

Evidence Brief #3

Translating evidence to inform policy and practice in the health sector.

#3

Translating evidence of all-of-family responses for domestic abuse and family violence: Implications across sectors

The Safer Families Centre researches and collaborates to transform the health sector response to domestic abuse and family violence (DAFV).

The universal health system is the most common point of access for individuals and families with referrals to early intervention, response or recovery and healing services and then back to universal services. There is no linear progression towards help, instead it is a winding journey through a network of universal and specialist services. This brief summarises lessons learnt about all-of-family approaches to DAFV in the context of the Victorian service system. Strong connections and collaboration are essential for all parts of the system to contribute to supporting any member of a family affected by DAFV.

With a focus on Australian research, and evidence developed through Safer Families Centre projects, this brief:

- describes the impacts of DAFV on children and their family relationships
- identifies barriers to effective responses in the Victorian service system
- outlines key practice principles for an all-of-family approach
- proposes key components of a service system that supports all-of-family approaches to DAFV
- calls on the government to consider recommendations relating to programs aimed at parenting in the context of DAFV

DAFV is not only physical; it can be sexual, emotional, psychological, social, cultural, financial, spiritual. This abuse can be in person or technology facilitated.

This brief should be read in conjunction with Evidence brief #1: 'Intimate partner violence in the first decade of motherhood' and Evidence brief #2: 'Identifying and responding to domestic abuse and family violence', in the series; 'Translating evidence to inform policy and practice in the sector'.¹

All-of-family approaches

An all-of-family approach engages with all family members and considers each individual's needs and behaviours in the context of the family with a particular emphasis on addressing parenting issues. Unlike family therapy approaches, family members are engaged separately where safety is an issue.

All-of-family approaches promote healthy family functioning by seeking to work with family members, either individually, in dyads, or all together within a family context focused on the parenting of the children.

Key practice principles

A responsive service system involves all services and organisations working together to:

Focus on the behaviour of men who use DAFV and its impacts

Support and collaborate with mothers to promote safety

Expect the same standards of parenting and co-parenting from fathers, mothers and other primary care givers

Keep children safe, and where possible, together with a protective parent

Recognise and harness the power of informal support networks

2023 Recommended System Changes

The **World Health Organisation** calls for systems change to strengthen the health sector as a crucial gateway to care, recovery and healing for women and children facing DAFV. Australia's National Plan to End Violence Against Women and Children 2022 - 2032 emphasises recognition and response to children in their own right, holding perpetrators to account and partnership across sectors as part of a holistic, coordinated and integrated person-centred response to violence against women.

The **Safer Families Centre** provides organisations with guidance, training and tools to transform the health system response to women and children impacted by DAFV so that they have access to culturally and emotionally safe pathways to healing and recovery.

Safer Families Centre recommends the following systems reforms:

Early engagement

Identify

- families early, and engage with them, while risks are likely to be less severe
- responses tailored to families' broader needs, going beyond a focus on safety and risk assessment
- culturally safe and holistic responses relevant to the specific communities where families live

Children's safety

Prioritise

- support for children to be active agents in decision making, ensuring agency and choice is appropriate for age and development stage
- support for parent-child relationship strengthening, recovery and healing, from infancy onwards
- cultural safety as a critical aspect of physical and emotional safety

Service viability and interconnection

Resource

- secure funding for relationship-based service responses
- services to provide adequate engagement and pre-program support for complex therapeutic programs
- collaborative practices between organisations and sectors (e.g. with mental health and alcohol and/or other drug services)
- information exchange and feedback loops to ensure accountability, monitor safe fathering, and support fathers to remain engaged in program responses

Strong and skilled workforce

Build

- foundational support from organisational management for a culture which improves practice and strengthens collaboration
- strong workforce skills in relation to DAFV, including work with perpetrators
- cultural competency as a core skill for all workers
- capacity in organisations and services to provide:
 - physical, psychological and cultural safety in the workplace,
 - provision of clinical supervision and support, and
 - policies promoting staff retention.

The domestic abuse problem in Australia

The lives of infants, children and young people are significantly affected by DAFV

DAFV affects all family members and there is growing evidence of a significant impact on children². Nearly 50% of women who have experienced DAFV had children in their care at the time of the violence³. More than one in three children experienced DAFV by the time they reach 10 years of age⁴.

The impact is variable. One-third of children living with DAFV are doing as well as other children when compared with community samples^{4,5}.

DAFV can compromise the mother-child relationship

- Fathers who use DAFV often directly attack the relationship between a mother and her child, through physical attacks, undermining their parenting or manipulating the children⁶.
- Aboriginal women may be particularly disadvantaged by lack of access to culturally safe services and fear of child removal⁷.

Strengthening the mother-child relationship is vital for children's protection and recovery. This involves attending to mothers' well-being as well as the mother-child bond.

DAFV damages fathering and father-child relationship

When a father uses DAFV in the home, the father-child relationship is damaged or destroyed, sometimes permanently⁸.

Evidence-based programs that help perpetrators recognise and address their behaviours as a parenting choice play an important role in a DAFV service system.

Co-parenting arrangements are sabotaged by DAFV

Fathers who use DAFV generally show little understanding of the impact. Post-separation, continuing father-child contact provides an opportunity for the father to continue abusive behaviour and undermine relationships, perpetuating the damage⁹.

Evidence-based programs that promote co-parenting, and consider both mothering and fathering, build safety and resilience for families.

Patterns of DAFV

- Predominantly involve a male perpetrator using violent, abusive and controlling behaviours towards a female victim survivor.
- Adversely affect children when a family member uses DAFV in the home.
- Occur across all genders and in all types of families: heterosexual, same sex couples and families with wider kinship networks.
- May be experienced differently depending upon gender, sexuality, race, and experiences of disadvantage and trauma.

Service system responses are still developing

Despite efforts in recent years to develop integrated responses to DAFV at all stages of the service pathway, barriers exist for families seeking effective help.

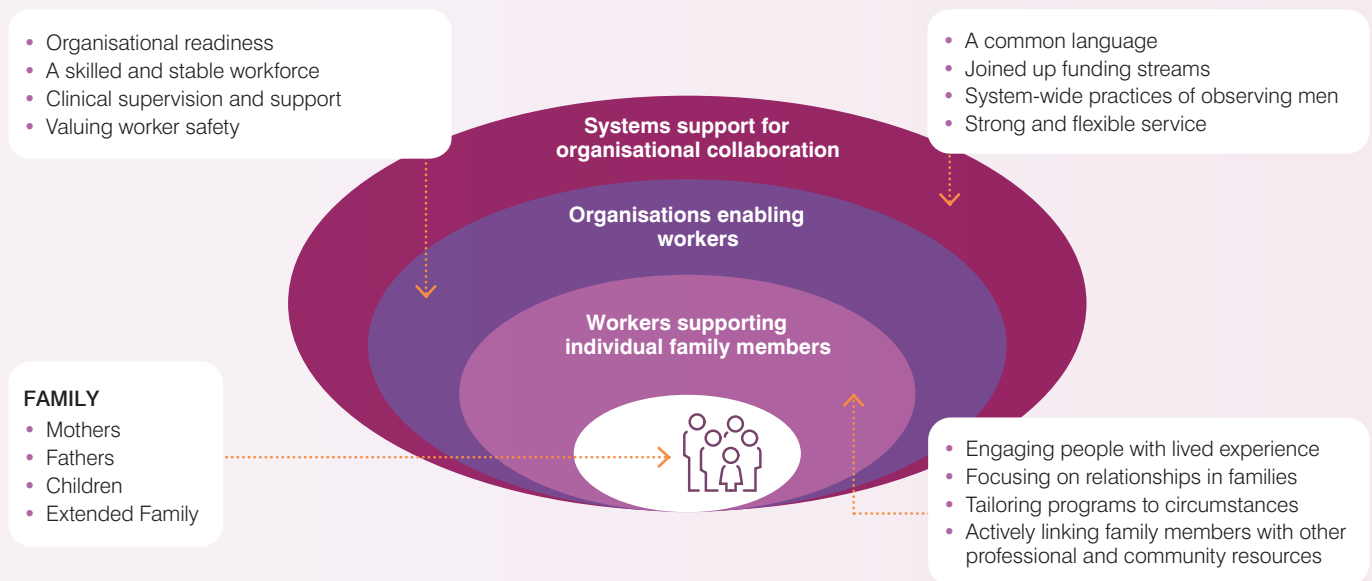
- Service systems structured in silos are difficult to navigate for families affected by DAFV.
- Integration between universal health services and DAFV specialist services is often poor with unclear referral pathways¹⁰.
- Survivors are not eligible for many DAFV services unless they have separated from the perpetrator, despite the risks of separation.
- Infants and children are often invisible as individuals with their own unique experiences of DAFV and related support needs^{8,11,12}.
- Cultural safety is often ignored by current service system responses.
- A narrow service focus on survivors/ perpetrators or adults/children often loses an all-of-family perspective on family functioning.

A service system to support an all-of-family approach to DAFV

Key Service System Components

The Safer Families Centre is evaluating evidence-based programs that address parenting to assist families living with or recovering from DAFV. This is in the context of current service reforms and the emphasis in Australian policy on evidence-based programs that address parenting to assist families living with or recovering from DAFV.

A synthesis of these individual program evaluations (listed on page 5), shows that program effectiveness involves both the quality of content and delivery as well as program integration into a wider service system that supports all-of-family approaches to addressing DAFV. The structure of this system, or authorising environment, is pivotal to service effectiveness and functions at several different levels.



Service System relationships that support all-of-family approaches

Key relationships in the service system

Between family members ↔

Affect individual risk or well-being

Frontline professionals ↔ family members they work with

Key to successful engagement

Organisations ↔ frontline professionals
Management expertise, organisational policy and procedures

Create the conditions for effective practice

Service system ↔ organisations part of system
System level policy, legislation, and organisational collaboration

Promote accountability and safety for families

Evaluation of evidence-based all-of-family programs

This summary outlines findings relating to program trials within the mainstream Victorian service system. Some of these programs have been developed and evaluated overseas, some are locally designed. A small number of families taking part were from backgrounds that are culturally and linguistically diverse, refugee or Aboriginal and Torres Strait Islander.

More detail can be found in the following paper at www.saferfamilies.org.au/discuss

Kertesz M, Humphreys C, MacMillan H, Brown S, Giallo R, Hooker L, Alisic E, Hegarty K, (2022) All-of-family responses to children, mothers and fathers accessing services for domestic and family violence in Victoria, Australia: Policy and Practice Discussion Paper. Safer Families Centre. University of Melbourne.

Family Foundations^{13,14} skills-based intervention for both parents targeting interparental conflict and parent functioning delivered in pregnancy and early postpartum.

Keeping Safe Together¹⁵ program for families living with DAFV who want to work to end the violence. Separate services were provided to each parent and the children as well as family group sessions, including counselling, case management support, education and linkages for all family members, with some co-location of staff.

Caring Dads⁸ manualised group program for fathers who have used violence in the home to help them develop skills in child-centred fathering and take responsibility for the impacts of their behaviour upon their children and their children's mother.

RECOVER Child-Parent Psychotherapy¹¹ relationship-based treatment for parents and young children who have been traumatised by violence, aiming to reduce child trauma symptoms and behavioural problems, and to support and strengthen the mother-child relationship.

Children and Mothers in Mind¹⁶ group program to strengthen the relationship between mothers and pre-school children who have experienced family violence in the past, including psycho-education, playgroup-based parenting support, brokerage and casework.

Safe & Together Addressing ComplexitY (STACY)^{17,18} practitioner and organisational capacity-building through the Safe & Together™ Model, to promote collaborative work across services for families living with DAFV as well as parental issues of mental health and alcohol and other drug use.

STACY for Children: Study 1¹² secondary analysis of STACY data with a focus on the needs and perspectives of children in families living with DAFV as well as parental issues of mental health and alcohol and other drug use.

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This evidence brief is a summary of key research undertaken by the team at the Safer Families Centre.

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