



# Foundational Theories and Knowledge Domestic and family violence Practice Paper

## 1. Introduction

This practice paper provides Department for Child Protection (DCP) practitioners with an understanding of domestic and family violence and the principles for intervention across all phases of work.

This practice paper is relevant to all DCP service delivery staff. For employee related domestic and family violence advice, refer to the [Domestic and family violence workplace procedure](#).

### 1.1 Defining domestic and family violence

Defining domestic and family violence is complex. The following definition is consistent with that used by the [National Plan to Reduce Violence against Women and their Children](#) (2010-2022) and is commonly used by government and non-government organisations:

*Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is coercive, controlling, violent and threatening. In most cases the violent behaviour is part of a range of tactics to exercise power and control over women and their children. Domestic violence may or may not involve physical violence or criminal offences.*

Domestic violence may include a range of tactics and behaviours such as physical, sexual, emotional, and psychological violence, and controlling or isolating the victim. It is important to note however that this definition does not encompass all violence that occurs in families as not all violence in families involves controlling or coercive behaviour.

The term 'family violence' is often used to identify the experiences of Aboriginal<sup>1</sup> people as it includes the broad range of intimate and kinship relationships in which violence may occur. Family violence involves the same sorts of behaviours as described for domestic violence.

Family violence for Aboriginal people is often conceptualised differently to the dominant Western discourse on domestic violence, and the concept of coercive control as a central element of domestic violence may not be reflective of family violence in Aboriginal communities. While the Western discourse largely identifies gendered power imbalances and attitudes rooted in patriarchal culture as primary causes of domestic and family violence, Aboriginal people may identify the causes of family violence to include the impacts of colonisation such as alcohol or other substance use, cultural disconnection, the loss of traditional gender roles, and intergenerational trauma.

In this practice paper, the term 'domestic and family violence' (DFV) will be used to reflect the range of violence experienced by victims and their children in the diverse families DCP works with.

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<sup>1</sup> When the term Aboriginal is used in this document, it should be read as inclusive of Torres Strait Islander people acknowledging that Torres Strait Islander people have a separate and distinct culture, identity and country to that of mainland Aboriginal peoples.



## 1.2 Gendered nature of DFV

Research indicates the majority of DFV is perpetrated by men against women and children. While there is evidence that both men and women use violence in their relationships, research has found that when violence is used by women this is more likely to be in self-defence or retaliation, and that men's violence against women is more likely to result in fear, physical injury and subsequent trauma. Further, men's use of violence against women is more likely to be part of a range of behaviours to control and dominate their partner (known as coercive control). All allegations of DFV, including allegations of mutual violence, must be carefully assessed to understand the pattern of violence and the roles fear, power and control play in the relationship.

It is acknowledged that DFV is also perpetrated in same-sex and gender diverse relationships.

This practice paper applies to intervention with victims and perpetrators of any sex or gender, and all family dynamics.

## 1.3 Intersectionality

Intersectionality describes how the interconnections between gender, race, disability and other social dynamics affect DFV perpetration, victimisation and outcomes. It is important to understand that certain sub-populations of women face a greater risk of experiencing DFV, including Aboriginal women, women with disabilities and women from culturally and linguistically diverse (CALD) backgrounds/communities.

Many families that come to the attention of child protection services experience multiple layers of disadvantage including racial, social and financial issues, mental illness, disability and trauma.

Understanding how these impact the experiences of both victims and perpetrators of DFV is critical in ensuring effective assessment and intervention.

Intersectionality involves recognising how multiple layers of disadvantage impact the extent to which certain groups experience DFV and the vulnerability of individual victims. Some victims may be further disadvantaged by responses from the legal and child protection systems, or through a lack of access to other support systems (such as a lack of culturally appropriate services).

### INTRODUCTION – KEY POINTS

DFV is any violent or abusive behaviour that occurs between people who are or have been in an intimate relationship, or between members of family or kinship groups.

DFV often, but not always, involves a range of behaviours to create fear and exert power and control over the victim (coercive control).

Anyone can experience DFV but the majority of violence is perpetrated by men against women.

Some groups of women are at higher risk due to experiencing multiple layers of disadvantage.



## 2. Recognising domestic and family violence

DFV is commonly categorised into physical, sexual, emotional, social, financial and spiritual/cultural forms of violence.

Coercive control is an overarching dynamic of power and control over the victim that usually uses multiple tactics from the above categories in order to maintain dominance. The perpetrator will use as few or as many tactics as are needed to maintain control and this may or may not include physical violence. It is important to understand that no single behaviour equates to coercive control, but that coercive control must be understood as a pattern of behaviours which result in reduced freedom and autonomy, fear and distress (not just during or immediately following incidents of physical violence).

Physical violence and verbal aggression may be part of coercive control but may also occur in the context of family conflict or resistance or retaliation by victims. Asking about a range of behaviours and how they impact on a victim and children’s day-to-day freedom, fear and emotional state is important for understanding the family dynamics, level of risk and impact on children and young people. In addition to (separate) interviews with the victim, the perpetrator and the child or young person, practitioners should consider child protection and other records (such as South Australian Police (SAPOL) information) and interviews and assessments with family members and/or support services to support a holistic understanding of risk and safety factors.

Practitioners should be aware that some behaviours of DFV are criminal offences, including strangulation of a current or former intimate partner. Practitioners should support the victim to work with SAPOL when they have been the victim of a criminal offence. Criminal offences against a child or young person should be reported to SAPOL even if the adult victim of DFV does not want to pursue criminal charges.

When a number of the below behaviours are present, this may indicate particularly high risk. Some behaviours also indicate very high risk even in isolation.

Forms of violence	DFV perpetrator tactics experienced by victims (examples)	Very high risk indicators
Physical violence	<ul style="list-style-type: none"> <li>Assaultive behaviour such as pushing, hitting, punching, kicking, choking, biting, shaking, inflicting burns, or hair pulling.</li> <li>Any actual or threatened attack including intimidation.</li> </ul>	<ul style="list-style-type: none"> <li>Strangulation or suffocation (including attempted).</li> <li>Using a weapon such as a belt, knife or gun to harm.</li> </ul>
Sexual violence	<ul style="list-style-type: none"> <li>Reacting with aggression or violence to victim’s resistance or lack of consent to sexual activity (this may also invalidate consent for future sexual activity as the victim is not free <i>not</i> to give consent).</li> <li>Denigrating or shaming the victim for actual or imagined sexual behaviour.</li> <li>Any actual or threatened sexual harm.</li> </ul>	<ul style="list-style-type: none"> <li>Forcing a person to take part in sexual acts against their will.</li> <li>Using an object or body part to penetrate the mouth, vagina or anus without consent.</li> </ul>



<p>Emotional violence</p>	<ul style="list-style-type: none"> <li>• Words or phrases used to humiliate, degrade, demean, embarrass or intimidate.</li> <li>• Harassment at the victim’s workplace.</li> <li>• Threatening to remove the victim’s children, including through the use of court or other systems (this does not include victims of DFV trying to protect themselves and their children from further harm).</li> <li>• Threatening to harm pets, property or possessions.</li> <li>• Manipulation, humiliation, withdrawal, shaming, punishment or blaming the victim for violence.</li> </ul>	<ul style="list-style-type: none"> <li>• Threatening to suicide if the relationship ends or if the victim engages in particular behaviour/action.</li> <li>• Threatening to kill or harm the victim or children.</li> </ul>
<p>Social violence</p>	<ul style="list-style-type: none"> <li>• Behaviour that limits, controls or interferes with a person’s social activities or relationships with others.</li> <li>• Excessive questioning, stalking, monitoring movements and social communications including texts or social networking.</li> <li>• Social control and isolation to separate the victim from friends, family and community agencies and limiting and controlling a person’s movements.</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme isolation and deprivation of liberty (for example, not allowing the victim to leave home alone, locking victim in, preventing the victim from communicating with others).</li> </ul>
<p>Financial violence</p>	<ul style="list-style-type: none"> <li>• Exercising control of finances in order to increase the powerlessness and dependence of the victim.</li> <li>• Taking the victim’s money or personal items such as keys or making a person ask for necessities.</li> <li>• Demanding that a person maintain a household on limited amounts of housekeeping money/allowing only a small or limited allowance for their own use.</li> <li>• Any behaviour that limits a victim’s access to their fair share of the family’s resources.</li> <li>• Incurring debt or fines in the victim’s name.</li> </ul>	
<p>Spiritual and cultural violence.</p>	<ul style="list-style-type: none"> <li>• Any behaviour that denigrates a victim’s religious or spiritual beliefs or prevents them</li> </ul>	<ul style="list-style-type: none"> <li>• Ritualised abuse.</li> </ul>



	<p>from attending gatherings or practicing their faith or culture.</p> <ul style="list-style-type: none"> <li>• Denying the victim access to cultural land, sites or family.</li> <li>• Denying the victim’s access to cultural or spiritual ceremonies or rites.</li> <li>• Preventing religious observances or practices or forcing religious ways or practices against the victim’s own beliefs.</li> <li>• Undermining the victim’s cultural background, particularly for people from culturally and linguistically diverse backgrounds.</li> <li>• Threatening deportation or to withdraw support for applications made through the Department of Home Affairs.</li> </ul>	<ul style="list-style-type: none"> <li>• Threats or attempts of honour related violence/killing.</li> <li>• Any assault, forced sexual activity, or threats of harm under the guise of religious or cultural practice or belief.</li> </ul>
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## 2.1 Assessing DFV related behaviours

The South Australian Government, through the Office for Women Family Safety Framework initiative, has developed a common domestic violence risk assessment that supports those working with victims and perpetrators of DFV to consider the range of behaviours that are linked to risk.

The Domestic Violence (DV) Risk Assessment is based on knowledge of behaviours and characteristics that indicate heightened risk to victims and can be accessed on the [Family Safety Framework website](#). This risk assessment can help practitioners to identify DFV behaviours and to be alert to indicators of risk. Being aware of behaviours that indicate high levels of risk to victims can also guide practitioners in their assessment and decision making. Refer to section 6.1 of this practice paper for further information about the DV risk assessment and how this relates to the Family Safety Framework.

### RECOGNISING DFV - KEY POINTS

DFV is a pattern of behaviour and not just physical violence or isolated incidents.

DFV can involve a wide range of behaviours including physical, sexual, emotional and psychological violence/abuse.

Coercive control involves a perpetrator using a range of behaviours, with or without physical violence, to limit the victim’s autonomy, and intimidate and control a victim’s day-to-day life.

Some perpetrator behaviours indicate very high risks to victims and children, including strangulation, threatening suicide, threats to the life of the victim and/or children and use of weapons. The [Domestic Violence Risk Assessment](#) is an important tool in assessing risk of DFV.



### 3. Intersection between DFV and child protection

Research by the Early Intervention Research Directorate in 2018 identified that up to 80% of DCP cases featured DFV (either as a primary or additional concern). Given the prevalence of DFV and the relationship between DFV and other forms of child abuse (in particular physical and sexual abuse), it is essential that all assessments consider DFV, even with cases where DFV has not yet been identified as a concern. Where DFV is a known risk factor, practitioners must remain aware of other risk factors (for example substance misuse and mental health issues) and complexities (such as financial and housing issues) to ensure intervention addresses all child protection concerns. It is also important that practitioners develop an understanding of the intersection between DFV and other risk factors like substance misuse to assess the impact and relationship between these issues. Practitioners should consider the cumulative harm to children and young people from DFV, and the potential for future harm. See the [DCP Assessment Framework](#) for guidance on undertaking assessments that consider multiple complex factors.

DFV is traumatic for children and young people and can adversely impact their brain and attachment relationship development (refer to the [Attachment practice paper](#) and [Trauma practice paper](#) for further information). Children and young people do not need to directly see or hear violence to be impacted by DFV (the [SDM Screening and Response Priority Assessment Policy and Procedures Manual](#) outlines that likelihood of harm due to domestic violence applies whether or not the child was present at the time of the alleged incident).

Practitioners must be aware that children and young people may be impacted by multiple aspects of DFV, beyond incidents of physical violence. When perpetrators use coercive control this may impact household functioning and the functioning of the victim parent. Children and young people may be impacted by an atmosphere of fear and tension, may be isolated due to the perpetrator's social abuse or may not have basic needs met due to the perpetrator's financial control. In addition, children or young people may be harmed by the impact of coercive control on the victim parent, including the victim being emotionally unavailable due to living in fear, the perpetrator preventing the victim from engaging with the child or young person, controlling how the victim interacts with the child or young person or not allowing the victim to meet the child or young person's needs. In some cases, a victim may parent the child or young person harshly seeking to minimise the risk of the child or young person's behaviour triggering violence by the perpetrator.

Perpetrators may be unable to provide their children predictable care due to oscillating between caring and violent acts. Perpetrators' use of coercive control may also include parenting in a controlling, dominant or aggressive manner which can lead to fear and heightened stress levels in children. Children and young people are also at risk of being physically harmed during DFV incidents (for example, being struck accidentally or being injured when attempting to intervene). The impact of DFV for children and young people can include difficulties with emotional functioning, behaviour, maintaining attention and self-esteem.

Adult victims can also experience harm. This may include physical injury (including disability or death), emotional harm, undermining of their parenting capacity, parental alienation and compromised relationships with their children. While maintaining a focus on the safety of children and young people, practitioners must remain aware of the trauma experiences and any other issues relevant to the victim and perpetrator. Victims and perpetrators may have histories of trauma or personal issues (such as mental health difficulties or substance misuse) that impact their functioning and parenting capacity. Understanding to what extent issues are a direct result of DFV (for victims) or have an exacerbating role (for perpetrators) can assist in quality assessment and appropriate intervention. See the [Manual of](#)



[Practice \(Intake, investigation and assessment chapter\)](#), [Mental health difficulties in caregivers practice paper](#), [Substance misuse by caregivers practice paper](#) and [Change theory practice paper](#) for further detail.

#### INTERSECTION WITH CHILD PROTECTION – KEY POINTS

DFV is a common issue for families involved with the child protection system.

DFV often co-exists with other risk factors and complexities.

The interaction between co-occurring factors and DFV may vary significantly between families. Rather than making assumptions about how factors are interacting, the unique circumstances, history and dynamics of each family must be assessed to inform appropriate interventions.

For Aboriginal families, it is vital that child protection assessments and interventions consider how violence in families is linked to factors such as intergenerational trauma, cultural dispossession and the ongoing impacts of colonisation.

## 4. DFV and Aboriginal cultural considerations

Aboriginal women experience violence at higher rates than non-Aboriginal women, both at the hands of Aboriginal and non-Aboriginal perpetrators. It is important to recognise that the over-representation of Aboriginal peoples in statistics on interpersonal violence is linked to the impacts of colonisation, including inter-generational trauma, dispossession of land, forced removal of children, interrupted cultural practice that mitigates against interpersonal violence, and economic exclusion. It is also important to understand that the majority of Aboriginal families are not violent and that family violence is not a part of Aboriginal culture. Most Aboriginal men are loving fathers who do not use violence.

It is recognised that past and current practices by child protection authorities and other agencies have contributed to the trauma and dispossession of Aboriginal people and continue to impact on Aboriginal families today. As such, practitioners must make all active efforts to adhere to the five elements of the Aboriginal and Torres Strait Child Placement Principle as well as the precursor 'Identification'.

Practitioners are required to address concerns of DFV in a way that supports families to keep their children safe and promotes Aboriginal Family Led Decision Making. Refer to the [Aboriginal and Torres Strait Islander Child Placement Principle practice paper](#) and the [Family led decision making for Aboriginal families Framework](#) for detail.

Asking the family (including the victim, perpetrator, and the extended family and kinship network) about what they perceive the causes of the violence to be is important and can assist in developing safety and case plans with the family. Practitioners who are not Aboriginal should be careful not to impose their own understanding of what DFV is or what causes DFV in Aboriginal families. Practitioners should also try to ensure that any programs or services the family are referred to are culturally appropriate and target the issues that protective family/kinship members identify as the causes of the violence.

At all stages of work with Aboriginal families, practitioners are strongly encouraged to work collaboratively with Aboriginal colleagues, including Principal Aboriginal Consultants and Aboriginal practitioners, to ensure culturally safe practice.



## 5. Safety considerations

Where possible, partnering with the victim parent should occur to maximise the safety of the victim and the child or young person. While it is always the intention of the DCP to support children and young people to safely remain at home with their parents, the risks posed by DFV as well as other issues must be sufficiently understood to ensure appropriate safety actions are taken. In some cases, this may mean that the child or young person can remain at home with one or both of their parents if the risks posed by the DFV and any other child protection issues are appropriately managed. However, if safety threats cannot be mitigated or if risk issues are unresolved, alternative arrangements may be necessary (such as placement in care).

It is important to understand that the nature of the DFV may compromise the victim parent's ability to ensure the safety of their children. Both victims and perpetrators must have a clear understanding of the child protection concerns and be supported to take action towards resolving the concerns while their strengths are recognised. In some cases, both parents have used violence and assessment must carefully consider the relationship dynamics and concurrent issues to determine whether there is a primary perpetrator, the context violence is being used within (including whether it is a reaction to violence and/or coercive control by the primary perpetrator), and the capacity of each parent to safely parent their children.

While DCP emphasises partnering with victim parents, practitioners should be vigilant to the fact that victims of DFV may not be able to speak truthfully about their or their children's experiences of violence. Victims may be impacted by fear of the perpetrator, loyalty, or the perpetrator's use of coercive control, which may make victims feel as though they have no option but to protect the perpetrator. These factors, as well as other factors common in child protection cases such as parent's fear of having children removed or an inability to identify danger in relation to their own or children's safety, may lead to victims lying about or minimising the perpetrator's behaviour or other risks to children. The safety of the children and young people must always be the priority.

### 5.1 Perpetrator accountability

Assessment, decision making and case recording (such as case notes and court reports) must reflect that the perpetrator is responsible for the DFV and victim blaming must not occur.

Perpetrators must be held accountable for their use of violence through being engaged by DCP in discussions, case planning and supports. The focus of intervening with perpetrators is supporting them to cease their use of violence and increase their capacity to keep their children and partner safe.

### 5.2 Increasing safety for victims

Practitioners must ensure that their actions do not increase risks to victims of DFV. This may mean practitioners do not share the victim's contact details or elements of the case plan with the perpetrator.

Practitioners must consider what conversations can appropriately take place in the presence of the victim and perpetrator, including understanding what conversations should occur separately. Practitioners must also ensure contact or meetings with perpetrators and victims are consistent with any legal requirements (such as bail conditions or Domestic Abuse Intervention Orders).

Practitioners should take advice from the victim about how best to promote their safety and minimise risks. While victim safety must be promoted, practitioners must ensure that they remain transparent about the child protection concerns and stay focused on the safety of the child or young person.



In addition to ensuring children and young people's safety, practitioners should work with victims to develop plans to increase their safety. Depending on the particular needs of the victim, it may be necessary to develop plans with the support of a DFV specialist service. Please note, unlike a DCP Safety Plan (which addresses safety threats posed to children and young people), a plan to increase victim safety may or may not be written down depending on what will best promote the victims' safety. Actions to promote victim safety could include:

- increased security at their home (such as installing deadlocks or security screens)
- developing a code word that can be used with friends or professionals to advise of a crisis
- developing an escape/evacuation plan
- ensuring access to important documents at a safe location (such as keeping a copy of documents at a friend's home)
- ensuring access to finances
- keeping a mobile phone charged at all times
- exploring legal conditions to promote safety such as seeking or revising Family Law Orders or Domestic Abuse Intervention Orders.

## 6. Assessment considerations

The safety of children and young people is maximised where DCP engages with both the victim and the perpetrator, as well as any other important family members and support people (including professionals). All assessment must be informed by the [DCP Assessment Framework](#) and be an ongoing process. The [Assessment Framework](#) includes a specific appendix on assessing DFV. Assessment must focus on the perpetrator's pattern of behaviour to comprehensively assess risk and achieve safety for the child or young person and the family. As set out in section 3 above, the impacts of DFV on children and young people extend beyond incidents of physical violence. Assessment must consider any coercive or controlling behaviours used by the perpetrator and how these impact the children, the victim (including the victim's parenting) and the functioning and safety of the family.

All assessment must consider the other risks relevant to the family as well as how the DFV may impact other issues such as mental health and substance misuse. Assessment must explore the impact of the DFV on the child or young person, including how the DFV impacts their experience of being cared for, their safety and wellbeing.

When working with Aboriginal families, it is important to be mindful of dominant views held about Aboriginal family violence and what underpins these views or beliefs (refer to the [Bias in Child Protection Practice practice paper](#) for further information). It is critical that DCP staff are mindful of the real fear of Aboriginal families of losing their children. When exploring the impact of DFV on the child and the victim, carefully consider the kinship structure and the roles, responsibilities and obligations embedded within these structures. Always consider who the important and safe people to talk to in the family are and ensure they are included in assessment processes. Practitioners must make active efforts to establish whether the child and/or family identify as Aboriginal and adhere to the five elements of the Aboriginal Child Placement Principle, including prioritising 'Prevention' by doing everything practicable to support parents to keep their children safely in their care. Refer to the [Aboriginal and Torres Strait Islander Child Placement Principle Paper](#) for further detail.



## 6.1 South Australian Domestic Violence Risk Assessment and the Family Safety Framework

As a partner agency to the Family Safety Framework, DCP practitioners have a responsibility to undertake the Domestic Violence Risk Assessment ([available at the Office for Women Family Safety Framework website](#)) where concerns regarding DFV have been identified (in addition to DCP Assessment Framework and Structured Decision Making requirements). The [Family Safety Framework and Family Safety Meeting Procedure](#) outlines the DCP responsibilities in relation to the Domestic Violence Risk Assessment and the Family Safety Framework. Where the Domestic Violence Risk Assessment returns an overall assessed risk score of high (or where professional judgement is applied), the DCP practitioner must complete a referral to the Family Safety Meeting and take immediate steps to mitigate the high risk to the victim and children or young people.

## 6.2 Engaging victims

Practitioners must consider how they can support victims to talk honestly and safely about their experiences of DFV. It is highly likely that it is unsafe for victims to talk about their experiences of DFV in the presence of the perpetrator and victims may not feel safe to talk in the presence of family members or friends. Where possible, practitioners should engage with the victim first without the perpetrator and ensure the assessment occurs in a location that does not pose additional risks to the victim. This may mean that practitioners make telephone contact with victims to discuss a suitable time and location for the assessment to occur rather than an unannounced home visit where the perpetrator may be present. For further information about developing an effective working relationship, practitioners can refer to the [Relationship Based Practice – Practice Paper](#).

Interpreters or other communication aids can enhance engagement where required for people whose first language is not English (including some Aboriginal people) or have communication challenges. For cultural and linguistically diverse families, practitioners may need to arrange telephone interpreter services and request an independent interpreter (for example an interpreter located interstate) to ensure victims are able to effectively communicate without fear.

Disability may impact communication needs, capacity to understand information about DFV and/or willingness to disclose DFV. A parent with a disability may rely on the perpetrator for assistance with care tasks and disclosure or leaving the perpetrator may create additional challenges or vulnerability. Victims with a disability may be afraid that they will be perceived as unable to care for their children due to their disability and so may be reluctant to seek help or leave an abusive partner. Practitioners should arrange interpreters (such as an Auslan interpreter) or other communication and decision making supports and should not allow the perpetrator to act as a support person or interpreter for the parent with disability. Practitioners must recognise the strengths of parents with disability and work in partnership to assist them to establish safety for their children and themselves.

Practitioners should also be mindful of other intersectionalities and how these may impact on engagement. For example, Aboriginal victims may be fearful of service involvement or reluctant to seek help from SAPOL or courts due to past and ongoing violence and discrimination by institutions and services.

The victim holds critical information about the DFV and the impacts on the child or young person. Practitioners must be aware that victims may be reluctant to disclose due to fear of the perpetrator, fear that their children will be removed, or due to the relationship dynamics (such as a sense of loyalty by the victim to protect the perpetrator). The following outlines considerations for working with victims:



- talk with the victim about the effects of DFV and fear on the child or young person’s development, behaviour and wellbeing
- ask about the strategies the victim has used to promote safety for the child or young person
- ask how the perpetrator’s behaviours have impacted on attempts to keep children safe or seek help
- explore with the victim the negative impacts DFV can have on the parenting of both the perpetrator and victim
- ask the victim how they think DFV impacts their personal and parenting choices.

Ask the victim:

- about their experience of DFV, including any patterns or triggers. This may include issues such as DFV associated with substance use, or aggressive behaviour by the perpetrator that escalates to an assault.
- do you feel/have you felt frightened of your partner?
- do you feel/have you felt threatened/intimidated or humiliated by your partner?
- has your partner ever hurt you physically or thrown things at you?
- what happens when your partner gets angry?
- what do your children do when your partner hurts you?
- how do your children feel when they know/see what is happening?
- how have you tried to keep your children safe?

### 6.3 Engaging perpetrators

The perpetrator should be included in all assessment and interventions unless their involvement would create unmanageable risks of harm (including if the victim raises concerns about this). Assessment must explore the perpetrator’s insight into their behaviour and use of violence. The responsibility for the use of violence rests with the perpetrator and if the perpetrator does not take responsibility for their behaviour, this can raise concerns about their motivation and readiness for change. When a perpetrator is using violence (including coercive control), this must not be viewed as an anger management or impulse control issue.

The following strategies may assist with safely engaging the perpetrator and supporting quality assessment:

- Explore the child or young person’s experience from the perpetrator’s perspective as well as gathering information from other sources (for example from the victim and the child or young person’s school).
- Discuss the concerns and explain the perpetrator’s responsibility for the DFV and challenge the perpetrator if they deny or minimise their harmful behaviour, its effects or blame the victim.
- Listen to the perpetrator and acknowledge their feelings while maintaining a focus on their actions and behaviours.
- Liaise with other relevant professionals to gather information, keep the perpetrator accountable and seek advice.
- Be clear about your objective and role.
- Explore the perpetrator’s perception of and goals in relation to parenting and relationships, including their views in relation to how their use of violence and control impacts these.
- Seek specialised assessments and supports as required.
- In relation to Aboriginal men who perpetrate violence, work with Aboriginal men’s programs or other culturally appropriate services to consider and address their feelings of grief, loss and multi-generational trauma associated with the impact of colonisation that may be contributing to their violence.



The following statements and questions may be helpful in undertaking assessments with perpetrators:

- I'm concerned/worried when you say that you...
- How do you think your partner/child feels when you yell/throw things/use violence?
- How do you want your children and partner to view you?
- What was your experience of violence when you were growing up? How did that make you feel?

It is acknowledged that in some circumstances when engaging perpetrators that practitioners may feel fear or concern for personal safety. It is unacceptable for practitioner safety to be threatened. Strategies can be implemented to promote practitioner safety and wellbeing to support meaningful perpetrator engagement. Strategies could include meeting in a neutral or safe venue (such as the DCP office), outlining clear behavioural expectations for the perpetrator before the meeting, discussing the perpetrators options should they become angry (such as leaving the room or taking a break) at the beginning of the interaction, or attending with SAPOL. In addition, practitioners should be encouraged to access supervision and consultation with practice experts and supports such as the [Employee Assistance Program](#).

## 6.4 Engaging children and young people

It is often necessary to speak with children and young people to seek their views and inform the assessment. It is inappropriate for children or young people to be spoken to about DFV in the presence of the perpetrator. It may be appropriate for the child or young person to be supported by a safe family member or professional. Practitioners must be aware that children and young people may be reluctant to disclose due to fear or because they do not recognise the perpetrator's behaviour as problematic. The following outlines some possible questions with children and young people:

- What does it look like when adults in your house get angry? Who gets angry? What do they do?
- What happens when your mum and dad fight? What does mum do? What does dad do? How do you feel?
- Who makes the decisions in your house/who is the boss in your house? What happens if people don't do what that person says?
- How do you feel when one of the adults [refer to the perpetrator if the child or young person has identified this] hurts someone else in the house?
- What kind of things make you scared or angry?
- Do you worry about anyone in your house?
- Where do you feel safe? Who do you feel safe with? Who makes you safe?



### ASSESSMENT CONSIDERATIONS - KEY POINTS

Assessment should include interviews of the victim, the perpetrator (unless this would increase risk to the victim or children) and the child or young person.

Perpetrators and victims should be interviewed separately (wherever possible).

Assessment with Aboriginal families should include consultation with relevant family members and professionals wherever possible.

Assessment should consider relationship dynamics and the impacts of DFV on day-to-day life beyond incidents of physical violence.

Assessment should focus on gathering information about the perpetrator's behaviour and how children and the victim are impacted.

## 7. Intervention considerations

It is critical that practitioners work in partnership with DFV specialists and other key partners such as SAPOL to ensure safety and support needs of the child or young person and victim are met, and the perpetrator is held accountable for their behaviour and engaged to stop using violence. Practitioners should refer to the [Manual of Practice- Accept case and determine response](#) for further advice about referring matters to SAPOL and the [Family Safety Framework and Family Safety Meeting Practice Procedure](#).

### 7.1 Intervention Orders, other orders and separation

Practitioners can support victims to pursue supports through legal systems to increase their safety, such as applying for or altering a Domestic Abuse Intervention Order (DAIO) if they wish to do this. It is important to understand that legal conditions such as a DAIO may not provide adequate protection to victims or children, especially where there is concern that the perpetrator will breach such orders. Never force or pressure a victim into taking out an intervention order and never rely on an intervention order as the sole safety provision.

Other orders, such as family law orders, should be explored as potential avenues for safety if the victim wants to separate from the perpetrator or is already separated. Practitioners can support victims in applying for, or applying to vary family law orders by sharing information with the Federal Circuit Court and Family Court of Australia when this is requested (including via subpoena). Refer to the [Family Law Matters procedure](#) for further detail.

Separation does not ensure safety for victims or children. Research indicates that separation is often a time of heightened risk for victims and children, particularly where a perpetrator has used high levels of coercive control and behaviours such as stalking and threats. Without support in place for the victim and children and intervention for the perpetrator, separation alone is unlikely to result in safety.

Practitioners must remain aware of situations perpetrators may use as opportunities to perpetrate further DFV. Any behaviour used by the perpetrator that promotes fear or coercive control must be addressed. Practitioners must ensure that appropriate strategies are implemented to promote safety, including reviewing contact arrangements as required. It is critical that ongoing assessments of safety



and risk occur to ensure the safety of children and young people. Refer to the [Manual of Practice – Ongoing Intervention chapter](#), and to the [Assessment Framework](#) for further detail.

It is also critical that practitioners understand that support needs such as finances, housing and support networks may change as a result of separation.

If victims are coerced into separating or if the separation is temporary (for example, the perpetrator is in prison), there is a high likelihood of the perpetrator returning once the family is no longer being monitored by DCP or other services. Even if separation is voluntary and permanent, safety risks may still be posed by one or both parents.

## 7.2 Effective safety and case planning

[The Manual of Practice – Case planning, review and annual review](#) chapter provides case planning advice using a DFV informed lens. Most general case planning principles are applicable to cases where DFV is a factor, however there are some further considerations specific to the nature of DFV.

Safety and case plans must always assign responsibility to the perpetrator to cease their use violence and ensuring children and young people are not exposed to violence. Actions assigned to victims should focus on addressing concurrent risk factors and/or trauma caused by the experience of DFV.

For safety and case plan actions to be realistic, it is important that they consider the impact the perpetrator's behaviour has on the victim. Victims should not be asked to do things they cannot do due to the perpetrator's control or their fear of the perpetrator. For example, asking a mother to regularly attend sessions with a specialist domestic violence service may not be achievable if the perpetrator monitors her movements and limits her access to transport and/or money.

## 7.3 Multi Agency Protection Services

DCP is a partner to the Multi Agency Protection Services (MAPS). MAPS is led by SAPOL to improve responses to DFV through a multi-agency approach. The MAPS receives referrals for high risk DFV matters where there has been SAPOL intervention. The DCP MAPS team shares information with other agencies through a daily meeting to identify actions to promote better outcomes for children, young people and families. Information and actions are summarised in a report saved to the child or young person's C3MS file to assist with assessment and intervention.

DCP staff can contact the DCP MAPS team to ascertain further information regarding families who have been involved in a DFV incident. Refer to the [MAPS intranet page](#) for more information.

## 8. DFV best practice considerations

DFV can present risks to a child or young person at all stages of child protection intervention. While DFV is a common issue in investigation and reunification cases, practitioners may also encounter DFV at other stages, for example:

- DFV impacting upon the safety or suitability of placements
- children and young people impacted by trauma caused by a parent's (or other caregiver's) DFV
- young people being victims or perpetrators of DFV in their own relationships.



## 8.1 Best practice considerations in investigation and assessment

- Conduct interviews for victims, perpetrators and children and young people separately.
- Promote safety of the victim, including developing a plan to improve the victim's safety where this is required.
- Safety plans address the causes of risk/harm, especially the perpetrator's use of violence and/or coercive control.
- The [Domestic Violence Risk Assessment](#) is undertaken and referrals are made to Family Safety Meetings where risk assessment (or professional judgement) indicates this is warranted.
- Hold perpetrators responsible for ceasing the use of violence and support them to understand the impact of their behaviour on others (including the victim and child/ren).
- Report further DFV or breaches of conditions such as bail or intervention orders appropriately.
- Refer to appropriate agencies to support victims and children to heal from their experiences of trauma and support perpetrators to cease their use of violence.
- Explore the pattern of DFV and recognise that children and young people are impacted by DFV even when not exposed to incidents of physical violence in assessment and substantiation decisions.
- Identify the perpetrator as responsible for harm when harm is substantiated due to DFV.

## 8.2 Best practice considerations in family preservation and reunification

- Always aim to protect children and young people from harm and further DFV.
- Case planning promotes victim safety and perpetrators ceasing their use of violence.
- Case planning clearly identifies what the perpetrator must do to address their use of violence/coercive control and demonstrate changed behaviour.
- Refer for Family Safety Meetings if referral criteria is met and the family are not already referred by another service.
- Refer to relevant services, in particular support services for victims to address their trauma experiences and increase their safety and support services for perpetrators to cease their use of violence and address any associated issues.
- Reunification with perpetrators (either in a relationship or alone) is contingent on demonstrated behavioural change and insight into any abusive behaviours used, including coercive control.
- Report further DFV or breaches of conditions such as bail or intervention orders.

## 8.3 Best practice considerations for children and young people in care

- Children and young people have opportunities to heal from trauma, including through their caregiving relationships and therapeutic intervention as required.
- If children or young people are placed with the family/kin of the perpetrator, consider how this may impact on the child or young person's relationship with the victim parent and potential for the perpetrator to use the placement to continue their use of coercive control over the victim or children.
- Assess the impact on children and young people of current or historical DFV in potential carer families in placement decision making.
- Support children and young people to develop an understanding of safe and healthy relationships.
- Intervention promotes safety where there are concerns about actual or emerging DFV (including referrals to support services such as written directives).
- Care concerns involving DFV are investigated and assessed according to the best practice considerations outlined in this practice paper.



## 8.4 Best practice considerations for Aboriginal families

- Practitioners must make active efforts to engage with families in a culturally safe manner. Assessments must acknowledge strengths and any cultural factors impacting on family dynamics. Consultation and partnership with Aboriginal practitioners, community and family members should be a part of all assessment and decision making.
- Recognise Aboriginal families as the experts in their own lives. Engage with wider family and community to understand why violence is occurring, what might help and how children can be kept safe is a priority.
- Understand that cultural and familial obligations may impact on a woman's decision about leaving a violent relationship. This does not reflect lack of insight or failure to protect.
- Aboriginal victims of family violence may be reluctant to seek help from SAPOL or other services due to past and current racism and harm from such services.
- A Western understanding of domestic and family violence may not be consistent with how Aboriginal families understand family violence. Practitioners should listen to victims, family and community regarding the causes of violence and the best ways to increase safety.
- Intergenerational trauma and past and current government practices that have led to harm and disadvantage continue to be drivers of family violence in Aboriginal families and communities. Issues such as overcrowding due to lack of housing, trauma and cultural disconnection due to practices of child removal and institutional violence impact on both victims and perpetrators of family violence.

## 8.5 Best practice considerations for rural and remote families

Practitioners must ensure they consider the unique strengths and risk factors that exist for families in rural and remote areas. Assessment must consider the particular risk factors present to ensure that safety is maximised and the intervention is effective. The impact of DFV can be exacerbated for victims and their children who live in rural and remote communities due to factors such as:

- the perpetrator being well known and connected within a small community which can make disclosure of DFV more difficult
- community perceptions of DFV may result in reluctance to disclose DFV or pressuring the victim to behave in a particular way (for example, remain in the relationship)
- a reluctance to use local services due to close community relationships (for example, the local doctor or SAPOL officer might be in the family's social network)
- isolation due to location, for example living on a property with limited contact with people other than the perpetrator
- limited independent technology or communication access such as limited mobile telephone or internet coverage
- slower emergency service response times due to the geographical service area
- difficulty accessing required services due to an absence of local services, such as housing or legal supports
- difficulties in relocating to an unknown address due to limited alternate housing or a lack of anonymity due to the nature of the community
- high visibility of victims and their children in the community due to limited service, shopping and schooling options resulting in the perpetrator having easy and regular access to the victim and the children
- the presence of firearms or other weapons, particularly for those living in farming areas
- victims and their children being required to relocate resulting in limited supports and isolation.



## 8.6 Best practice considerations for culturally and linguistically diverse families

- Acknowledge the differences between diverse communities such as ways of demonstrating respect, communication practices, and cultural significance of relationships.
- Consult with cultural experts to understand differences in gender roles, cultural values and traditions impacting on freedoms, rights and opportunities.
- Seek to understand pre- and post-migration experiences which may include trauma, grief and loss.
- Understand that some people from culturally and linguistically diverse backgrounds may have different perceptions and understandings about what constitutes DFV.
- Recognise the possible lack of knowledge of the service and legal systems.
- Clarify immigration status for the perpetrator and victim (and children).
- Clarify cultural or religious expectations regarding relationships.

For further information about working with culturally and linguistically diverse families, refer to the [Working with Diversity- Culturally and Linguistically Diverse people Practice Paper](#).

### DFV BEST PRACTICE CONSIDERATIONS - KEY POINTS

DFV may present risk for children and young people at all stages of child protection intervention and the principles of supporting victims, holding perpetrators accountable and prioritising child safety can be applied across all phases of work.

Children and young people should be supported to heal from trauma and/or attachment issues that are the result of experiencing DFV.

DFV can occur in kinship and foster families and must be addressed through thorough assessment and case planning to ensure child safety.

Young people may experience or perpetrate DFV in their own relationships. Educating young people about respectful relationships and supporting trauma recovery can help to address this.

Assessment and intervention should consider a family's cultural background and any needs or strengths associated with this to ensure families who are Aboriginal or from CALD backgrounds receive culturally safe practice.

Assessment and intervention should recognise that families who are geographically isolated by living in rural or remote communities may experience particular risks or disadvantages due to this.



## 9. The importance of reflective practice

Practitioners are better able to develop skills when they engage in reflective practice. Practitioners are encouraged to discuss safety and case plans with their supervisor, and to reflect on how their experience of working with the family.

The following *Reflective Practice Bubbles* are offered to encourage reflective practice among practitioners.

### *Reflective Practice Bubble 1*

**Reflect on how the following safety plan actions differ. Consider how they do or do not hold the perpetrator accountable for their behaviour and account for the impact of the perpetrator's behaviour on the victim:**

*'John and Julie to cease exposing the children to domestic violence. Julie to take out an intervention order against John and to make sure John does not attend the home.'*

*'John to cease using violence toward Julie, to cease monitoring her text messages and emails, and to cease sending her intimidating text messages. John to stay with his brother for two weeks and not attend the family home while Julie and the children are home. John may see the children on Saturdays at Julie's mother's home. Note: John's brother and Julie's mother sign the safety plan.'*



### Reflective Practice Bubble 2

Imagine you are going to interview a perpetrator of DFV who has inflicted a serious injury on their partner and who has a long history of using violence against this partner. Ask yourself:

- *How am I feeling?*
- *If I feel afraid, anxious, or nervous, how might the children or victim feel?*
- *Why is talking to the perpetrator important?*
- *Do I have the confidence to challenge the perpetrator?*
- *How will I maintain focus on the child and victim if the perpetrator tries to get me to side with them?*
- *Is there anything in my own life experience that might be impacting on how I feel about talking to/working with a perpetrator?*
- *Who can I talk to about how I feel and any concerns?*
- *What can I do to increase my safety/confidence? (work in pairs, joint attendance with SAPOL, meet in a public place/DCP office).*



## 10. Key Readings

Harry Blagg, Victoria Hovane, Tamara Tuluch, Donella Raye, Suzie May and Thomas Worrigal;  
**Understanding the role of Law and Culture in Aboriginal and Torres Strait Islander communities in responding to and preventing family violence**, ANROWS Research Report, Issue 19, June 2020  
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### Document control

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