Invisible Practices:

Intervention with fathers who use violence

Key findings and future directions

ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

RESEARCH TO POLICY & PRACTICE
ISSUE 04 | DECEMBER 2018

ANROWS Research to policy and practice papers are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This is an edited summary of key findings from ANROWS research *Invisible Practices: Intervention with fathers who use violence*. Please consult the ANROWS website for more information on this project and the full project report: Healey, L., Humphreys, C., Tsantefski, M., Heward-Belle, S., & Mandel, D. (2018). *Invisible Practices: Intervention with fathers who use violence* (Research report, 04/2018). Sydney, NSW: ANROWS.

ANROWS acknowledgment
This material was produced with funding from the Australian Government and the Australian state and territory governments. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government, or any Australian state or territory government.

ANROWS research contributes to the six *National Outcomes of the National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 6 – Perpetrators stop their violence and are held to account.

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.

BACKGROUND

Why work with fathers who use violence?

Historically, domestic and family violence (DFV) services have encouraged women to separate from partners who use violence. Child protection (CP) services have also expected women to leave violent partners for the sake of the children, in spite of the potential danger of doing so, and the impoverishment that may result. However, the family law system has a "pro-contact culture" (Humphreys & Campo, 2017, p.5), and frequently rules that fathers should be involved with their children, even when they are known to use DFV. It is therefore not possible to assume that separation will mean that a father is out of the picture.

Engaging with fathers who use violence gives workers the opportunity to gain a detailed understanding of men's patterns of violent behaviour, which can be valuable to inform risk assessments and safety planning.

When services do not engage with fathers who use violence, more focus is placed on mothers. This can result in mothers being held to account for failure to protect their children, rather than fathers being held responsible for exposing their children to harm.

To date, it is generally the criminal justice system and specialist men's behaviour change programs (MBCPs) which have provided interventions with men who use violence. The received wisdom has been that specialist men-only interventions provide safer practice, with fewer risks to women and children who withstand the worst of violence and abuse (Laing, Humphreys & Cavanagh, 2013). However, only a minority of men who use violence attend MBCPs, and an even smaller number actually complete the program (Miller, Drake & Nafziger, 2013). Notably, too, these types of interventions do not focus on fathering issues.

The Invisible Practices project was grounded in the belief that women and children living with DFV will be better supported by a model of working that involves the whole family (mother, father and children) (Humphreys & Campo, 2017; Mandel, 2014). Child protection and family services are well-positioned to engage with fathers who use violence. Indeed, such work is already happening; however, it is unclear what constitutes good practice, poor practice or dangerous practice. This area is under-developed and undocumented, and practice is therefore largely invisible.

The Invisible Practices project

The Invisible Practices project investigated what skills and organisational supports are necessary to allow CP practitioners, specialist DFV practitioners, justice services and family services practitioners to work well with fathers who use violence.

The project built upon the PATRICIA Project (**PAT**hways and **R**esearch **I**nto **C**ollaborative **I**nter-**A**gency practice) which investigated how to foster greater collaborative relationships between statutory CP organisations and specialist community-based DFV support services.

Invisible Practices was an action research project that involved a whole-of-family approach called the Safe & Together™ Model. The Safe & Together Model is a complex systems intervention which is explicit in situating worker skills development in the context of organisational change. The Invisible Practices project harnessed practice-led knowledge at five geographic sites in Australia: two in New South Wales, one in Victoria, one in Queensland and one in Western Australia. An interagency Community of Practice (CoP) was established at each site, and these CoPs were supported by consultants and resources from the Safe & Together Institute. A project advisory group was also established in each state, with membership drawn from senior levels of participating organisations.

Research questions

The research questions that drove the project were:

1. What do practitioners require from their organisations and/or other organisations to support them in working with fathers who use violence?
2. What evidence is there that the capacity building of CoPs, supported by coaching and supervision from the Safe & Together Institute consultants, provides increased experience of safety and support for practitioners?

Methods

The project used a mixed methods research design involving the following elements:

1. An overarching collaborative action research framework involving the work of practitioners in each of the five CoPs and the parallel work of senior organisational representatives in the project advisory groups, both guided by the Safe & Together Institute consultants and the research team.
2. A literature review. A scoping review methodology was used to identify:
    - the national and international research on "whole-of-family" approaches to DFV where fathers remain at home or closely connected to their children and partners or ex-partners; and
    - the organisational support and practical skills that are required to work with fathers who use DFV when they remain at home or in close contact with their children.

This literature review *Fathers who use violence: Options for safe practice where there is ongoing contact with children* was published by Cathy Humphreys and Monica Campo in 2017.

3. Identification and documentation of practice developments using several methods:
   - systematic noting of key learnings during each CoP meeting;
   - analysis of case report material used during the training and CoPs; and
   - focus groups held at the end of each site's CoP phase, and semi-structured interviews with participants unable to attend the focus groups.
4. A national workshop in February 2018 attended by 52 project participants with the purpose of developing practical guidance about working with fathers who use violence and control.

Safe & Together: A model for working with fathers who use violence

The Safe & Together approach is a "field-tested model for good collaborative practice" in situations where DFV requires intervention and prevention (Humphreys and Healey, 2017, p. 33). The model was developed in the US, and its central tenet is that children are best nurtured when they are kept safe and together with the non-offending parent. The model entails three core principles, of equal importance (see Figure 1):

- Keeping the child safe and together with the non-offending parent.
- Partnering with the non-offending parent as the default position.
- Intervening with the perpetrator to reduce risk and harm to the child.

The model also provides specific and detailed strategies and resources for working in this complex area of practice.

One of the critical aspects of the model is that close attention be paid to the patterns of abuse that a father uses, in order to better assess risk and inform safety planning. Another key aspect is that the father's parenting practices and capacity be assessed. For most CP, DFV and family support services, this will require a shift in focus. The Safe & Together model describes this shift as "pivoting to the perpetrator".

FIGURE 1 The Safe & Together Principles (reproduced with permission)

Key findings from the literature

The review of the literature (Humphreys & Campo, 2017, p.5) found that there was "no single definitive approach to intervention" in working with fathers who remain in the home or have significant contact with their children. Humphreys and Campo (2017, p.2), did, however, identify the following key messages:

- Very little evidence exists of effective, safe practice where there is DFV and mothers and fathers remain living together, or when they are co-parenting a child/ren.
- A range of different responses have been developed from different areas of the service system to respond to families living with DFV, including nurse visitors, couple counselling, restorative justice, CP and whole of family approaches with vulnerable families.
- Where services have been developed, there are generally stringent conditions that support safety for all parties, including workers, when working with fathers who use violence.
- Whole of family approaches that engage each member of the family where there is DFV and focus on parenting represent emerging practice, with some promising developments.
- Workforce development is critical in an area where skilled work is essential to support the safety and wellbeing of all involved.

Key findings from practice-led knowledge

Key findings which emerged from practitioners who participated in the research project are outlined below under the following themes:

- Working with fathers who use violence and control.
- Partnering with women.
- Focusing on children and young people.
- The role of organisations and practitioner capacity-building.

Working with fathers who use violence and control

- Intervention with fathers requires "pivoting to the perpetrator" (Mandel, 2014) in order to render his patterns of violence and control visible and understandable. This requires documentation of the harm created by his use of DFV to each child, the child's mother, and the overall functioning of the family.
- Practitioners found having a structured tool (such as the Safe & Together's Mapping Perpetrators' Patterns — Practice Tool) indispensable in stepping them through a series of questions about the different forms of harm posed by the perpetrator, and as a way of counteracting gender bias (mother-blaming practices).
- There is a need for workers to focus on parenting when talking with fathers. If the father turns the conversation to blaming or describing the behaviour of others (particularly his partner's or ex-partner's), workers need to return to the subject of his parenting behaviour.
- Ensuring the safety and confidentiality of information that comes directly from women is vital, particularly if they have requested that this information is not to be divulged.
- Co-working is a good safety measure. It requires good preparation and establishing ground rules so as to avoid having the perpetrator play workers off against each other.
- Referring men who use violence and control to programs requires particular knowledge and skills, given that many programs may be unsuitable for fathers who use violence and control.
- Assessing for motivation to change and the threshold of engagement requires evidence that the perpetrator can describe the harm done to other people, that he accepts the consequences of his use of DFV, and that his behaviour is no longer harmful to women or children.
- The notion of engagement may be limited, given that not all men have the capacity or motivation to change; however, severity of violence is not necessarily an indicator of capacity to change. Factors such as attitudes and stage in the lifespan may be important in creating high levels of motivation.

Emphasising the perpetrator's use of violence as a *"parenting choice"* was invaluable in terms of avoiding *"being sucked into the perpetrator's grooming tactics (including positioning himself as a victim) – by bringing conversations back to his role in parenting."*

- CoP practitioner

Partnering with women

- Partnering with women is central to safe and effective work with fathers who use violence and control.
- Partnering with women requires the practitioner to affirm that neither the woman nor the relationship she has with the perpetrator is the source of the violence and abuse; rather, it is the perpetrator's behaviour and his choice in using DFV.
- Partnering requires the practitioner to document the mother's strengths as a parent, as well as the perpetrator's negative impact on the children's lives and family functioning.
- Being specific in describing the perpetrator's behaviours in case files and reports leads to perpetrator-focused interventions rather than interventions focused on the mother and children.
- Safety planning and advocacy is central to partnering with women and must be based on the documentation of the harm created by the perpetrator's use of DFV (not on an assessment of the mother's parenting, protection, or whether she is prepared to separate).
- Practitioners found working through a structured tool together with women was invaluable in building relationships with them. It also helped them to "pivot to the perpetrator".
- Working creatively helps to understand the woman's position, the sources of her reluctance, and strategies for building trust.
- Practitioners need to explore community and kinship networks not only for Aboriginal and Torres Strait Islander women but others in terms of supporting women to look for sources of support for themselves, the children, and for the perpetrators of DFV.

A CoP participant described how partnering with the woman *"reframed the thinking"* of refuge workers who were going to evict a woman from the refuge because *"she had violated a rule… [and] allowed"* her partner to enter the front yard of the refuge. By viewing the perpetrator's behaviour through the lens of coercive control, the manager was able to discuss with her staff how, *"…we have now changed that practice – we used to always blame her. We are changing that. No more. We stop now and look at the protective factors around keeping the children safe. We are now looking at the perpetrator – this is a huge system change in our organisation."*

Focusing on children and young people

- Practitioners found that in "pivoting to the perpetrator" and partnering with women, the children's needs were brought into view through the focus on parenting.
- Practitioners recognised that children may have ambivalent feelings about their fathers and that workers need to develop the skills to engage with children and young people about this complex issue.
- Practitioners need to assess for DFV where there is child abuse and, where there is DFV, they need to assess for other forms of child abuse; that is, recognising the co-occurrence of other forms of child abuse is an indicator of good practice.

The role of organisations and practitioner capacity-building

- Practitioners found that it was not possible to change practice without substantial senior management support.
- If staff are to feel supported in pivoting to the perpetrator, senior management needs to be prepared to give enhanced attention to worker safety (for example, in ensuring two staff members are available to work together when needed).
- Practitioners' sense of safety and support was entwined with their experience of capacity building within their organisations and across organisations; for example, workers who were part of an interdisciplinary, interagency response were positive about the benefits of this approach to working with DFV but collaborative partnerships, particularly when statutory organisations are involved, need to be authorised at senior management level.
- Practitioners found psychological safety to be just as important as physical safety. This particularly related to the vulnerability of young women workers with heavy statutory responsibilities engaging with fathers who use DFV, the dangers of vicarious trauma or collusion with perpetrators through fearfulness, and the inappropriate re-orientation of practice to women as a way of avoiding the perpetrator of violence and control.
- Practitioners found value in the capacity-building elements of the project. They indicated significant positive agency support in two areas: feeling supported by their agency in pivoting to the perpetrator, and in shifting their practice toward attending to the whole family, that is, balancing attention to the father who was using violence, the mother, and the children.

"It's really important to recognise that workers' fears about perpetrators show up in subtle and not so subtle ways. Workers may not try all avenues to locate perpetrators because of fear for their own or survivors' safety, or not see the point in engaging him as they don't think it will achieve anything."

-CoP participant

Implications for policy-makers

1. Support worker training in the Safe & Together model.
2. Support quality supervision, communities of practice, mentoring and collaborative reflection.
3. Support the development of a culture where partnering with women, focusing on children, and "pivoting to the perpetrator" are all equally important.
4. Support the use of the mapping tool and documentation of perpetrator patterns of behaviour so that this becomes embedded into usual practice.
5. Provide extra resources to support safe practice e.g. joint home visiting.
6. Support the development of a culture in which practitioner fear is acknowledged and not judged.
7. Support culturally appropriate ways of working with Aboriginal and Torres Strait Islander men, women and children.
8. Support interagency work, including formal agreements across collaborative settings.

WORKER SAFETY

Questions for organisations to consider:

- How can organisations establish a culture to support safe practice as part of everyday working?
- How can organisations make it safe for practitioners to express their fear and safety concerns?
- Organisations need to be cognisant of the fear that workers may have when working with perpetrators of DFV, and be proactive in finding ways to support their staff through structured debriefing sessions involving new and experienced staff.
- The more embedded the fear of personal harm, the more uncomfortable it will be for practitioners to admit to it.
- Practitioners may need extra support to work with men who use DFV. This could include mentoring, de-briefing, joint working or joint planning.
- How do organisations respect practitioners' instincts about their own safety, and support practitioners to not avoid their responsibility to engage with men who use DFV?
- What triggers discussion about safety in organisations?
- When should two workers automatically be required and in what circumstances (whether for home visits or office-based meetings)?
- Does an overt threat from a perpetrator to a practitioner, or a history of threatening previous workers, trigger an automatic response as to how and where meetings with the perpetrator will occur?

Implications for practitioners

Detailed guidance for practitioners has been published as *Invisible Practices: Intervention with fathers who use violence. Practice guide.*

A summary is given below.

1. "Pivot to the perpetrator", that is, undertake a structured assessment of perpetrator patterns of behaviour. Document these patterns, and document their impact on each child, the mother, and the overall family functioning.

2. Maintain a balance of attention across the whole family i.e. the father, the mother and the children.

3. Develop skills in establishing rapport while avoiding collusion with the perpetrator. Consider working in teams, and prepare carefully before meeting with perpetrators.

4. Partner with women using a strengths-based approach. Document the woman's strengths and take care to avoid victim-blaming practices. Be guided by the woman's priorities, and in safety planning be guided by her assessment of what is safe.

5. Focus on perpetrators as fathers and on DFV as a parenting choice.

6. Develop skills in working with children's ambivalence towards their fathers.

7. Work collaboratively with other agencies to gather and share information. The Safe & Together model can provide a framework and common language for doing so.

8. Recognise that worker safety encompasses both physical and psychological safety. Manage safety through strategies such as risk assessment, planning, and working in teams. Seek quality supervision, and participate in communities of practice for ongoing mentoring and support.

Conclusion

As a result of their exposure to the DFV-informed Safe & Together Model, practitioners involved in the Invisible Practices project benefited from great insights into how practice could be implemented and enhanced in order to work with fathers who use violence and control. However, it was equally clear that organisational support from senior management is critical if practitioners are to implement changed practice to facilitate the work with fathers who use violence. It was also demonstrated with great clarity throughout the project that the shift in culture requires both top down (senior management) and bottom up (front line practitioners and team leaders) to champion changes to practice which are more proficient in the response to children living with DFV. It was clear that rather than one-off training, which may be of limited value, a more embedded approach to learning and development drew consistent benefits which CoP participants spoke about with enthusiasm.

"Good", safe, ethical, effective practice in this complex, challenging area of practice means that to pivot to the perpetrator fundamentally requires partnering with the woman. In so doing, the impacts of parenting – the harmful behaviours of the perpetrator and the protective strengths of the mother (and wider community network) – will focus attention on the wellbeing of each child. The domains of focusing on the perpetrator of DFV, partnering with women, working with children, and working in safety as practitioners, cannot and should not be isolated from each other; rather, the work must be balanced in attending to all of these domains. The development of evidence-based principles and practices in this area through the Invisible Practices project has proved to be of significant value to practitioners and their managers across a wide range of organisations.

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Further reading and additional resources

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Definitions and concepts

COMMUNITY OF PRACTICE (COP)

A community of practice (CoP) is an effective way to share knowledge and acquire skills (Wenger, 1998). At the heart of a CoP are three key elements: (i) an area which involves a group of individuals who are committed and engaged with the subject; (ii) a community which binds itself together through the quality of relationships and ideally reflects the diversity of approaches and experiences required for innovation; and (iii) practice developed in each community by sharing the knowledge of practitioners including the range of tools, frameworks, methods and stories (Snyder and Wenger, 2004).

DOMESTIC AND FAMILY VIOLENCE (DFV)

Domestic and family violence (DFV) is the term used in this paper to encompass the range of violent, coercive and controlling 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 and/or familial or kinship relationships. This is consistent with the *Third Action Plan 2016–2019 of the National Plan to Reduce Violence against Women and their Children 2010–2022* (2016, pp. 43-44).

PERPETRATOR ACCOUNTABILITY

The term "perpetrator accountability" is used to refer to 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, and non-mandated services – to hold perpetrators accountable to ensure that the impact of their responses are not complicit in the violence and abuse and do not perpetuate the conditions that create and perpetuate it.

"PIVOT TO THE PERPETRATOR" OR PERPETRATOR PATTERN-BASED FOCUS

This term – and the related perpetrator pattern-based focus - is used in the DFV-informed Safe & Together Model to direct practitioners to shift their focus onto the DFV perpetrator's patterns of behaviour as the source of safety and risk concerns as opposed to focussing on the relationship between the parents and whether, for example, they have separated or not. It involves documenting the harm posed to the child, the non-offending parent, family functioning, and the mother-child relationship.

PRACTICE-LED KNOWLEDGE

The theoretical underpinning of 'practice-led knowledge' is one which has resonance for practitioners, validating their expertise, skill and commitment to the area. It has proved a respectful conceptualisation for advancing practice and research together.

SPECIALIST DFV SERVICES

The phrase 'specialist DFV services' is used in this paper to refer to a range of diverse agencies that provide specific interventions for women, children and/or men who have experienced DFV either as victims/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 culturally and linguistically diverse families and communities); legal and health agencies with particular expertise or programs in supporting women, children and/or men who are affected by DFV; and peak DFV bodies in the different state and territory jurisdictions.

WHOLE OF FAMILY APPROACH

Whole of family approaches take varying forms but are linked by the common aim of engaging with all family members – mothers, fathers/father figures and children – in families living with DFV. Whole of family approaches represent emerging practice, with some promising developments (Humphreys and Campo, 2017).

University of Melbourne
Parkville,
Victoria, 3010

Published by

Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box Q389, Queen Victoria Building, NSW, 1230 | www.anrows.org.au | Phone +61 2 8374 4000
ABN 67 162 349 171

Invisible practices: Intervention with fathers who use violence: Key findings and future directions / Lucy Healey et al.
Sydney : ANROWS, c2018.
Pages ; 30 cm. (Research to policy and practice, Issue 04/2018)

I. Family violence – Australia – Prevention. II. Family violence – Law and legislation – Australia. III. Victims of family violence -- Legal status, law, etc -- Australia. IV. Family violence – Services for. V. Safety.
I. Healey, Lucy. II. Humphreys, Cathy. III. Tsantefski, Menka. IV. Heward-Belle, Susan. V. Chung, Donna. VI. Mandel, David.

Suggested citation
Healey, L., Humphreys, C., Tsantefski, M., Heward-Belle, S., Chung, D., & Mandel, D. (2018). *Invisible Practices: Intervention with fathers who use violence: Key findings and future directions* (Research to policy and practice, 04/2018). Sydney, NSW: ANROWS.

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