how alcohol and other drug use and mental health issues can be exploited by perpetrators to maintain control over a victim/survivor and their children (this may be known as 'mental health coercion' or 'substance use coercion').

Although not causative, there are alignments between a perpetrator's alcohol and other drug use and/or mental ill health. Police data indicate that alcohol or other drugs are often used before incidents of domestic and family violence to which police are called. While a perpetrator's heavy drinking increases the severity of violence, many victim/survivors use alcohol and other drugs to numb themselves from the pain caused by the abuse.

The impacts on children can be significant and cumulative. Research confirms that children's distress and the victim/survivor's mental health are often linked with the violence they are experiencing. Parental use of alcohol and other drugs is also one of the most common reasons for placing children in care. Fear of disclosing domestic and family violence, mental health issues or alcohol and other drug use is often compounded by the fear of child removal, further systems abuse or of not being believed. This compounding effect is exacerbated by a range of socio-economic factors but is particularly pronounced for many Aboriginal parents due to historical and ongoing discrimination and trauma.

How do perpetrators impact a victim/survivor's mental health or alcohol and other drug use?

Perpetrators can impact a victim/survivor's mental health and/or alcohol and other drug use in three ways: they may ***cause*** it, ***exacerbate*** the issues and/or ***interfere*** with a victim/survivor's attempts to address the issues as part of their coercive control.[1] It is important to understand how the perpetrator is **using** a victim/survivor's mental health and/or alcohol or other drug use to further the abuse as well as acknowledging and documenting the victim/survivor's inherent strengths and attempts to resist these tactics.



Examples of how a perpetrator uses these mechanisms to further abuse can be found in the *ESTIE Practice Guide* page 14

How do perpetrators use mental health or alcohol and other drug use to excuse the violence?

Perpetrators often use mental health issues or use of alcohol and other drugs as an excuse for their violence and control. This usually occurs in two key ways (and may happen simultaneously):

- They blame the victim/survivor's alcohol or other drug use or mental health concern as the reason for their violence. 'She was drunk and out of control so I had to restrain her'.
- They minimise their use of violence, referring to their behaviour as a 'mental health issue' or as a result of their drug and alcohol use. 'I only hurt her when I'm drunk' or 'I didn't know what I was doing, I was drunk' or 'It's not my fault, I couldn't control myself.' Describing behaviour like this is often used to manipulate and coerce workers into believing the perpetrator is not responsible for the violence.

How do these presentations look at first glance?

Using a domestic and family violence informed lens is critical when meeting a victim/survivor for the first time to ensure an effective assessment is undertaken. The following examples show how a presentation may first appear when a victim/survivor presents to a mental health or drug and alcohol service, but on further exploration and assessment, the nature of violence and control is uncovered.

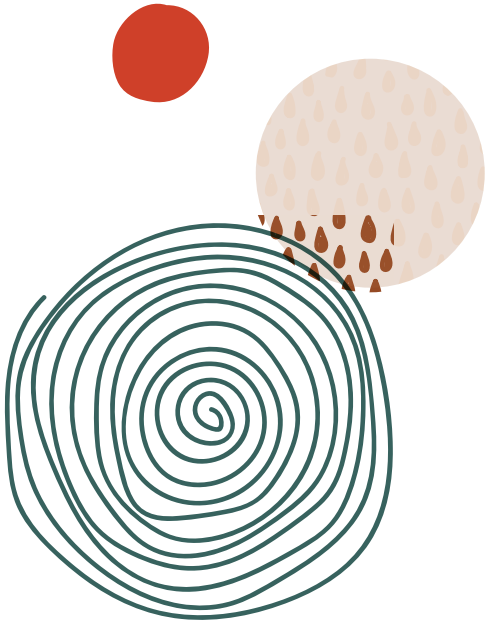
Presentation: A female patient identifies her ongoing struggle with alcohol use

Using a DFV informed lens to explore the issues: The worker learns that the woman's use of alcohol started after abuse from her current partner began. The woman's partner would at times become violent. Her thoughts about his violence occurring again kept her awake at night. After a while, she began to drink before bed, which she believed helped her to get to sleep. As time went on, the perpetrator's violence escalated. As his violence escalated the woman's sleep was further impacted, leading to an increase in her use of alcohol.

In this situation, the reason the victim/survivor began to drink alcohol directly corresponds to her partner's use of violence. She used the alcohol as an adaptive coping strategy to continue to function and over time as the violence increased, so did her use of alcohol.

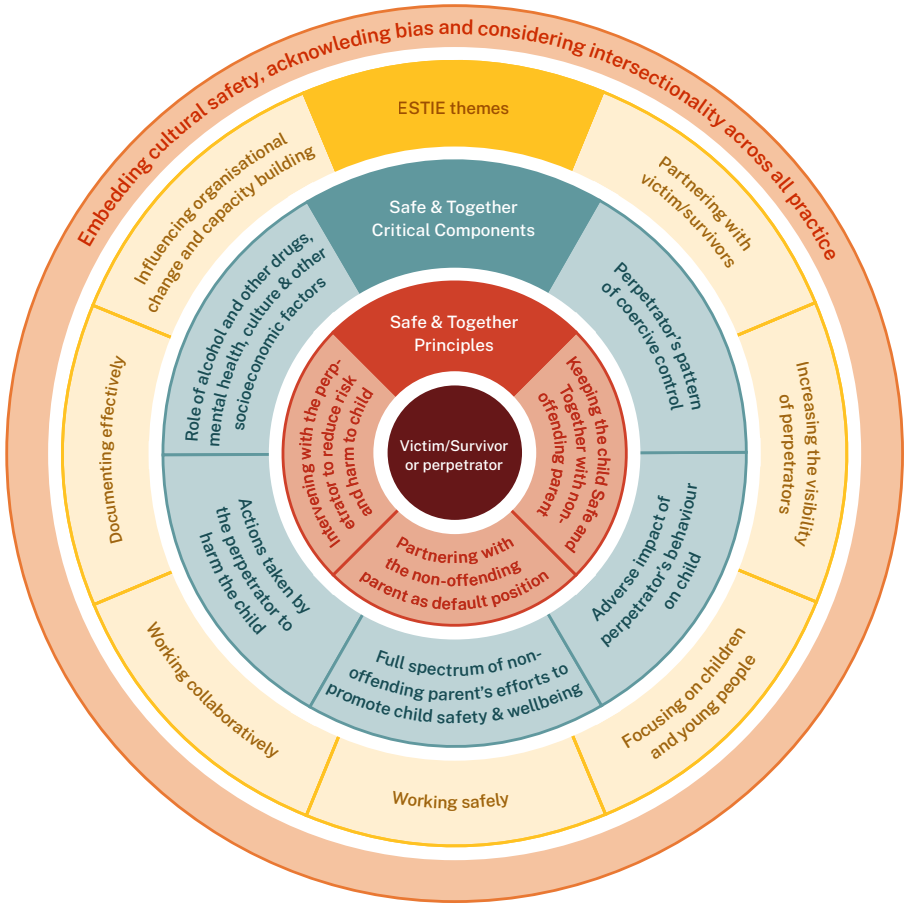
Presentation: A woman is prescribed antidepressants, but there are concerns she is not 'compliant' with taking her medication

Using a DFV informed lens to explore the issues: The worker asks about the woman's symptoms and how she has been able to manage. The woman reports she was prescribed an antidepressant to help alleviate her symptoms and allow her to better engage in treatment. When the worker further explores why the woman is not consistently taking her medication, she learns that her partner is controlling her use of the medication. Sometimes he even threatens to tell others she's taking 'crazy pills' or hides her medication. At times, to avoid a big argument which at times escalates into the partner using violence, she stops taking her medication. This often diffuses his behaviour for a while.



The Safe & Together Model

The Safe & Together Model provides a useful framework to support a domestic and family violence informed approach. The model aims to keep children 'safe and together' with the non-offending parent, partnering with them and being involved with the perpetrator in ways that strengthen the safety and wellbeing of children, whilst holding them to account for their abusive behaviours. This guide particularly focuses on the core critical components of the model which look at the role of use of alcohol and other drugs and mental health factors as well as drawing on the themes from the *ESTIE Project*.



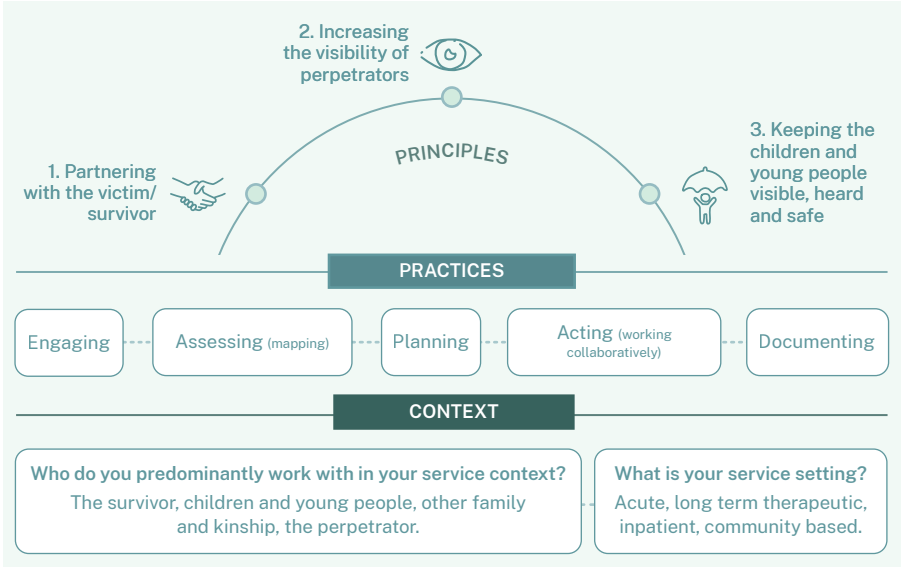
For more detail on these components, refer to the *ESTIE Practice Guide* page 11.

SECTION TWO

Working at the intersections

The foundation is to change the way you think about domestic and family violence and assess it in all interactions
-Safe & Together Consultant.

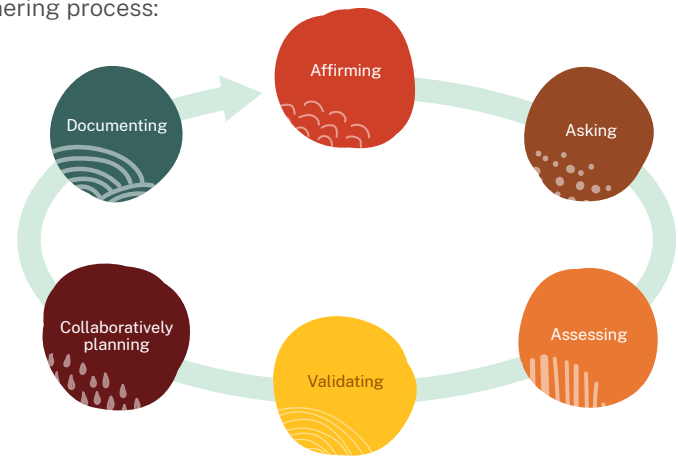
To effectively engage with and support victim/survivors, perpetrators and their families across the intersections, domestic and family violence informed principles and practices must underpin all aspects of the work. This is regardless of who the presenting client is, how they enter the service system, or the type of service being provided (acute, long-term, community based). The following principles and practices apply across all interventions but may vary in application depending on context.



1. Partnering with the victim/survivor

Partnering with a victim/survivor and their family is the first step to developing a collaborative relationship built on trust, and will provide the best possible foundation for a safe journey away from a perpetrator's violence and control. Victim/survivors are the experts on their own situation, including perpetrator and relationship dynamics, and what information or actions will keep them safe or expose them to greater risk.

The partnering process:



Affirming abuse is the choice of the perpetrator

It is important to communicate to victim/survivors that it is always the perpetrator's choice to be abusive and that victim/survivors are not at fault.

Practice Tip: Affirming statements

Always affirm that it is the perpetrator's choice to be abusive. Ask questions that encourage the victim/survivor to consider their right to be safe. Consider and affirm acts of resistance and how the victim/survivor creates safety on a daily basis. Use affirming statements such as:

- *'Your drinking is no excuse for his violence and abuse towards you.'*
- *'Your anxiety doesn't make him abusive.'*
- *'Your childhood abuse background doesn't justify him treating you this way.'*
- *'His violence and abuse makes it harder for you to be sober.'*

Asking questions about the perpetrators' pattern of abuse

Asking questions that respect the victim/survivor and their situation can help a worker connect the dots between the intersecting issues and the pattern of abuse.

Understanding additional barriers and risks for victim/survivors from other priority populations including the LGBTQI+ community, newly arrived migrants and refugees, and victim/survivors with a disability, is also essential. Asking questions which explore how the perpetrator uses elements unique to these backgrounds to further their abuse is also critical.

When working with Aboriginal women and families, the ongoing impacts of colonisation, systems abuse, racism and intergenerational trauma, as well as the ways that these may be being used by the perpetrator to further abuse, should be considered. The ways in which culture or access to culture and its impacts on identity may also be being used by the perpetrator should also be explored. During these conversations care should be taken to ensure that cultural safety of the victim/survivor is not compromised. The *ESTIE Practice Resource* provides further guidance.

Practice Tip: How do we engage with victim/survivors? Reflective questions for practice

Do we ask respectful questions that:

- Help map patterns of domestic and family violence/alcohol and other drug use/mental health coercion?
- Make victim/survivors feel safer and not responsible for the domestic and family violence?
- Help Aboriginal victim/survivors feel culturally safe?
- Contextualise incidents within broader patterns of abusive behaviour?
- Consider the additional types of abuse faced by those from priority populations?
- Explore the perpetrator's rules and punishments attached to daily activities?

Try asking:

- *'How does the perpetrator's abusive and controlling behaviour change when they are drinking or using drugs?'*
- *'Has the perpetrator ever used abuse to stop you from questioning them about their use of drugs or alcohol or their mental health?'*
- *'How does the perpetrator support or undermine your efforts to stay sober/ go to meetings/stay on medication/attend therapy?'*
- *'Does the perpetrator use your mental health or your use of drugs or alcohol to excuse their behaviour or undermine your attempts at seeking help?'*

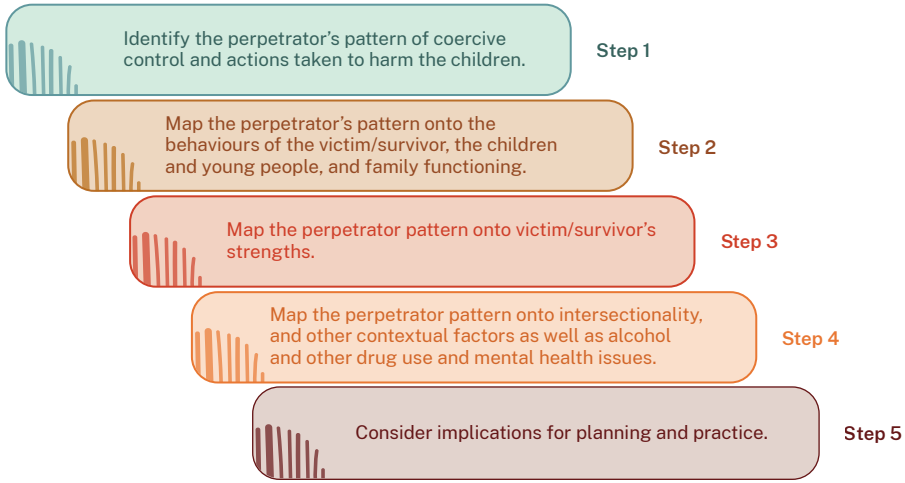
Effective assessment is key to working at the intersections.

Key to the mapping approach is exploring and documenting three domains:

1. Mapping the perpetrator's pattern of harm

Using a perpetrator mapping tool to guide the assessment

The Safe & Together *Perpetrator Pattern Mapping Tool*[2] guides workers through a series of assessment domains which aim to establish a comprehensive picture of the tactics used by perpetrators. This involves detailing the specific behaviours used by the perpetrator to harm others and mapping their impact and interconnections with other factors.



Practice Tip: Key questions for consideration when mapping the pattern of violence and control at the intersections.

- What role does the perpetrator's alcohol and other drug use and/or mental health issues play in exacerbating the perpetrator's danger to the victim/survivor or harm to the children?
- What are the connections between the perpetrator's alcohol and other drug use and/or mental health issues and risk to the victim/survivor and their children?
- How does the perpetrator interfere with or undermine the victim/survivor's treatment or recovery as a tactic of coercive control?
- How does the perpetrator's use of violence and control affect the children, young people and family functioning?

The following tips are useful for those working in alcohol and other drug services, mental health or broader health or community services:

- Do not assume that the perpetrator's abuse and violence are secondary issues to a primary issue of symptoms of alcohol and other drug use or mental health issues. Assess, treat, and monitor those behaviours separately from mental health or alcohol and other drug use.
- Ensure that assessments for mental health issues and alcohol and other drug use include specific, behavioural questions related to abuse, violence, and control.
- Map the perpetrator's pattern of alcohol and other drug use and its association with harm to the victim/survivor and their children.
- Consider how the pattern of using connects with the severity and frequency of violence and abuse. For example, is the perpetrator more violent when coming down off substances or when using alcohol and drugs?

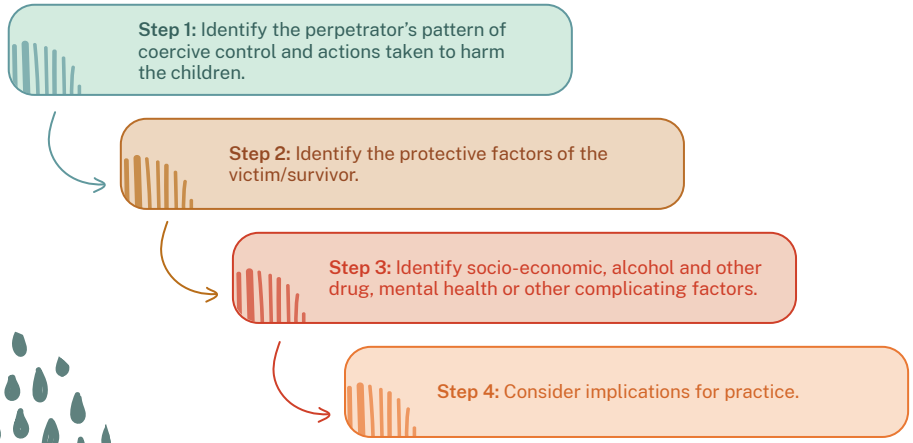
2. Mapping the victim/survivors' protective efforts and strengths and assessing for safety

Alongside the exploratory work which names and documents perpetrator patterns of harm, it is important to draw out information about the protective efforts and victim/survivor's acts of resistance. This includes:

- The relationship between alcohol and other drug use, mental health issues and victim/survivor's protective efforts.
- The full range of protective actions that the victim/survivor is engaging in to protect themselves and their children even when they have alcohol and other drug use or mental health issues.
- Any information that contributes to enhancing victim/survivor's and their children's safety, such as safety plans, information from other services involved.
- How the victim/survivor protects their children from the perpetrator's alcohol and other drug use or mental health issues as they intersect with abusive behaviours.

Using the Mapping Victim/Survivor's Protective Capacities Tool

Mapping victim/survivors' protective strengths is a structured process used to identify the protective efforts of the victim/survivor and building on them to develop the strongest possible partnership around the safety and well-being of the children. The *Mapping Survivor's Protective Capacities Tool*[3] can be used to guide the mapping process. The mapping begins with a look at how the perpetrator might be interfering with a victim/survivor's parenting, then moves to identifying protective efforts, then validation, collaborative safety planning and documentation and presentation of information.



Practice Tip: Respectful questions for learning about a victim/survivor's protective capabilities

- *'You have obviously managed to care for your children and keep the family going day to day, whilst experiencing his violence, drinking, drug use and mental health issues. How have you managed to do this?'*
- *'Sometimes women have difficulty identifying all the things that they do to shield their children from the effects of their partner's violence and their drug and alcohol use. Can we talk together about some of the ways you've been able to do this for your children?'*
- *'You are the one who knows best what you and your children need to feel safe and supported. Can you tell us what that looks like and how we can best help support you?'*
- *'What are some of your biggest concerns and fears when coming here to access our service? What do you need from me to make you and your children feel supported and safe?'*

3. Assessing the impact on children and young people

It is critical to ask about and document the pattern of harm to children and young people. Key questions related to the **direct impact** of the violence and control include:

- How has the perpetrator's behaviour pattern caused trauma-related effects on the children?
- Has there been violence or threats of violence towards the victim/survivor that create child trauma concerns?
- Has the perpetrator psychologically abused the child as part of the coercive control and other violence perpetrated against the victim/survivor?
- How has the perpetrator disrupted the family's ecology (and in what ways) or interfered with and weakened family functioning? For example: has the perpetrator targeted or undermined the child's bond with their non-offending parent as part of their pattern of abuse?
- How has the perpetrator affected the victim/survivor's parenting (and in what ways)?
- How is the child/children's daily life different because of the perpetrator's behaviours?
- Has the perpetrator physically abused the children? Have the children

experienced injuries as a result of the abuse?

- Has the perpetrator threatened the family pets?
- Are there neglect concerns, such as the children being placed in unsafe situations, being left alone without supervision, not attending school? What are the mental and physical health impacts of this?

Workers also need to assess the safety and protective strategies of children and young people as much as the strategies of an adult victim/survivor. Be aware that mental health frameworks that emphasise children's feelings in reaction to abuse may miss the ways they are active in their own and others' safety efforts.

Key components to factor in an assessment with a child or young person include:

Validating the victim/survivor

Providing a validating response which lets the victim/survivor know that they are heard, believed, and understood will help to build a foundation for trust. This is the starting point for a collaborative therapeutic relationship, even where the ongoing relationship may be with another service provider.

Practice Response	What you can say
Convey the message that victim/ survivors of domestic and family violence are believed. Challenge the popular discourse that victim/survivors (and particularly those who have mental health and/or alcohol and other drug use issues) lie about domestic and family violence.	*I am sorry that this has happened to you. You have a right to live free of violence and abuse.* *A lot of evidence shows that so much domestic and family violence occurs in the context of alcohol, where a perpetrator may use alcohol use to blame a victim/survivor for the violence or suggest you are not being truthful about the violence. You are not alone when you tell me about what has happened to you and we want to ensure that you are supported.*
In conversations with victim/survivors, ensure you convey that you understand the impact of the violence on children and young people, and explore the protective factors and strategies the victim/survivor is putting in place to keep their children safe.	*I know that you've struggled with your own drinking but it's clear from what you shared with me that right now, for you, your drinking makes it easier to deal with hurt and the anger caused by his violence. And you have a plan with your mum to make sure the kids are taken care of when you drink. You are still making sure your kids are taken care of despite his choice to expose them to violence and the pain it is causing you.*
Take the time to understand the context of the abuse the victim/survivor is experiencing (asking questions beyond an incident).	*It sounds like this been happening for some time. Are you able to tell me more about how these behaviours have been affecting you and the children over the past months and years?* →

Practice Response	What you can say
Name specific actions and behaviours that have been identified as protective and as strengths.	*I see how hard you have been working to minimise the impact of his drinking on the kids by sending them to your mother's house on the weekends.* *It's amazing that given his violence and the chaos caused by his methamphetamine use you have kept the children going to school every day.*
Ensure that you are working with an intersectional lens, taking into consideration additional barriers and risks for priority populations.	*I understand that your visa relies on your husband. I am wondering what he says about this to you?*
Ensure that you are working within a framework of cultural safety.	*Let me know how we can make sure you feel safe and comfortable here. Would you like me to connect you with an Aboriginal Health Worker? Is there a friend, family member or support person you would like to be here? Or anything else that might make you feel safe?*
Advocate for victim/survivors whose alcohol and other drug use and/or mental health symptoms may be decontextualised from domestic and family violence by colleagues or other professionals.	*When survivors' behaviours don't make sense, very often the answer is not about better trying to understand them, but trying to understand their context, and the context the violence has created.*

Collaborating with victim/survivors

The inherent power in the service provider/client relationship may at times mirror the power in the victim/survivor's relationship with the perpetrator.

A critical reflection on power: *Workers can add to the victim/survivor's resources through active listening and collaborative planning. It is important to explore what has and hasn't worked and what the victim/survivor thinks may make things better. It is crucial to reflect on how you use your professional power to decrease the potential for secondary victimisation of victim/survivors.*

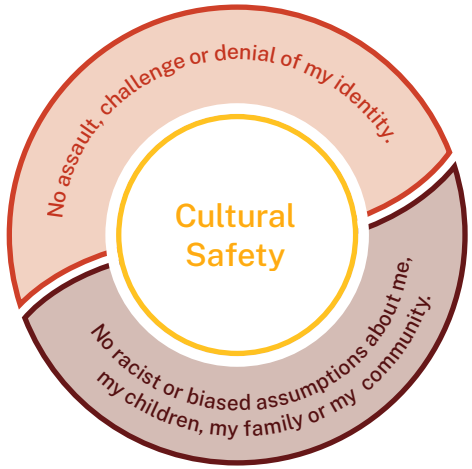
How could you use these strategies to build collaborative partnerships with victim/survivors?

Critically reflect on	Be guided by the survivor	Advocate
• Your use of professional power. • Bias, racism, common beliefs. • How to build a strong alliance with the survivor.	• Listen to how they define 'safer' or 'better'. • How do they want their (and their children's) relationship with the perpetrator to look? • Respect their agency. • Support their connection to culture.	• Use your agency's resources to support their vision of safety. • Advocate for victim/survivors across the system and with other services they are involved with.

Cultural safety for Aboriginal people, families and communities

Many Aboriginal victim/survivors may experience barriers to seeking help for family violence. This is often because they fear losing their connections with family and community, or the removal of their children.

Practising cultural safety and respect can mean the difference between someone continuing with services or disconnecting, feeling like they aren't being heard.



Safety and wellbeing = family = connectedness and kinship

It is important to remember that family and Kinship bind Aboriginal people together through:

- Providing identity.
- Understanding of spiritual and cultural belonging.
- Establishing strong links with community.

For more detailed practice advice please refer to the *ESTIE Practice Guide* page 26.

2. Increasing the visibility of perpetrators: how do we keep the perpetrator 'in view'?

When you have limited or no contact with the perpetrator

Ensure that the source of risk and harm is always at the centre of the conversation with the victim/survivor when engaging, assessing, planning, intervening and documenting. Bring the perpetrator's harmful actions and the impacts of those actions on the victim/survivor and family functioning 'into the room' through these conversations. Explore and document the impacts of these behaviours on the victim/survivor's mental health, alcohol and other drug use and broader family functioning (including impacts on children).

When you have direct contact with a perpetrator

Hold them accountable for their use of violence and control, in the context of their alcohol and other drug use or mental health issues and separate from other factors that increase the complexity of their lives.

The safety of the victim/survivor and their children is the highest priority. It is not a good outcome if the perpetrator stops their use of alcohol and other drugs, but the violence and control continue.

Strategies for engaging with the perpetrator should be consistent with practitioner's confidence, experience and expertise, and the role and capacity of the service setting.

Practice Tip: How to avoid colluding with a perpetrator

Perpetrators are often highly skilled at grooming and manipulating those around them. There is a fine line between engagement and collusion.

- Engage, but never validate the perpetrator's statements that blame others or 'the system'.
- Redirect your line of questioning to focus on the perpetrator's pattern of abusive behaviour instead of colluding with his explanations for violence or labelling victim/survivors as mutually responsible.
- Use a mapping tool to focus on patterns of behaviour without being misled by perpetrator grooming tactics.

The table below provides a summary of practice responses that hold perpetrators accountable regardless of whether you work directly with them or not. These practices are explained in more detail in the *ESTIE Practice Guide*. **Further advice or secondary consultation may be obtained from specialist services such as the Men's Referral Service.**

If you **do not have** direct contact with the perpetrator	If you **have** direct contact with the perpetrator
• Map the perpetrator's patterns of behaviour. • Ask victim/survivors how the perpetrator's behaviours and choices affect the family day to day. Be sure to document the impacts on the family, keeping the perpetrator's harmful behaviour at the centre. • Understand the multiple pathways to harm and its impact on the children. • Use language that communicates that the perpetrator is responsible for the violence and control. • Engage victim/survivors in conversations about their partner's or ex-partner's contributions to the family as parents. Think about equal expectations for both parents. • Engage children and young people in safe conversations about the perpetrator's parenting, behaviour toward the other parent, and their relationship with them. • Take advice from the victim/survivor about whether to engage the perpetrator, and the best/safest way to do so. • Use records from past interventions or other services to guide your practice.	• Use a mapping tool to assess and engage perpetrators in conversations about their perpetration patterns, mental health and/or alcohol and other drug use issues. • Ensure questions about perpetration of abuse are integrated into assessments and treatment recommendations for alcohol and other drug use and mental health services. • Assess for danger to others when someone presents as depressed or suicidal and has a history of violence. • Assess for patterns of manipulation around alcohol and other drug use and mental health issues. • Send a clear message that perpetrators are making a parenting choice when they use violence and abuse within families. • Explore their concerns for their children and their identity as a father/kinship/other – this is a potential motivator for change. • Hold perpetrators accountable to the same parenting standards as the non-offending parent. • 'Plant the seeds' by starting the discussion about their role as a parent. • Ask perpetrators how they can strengthen family functioning and their relationship with their children.

All discussions and written records should convey a consistent message that perpetrators are responsible for their use of violence and control.

Practice Tip: How do we hold perpetrators accountable in a way that is culturally safe for Aboriginal people?

It may be important to contextualise a perpetrator's level of grief, displacement, and the impacts of colonisation and ongoing racism and discrimination.

Non-Aboriginal workers should discuss with cultural brokers how to address individuals, families and community members in a culturally safe way. The approach will depend on your existing relationships with the relevant Aboriginal community. First steps could include asking community elders or cultural brokers for assistance in engaging with Aboriginal men or asking to attend Aboriginal Men's programs to understand what is important when working with Aboriginal men in a culturally safe way.

This can assist in gaining knowledge and skills to work with Aboriginal men and how to ask the following key questions, which Aboriginal male workers may use in their work towards creating safety for a man's partner and children along with him taking responsibility for all of his behaviour and choices.[4]

- *Do you feel safe to talk with me about the role of culture and identity in your life? Have you lost aspects of your culture? If so, how is this impacting your life?*
- *How do you see yourself as a partner, and how does this behaviour impact and harm your partner?*
- *How do you see yourself as an Aboriginal father raising Aboriginal children and how does your behaviour impact and harm them?*
- *How do you want your children to see you or remember you?*
- *What would you need to help support you to address your behaviour, the DFV, alcohol and other drug use and mental health issues?*
- *What would recovery and healing mean to you as an Aboriginal man and what cultural considerations need to be factored in?*

3. Keeping children and young people visible, heard and safe

Children are affected by domestic and family violence differently – each child has their own unique experience and responds to survive or manage their situation in their own way. All workers in NSW have legal and professional responsibilities in relation to child protection, including reporting suspected risk of significant harm. However, the way workers engage with children and young people will be dependent on their service's policies and procedures, the worker's skill level, scope of practice, and understandings of working with children.

Practitioners must maintain a strong focus on the safety and wellbeing needs of children and young people living in families where there is DFV, whether or not their service engages directly with children. The perpetrator pattern-based approach, which assesses for coercive control toward the adult victim/survivor, abuse and control toward children, and the tactics that undermine the mother-child relationship can help keep children and young people visible and heard.

A key focus for practitioners should be:

More detail on how to engage with children and young people can be found in the *ESTIE Practice Guide* page 37.

'Connecting the dots' to keep children and young people safe

Workers need to listen to and assess the full spectrum of experiences of children and young people and document these – highlighting patterns of harm and acts of resistance children use to create safety. Workers in adult-focussed services may do this by asking parents about their children's experiences or collaborating with a child-focussed service.

Advocating for a child or young person is a critical component of the response. Relate children's behaviours to the perpetrator's patterns of violence and coercive control. Document this work and advocate to other services. These high-level areas of exploration can form the basis of the assessment and ongoing work with a child or young person, noting that only workers with appropriate skills and training should undertake significant exploration work with children:

- Explore the possible connections between children's symptoms and issues, and the perpetrator's behaviour pattern.
- Explore and document how children's behaviours may serve to protect them and/or the victim/survivor and siblings from further violence or abuse from the perpetrator.
- Help children and young people make sense of abuses of power occurring within their families in ways that are developmentally appropriate and safe, and in the context of safety planning or healing work.
- Help children understand that neither they, nor their non offending parent, are responsible for DFV.
- Explore the continuing influence, and even danger, posed by a perpetrator who is a non-custodial parent, even when there is no face-to-face contact.
- Take into account the impacts of intergenerational trauma, colonisation, racism and mistrust.

Practice Tip: When working with a child or young person, it is important to talk about what is happening for them

Whilst centring an individual child's needs, stage of development, an understanding of the complexities of their relationship with the perpetrator and adult-victim/s, and broader risk and safety issues, the following areas of discussion may be helpful:[5]

- Ask the child or young person how they're feeling.
- Ask the child or young person what is most important to them to talk about. Explore with the child or young person whether there are things they do when things are hard at home.
- Talk with them about protective and trusted adults in their lives (e.g. non-offending parent, aunt, teacher, GP).
- Tell the child or young person it's not their fault.
- Allow them to be angry, sad, or have any other feelings about perpetrator or their non-offending parent.
- Encourage the child or young person to find ways to share their feelings (through play or art).
- Ask them how it has been working with services.
- Make appropriate referrals to family services or child protection services.

Note: As with adult victim/survivors, children and young people should be encouraged to think about any risks to their own safety of sharing information with professionals, friends or family. Sensitive information in children's records should be protected from an abusive parent or their representatives. Guidance can be obtained from professionals specialising in work with children.

4. Documenting

Record-keeping is a powerful tool in any service response to domestic and family violence. It can be used to improve responses to families both immediately and in the longer term.

Documentation is central to all parts of the work, and can:

- identify interventions and treatment options,
- act as evidence in family law cases, child protection or criminal matters, and
- be used as an advocacy tool to provide an alternative narrative to service systems that do not understand DFV.

Critical point: Documenting for safety.

- The language you use and how you document the case will stay with the client throughout their journey across services, colouring responses from other services. Records viewed by the victim/survivor have the power to affect current and future therapeutic relationships.
- Partnering with the victim/survivor and holding the perpetrator accountable for their actions and the impacts of those actions is critical. Being culturally appropriate and safe, and reflective about your biases is key.
- Remember that perpetrators are skilled at manipulating the service →

system. Ensure that information related to DFV or child protection concerns is appropriately secured. This is particularly important when documentation is held in a child's file which may be accessed by the perpetrator.

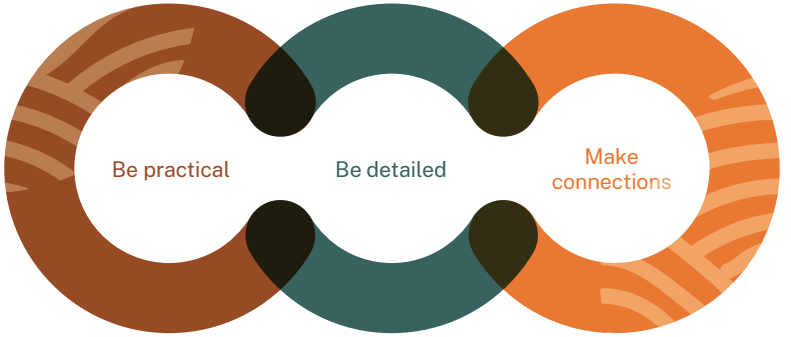
- Documentation may need to be clearly marked as containing child protection sensitive information in order to be removed from the record if requested by either parent.
- Always ensure that addresses and contact details are kept secure, so as not to put women and children at risk.

Documenting effectively

Often records systems allow only single, incident-based information to be recorded. A useful alternative to 'case based' documenting is a narrative that details the perpetrator's pattern of abuse, violence and control and its impacts. Be creative to include information within inflexible records structures.

Always record:

- The pattern of harm caused by the perpetrator through their behaviours.
- Evidence of its impact on family functioning, family ecology, the victim/survivor, and the children.
- Evidence of the effects of the perpetrator's actions on the victim/survivor's parenting.
- How the intersections with alcohol and other drug use, mental health issues and intersectionality are part of the multiple pathways to harm.



Examples of effective documentation:

Non DFV informed	DFV informed
Partnering with the survivor	
Mother did not present to clinic.	Mother did not present for appointment. Social worker rang mother who reported she wanted to attend but her partner and father of baby refused to provide her with transport.
Mother returned to DFV relationship.	Mother reports that she left her partner 6 months ago. She reports he continued to threaten to take the children away from her to force her to return to live with him.
History of 'non-compliance' with medication.	Patient has disclosed ongoing domestic violence perpetrated by her partner. She reports he often steals and sells her prescribed medications, meaning she has to go for days without it. She identifies that her anxiety gets worse when she can't access her medications.
Mother met with social workers on home visits.	Mother consistently met with social workers and engaged in home visits, despite reporting ongoing violence and threats from her ex-partner. Services observed her ex-partner calling her phone multiple times during appointments and on one occasion he was seen leaving the house when workers arrived.
Holding the perpetrator accountable	
Father not included in referral.	Workers made consistent attempts to engage the father over 12 months. He would not answer worker calls although his partner reports he has a working phone.
Children from previous relationship, minimal contact.	Kody has four children with his ex-partner and reports he sees them approximately 1-2 times a year on holidays. On their last visit Kody is known to have physically assaulted his ex-partner and threatened to kill her in front of the children. When asked about the incident, Kody confirmed that he had assaulted his ex-partner but minimised his behaviours, reporting the children 'didn't see that much of it'.

Non DFV informed	DFV informed
Partnering with the survivor	
Father completed program, recommended long-term counselling when discharged.	Over the 12 weeks of counselling, we discussed his current relationship with his partner and children. When asked how his drug use and violence impacted on them, the father struggled to identify any impacts. We would recommend that services continue to address his use of violence and monitor behaviour change.
Keeping the focus on children and young people	
Children witnessed DV incident.	The children have been exposed to domestic violence perpetrated by their mother's current partner over the past 3 years. Because of his violence they have been homeless, had to change schools, and been isolated from their peers.
The young person was referred for counselling for emotion 'dysregulation, aggression, verbal outbursts and PTSD'.	The young person continues to experience manipulation and verbal abuse from her biological father. Workers observed that her father encourages her to be aggressive, including towards workers. The young person has been diagnosed with PTSD as a result of her biological father's abuse.

Documenting collaboratively

Working across the service sectors can be enhanced with collaborative documentation processes and protocols. A shared understanding and language based on pattern-based approaches can promote safety for victim/survivors and their children. Hold the perpetrator accountable by documenting the patterns of harm and ensuring that case notes, referral forms, court reports, medical files and other forms of documentation can be shared across services.

SECTION THREE

Service and system considerations

1. Working safely

Staff working to address domestic and family violence across the intersections can often face challenges to their physical, psychological, cultural, and emotional safety at work.

Considerations about worker safety cannot be separated from considerations about the safety of the survivor and their children. Threats to worker safety are serious. They require forward planning and should be written into agency policy and procedures and prioritised by management. Workers need to know that management 'has their back' when perpetrators attack them either professionally or personally.

Key practice point: It is not the responsibility of the individual worker to instigate, develop, and uphold their own safety alone when working across the intersections. It is the agency and management's responsibility to foster a culture of care, supporting their workers employed in the system.

Ensuring physical safety

Services must take steps to mitigate risks to workers resulting from abuse, threats, harassment, vexatious complaints and intimidation from perpetrators.

Practices include:

- Gathering information about risk as part of the mapping process and using that information to plan safe worker engagement with families.
- Developing a plan of practical ways to keep workers safe when there are threats and abuse from perpetrators.

Promoting emotional and psychological wellbeing and safety through a culture of care

Services must consider how they will ensure workers' emotional and psychological safety and wellbeing. This can be achieved through developing a culture of care where workers feel supported to engage proactively in the work.

Culture of Care =

An authorising environment which demonstrates to workers that their safety is important to the organisation and understands the concept of perpetrator patterns of abuse and coercive control.	Flexible responses to workers' concerns by managers and organisations.	Clinical and cultural supervision and supportive de-briefing to sustain worker well-being.

A detailed list of practices to ensure worker safety is outlined in the *ESTIE Practice Guide* page 46.

2. Working collaboratively

Workers are consistently engaging in collaborative partnership approaches with stakeholders: the victim/survivor and their children, other family members, services and service sectors, broader systems, and Aboriginal colleagues, families and communities. A range of effective collaborative approaches is outlined in the *ESTIE Practice Resource*. A key aspect of working collaboratively is the development of a **shared language** that resonates across the various sectors and stakeholders. This language can be embedded in documentation highlighting the perpetrator's pattern of harm as well as the victim/survivor's strengths and protective efforts. Other examples include: formalisation of protocols and development of MOUs between sectors, development of shared assessment frameworks, and shared training opportunities.

Presentation: Use a meeting guide to structure case discussions

A meeting guide may be helpful to bring workers from distinct service sectors together for a DFV informed case discussion. The *Safe & Together Intersections Meeting (STIM) Guide*[6] is a useful tool to guide the process. It has three major steps:

- initial presentation of the case by the caseworker
- a behavioural discussion of the key components of the case
- development of action steps.

Either the perpetrator mapping tool is used, or the following issues are covered in the discussion:

Risk and safety concerns for children from the perpetrator's behaviours:	Describe the perpetrator's pattern of coercive control and actions taken to harm the children and their impact on child, parent and family functioning.
Protective efforts by the non-offending (victim/survivor) parent:	Describe the full spectrum of the victim/survivor's efforts to promote the safety and wellbeing of the children.
The intersections of domestic and family violence, substance abuse and mental health concerns:	Describe how the perpetrator's behaviour intersects with substance abuse and/or mental health issues.

How culture, privilege and marginalisation factor into the case:	Describe factors related to privilege, oppression and vulnerability that have an impact.
Worker safety issues:	Describe any worker safety concerns in this case.
Interventions and Partnering:	Describe the interventions attempted with the perpetrator and the steps taken to partner with the adult survivor.
Next steps in the case:	Describe what happens next in the case.

3. Capacity building and organisational change

Influencing organisational practice change and capacity building is complex work and requires both a 'top down' and 'bottom up' approach involving individual workers, senior management and governance. Critical to the whole process is an authorising environment that supports not only the change but the workers or champions working towards the change.

It is a human right to live free from violence abuse and neglect - all agencies have a responsibility to support this.

- Start small.
- Set realistic and achievable targets that can be embedded into sustainable change in the long term.
- Work together with like-minded people who are equally committed to supporting organisational change and capacity building initiatives.

Some areas where you could start:

- Internal systems and processes (including recording systems).
- Multi-agency initiatives.
- Develop shared language to communicate issues with other services.
- Training opportunities.
- Supporting strong leaders who will champion change.

Key strategies to influence practice change and capacity building are outlined in the *ESTIE Practice Guide* page 63.

Endnotes

1. Coercive control refers to a pattern of physical and/or non-physical actions taken by perpetrators, that are intended to intimidate and manipulate both adult and child victim/survivors, through tactics such as threatened or actual violence, isolation, emotional and/or financial abuse, suicide or suicidal threats, and micromanagement (such as constant surveillance). Coercive control instils significant levels of fear that constrain the behaviour of victim/survivors, undermining their liberty, self-determination, and choices.
2. The Safe & Together *Perpetrator Mapping Tool* is copyright and available to those who have completed the Safe & Together training.
3. The Safe & Together *Mapping Survivor's Protective Capacities Tool* is copyright and available to those who have completed the Safe & Together training.
4. The questions below are drawn from the Strong Aboriginal Men Program run by the NSW Health Education Centre Against Violence.
5. Workers with appropriate training and who work with children and young people as part of their scope of practice should talk with a child or young person about their experiences of DFV when it is safe to do so.
6. The *Safe & Together Intersections Meeting (STIM) Guide* is copyright and available to those who have completed the Safe & Together training.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