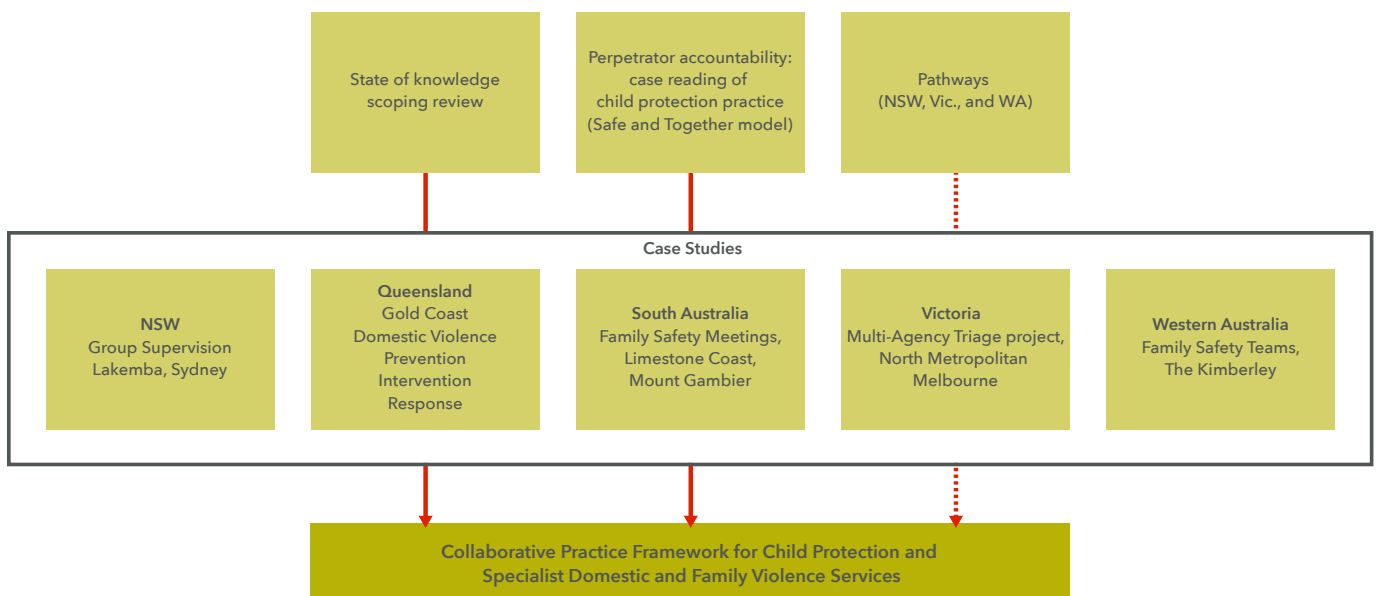


The PATRICIA Project: Summary of the Safe and Together case reading

The PATRICIA Project: Summary of the Safe and Together case reading to develop domestic and family violence-informed child protection practice

Figure 1 The components of the PATRICIA program of action research



Overview of key findings

As part of the PATRICIA Project's **Perpetrator Accountability**¹ component of research (highlighted in Figure 1), a review of 20 **child protection** cases from five Australian states was conducted using a set of tools developed by the Safe and Together Institute.² It is the first national level review conducted in Australia or elsewhere. The aim of the case reading process was to use the Safe and Together™ **model** to identify strengths, gaps, and needs, with a view to improving policy, practice, training, supervision, and services where there are children living with **domestic and family violence** and coming to the attention of child protection. The process engaged workers from child protection and specialist domestic and family violence services in joint training about the Safe

and Together approach to child welfare and its deployment in reading case files to elicit patterns of documented child protection practice. It has the potential to build cross-agency and internal agency capacity through the knowledge transfer activities of those who participated in the case reading process. The process of case reading aims to (1) assess the extent to which domestic and family violence (DFV) is being effectively identified and (2) assess the quality of case practice from a DFV-informed perspective, as documented in the case file. A DFV-informed perspective on child welfare practice means that DFV policies and practices are "consistent, dependable, and used throughout the child welfare system" as opposed to DFV-destructive child welfare practice, which increases the harm to adult and child survivors and/or makes it harder for them to access support (Mandel, 2016, p.90; see also Figure 3). There were two key overall findings. The first indicated that

1 Terms in bold appear in a glossary titled Key Definitions.

2 Formerly known as David Mandel & Associates.

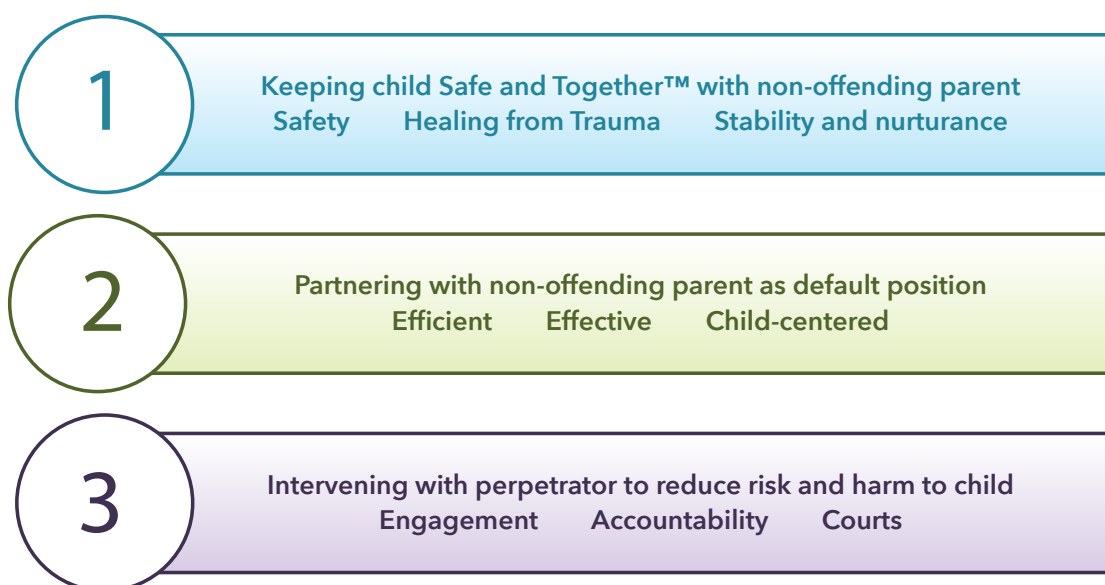
case practice is limited from a DFV-informed perspective. In the context of assessing the safety and wellbeing of children and family functioning, concerns were therefore raised about the overall quality of DFV risk assessment, case decision-making, and case planning, and about case complexity where issues of substance use, mental health, and cultural background, and their intersection with DFV, need to be considered. Specifically, poor engagement and intervention with perpetrators of DFV and missed opportunities to partner with the non-offending parent were evident in case files across all states. The second is that the process of doing the case reading is a potentially important enabler for improving competencies in risk assessment, case decision-making, case planning, in considering case complexity, and in cross system collaboration. This paper enlarges on the meaning of a domestic and family violence-informed perspective on child welfare by explaining how these findings were reached through the Safe and Together assessment criteria.

Background: the Safe and Together case reading process

The model's name derives from the assumption that children are best served when they are kept safe and together with the non-offending parent (the adult survivor). The model provides a tight framework for partnering with the adult survivor and intervening with the perpetrators with the purpose of enhancing children's safety and wellbeing. The Safe and Together Model Principles (Figure 1), Critical Components (Figure 2) and the Domestic Violence-Informed Continuum of Practice for child welfare are foundational to the case reading process (Figure 3). The principles guide assessment and case decisions, whilst the critical components provide the basis for their implementation in case practice.

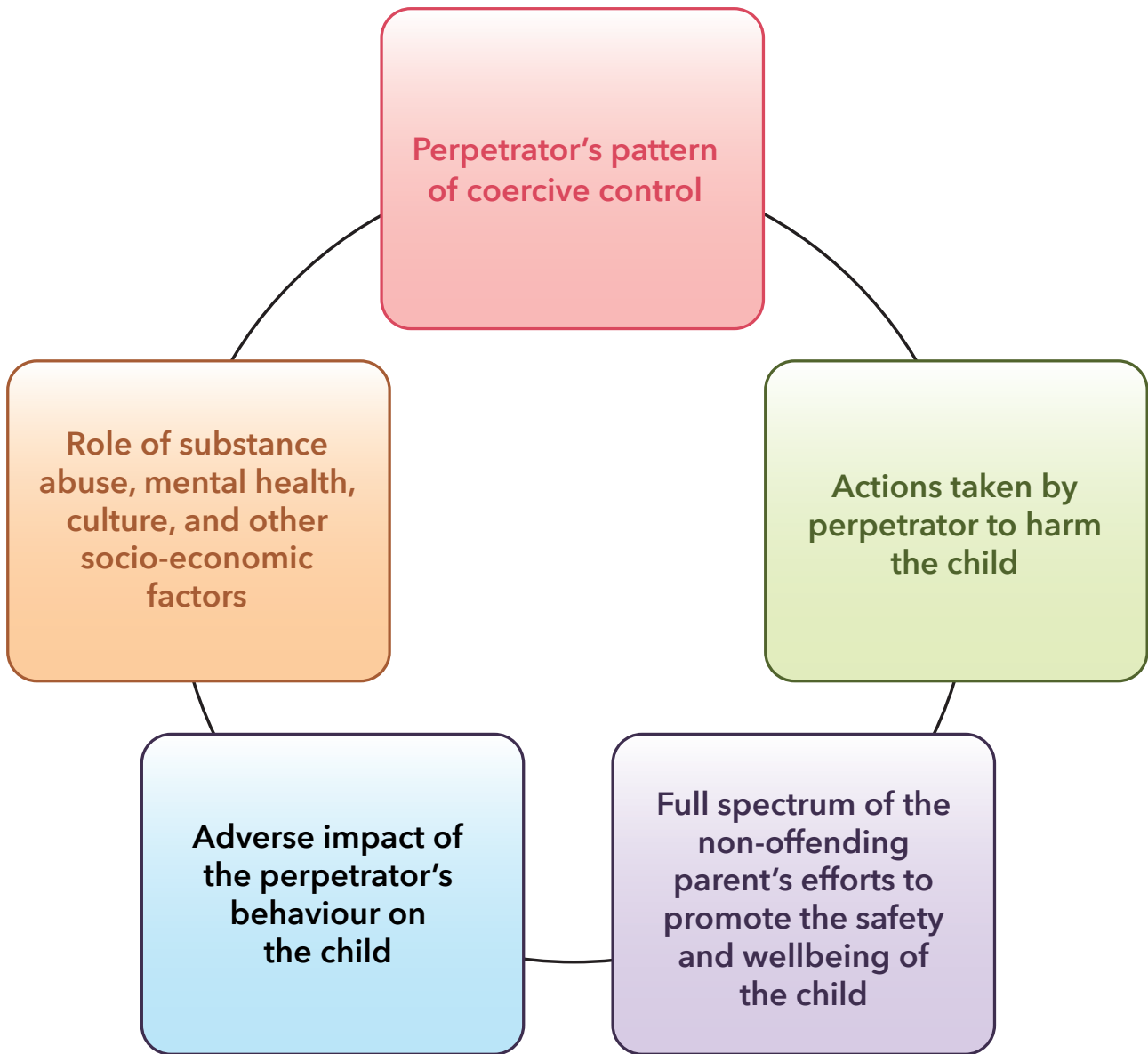
The Continuum of Practice provides a way of identifying what is needed in order to move toward a consistent, DFV-informed child welfare practice. As illustrated in Figure 3, DFV-informed child welfare practice exists along a continuum from "domestic violence destructive" practice through to "domestic violence proficient" practice.

Figure 1: The Safe & Together Principles



Source: David Mandel & Associates, 2014 (printed with permission)

Figure 2 The Safe & Together Critical Components



Source: David Mandel & Associates, 2014 (printed with permission)

Figure 3 Safe and Together Domestic Violence-Informed Continuum of Practice

	Domestic Violence Destructive	Domestic Violence Neglectful	Domestic Violence Pre-Competent	Domestic Violence Competent	Domestic Violence Proficient
DEFINITION	Primarily defined by identifiable policies and practices that either actively increase the harm to adult and child survivors of domestic violence and/or make it harder for them to access support and assistance.	Primarily defined by identifiable policies and practices that reflect a lack of willingness or ability to intervene with domestic violence and/or fail to acknowledge how domestic violence's distinct characteristics impact children and families	Primarily defined by an identifiable gap between the stated relevance and prevalence of domestic violence to the safety and wellbeing of families and child welfare's actual domestic violence policy, training practices, and services infrastructure	Primarily defined by identifiable policies and practices that use a child-centered perpetrator pattern-based and survivor strength-based approach to domestic violence. Domestic violence isn't perceived as an add-on, but instead as a core part of child welfare practice.	Primarily defined by identifiable policies and practices that ensure that domestic violence policies and practices are consistent, dependable, and used throughout the child welfare system.
STATEMENT	"Regardless of the cost, the adult domestic violence survivor must make sure that the children are protected from the violence."	Domestic violence is only relevant to the children if they see it or hear it. If the couple separates, there are no more domestic violence-related concerns.	"We don't want to re-victimize adult survivors, but our job is child safety" or "We know we need to do a better job with domestic violence cases, but we don't know how to do it."	"The perpetrators' behavior patterns and choices are the source of the child safety and risk concerns" and "Our goal is to keep children safe and together with the domestic violence survivor."	"We cannot achieve our mission around safety, permanency, and the wellbeing of children without being informed about domestic violence throughout our child welfare system."
POTENTIAL OUTCOMES	<p>The risk of harm to adult and child domestic violence survivors from the domestic violence perpetrator is increased.</p> <p>The willingness of adult and child survivors to reach out for assistance, e.g. calling the police if there is a new incident of violence, is reduced.</p> <p>The power that domestic violence perpetrators have over their families is increased.</p> <p>Children may be removed unnecessarily from domestic violence survivors.</p> <p>Child welfare systems expend resources for the unnecessary placement of children.</p> <p>Poor families and Indigenous families are more likely to experience unnecessary economic and family stress due to a focus on resolving the violence by "ending the relationship."</p> <p>Children who attempt to protect one parent from another become caught in the delinquency system.</p>	<p>Assessments of families are incomplete and/or inaccurate and often focused on substance abuse and mental health issues instead of domestic violence.</p> <p>Domestic violence interventions with families do not occur until the violence escalates.</p> <p>When they do occur, these interventions are more likely to be inappropriate and/or ineffective, e.g. a referral to an anger management program when the correct referral is to a men's behavior change program.</p> <p>Decisions made in court can be based on incomplete or incorrect information.</p> <p>Partnerships with adult domestic violence survivors that focus on the safety and wellbeing of the children are weakened by poor practice.</p> <p>Poor women and Indigenous women are more likely to suffer from inadequate or incomplete legal representation or evaluation.</p>	<p>The commitment to improve current practice is weak because it is driven by outsiders encouraging/ expecting/demanding improvements.</p> <p>Token change results in no or little real change in paradigm or practice.</p> <p>Child welfare workers are made more aware of the impact of domestic violence on children, but they are not fully equipped to help, resulting in anxiety and unpredictable decisions.</p> <p>Tensions remain between domestic violence agencies and child welfare, interfering with their collaborative work to assist families.</p> <p>Domestic violence perpetrators continue to escape responsibility as parents.</p> <p>A lack of a perpetrator pattern-based approach increases the likelihood that domestic violence perpetrators with privilege will gain dangerous access to children.</p> <p>Fatherhood programming might increase the unsafe access of some domestic violence perpetrators to their children and families</p>	<p>Child welfare interventions with domestic violence cases are based on more comprehensive and accurate assessments.</p> <p>Children are more likely to remain safe and together with adult domestic violence survivors.</p> <p>Unnecessary out-of-home placements are reduced, resulting in stronger families and communities and more costs saved by child welfare systems.</p> <p>Dependency courts may experience a reduction in domestic violence-related cases.</p> <p>Indigenous men and poor men who are domestic violence perpetrators may experience more support to improve their parenting and remain safely engaged with their children and families.</p> <p>Child welfare workers and others may experience more workplace satisfaction due to a new paradigm that allows them to practice in ways that are consistent with their social work values.</p>	<p>Cross-system collaboration is improved when stakeholders use common frameworks and languages.</p> <p>Domestic violence and child welfare agencies may experience a reduction in tension and/or improved collaboration.</p> <p>There may be a reduction in domestic violence-related child deaths.</p> <p>Initiatives such as trauma-informed practice and differential responses are more likely to be successful.</p> <p>Adult and child domestic violence survivors are more likely to see the child welfare system as a resource and a support.</p> <p>Vulnerable new parents and delinquent youths are more likely to receive support and assistance for domestic violence issues.</p> <p>The commitment to a perpetrator pattern-based approach may reduce biases in cases involving women's use of violence, same sex relationships, and vulnerable populations.</p>

Methodology

The case reading process used pre-determined criteria drawn from the principles and core components of the Safe and Together approach to child welfare, to achieve a structured assessment of the extent to which documented case practice is DFV-informed (see Figure 3).

Each of the five child protection organisations involved in the PATRICIA Project randomly selected and de-identified four case files through an agreed process. A total of 30 case reading participants (researchers, child protection workers, and specialist DFV workers) came together for 2 days' training on the case reading processes with David Mandel and learnt to use templates through which to read the documented child welfare practice. Two day-long case reading workshops were held in each state during which time teams of two persons analysed the de-identified files and filled in results using the prescribed template tool. Case reading participants also engaged in a debriefing workshop at the end of the case reading process to reflect on their experiences.

The results were compiled and sent to David Mandel who wrote a report for each state and an over-arching national report. Feedback was provided to each state. The reports present findings as themes, trends, and practices; they are not presented either as an audit of individuals' work or as indicative of the totality of Australia's child protection practice.

The national sample represented 14 "DFV cases" (where DFV was a primary reporting issue) and six "no DFV cases" (where DFV was not the primary reporting issue). Different criteria were used to assess the quality of the identification of DFV in cases where it was not the reason for referral into child protection (the "no DFV cases") and for assessing the quality of documented DFV practice in cases where it was identified (the "DFV cases"). Case readers were asked to write responses to two, if not several, questions for each criterion and make a nuanced assessment of the evidence in the file to be rated according to guidelines for four categories covering: "no evidence", "little evidence", "some evidence", or "strong evidence".

This paper summarises findings related to the quality of documented case practice in the 14 cases where DFV was a primary reporting issue. It should be noted however, that the 'no DFV' cases when subjected to a case reading all contained evidence of domestic violence, much of which was severe and of grave concern (use of weapons, strangulation, need for medical intervention).

Overview of the case characteristics

All 20 cases, involved high levels of violence and **coercive control**, such as the use of weapons, child abduction, life-threatening trauma, and threats to kill or otherwise harm the mother and/or children. Five of the cases involved Aboriginal families; it was a selection criterion that each state had at least one randomly selected Aboriginal case.

Key findings in the DFV cases

Key findings are presented under the following Safe and Together assessment criteria, the meaning of which will be explained briefly.

They are the:

- perpetrator's pattern and nexus with child harm;
- **high standard for fathers;**
- nexus of protective efforts and child safety and wellbeing;
- integration of other issues;
- partnership with adult survivor;
- interventions with the perpetrator; and
- interventions with children.

Perpetrator's patterns and nexus with child harm

This section explored the quality of documentation about the perpetrator's pattern of coercive control and actions taken to harm the children. It also explored the nexus or relationship between the perpetrator's behaviour and the harm to his children.

Key themes emerging were:

- There was a lack of comprehensive assessment of the pattern of coercive control documented with consequent minimisation of violence. This impacted on the formulation of cases, risk assessments, and consequently on interventions with adult and child victims and the perpetrator. For example, in numerous cases, including those involving near lethal incidents, such as strangulation, case readers found that the DFV was described in case files as "*mutual combat*", "*parental conflict*", or "*arguments*". In this process, the nature and history of escalation and coercive control gets lost.³
- Specific incidents of the perpetrator's violence, such as chronicity information, were well documented but there was no documented evidence of meaningful child welfare intervention with the perpetrator or partnering with the adult survivor.

³ Italicised quotations are from the written responses of case reading participants on the case reading scoring sheets.

- Workers were using “risk of harm” and “cumulative harm” as catch-all phrases instead of describing what the actual impact of the perpetrator’s DFV behaviour was on child and family functioning.

High standard for fathers

The notion of a high standard for fathers who use violence refers to the need to explore and document the male caregiver’s role in the family, whether living in the home or not. It is recognised in the Safe and Together model that it is hard or impossible to achieve perpetrator accountability in the context of parenting without having high expectations for men as parents. Questions in this section explored whether there were strong and meaningful efforts to find and engage fathers. Other questions asked if there was a clear approach to the perpetrator’s behaviour as a parenting choice (with acknowledgement of his choices and influence on the family in the work undertaken by child protection), for example, if the case planning incorporates the father’s influence on the functioning of the family and whether he is directly involved in the case or not.

Key themes:

- There was “no” to “some” evidence of strong and meaningful efforts to find and engage the perpetrator but no correlation with a change in behaviour for the father in spite of such efforts.
- There were few instances, and sometimes no instances, of meetings with the father even when his whereabouts were known.
- Overall there was “limited” evidence of any assessment of the father’s role in the family and “little” evidence of engagement related to his violence, his treatment of the adult survivor, or his parenting. For example, there might be discussion about a father’s substance abuse impacting family functioning but nothing about his violence, suggesting the violence was seen as separate from parenting.
- There were inconsistent views of the standard fathers are held to as parents. Caseworkers were unclear as to whether or not the father should be considered a main figure in the family or kept on the periphery, regardless of his actual role in the family functioning.
- There was little to no evidence of follow through with perpetrators of violence following separation in spite of children continuing to have high levels of contact with them.

Nexus of protective efforts and child safety and wellbeing

This section measured the quality of documentation about the nexus, or relationship, between the adult survivor’s

protective efforts and the safety and wellbeing of the children. It particularly focused on what her actions and choices were in relation to promoting safety, stability, nurturance, and healing from trauma.

Key themes:

- There was “no” to “some” evidence of documentation of the adult survivor’s protective efforts.
- Some cases documented the adult survivor’s efforts from a “failure to protect” perspective with consequent emphasis placed on her decision-making and choices. In these cases, the mother was held responsible for what was happening to the family and children as well as held responsible for the perpetrator’s choices. For example, calling the police may be perceived as evidence of a “good” protective mother for as long as the effect of calling improves the situation, but becomes a “bad” protective mother when it no longer helps and she stops calling police.
- Mothers’ concerns for the safety of children in the context of **family law** cases were primarily constructed as “parental conflict” as opposed to ongoing DFV.
- There was “no” to “some” evidence of a documented nexus between mothers’ protective efforts, or strengths, and child safety and wellbeing.
- Case file notes did not appear to contextualise the “extra” work that mothers incur in looking after children in the face of fathers’ violence. As a result, opportunities to validate the strengths of adult survivors and partner with them around the safety and wellbeing of the children were missed.

Integration of other issues with DFV

The role of other factors in exacerbating the perpetrator’s danger to the family or the harm to the children and whether they make the adult and child survivors more or less vulnerable or trapped are explored in this section. These factors include cultural background, socioeconomic issues, the use of firearms or other weapons, substance abuse, and/or mental health issues and their intersection with the perpetrator’s pattern of DFV.

Key themes:

- Overall, there was “no” to “some” evidence of integration of socioeconomic issues, cultural background, substance abuse, mental health issues, the use of firearms or other weapons, and their intersection with DFV.
- There was an absence of documentation about the historical and cultural context of the DFV in working with Aboriginal families and no evident discussion about fears relating to the removal of children by child welfare. Nor was there documented discussion about cultural values or practices that might be of value in strengthening the family or

addressing the violence in cases involving Aboriginal or immigrant families.

- There was “little” integration of socioeconomic issues with the DFV; for example, no connections were drawn between the coercive control of multiple men in the life of one mother, her poor financial situation, isolation and increased risk of DFV for her and her children.
- There was “some” documented evidence of referrals for men to other services (such as Aboriginal, men’s behaviour change, mental health, and drug and alcohol services) but little evidence of practitioners seeking feedback about engagement or progress. By comparison, there was more focus on following up on referrals relating to women, such as mental health.
- Weapons were a significant part of most cases but did not appear to impact documented case practice and case readers found “little” evidence of integration of this information into case planning.

Partnership with adult survivor

This section assessed the evidence for and quality of documentation of the partnership efforts made by child protection with the adult survivor. It is based on the principle that the perpetrator is fully responsible for the violence and that the partnership with the adult survivor is part of an efficient and effective effort to achieve child safety and wellbeing in DFV cases.

Key themes:

- Many cases provided at least “some” level of partnership with the adult survivor but there was also evidence of “no” partnership.
- There was evidence of “some” level of a partnership approach to services and case planning. However, case readers also noted examples of poor practice; for example, of practitioners failing to ask what services the adult survivor wanted, not exploring whether a mother had failed to follow through on a service owing to the perpetrator’s coercive interfering with those efforts, and holding a family group meeting with the perpetrator present with no evidence of a process having determined it was safe and useful for such a joint meeting.

Interventions with the perpetrator

This section explored the quality of documentation about intervention efforts made by child protection with the DFV perpetrator. It focused on the extent to which efforts were made to find, engage, and interview DFV perpetrators as well as the extent to which perpetrator interventions were made.

Key themes:

- Overall, there was “no” to “some” evidence of engaging the perpetrator. In the one case where there was significant engagement with the perpetrator there was no specific addressing of his violence, substance abuse, or mental health.
- The lack of interventions with perpetrators and the impact on case planning, especially post-separation, was striking given the high level of violence and coercive control (including a serious history of criminal involvement, including manslaughter in one case).
- There was evidence of a range of referrals to services being made by child protection in some cases - including anger management, men’s behaviour change program, Aboriginal health, drug and alcohol, and mental health services—but no documented evidence of follow-up on progress or clear linkage made to the goals of the child protection intervention. These referrals amounted to “parallel interventions” rather than “coordinated interventions” between agencies (for example, between police and child protection) that might have had a positive impact on the progression of the case.
- The dearth of evidence of child protection engaging in assessments of men as parents, even where there was extreme criminal violence, suggests that accountability and interventions for perpetrators resides exclusively in the criminal sphere. This enables perpetrators to avoid consequences, dominate from behind the scene, or overtly control situations in the family law and child protection arenas.

Interventions with children

This section explored the quality of documentation of the intervention and treatment efforts made by child protection with the child DFV survivors.

Key themes:

- There was evidence that children were engaged using different tools and interviewed in all age appropriate cases. There was also evidence of good interviewing practices in some cases with practitioners asking open ended questions, exploring home life, what the child wanted, the father’s violence, and the father’s role in the family. However, there appeared to be a lack of exploration of the impact of incidents occurring over many years where cases were framed in terms of cumulative harm.
- There was “limited” evidence of appropriate planning for services for children. This seemed to indicate either a dearth of child-specific specialist DFV services, or inappropriate referrals that are too generalist in nature—for example,

to maternal and child health, disability, psychiatric, or physiotherapy services—with no documented linkage of how such services might need to relate to a response to the traumatic events of DFV, and assist children’s mental health and resiliency.

Implications for policy, practice and research

The readers found that it was common that domestic violence was perceived by child welfare as an issue of “mutual combat” or “parental conflict”. Even when the violence level was high and there was ongoing post separation violence, there was evidence that child protection was less likely to consider it as part of their case. This was owing to practice taking a relationship-based approach to the case, which is driven by whether the parents have separated or not, as opposed to a perpetrator pattern-based approach to the family’s situation. Had the latter approach informed practitioners’ work, there should be documented evidence of assessing the perpetrators’ patterns of coercive control, documenting their impact on child and family functioning and developing interventions that addressed these behaviours and the related needs of the family.

Child welfare also seems to be struggling with:

- finding and engaging men and assessing their parenting role and its impact on children and family functioning;
- identifying adult survivors’ protective capacities and their impact on their children; and
- integrating cultural issues, substance abuse, socioeconomic factors, mental health issues and the use of weapons into their case practice.

The lack of integration of the domestic and family violence with the substance abuse and mental health issues was a problem in almost every case. While it was common to list the co-occurrence of these issues in the case record, rarely did the documentation reflect how trauma, behavioural health, and substance abuse issues of the adult and child survivor were being shaped and influenced by the perpetrator’s behaviour. This seemed to be true about other issues too, such as housing instability. The readers also noted that while Indigenous services were sometimes accessed, there was no strongly documented integration of a cultural analysis into the work with Indigenous families.

While there were examples of strong practice, the overall practice was limited from a DFV informed perspective. This is of concern given that a high level of violence, coercive control and the use of weapons was present in most of the cases.

Further information

This report forms part of the **PATHways and Research In Collaborative Inter-Agency working**, or the **PATRICIA Project**. The full report: Humphreys, C., and Healey, L. (2017). *PATHways and Research In Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final report* (ANROWS Horizons 03/2017). Sydney: ANROWS.

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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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References

David Mandel & Associates LLC. (2014). *Safe and Together Model: Overview and Evaluation Data Briefing*. Retrieved from <http://endingviolence.com/wp-content/uploads/2013/01/2015Overview-and-Evidence-Briefing-October-2014.pdf>

Mandel, D. (2016). *Australia National Domestic Violence-Informed Case Reading Summary*. Safe and Together Institute. <http://endingviolence.com/patricia-project-case-reading-report/> Retrieved December 23/12/16, 2016

State of Victoria. (2016). *Royal Commission into Family Violence: Report and Recommendations*, Vol. III. Parl Paper No. 132 (2014-2016). Melbourne: Victorian Government.

Key definitions

Child protection	The statutory child welfare authority in each state and territory that is responsible for providing assistance; investigation into allegations of child abuse (including domestic and family violence) or neglect; care; and protection to children suspected of or vulnerable to harm.
Coercive control	Non-physical forms of DFV, referred to as “coercive control”, dramatically impact adult and child victim-survivors’ lives and the functioning of a family (even a community) who fear for their safety or wellbeing. Perpetrators’ tactics may aim to instil fear by threatening violence, intimidating, humiliating, perpetually keeping victims under surveillance, isolating, and micromanaging the daily lives of victims. It is a relentless, ever-present form of violent and abusive behaviour that a perpetrator uses in order to constrain, manipulate, and diminish the lives of his victims.
Domestic and family violence - specialist DFV services	“Domestic and family violence” (DFV) is the term used in this report to encompass the range of violent and abusive behaviours—physical, psychological, sexual, financial, technology-facilitated, and neglectful—that are predominantly perpetrated by men against women and their children in current or past intimate, familial or kinship relationships. This is consistent with the <i>Third Action Plan 2016–2019 of the National Plan to Reduce Violence against Women and their Children 2010–2022</i> (http://plan4womenssafety.dss.gov.au/). The phrase “specialist DFV services” is used in this report to refer to a range of diverse agencies that provide specific interventions for women, children, or men who have experienced DFV either as victim-survivors or as perpetrators. They include (but are not limited to) agencies with a dedicated purpose to address DFV; agencies with a focus on a particular population (for example, Indigenous or CALD families and communities); legal and health agencies with particular expertise or programs in supporting women, children, or men who are affected by DFV; and peak DFV bodies in the different state and territory jurisdictions.
Family law system	Used in this report to refer collectively to the Family Court of Australia, the Family Court of Western Australia, the Federal Circuit Court of Australia, and family law and post-separation services, including legal aid, private legal services, and family relationship services. This is consistent with the <i>Family Law Council Report to the Attorney-General on Families with Complex Needs and the Intersection of the Family Law and Child Protection Systems: Final Report—June 2016</i> (https://www.ag.gov.au/FamiliesAndMarriage/FamilyLawCouncil/Pages/FamilyLawCouncilpublishedreports.aspx).
High standard for fathers who use violence	This term is used in the Safe and Together approach to child welfare. It refers to the need to explore and document the role of the father or male care-giver in the family and the impact of his parenting choices, including his use of violence, on family functioning and, in particular, on children. It is highlighted because mothers and fathers are often treated differently in systems. By setting higher standards for fathers as parents than is usual (for example, by assessing them on the same criteria that mothers are assessed), the aim is to develop a gender responsive service system.

Model

Practices, interventions, services, policies, reforms, or initiatives of interagency working.

**Perpetrator
accountability**

The process of men as individuals, or as a collective (such as in the case of Indigenous communities), taking responsibility for their use of DFV. It also means that it is beholden on service systems—criminal justice, civil justice, and child protection systems, as well as non-mandated services—to ensure that the impact of their responses is not complicit in the violence and abuse and does not perpetuate the conditions that create it.
