



CHRISTIE Practice Guide:

Keeping children and young people who have experienced domestic, family and sexual violence at the centre of the service response.

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*A GUIDE TO
ENGAGING FAMILIES*

Developed by



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Project Management



Acknowledgement of Country

The CHRISTIE Project team and participants 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 CHRISTIE 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.

Acknowledgements

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Introduction

Who is this guide for?

This practice guide has been developed to support practitioners working with families who are experiencing domestic and family violence at the intersections of alcohol and other drug use, mental health issues and child protection concerns. The guide draws on the findings from the *CHRISTIE* project - *Collaboration to Harness Research Involving Safe & Together: Inquiry and Evidence*^{*} as well as the principles and critical components of the Safe & Together™ Model[†]. This guide:

- Focuses on practices that place children at the centre of the service response.
- Provides guidance on how to work with families – including how to engage, assess and respond, with foundational information about centering children and young people, engagement questions, practice tips and stories from practice.

Components of the guide

The guide has 4 key areas that are interwoven throughout the document. These include:



Foundational
information



Practice
guidance



Engaging
questions



Stories from
practice

A note on language

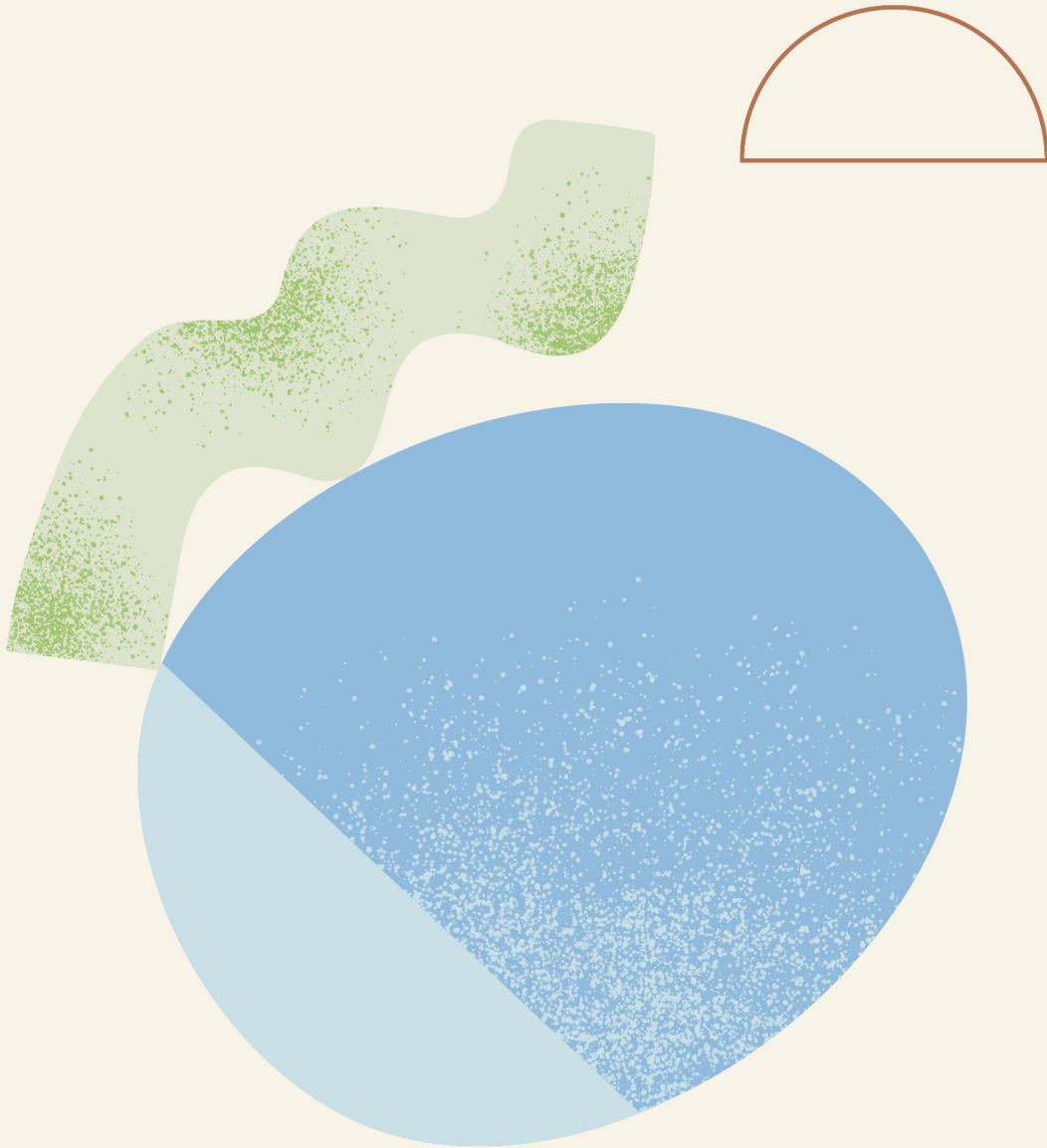
This guide uses language that reflects the gender-based nature of domestic, family and sexual violence (DFSV), however the authors acknowledge the many and multiple ways people of different genders, sexualities, abilities, and cultural backgrounds experience and perpetrate violence and abuse.

The term mother/carer is used to refer to the adult victim-survivor but is based on an understanding that the carer may be: a same sex parent (not the birth mother), a step-parent, a Kinship carer or an extended family member who has responsibility for the child/ren.

The term person using violence is used to refer to the offending parent or perpetrator of violence and abuse. This may be the mother/carer's: partner or ex-partner, father of the child/ren, step-parent of the children, or other harmful person in the family of any gender identity.

* <https://vawc.com.au/collaboration-to-harness-research-involving-safe-together-inquiry-and-evidence-christie/>

† <https://safeandtogetherinstitute.com>



SECTION ONE:

SHIFTING THE FOCUS

Repositioning children and young
people in service responses

1. Shifting the focus: Repositioning children and young people in service responses



Children and young people are affected differently by domestic, family and sexual violence (DFSV) – each child has their own unique experience and survives or manages their situation in their own way. For children and young people, an adult-centred system is often problematic: it either treats them as vulnerable, dependent, and having the same needs as their parent or carer, or it leaves them invisible in the service response. Repositioning children and young people in service responses will support you as a practitioner to see children in their own right, as well as in the context of the ‘whole family’. Child-centred work may require engaging parents, extended family members or other significant connections in addition to working directly with the child to build a network of safety around them.

“If we’re adult-facing services and we’re working with adults, so, mums and dads, we’re often not thinking about the children and young people, but it doesn’t mean that they’re not there....So, it’s almost like this deep dive into thinking about children and where are they in the space, because they are definitely around”

- Words from a practitioner.

Understanding how children experience DFSV



It is important for practitioners to understand the ways in which children and young people experience DFSV. This helps them identify how the person using violence impacts children and overall family functioning. Children and young people’s experience of DFSV may include:

- Being directly abused and threatened.
- Living in an atmosphere of fear and unpredictability.
- Being present when their mother or carer is being abused or harmed.
- Defending their mother/carer or siblings from the person using violence.
- Being drawn in by the person using violence to be part of the abuse.
- Being manipulated by the person using violence to exert control over other family members.
- Experiencing threats to or abuse of family pets and animals.
- Experiencing destruction of property.
- Being denied food, clothing, or medical care, especially as a way of punishing the victim-survivor.
- Being denied the right to culturally identify as aboriginal or torres strait islander by the person using violence, or being culturally excluded or denied access to culture.

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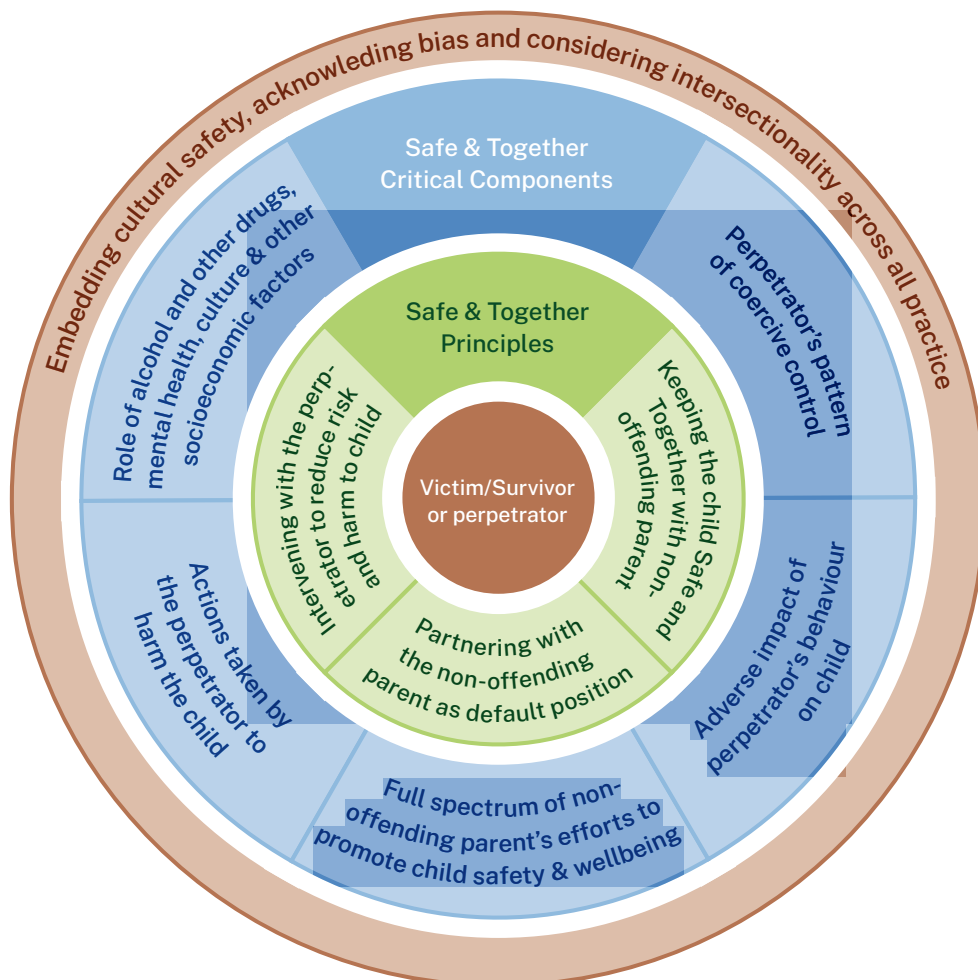
- Having social and emotional needs unmet through actions such as restricting access to peers, social activities and education.
- Experiencing neglect by either parent, particularly when the impacts of DFSV intersect with parental mental health issues or alcohol and other drug use.
- Moving away from the person using violence, with potential loss of connections with family, friends, school and other support networks.
- Being forced to have ongoing contact with the person using violence after separation.

How can Safe & Together support the work with children and young people?



The Safe & Together Model™ is an evidence-based framework that offers a shared language and practical tools to help practitioners make more informed decisions, collaborate more effectively across agencies, save valuable time, and ultimately keep children safe and together with their protective parent (usually their mother/carer).

The Model's Principles and Critical Components provide a foundation for service responses to children living with DFSV.

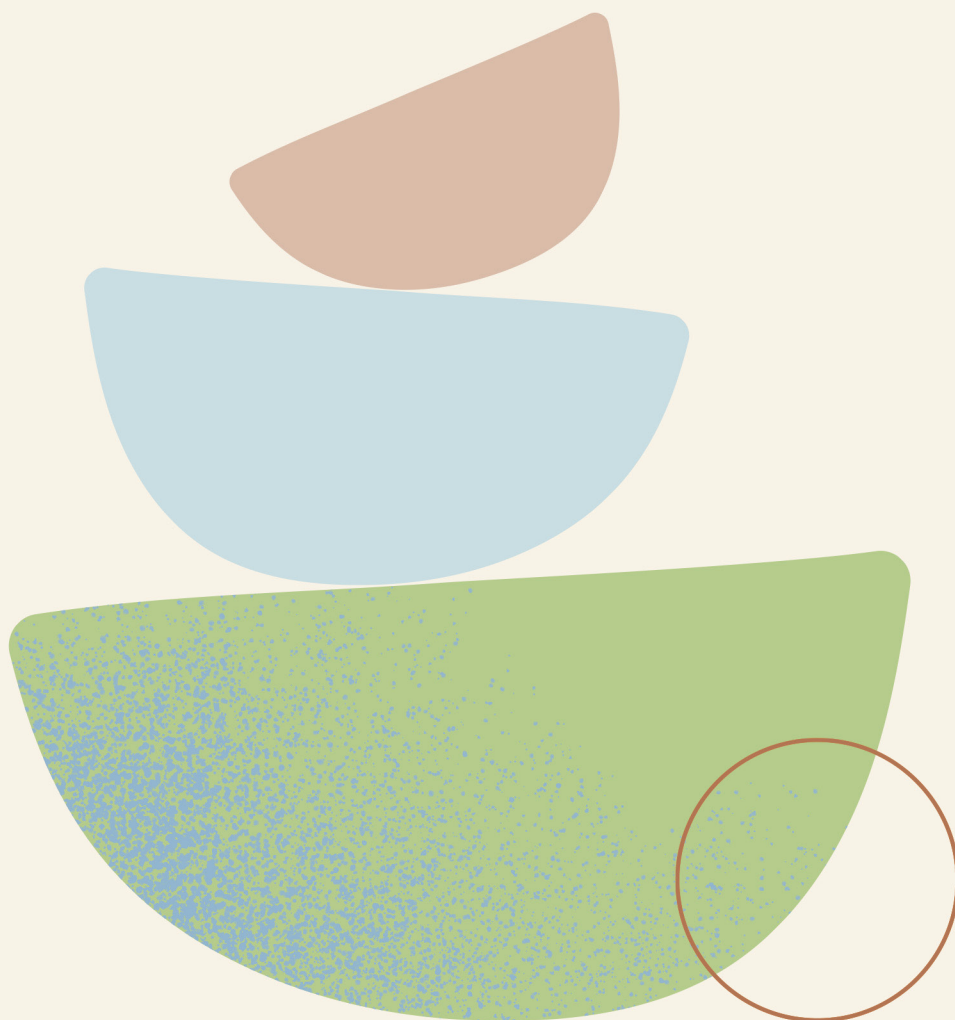




These are some key Safe & Together concepts that supported the work of CHRISTIE participants:

- Understand the use of violence as a parenting choice.
- Map the specific impacts of a person's pattern of harmful behaviour on each individual child or young person across all areas of each child's life.
- Partnering with the non-offending parent or carer. Identify and acknowledge their specific parenting strengths. Recognise the challenges they face in meeting basic needs and keeping routines while subject to violence, abuse, and control.
- Listen to children and young people. Recognise and assess their survival strategies, agency, and acts of resistance, as well as identifying harm to them.





SECTION

TWO:

***ENGAGING WITH
MOTHERS / CARERS***

so that the needs of children and young people are explored and heard

2. Engaging with mothers/carers so that the needs of children and young people are explored and heard



Partnering with mothers or carers is critical to engagement. The partnership can be built using respect and validation. It is important to acknowledge the mother/carers strengths and the specific ways they resist the violence and abuse. Make it clear that the person using violence is responsible for their behaviours and the harm they cause.

- When conducting an initial assessment with a mother/carer, include all children and young people connected to the family – those living in the household, step-children, relatives, or children removed from the parents' care or children not living with the mother/carer.
- Think about the child's needs and safety alongside the mother/carer's wellbeing throughout the assessment.
- Check whether any children are present and adapt your conversation to include them appropriately according to their developmental stage.
- Be curious about what children are doing – rather than naughtiness, is a 'difficult' behaviour a protective strategy or a response to trauma?
- Listen to children's perspectives and prioritise their safety. Ask children, in an age-appropriate way, how they are doing and what they need.

Story One: Assessing for safety

Jennifer's three children (aged 3, 8 and 12 years) are at childcare and school, and you are working with Jennifer alone for the assessment. Through validating, calm respectful listening, and asking about her parenting strengths to highlight protective factors, you take steps to partner with Jennifer in assessing the safety needs of herself and her children.



Engaging questions can include:

- What have the children been experiencing at home? How has the person using violence been treating them and you? (explore how each child in the family is treated).
- How do you think the children might be affected by this treatment?
- Are there any issues with the children getting to school, medical appointments, sport, or seeing their friends and family as a result of the actions of the person using violence?
- Have you noticed any changes in the children's behaviour, their health, or how they are feeling?
- Have they spoken with you about feeling unsafe, scared or worried?
- How do you think they have been coping with how their father/step-father/your new partner has been behaving or acting?
- Is there anyone else in your lives that might be making the children feel unsafe or worried?
- What have you and the children been doing to keep yourselves safe?

Story Two: Keeping a child focus when engaging with mum

Ashleigh and her 7-year old child Jo are attending your service. Jo is playing on her iPad in the corner of your office. It is important to recognise that Jo will hear and observe everything you say to her mother. How you interact with Ashleigh and Jo (either safely and calmly or authoritative and blaming) will influence their level of trust they both have with you as a practitioner.

Moving into a child-focused space, you acknowledge Jo, speaking to them both, letting them know it is safe for them to talk with you. Ashleigh can act as the broker to the conversation with Jo. You can use prompts and question statements throughout the conversation to ascertain Jo's needs and what is required to make them both feel safe.



Engaging questions can include:

- That looks interesting – what are you playing on your iPad? (or other 'getting to know you' questions.)*
- It is good to see you here with your mum. Do you know why you are here?
- We have been talking with your mum who has told us some of what has been happening at home. Can we help explain a bit more why you are here?
- How can we make you feel okay and safe while you are here?
- Do you want to talk about some of the things that might make you worried or scared?
- If you had a magic wand, I'm wondering if you had some ideas about what you would like to see happen for you and your mum in the future?

Story Three: Engaging with infants in the room

Michael is 10 months old and clinging to his mother Sally while you are conducting an initial assessment in your office. It is critical to make sure both Sally and Michael feel safe as an infant can be very tuned into their mother's emotions and unspoken communication. Children's perceptions of an adults' thoughts and feelings provide them with important information about how they themselves should react to their circumstances, even when very young. Partnering with a calm, validating and safe engaging space for both the Sally and Michael is critical. Showing support to the Sally will go a long way to support Michael. You can engage with Michael with a calm soft voice and curious tone, introducing yourself and letting him know he is important. Deciding with Sally what is alright to talk about without her getting upset so that Michael doesn't become unsettled is helpful.



Initial questions might include:

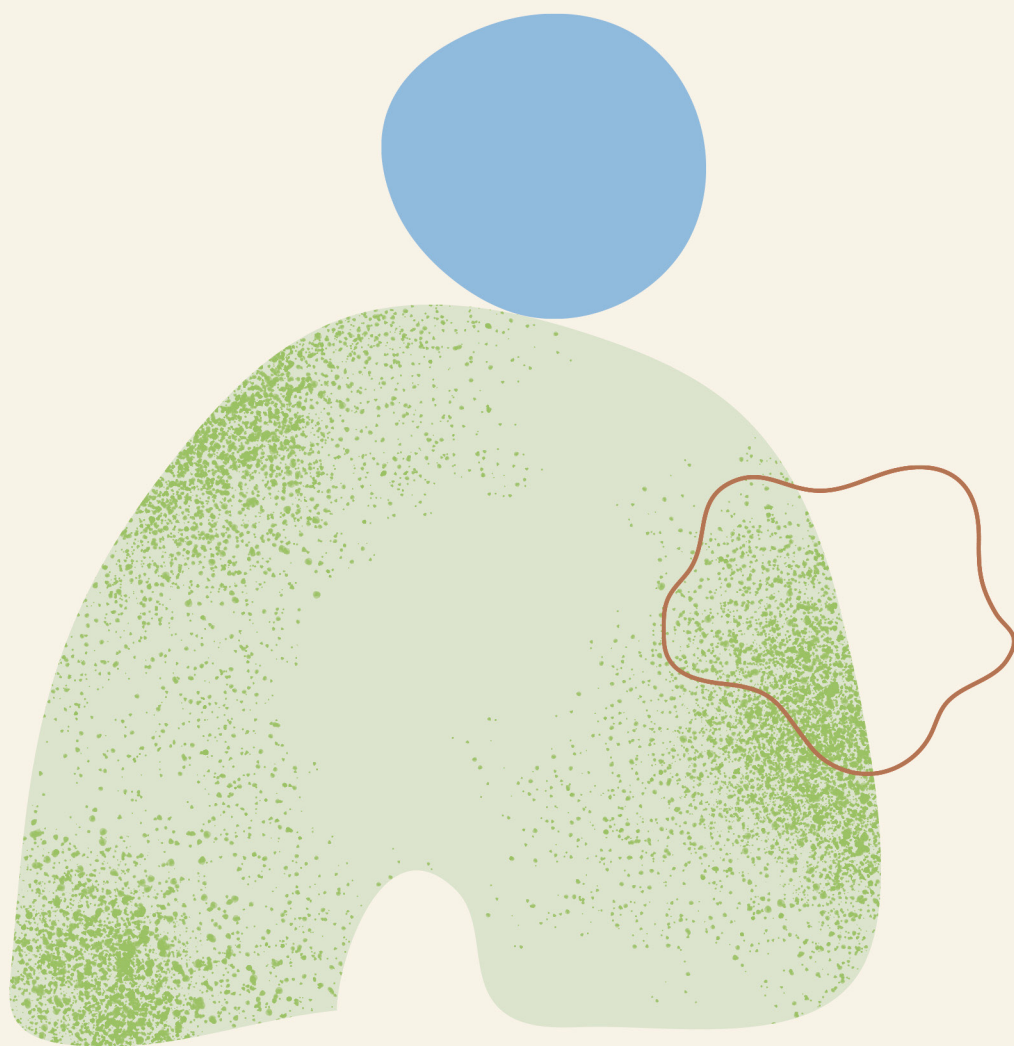
- How can we support you with Michael right now? (considering where he is up to in his routine and what he might need at this time – feeding or settling for example).
- What are Michael's favourite things? This can be a prompt to invite Sally and you as a practitioner in to consider Michael's voice.
- If Michael could describe you in one word, what do you think he would say?
- Can you let us know what you are comfortable to talk about whilst you are holding Michael so that he doesn't become unsettled?
- How can we make Michael feel safe whilst you are here with us in the office? It is important to us that you both feel safe.

* Further ideas for what to say to children and young people can be found in section 3.



Story from Practice: In-take processes

The service (a women and children's refuge) initiated a child-focused intake process alongside the adult-focused intake. This involved direct conversations with the children including an age-appropriate explanation of domestic violence and what the refuge is. Practitioners reflected on having meaningful conversations with children and interrupting manipulation from perpetrators who often spoke negatively about refuges. The practitioners reflected that "children have amazing insights and they know a lot more than they're letting on".



**SECTION
THREE:**

**ENGAGING WITH
CHILDREN AND YOUNG
PEOPLE DIRECTLY**

3. Engaging with children and young people directly

Not being afraid of exposing the children to too much through asking questions or exploring their experiences – “the dad brought the child into the world of violence already”

- Words from David Mandel, the Safe & Together Institute.



Many practitioners in adult-facing services feel nervous or underequipped to respond to children and young people. It is important to recognise that we learn about children’s experiences and needs by observing their indirect communication through non-verbal behaviour, as well as by listening to their voices directly.

Here are some strategies for initial engagement with children and young people.

- Establish open communication and be ready to listen and answer questions.
- Be confident and calm to develop trust and recognise that this takes time.
- Model kindness and respect. Offer flexibility and choice where possible.
- Share information about yourself to help children open up about themselves.
- Communicate with language and concepts that are at an age-appropriate level. It can be helpful to use the language that the child uses themselves while also seeking to understand their lives in the context of their families and the complex issues they face.

For young children:

You said that things were "kinda scary" a while back. What happens when things get "kinda scary"?

For adolescents:

You said there were big dramas a while back, what do "big dramas" look like in your home?

- Have a wide variety of resources to support children’s communication – pens, crayons, stickers, soft toys, blocks, paints, games and activities for older children, and potentially an iPad.
- Validate children’s feelings, worries and concerns, letting them know that these concerns are important and they matter. Use scaffolding (guiding) questions (see examples below) rather than just open-ended questions. Engage with age appropriate resources such as feelings cards available to support identification of feelings.
- Ask scaffolding questions about what children are doing, and how they see the world and understand the violence and abuse, to understand how the DFSV impacts them and influences their behaviour
- Reaffirm it that it was the choice of the person using violence to act hurtfully– it is never the child or mother’s fault.
- Reassure the child or young person that they have done the right thing by telling you about the violence and abuse.

- Normalise the child's experiences and let them know that they aren't alone, naming that other children have had the experience too, and you have worked with other young people in similar positions. It is important to contextualise the child's thoughts and feelings as normal/ making sense given their experiences.
- Reassure the child about confidentiality and being open about information-sharing protocols to address fears that what they say could get back to their mum or dad.
- Be mindful to not pressure the child to open up immediately and reassure them that they can take their time and only share what they want to with you right now.



Engaging questions

You can start the conversation with a child or young person very broadly (at a developmentally age appropriate level), to begin the engagement process, asking them curious questions about: their age, their family, who are their friends, what they like, what they don't like, what school/kindy they go to, do they play sport, do they have a favourite toy/game? You can also let them know that you care about them and want to listen to the important things they have to say. It is important not to make assumptions about the child's relationship with the person using violence, but rather, be curious about the relationship. When you feel some trust and rapport has been developed, the following questions will support your assessment:

- What is your relationship with your dad like?
- When did you last see him? How was that for you?
- What is your relationship with your mum like?
- What are the things that worry you or make you feel scared or unsafe?
- How can we make you feel safe?
- How can we make you feel okay while we are talking together?
- Curious questions – e.g., What happens if you refuse to do an activity with dad? What happens if you aren't smiling and happy when you see dad? What happens if you don't swear at mum like dad tells you to?

Scaffolding (guiding) questions to help kids reflect and answer

Example 1: Providing an example of a basic communication strategy, asking for reflective feedback:

I'm not sure how it feels for you. Some kids tell me they feel confused because mum says one thing and dad says another. I could be wrong, but does it feel like that for you?

I've talked with lots of kids who have been through similar things. I know you might feel lots of different things - angry, scared, confused, sad. Do you think you feel any of those things, or have you got another word you would use to describe how you feel?

Example 2: Providing options to help children reflect and identify



Ideas for engaging and supporting children and young people

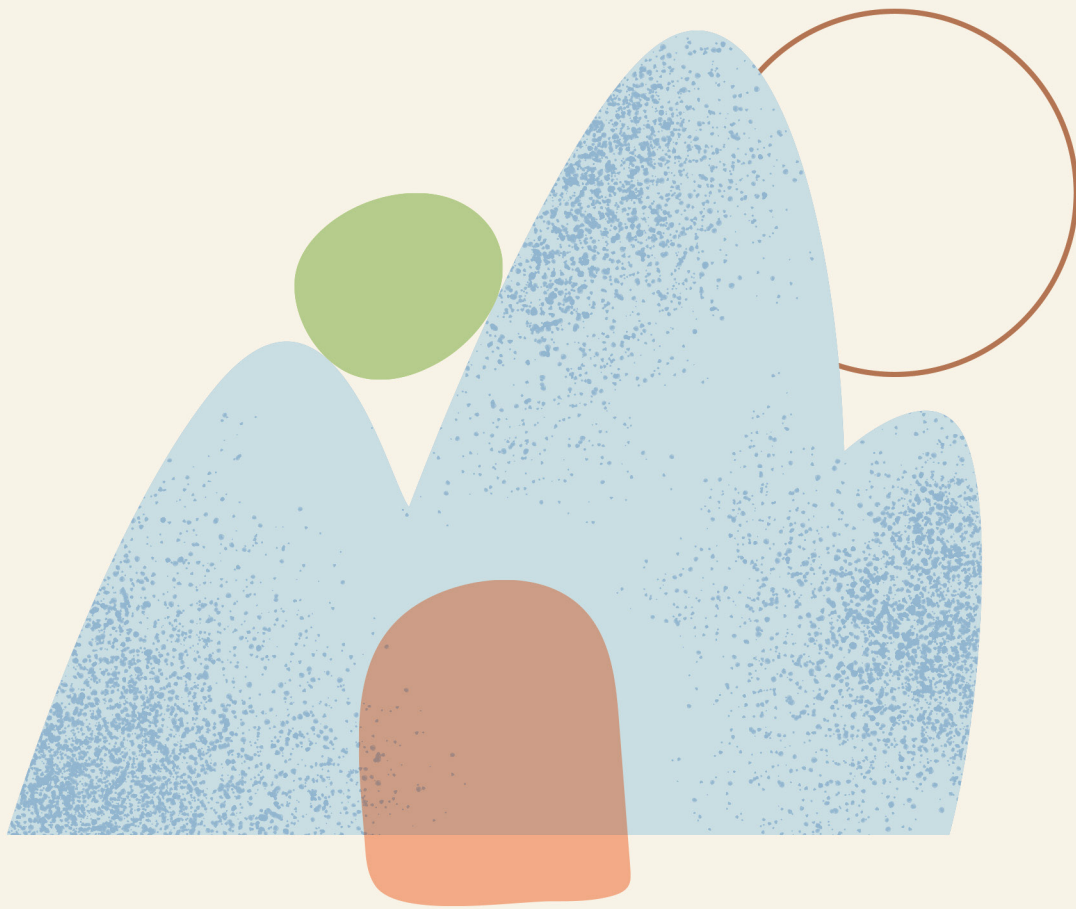
- Child-focused intake alongside adult-focused intake processes- direct conversations with children, and age-appropriate explanations using the child's own language for DFSV.
- Get to know infants when meeting with their mother/carer.
- Meet children at school and provide outreach to engage adolescents attending high school.
- Do art-based or other appealing and engaging activities with children to build rapport.
- Help children who live with or have ongoing contact with a person who uses violence to articulate their experiences and express what they want and how they can be safe.
- Support children's significant relationships to protect their long-term well-being, such as friendships, sibling contact and access to pets, identifying these as protective factors.
- Discuss the Safe & Together concepts with young people to help them understand and make sense of their experiences. For example: *I know you said mum has been drinking more. How have things been with dad recently? Do you think these are connected?*



Acknowledging children's resistance

Like adults, children are competent at making choices at their level of understanding, and acting to resist or cope with abuse and protect other family members. A growing body of literature explores children's agency and the strategies they use to prevent violence happening or escalating, and to keep themselves and others safe.

It is important to explore children and young people's agency, strengths, resistance, and coping strategies in the assessment process.



SECTION

FOUR:

**ENGAGING WITH
THE PERSON USING
VIOLENCE**

4. Engaging with the person using violence

Working with the person using violence requires a unique set of skills, professional approach and training in specific engagement with a user of violence to avoid collusion and maintain safety. More detailed guidance on how to work with those using violence can be found in the *Invisible Practices Working with fathers who use violence: PRACTICE GUIDE*.*

To establish rapport with the person using violence, never excuse his use of violence, but interact with compassion. Be direct but do not shame him. The conversation may need to encompass the 'harm to himself' through his own life experiences, but also needs to be able to consider how he has caused 'harm to others'. A collusive conversation holds only the first dimension, whereas a compassionate conversation holds both dimensions.

It is important not to engage in a power struggle. Be prepared with safety protocols in place.

When engaging with people who use violence, it is important to always remember and keep at the centre of your response that **domestic and family violence perpetration is a parenting choice**. If you can, connect with them about how their actions impact their child/ren and family functioning. The aim is to start to encourage the person using violence to think about the impact of his pattern of behaviour on the whole of the family. Demonstrate high parenting and behavioural expectations and be clear that abuse is not acceptable. This keeps conversations focused on making behavioural changes to become a better father.

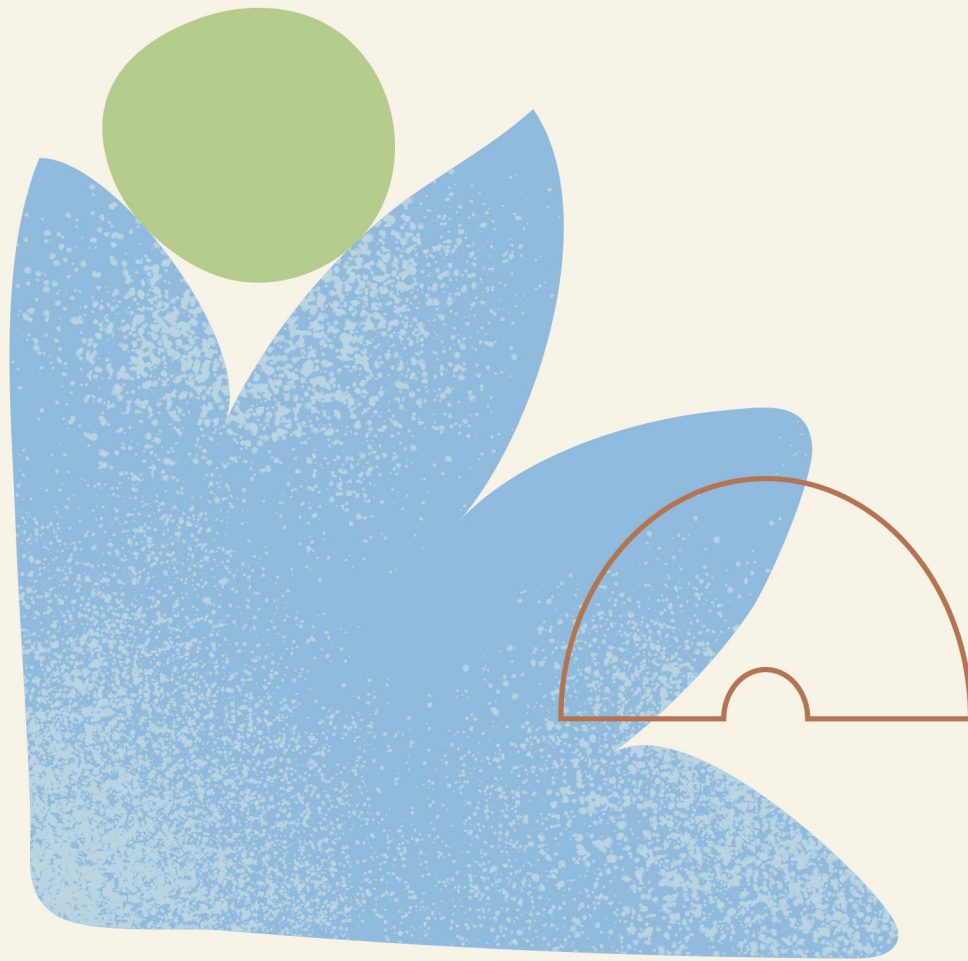


Engaging questions may include:

- What kind of father do you want to be?
- What kind of relationship do you want with your children?
- What do you want your children to think about you?
- I know you said it's important your kids respect you. How do you think they would experience your behaviour right now?

If you are not sure about how to engage with a person using violence, reach out to services who are specialists in this area of work. It is critical to share knowledge and gain insight from those who are experts in the work. Set up relationships with practitioners who are working with men who use violence and ask their advice. Referrals to Men's Behaviour Change (MBC) and specialist programs are essential, and these services need to liaise with professionals working with the mother/carer and her children to be aware of what is happening from their perspective.

* <https://www.anrows.org.au/project/invisible-practices-intervention-with-fathers-who-use-violence/>



SECTION FIVE:

ASSESSING THE IMPACT

of the person using violence on
children and on family functioning:
connecting the dots

5. Assessing the impact of the person using violence on children and on family functioning: connecting the dots



The Safe & Together mapping tool can support you as a practitioner to identify the person using violence's pattern of abusive and harmful behaviours and the impacts this has on each member of the family as well as on overall family functioning. It is critical to understand the intersectional context for each family and to remember that each individual child and their unique needs must be considered in the assessment and mapping process. Here are some areas to explore with victim-survivors that go beyond physical, emotional or sexual abuse to family functioning.

Exploratory question	Example of the harm
<i>Are the behaviours of the person using violence causing financial insecurity?</i>	Draining mother/carer's finances through legal processes, refusing to pay for basic expenses such as child support or cover the cost of food/health needs.
<i>Is the person using violence creating housing instability for the family?</i>	Refusing to pay rent, registering the rental property in the mother/carer's name so that if damage is done to the property there is risk of homelessness, forcing the family to move frequently.
<i>Does the person using violence use alcohol or other drugs to intimidate or control family members, or do they control the mother/carer's use or attempts to stop using (substance use coercion)? What impact does this have on family functioning?</i>	Not having meals ready, not being able to get the child/ren to school or activities, creating an environment where the child does not want to have friends over to their house.
<i>Does the person using violence undermine the children's relationship with their mother/carer (usually a protective relationship)?</i>	Disrupting attachment (physically removing the child if they are very young, or interrupting breastfeeding), destroying trust, undermining the mother/carer's authority, encouraging behaviours that are directly harmful to the mother/carer.
<i>Does the person using violence undermine relationships between siblings?</i>	Favouritism, actively creating rifts between siblings (splitting).
<i>Is the person using violence isolating different members of the family? What impact does this have on the child/ren?</i>	Isolating children from grandparents, aunties, uncles, extended family and friends, or cultural and Kinship ties and relationships.
<i>Is the person using violence disrupting their children's education?</i>	The children struggling at school because they cannot regulate their response to trauma, school absences, moving schools, preventing access to daycare, disrupting involvement in extra-curricular activities.
<i>Does the person using violence disrupt or sabotage their children's access to mental health/disability/health and developmental support?</i>	If the child does access these services, does the person using violence look after their child or attend appointments with them?
<i>Is the person using violence weaponising contact arrangements following separation?</i>	Denying the mother/carer contact visits, making unachievable demands for visits, using the children as a weapon to continue the abuse, denying children medications during visits or interrupting routines so they return to the mother/carer unwell or dysregulated.



Using the Safe & Together Mapping Tool to focus on children and young people

The Safe & Together Mapping Tool* is a powerful way to identify and document patterns of harm and their impacts on children and young people. It can be used in discussions with children and young people themselves, their mothers/carers, or with other professionals. Here are some examples:

- Use the Mapping Tool to guide your questions with the intention of exploring and understanding the context of children's lives, regardless of whether your service is adult or child focused.
- Use the Mapping Tool directly with children and young people to help them understand the DFSV and the impacts on their mother/carer, and their siblings, and help them to create a narrative of their experience.
- Use the Mapping Tool to map patterns of violent and abusive behaviour by or on extended family members, including other children and young people in the broader family.
- Support the mother/carer to use a documented version of the Mapping Tool to advocate for themselves and their children.
- Incorporate the Mapping Tool domains into organisational documentation templates, including electronic records, to record information about individual children in one place.
- Share Mapping Tool documentation with other professionals who engage with children and young people, such as police, child protection workers, Independent Children's Lawyers, health professionals, to provide information and context for decision-making.

The Perpetrator Pattern Mapping Tool

The Safe & Together Institute *Perpetrator Pattern Mapping Tool* guides workers through a series of assessment domains to establish a comprehensive picture of the tactics used by perpetrators to exert power and control over the victim/survivor and their children. This involves detailing the specific behaviours used by the perpetrator to cause harm and their specific impacts on children, young people adults and family functioning. With support, the tool can also be used by victim-survivors.

Step 1: Identify the perpetrator's pattern of coercive control and actions taken to harm the victim-survivor and their children

Step 2: Map the perpetrator's pattern onto the child and family functioning

Step 3: Map the perpetrator's pattern onto the adult victim-survivor's strengths

Step 4: Map the perpetrator's pattern onto intersectionality, and other contextual factors

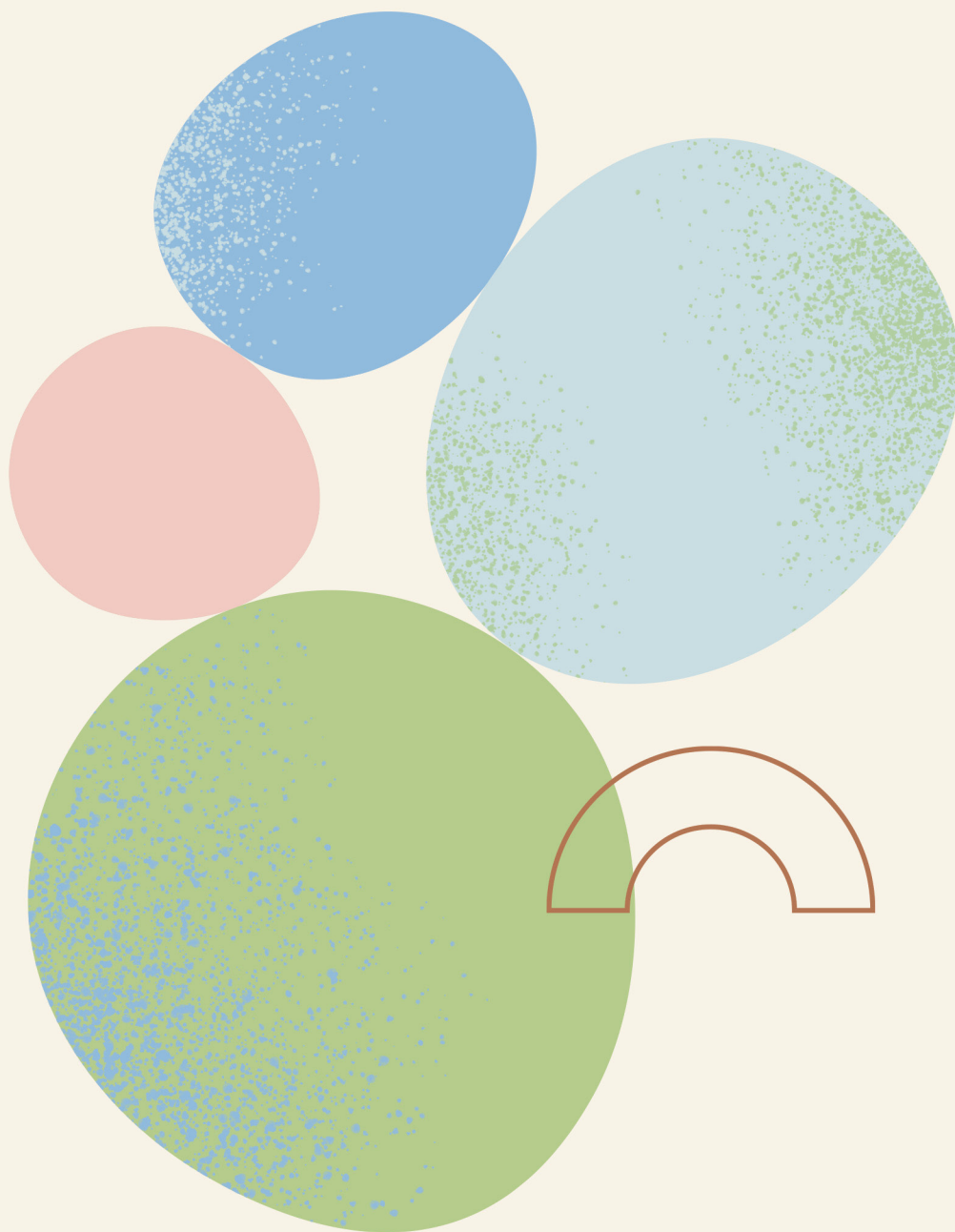
Step 5: Consider implications for practice

* The Mapping Tool is copyright, and available at <https://safeandtogetherinstitute.com/perpetrator-pattern-mapping-tool>.



Story from practice: Identifying the pathways to harm

A practitioner working with a family found that the children were not attending school – identifying this as a child protection concern. Using the Mapping Tool as a guide for understanding what was happening in the family and the contextual factors, the practitioners discovered that the reason for this was not maternal neglect, but a past experience when their father had picked the children up, forced them into the car, and driven dangerously while threatening their mother by phone that he would hurt the children. The real source of harm to the children, and why they weren't attending school, was rightly attributed to the actions of the person using violence.



SECTION SIX:

RESPONDING

Tips for making children central
to your service response

6. Responding: Tips for making children central to your service response



Tips for individual practitioners

The following strategies were developed by practitioners participating in the CHRISTIE project to keep children at the centre of their responses.

- Change referral forms to capture patterns of behaviour of the person using violence and the impact on child and family functioning.
- Change language in child protection helpline reports and other written reports for statutory child protection to include more specific detail on the pattern of harm to children.
- In assessments, ask specifically about impacts on children, and how they cope with what is happening.
- Work with Kinship networks – talk with grandparents, carers, extended family, and siblings to explore the context of a child’s life, discovering both protective and risk factors for the child.
- Focus specifically on children and young people in professional supervision.
- Exchange information with other professionals under the authority of chapter 16A of the NSW Children and Young Persons (Care and Protection) Act 1998*.
- Advocate for children, young people and their families to statutory child protection (DCJ), Safety Action Meetings (SAM) and the Family Court, using information captured in assessment and other documentation.
- Assist the mother or carer with parenting strategies or support.
- Run education sessions about the impacts of DFSV on children and young people for local GPs and other health providers who treat children.

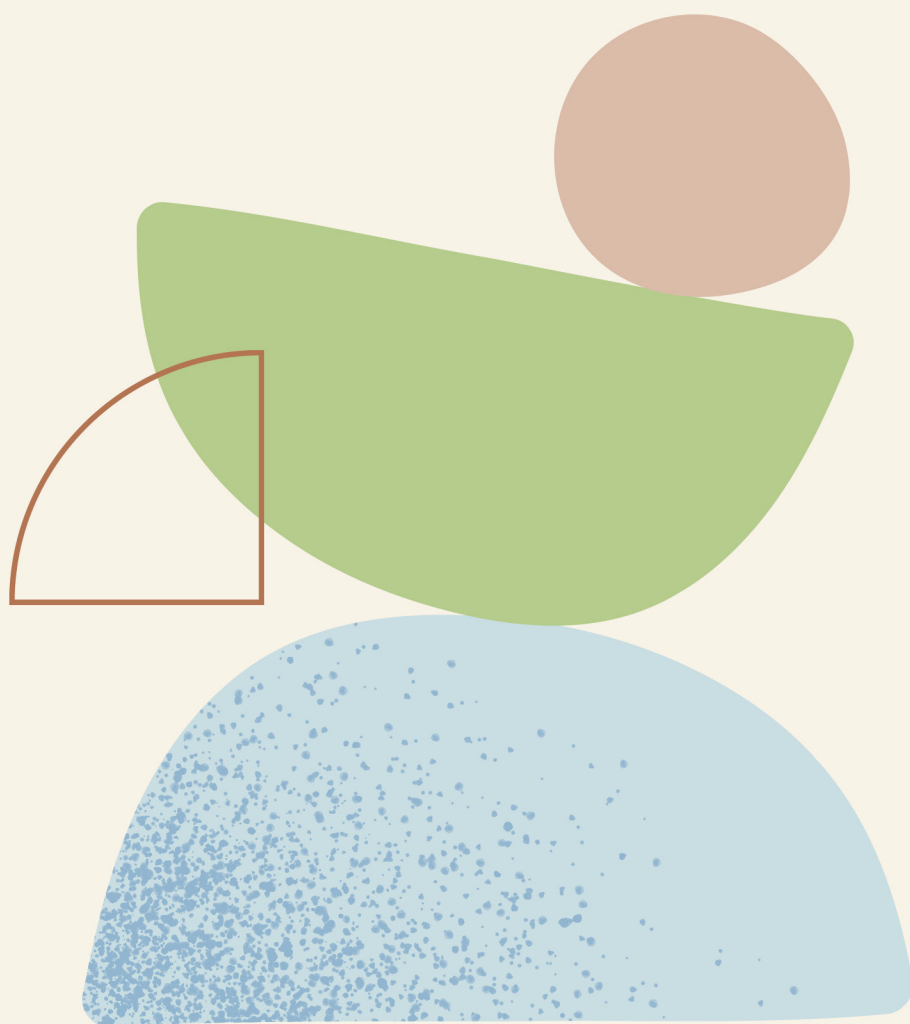


Tips for organisations

These are some ways to change the service response at an organisational level to include children and young people.

- Make practitioner working hours flexible so that seeing children who are at school/childcare is possible. Being available after hours to support working mothers/carers is also important.
- Having flexible criteria to allow for engagement. For example, it being alright for someone to miss a session, offering phone/text support for adolescents, encouraging outreach practices or more creative engagement strategies.
- Create a calm, welcoming and inclusive environment that helps children of all abilities and stages of development to feel comfortable.
- Display meaningful signs, posters and other objects around the workplace to show your organisation is child-friendly.
- Ensure organisational policies and procedures have a trauma and violence informed, intersectional underpinning to respond appropriately to children and young people.
- Arrange spaces focussed on the interests of children of different ages (e.g. drawing table, children’s television, spaces for teenagers).

* <https://education.nsw.gov.au/early-childhood-education/regulation-and-compliance/information-sharing-under-chapter-16a>



SECTION SEVEN:

REFLEXIVE PRACTICE

for working with families
who experience DFSV

7. Reflexive practice for working with families who experience DFSV



As a practitioner, it is important that your practice with families is trauma and violence informed and is underpinned by an intersectional lens. **Critical reflection, reflexive practice and supervision are key strategies to help you partner with mother/carers and their children and to avoid collusion with the person using violence whilst maintaining safety.**

Being mindful of our unconscious bias



Unconscious or hidden bias refers to our attitudes and patterns of perceptions that are held subconsciously. Similar to stereotyping, these automatic

associations can lead to assumptions that are not always accurate and can have a detrimental impact on our professional engagement with families and subsequent decision-making. Being aware of and challenging these assumptions is critical for good practice. Ask yourself these questions and explore them in supervision to challenge your unconscious bias and explore how it might be affecting your work with families:



- Do I feel judgemental or hostile to a particular client, or do I have an unusual soft spot for them?
- Why is this, where has the bias come from?
- Thinking about risk – am I 'sharing the risk', am I overstating the risks involved, am I missing key information about family members?
- What does this mean for how I am engaging with this client and doing an assessment?

Being open about the role of statutory child protection services with families

It is critical that as a practitioner you are aware of child protection reporting practices such as mandatory reporting. This will often have an impact on how you engage with mothers/carers and children. When thinking about the intersection with child protection:



- Do not promise things you cannot deliver.
- Be open and direct about your responsibility to notify child protection if a child is at risk.
- Use possible child protection involvement as an opportunity for partnering with a mother/carer. For example, discuss how to tell child protection that the person using violence is the source of risk, so that the family is assisted.

Ask – what do you need to do to get child protection off your back and how can I help?

- Ensure that any mapping you do is communicated to child protection services and that your documentation reflects the person using violence as the source of harm.

Intersectionality



Unconscious A further consideration for practice is to recognise how structural power imbalances and disadvantage affect families. Different identities (such as race, gender, class, or sexual orientation) intersect and interact with each other to create unique and complex forms of privilege and oppression (intersectionality). As a practitioner it is difficult to try and explore all of these domains in each assessment. What is critical is sitting in a place of intersectional humility. This means remembering that some groups experience higher rates and/or more severe forms of violence, or face barriers to support and safety that others do not experience, and recognising that as a practitioner you cannot be aware of every possibility. Remember that victim-survivors (child and adult) are the experts in their own risk and safety.



Seek to understand the following:

Is the family affected by the ongoing impacts of colonisation, systemic racism and discrimination, social inequality, intergenerational grief and trauma, and child removal?

e.g. a white user of violence threatens to call the police on his First Nations partner, exploiting her legitimate fears of police racism, including misidentification, incarceration, child removal, and racist responses.

*Are the options available to **migrant and refugee** victim-survivors and their children more tightly circumscribed due to visas being dependent on their abusive partner?*

e.g. a user of violence refuses to allow his partner to use interpreter services for the children's medical appointments, making himself the interpreter to maintain control.

*What are the additional challenges faced by **women with disabilities** and their children?*

e.g., the victim-survivor cannot drive a car and depends on the person using violence to take her and her children to appointments, to buy groceries and attend school or extra-curricular activities.

*What are the extra forms of pressure experienced by those from the **LGBTBIQ+ community**?*

e.g. a person using violence threatens to publicise a child or adult victim-survivor's gender, sexuality, HIV status or intersex status, or pressures them to conform to gender norms.

*What additional barriers do **older people** face due to their age in accessing support and services?*

e.g. A victim-survivor has lived with DFSV from her husband and her adult children for decades and feels ashamed, guilty and scared of asking for support, believing that her experience was normal. When she does approach a service, the worker assumes that her children are doing their best to look after her and that her judgement is faulty due to her age.

*What additional risks are faced by those **living in regional, rural and remote areas**, such as geographic isolation, small communities, limited access to DFSV services, non-existent public transport?*

e.g. A mother and her children are isolated in a remote farmhouse due to her husband forbidding her use of the car. When he threatens her with a firearm, there are no neighbours to raise the alarm, and the police response is an hour away.

Creating a culture of care – professional supervision and teamwork

A 'culture of care' comprises:

1. An authorising environment where organisational leaders actively support staff, prioritise their safety, and understand how perpetrators use patterns of abuse and coercive control.
2. Flexible responses from managers and organisations to worker's concerns.
3. Clinical and Cultural supervision with a focus on intersectional humility and supportive debriefing to sustain worker wellbeing.



Supervision and continuing professional development, preferably in a supportive group context with other practitioners, is something to be prioritised. A 'culture of care' offers a chance to be vulnerable, to discuss emotional needs, to plan, reflect and debrief, and to gain an understanding of the frameworks and operational constraints faced by practitioners in other services. A 'culture of care' reduces workers' feelings of individual responsibility through a focus on organisational responsibility, collaboration and mutual support, and is key for supportive and reflective practice.



