



**Safe & Together Addressing ComplexitY for Children  
(STACY for Children):**  
*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 22 | OCTOBER 2020

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 "Safe & Together Addressing ComplexitY for Children (STACY for Children)". Please consult the ANROWS website for more information on this project and the full project report: Humphreys, C., Kertesz, M., Parolini, A., Isobe, J., Heward-Belle, S., Tsantefski, M., ... Healey, L. (2020). *Safe & Together Addressing ComplexitY for Children (STACY for Children)* (Research report, 22/20). Sydney: ANROWS.

### **ANROWS acknowledgement**

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 4—Services meet the needs of women and their children experiencing violence.

### **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 histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

### **Acknowledgement of lived experiences of violence**

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT—1800 737 732 and Lifeline—13 11 14.

### **Suggested citation**

Australia's National Research Organisation for Women's Safety. (2020). *Safe & Together Addressing ComplexitY for Children (STACY for Children): Key findings and future directions* (Research to policy and practice, 22/2020). Sydney: ANROWS.

IN BRIEF

# Safe & Together Addressing ComplexitY for Children (STACY for Children)

## BACKGROUND

- Children, as well as adults, are victims of domestic and family violence (DFV).
- There is a tendency for the needs of children to become invisible, particularly in adult-focused services, like mental health (MH) and alcohol and other drugs (AOD) and, to a lesser extent, DFV.
- Implementing the Safe & Together™ Model (S&T Model) holistically may lead to better outcomes for children and families living with DFV and parental issues of AOD use and/or MH problems.

## KEY FINDINGS

- Practitioners using the S&T Model reported an increase in the degree to which they recognised the centrality of children in perpetrator patterns of power and control.
- Practitioners trained in the S&T Model also recognised the multitude of ways that children are impacted by DFV, parental AOD use and MH issues.
- The young people, mothers and fathers interviewed identified positive differences in approach between workers trained in the S&T Model and workers with whom they had had previous experiences.
- Effective child-focused practice at the intersections of DFV, AOD and MH does not become embedded in organisational and practice culture without an authorising environment that involves DFV-informed and child-focused policies and procedures. It also requires the training of staff at all levels to increase both skills and confidence.
- The analysis of available family risk evaluations showed that DFV was most often reported in combination with other risk factors.
- Through an analysis of child protection administrative data, this research found indicative evidence that the introduction of a DFV-informed approach was associated with positive changes in the child protection process. However, further research is needed to confirm these results.

## KEY RECOMMENDATIONS

- MH, AOD and DFV organisations should proactively develop policies for their staff that facilitate conversations about the role of their clients as mothers/fathers and increase the visibility of children.
- Sector leaders and agency managers need to adopt a policy position that keeps children safely with their non-offending parent (usually mothers) as the default starting point for practitioners in their agencies.
- There is an urgent need to address the serious service gap in MH services for children and young people living with DFV.

# Children are victims/survivors of domestic and family violence in their own right

Evidence highlights that children, as well as adults, are victims/survivors of domestic and family violence (DFV). According to Australian Bureau of Statistics' 2016 Personal Safety Survey data, 65 percent of women who had children in their care when they experienced violence by a partner reported that the children had seen or heard the violence (Australian Bureau of Statistics [ABS], 2017). By the age of 15, one in six women (16% or 1.5 million) and one in 10 men (11% or 991,600) reported that they had experienced abuse (ABS, 2017). Children's exposure to DFV (their experiences of abuse) often has destructive consequences for them, as has been well established in the research literature (ANROWS, 2018; McTavish, MacGregor, Wathen, & MacMillan, 2016). These include negative health impacts (Riviera et al., 2007), the undermining of children's emotional and psychological wellbeing (Holt, Buckley, & Whelan, 2008), and problems connected with damaging behaviours (Campbell, Richter, Howard, & Cockburn, 2020). While there is widespread recognition that DFV is predominantly a gendered issue of men's violence towards women (Cox, 2015), less attention is given to children as victims of the destructive parenting behaviours of fathers who use violence and coercive control.

# Responding to the unique needs and experiences of children

Research about practice with children and families living at the intersection of DFV and alcohol or other drugs (AOD) and mental health (MH) issues has highlighted the need to support each family member in their own right. This is done through suitable and targeted interventions that focus on holding perpetrators accountable for their abuse. It is also done via appropriate responses to ensuring the safety and wellbeing of women and children through partnering with the non-offending parent (usually the mother). Such approaches combat entrenched practices that render fathers who use violence invisible, converge judgementally on mothers through “failure to protect” frameworks, and result in inattention to the actual impacts on children and their unique needs for recovery (Healey, Connolly, & Humphreys, 2018; Stanley & Humphreys, 2017).

An issue emerging from the “Safe & Together Addressing ComplexitY” (STACY) project (Healey et al., 2020) and the *Invisible practices: Working with fathers who use violence* report (Healey, Humphreys, Tsantefski, Heward-Belle, & Mandel, 2018) was the tendency for the needs of children to become invisible, particularly in adult-focused services (MH, AOD and, to a lesser extent, DFV).

# “Safe & Together Addressing ComplexitY for Children (STACY for Children)”

by Cathy Humphreys, Arno Parolini, Lucy Healey, Margaret Kertesz, Menka Tsantefski, Susan Heward-Belle, Patrick O’Leary, Jasmin Isobe, Wei Wu Tan, Colleen Jeffreys, Anna Bornemisza, Amy Young, and Larissa Fogden

The “STACY for Children” project was conducted across three research sites in Queensland, New South Wales and Victoria by a collaborative, multi-disciplinary team of researchers. The project involved two studies that investigated whether there was emerging evidence that the Safe & Together™ Model (S&T Model),<sup>1</sup> where it is implemented holistically (with an authorising environment and strong collaborative practice), leads to better outcomes for children and families living with DFV and parental issues of AOD and/or MH.

**Study 1** drew on several sources of data collected as part of the STACY project (Healey et al., 2020) and re-analysed them with a focus on children’s needs and perspectives. This secondary analysis enabled deepened understanding of practitioners’ perspectives on the implementation of the S&T Model as an all-of-family approach (i.e. addressing the needs of each family member) to practice. Critically, it brought forward the voices of children/young people and family members living at the intersection of DFV, AOD and MH who had experienced this approach as part of their engagement with services.

**Study 2** explored the wider changes across the child protection system that followed the implementation of the S&T Model in a particular trial site, where a specialist worker is placed to support and inform the child protection process from a DFV-informed perspective. It used child case-level, de-identified administrative records to investigate whether the availability of the S&T Model as an approach to practice was associated with positive outcomes for children and families in an area where it had been proactively implemented. A variety of analytical approaches were applied including descriptive analytics, pre–post analyses and non-equivalent comparison group designs. While this exploratory study did not attempt to generate any causal interpretations of observed relations in the data, it was designed with a view to informing the feasibility of a larger scale investigation into the effects of the implementation of the S&T Model within child protection systems in Australia.

See [anrows.org.au](https://anrows.org.au) for the full report.

<sup>1</sup> The Safe & Together™ Model is a systems intervention framework that was developed to guide organisations and their practitioners working with child protection issues toward policies and practices that are domestic and family violence-informed. For more information about the S&T Model see <https://safeandtogetherinstitute.com/about-us/about-the-model/>

# Key findings

## Study 1: Listening to people working and living at the intersections of DFV, AOD and MH

Practitioners in this study who had received training in the S&T Model were using it in their practice and discussing it in state-based communities of practice (CoP).<sup>2</sup> They reported an increase in the degree to which they recognised the centrality of children in perpetrator patterns of power and control and the multitude of ways that children are impacted by DFV and parental AOD and MH issues. This is a significant shift away from historic representations of children as incidental, silent or invisible victims of DFV, whose risks and needs are conflated with those of their mothers.

Well, we used to do bedtime routines and behaviour charts and how can we all sit and have dinner together. Now we're perpetrator mapping and doing safety plans that require spare mobile phones in boxes. (I-S3-AOD-12\_FS-13\_FS-14)

Young people, mothers and fathers who were interviewed as part of the study were able to identify positive differences in approach between workers who had been trained in the S&T Model and workers with whom they had had previous experiences. They mentioned significant changes in their families, and spoke of being treated respectfully by practitioners.

Challenges to integrate adult-focused practice with children and their needs, and to recognise child safety and wellbeing as being tied to those of the non-offending parent, are felt particularly in adult-focused services. Challenges occur across sectors, in child protection and family services, DFV services and the AOD and MH sectors. In interviews and questionnaire responses, and in CoP discussions, children were discussed as a motivating factor to engage violent fathers, or in relation to removal from the family home. They were less often seen as individuals with agency who were themselves victims and survivors of DFV, with their own expertise about factors contributing to their own safety and wellbeing. From the perspective of young people, practitioner confidence and skill in engagement underpins the success of an intervention.

Children are clients in their own right and they have a right to be heard. Children need to be encouraged to speak their mind and to talk about what happened to them, they need to know that their experience is valid and it matters. Case managers are encouraged to interact with children and spend time with them during crisis/refuge entry and to talk to them about the services and their rights as clients in the service. (Q-S3-FV-CoP-27)

<sup>2</sup> A community of practice (CoP) is a group of people with a shared concern or practice, who interact to skill-share and improve their practice. The "STACY" project set up a CoP in each participating state. See the full research report for further details.

The findings from the DFV-informed continuum of practice exercise<sup>3</sup> reinforce this picture of change in its infancy, with some variation across sectors. Unsurprisingly, practitioners from adult-focused services in MH and AOD were less confident in their personal and organisational practice. AOD practitioners reported significant change, particularly in understanding the concept of child safety and wellbeing being tied to those of the adult victim/survivor, while MH organisational and professional (personal) practice was reportedly much less responsive to this idea. Although there was a perceived improvement in organisational practice, and even more so in personal practice for organisations and practitioners involved in the CoP capacity-building process, respondents still believed that further change was necessary.

Effective child-focused practice at the intersections of DFV, AOD and MH does not become embedded in organisational and practice culture without an authorising environment that involves DFV-informed and child-focused policies and procedures. It also involves training of staff at all levels to increase both skills and confidence. Some very effective change has occurred as a result of organisations structuring an all-of-family approach into practice in which each family member is recognised in their own right. However, it was recognised that there was a long way to go across all sectors to re-orient service systems to the principles embedded in the S&T Model.

DFV has not previously been seen as core business. However, our service as a whole is becoming more aware of the complex interplay between DFV and MH issues ... Children are often “invisible” within the adult mental health service. Bringing children to the fore as part of routine screening and ongoing rolling assessments will help identify support needs for parents and help to promote the safety and wellbeing of children. (Q-SA-MH-CoP-89)

## Study 2: Exploratory quantitative analyses of the wider impact of the Safe & Together Model at a particular trial site

This study explored the wider changes across the child protection system that followed the implementation of the S&T Model approach in a particular trial site (Site C) in Queensland. Overall, the findings from this study show mixed results. Some increases in DFV reporting were observed in Site C following the introduction of the S&T Model in October 2016. However, it is not clear from the data if, and to what extent, the intervention itself contributed to these changes, as competing causal explanations could not be ruled out.

The effects of the S&T Model on children’s trajectories through the child protection system were investigated in two ways. First, the rate at which practitioners made plans for interventions with parental agreement (IPAs) during intake and assessment was examined. While an increase in plans for IPA was identified, statistical analyses were not able to confirm that any changes in these rates were a result of the introduction of a DFV-informed child protection approach in Site C.

<sup>3</sup> The DFV-informed continuum of practice exercise is a reflective, looking-back exercise where CoP participants rate their personal practice, and that of their organisation, at the beginning of the project and at the end of it. See the full research report for more detail.



Second, the relationship between the introduction of the S&T Model and out-of-home care (OOHC) placement for children in need of protection was considered. Results indicated substantial decreases in the probability of OOHC placement over time. However, as these trends commenced prior to the introduction of the intervention, and were similar to developments in other Child Safety Service Centres (CSSCs), the role of the S&T Model in these changes is unclear.

An analysis of available family risk evaluations showed that DFV was most often reported in combination with other risk factors. In particular, the co-reporting of DFV with both AOD and MH issues was the most prevalent pattern across most CSSCs. Graphical analyses indicated that the reporting of all three risk factors—DFV, and AOD and MH issues—in Site C, as a proportion of all family risk evaluations, increased after the introduction of the S&T Model in October 2016. Further analyses into the relationships of DFV with the two other risk factors revealed that these associations are based on complex profiles that also involve other family risk factors.

The analyses showed promising signals in the data that point towards positive developments in all investigated outcomes over time at Site C. However, in light of data limitations and the complexity of the child protection and family violence sector in Queensland during the period of observation,<sup>4</sup> a more targeted and comprehensive analysis is required to determine the contribution of the S&T Model to these changes.

<sup>4</sup> Components of the “PATRICIA” research project (Humphreys & Healey, 2017), including implementing the S&T Model, and the subsequent research projects—“Invisible Practices” (Healey, Humphreys, et al., 2018), “STACY” (Healey et al., 2020), and “STACY for Children”—were conducted in Queensland soon after a major inquiry into DFV, the findings of which were published in the *Not Now, Not Ever* report (State of Queensland, 2015). In addition, Queensland was one of the jurisdictions already beginning to engage with the S&T Model of DFV-informed child protection (Humphreys & Healey, 2017) as a way of addressing the concerns regarding the means by which child protection dealt with cases involving DFV.

# Recommendations for policymakers and practice designers

The constant challenge to provide a safer and more effective response to DFV applies not only to the specialist DFV sector and child protection, but also to MH and AOD services that may be the first places where both perpetrators of violence and abuse and victims/survivors come to the notice of the system. The need for system-wide changes is highlighted as a key finding and a complex area to address.

Practitioners involved in implementing the Safe & Together Model reported their direct practice to be moving ahead of that of their organisations', in relation to creating visibility of children, holding a focus on adult clients as parents, and keeping all family members in view around tactics of coercion and control. To address this, this research recommends the following:

- Senior managers in MH, AOD and DFV organisations proactively develop policies for their staff that facilitate conversations about the role of their clients as mothers and fathers, and how to increase the visibility of children.
- Senior managers in MH, AOD, child protection and family services organisations develop protocols, following the “STACY” project practice guides (Heward-Belle et al., 2020), that address the intersection of DFV with other complex issues challenging the families seen in their organisations.
- Senior managers in MH, AOD and DFV organisations either facilitate the training of a group of practitioners in their organisation to be children’s specialists, working directly with children to understand their perspectives, or employ a specialist worker who can provide appropriate secondary consultation about children in the organisation. For adult-focused services, this will potentially involve the specialised development of brief counselling formats or assessment processes with a focus on children.
- Sector leaders and agency managers adopt a policy position that keeps children with the non-offending parent (usually mothers) as the default starting point in their agencies, if it is safe to do so. This recognises the importance of supporting the relationship between non-offending parents and their children, and keeps the best interests of children as a primary consideration in decisions about their contact and relationship with their parents.
- The serious service gap in mental health services for children and young people living with DFV is urgently addressed.<sup>5</sup>

## Aboriginal and Torres Strait Islander implications

The voices of Indigenous men, women and children are notably absent in this research. Given the over-representation of Aboriginal and Torres Strait Islander children in the child protection system, there is an urgent need to develop interventions that support Indigenous children, families and communities who face intersecting challenges, not only of parental AOD and MH issues in the context of DFV, but also of intergenerational trauma, housing instability and structural disadvantage. This research recommends that an Aboriginal and Torres Strait Islander-led research project is resourced and undertaken

<sup>5</sup> See also Campbell et al. (2020) and Salter et al. (2020).

to explore holistic approaches to Aboriginal and Torres Strait Islander children, women and men where there is DFV and intersecting issues of MH and AOD. This could include the development of practice tools that are co-designed by and customised to Aboriginal and Torres Strait Islander families and their communities, potentially informed by the S&T Model and its resources.

## Implications for practitioners

Across the two studies, the impact of S&T Model training, coaching and supervision on practitioners and clients indicated positive directions for practice. Data drawn from both family member interviews and consultations with professionals indicate that the practice of workers trained in the S&T Model, and coached in implementing the S&T Model, showed an increasing recognition of the importance of assessing children, parenting and family functioning in any DFV intervention. This research recommends the following:

- The S&T Model continues to be explored with practitioners across different sectors to ensure a more ethical and DFV-informed approach to practice. In particular, continued peer support and engagement through CoPs across sectors would enable cross-sector sharing of practice expertise to inform both policy and practice.
- The co-occurrence and interconnections between DFV, MH and AOD are incorporated into the training, supervision and coaching of practitioners across all relevant sectors. In particular, the strategies for keeping the perpetrator of DFV in view, and for understanding the ways in which AOD and MH issues play a role in and/or can be exploited by a perpetrator as part of the wider tactics of coercive control, require training and increased focus.
- Increased attention and focus should be given to strategies, programs and resources that recognise adults as parents and enhance visibility of their children in DFV, AOD and MH interventions.

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Australia's National Research Organisation for Women's Safety Limited (ANROWS)  
PO Box Q389, Queen Victoria Building, NSW 1230 | [www.anrows.org.au](http://www.anrows.org.au) | Phone +61 2 8374 4000  
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***Safe & Together Addressing ComplexitY for Children (STACY for Children): Key findings and future directions / ANROWS (Ed.).***

Sydney : ANROWS, 2020.

Pages ; 30 cm. (Research to policy and practice, Issue 22/2020)

I. Victims of family violence - Services for. II. Child protection. III. Domestic violence. IV. Service delivery.  
I. Australia's National Research Organisation for Women's Safety.

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