

SAFETY PLANNING FOR WOMEN AND CHILDREN

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Abstract

Safety planning is a key element in workers interventions with women experiencing domestic violence. In developing safety plans, practitioners need to assess the woman's understanding of the violence, the presence of children, the influence of culture and the availability and accessibility of resources such as legal, financial and accommodation services. In addition, agency policies regarding domestic violence and child protection are critical in determining the dimensions of the practitioners' intervention including safety planning. This paper explores the issues identified in research conducted with practitioners in NSW, Australia, in 2001, around safety planning where there were domestic violence and child protection concerns.¹ In particular, this paper will focus on the interplay between women and children's rights and how practitioners struggle with this tension in their interventions as they endeavour to ensure women and children's safety. Finally, we will outline safety planning strategies that were developed by practitioners in response to the feedback of the research.

¹ This research has been undertaken with assistance from the NSW Department of Community Services. However the information and views contained in this study do not necessarily, or at all, reflect the views or information held by the NSW Government, the Minister for Community Services or the Department.

This research builds on completed and existing research projects undertaken in the Department of Social Work, Social Policy and Sociology. The general aim of this proposed project is to bridge the different philosophies and concepts underpinning the practices of child protection practitioners and domestic violence practitioners in order to foster an inclusive approach towards children's and women's rights thereby ensuring the safety of both children and women who live with domestic violence.

The question is: given the philosophical and practice differences in the child protection system and the domestic violence field how can practitioners from each area work collaboratively to promote the ongoing safety, welfare and well-being of children, young people and women who live with domestic violence. Research has identified barriers in practice which result in child protection workers focusing on the safety of children at the expense of their mothers' safety and domestic violence workers focusing on women's safety while overlooking their children's safety (Davies, Lyon, Monti-Catania, 1998; Fleck-Henderson, 2000). This research seeks to identify strategies to bridge these barriers to enable both child protection workers and domestic violence workers to promote the safety of both children and women.

In recent years there has been increasing acknowledgment of the co-existence of domestic violence and child abuse. The presence of one form of violence may be a strong predictor of the other (Goddard & Hiller, 1993; Stanley & Goddard, 1993; James, 1994; Tomison, 1995; 2000)

There is strong evidence which identifies the detrimental effects (emotional, psychological, physical, behavioural, social, cognitive and academic) of domestic violence on children and young people who live in households characterised by such violence (Stark & Filtcraft 1988; James 1994).

However, domestic violence and child protection until the mid 1990s in New South Wales have been considered as separate entities by the different relevant agencies, namely the government and non-government child protection agencies and the non-government domestic violence agencies resulting in policies, research and practices which dealt with the violence in a fragmented way (Tomison, 2000).

In New South Wales, there have been increased attempts to identify all forms of violence in families evidenced by:

- the Department of Community Services (DoCS) introduction of a notification category, *emotional abuse due to exposure to domestic violence* in 1994 (Irwin & Wilkinson, 1997);
- Police Officers being directed to notify DoCS when a child has been present in a domestic violence incident in 1997 (NSW Police Service, 1997 p 10);
- Promotion of interagency initiatives (Tomison, 2000); and,
- Legislative changes: Mandated persons are required to report children and young persons to DoCS if there are domestic violence concerns.

The research

Individual interviews were conducted with 15 practitioners working in child protection services and domestic violence services.

Ten focus groups were conducted.

Both the individual interviews and focus groups explored practitioners' perceptions of:

- philosophies, concepts and practice base underpinning their interventions
- the strategies currently used to ensure the ongoing safety of children and women and
- factors which either enhance or constrain the development of such safety strategies

The practitioners who participated in the research represented a range of services. Family Support Services, PANOC, DoCS, Child and Family Teams in Community Health, Women's Community Legal Centres, Relationships Australia, Women's Housing Schemes, Child Protection Teams, Early Intervention Programs, non-government Child Protection Services, Specialist Domestic Violence Services and Women's Migrant Services.

Safety planning

Safety planning is about advocacy for battered women. Safety and advocacy for children is included in this. It provides a pragmatic approach to working

with battered moment that acknowledges and builds on women's perceptions and responses to their partner's power and control.

Safety planning considers the possible risks if the woman stays in the relationship compared with the possible risks if the woman leaves the relationship. These risks include the physical, psychological, children, financial, family and friends, relationships and arrest/legal status. In addition Davies et al (1998) outlines life-generated risks both the possible effects and possible uses which need to be taken into account when developing safety plans. Such risks include financial limitations, home location, physical and mental health issues, inadequate responses by major social institutions and discrimination (race, ethnicity, gender, sexual preference or other bias).

From this research it was identified there are key components to the development of safety plans. These involve a comprehensive understanding of the factors that interplay within and between the woman, the perpetrator, the children, the practitioner, interagency relationships and available resources. These are influenced by attitudes, beliefs, perceptions and definitions of domestic violence and child abuse in the current situation, and agency roles and responsibilities which are held by the before mentioned key players. In this paper we are focussing on three of these issues namely, definitional and theoretical understandings of domestic violence, the consequences of workers becoming mandatory reporters for child protection and factors which enhance or constrain the development of safety plans.

Domestic violence is not defined in child protection legislation. Therefore, how workers intervene with women and children therefore is influenced by their personal, professional and agency definitions and theoretical underpinnings about domestic violence. These determine whether or not presenting concerns are defined as domestic violence and whether issues around children's safety are considered. It was evident in the research that where workers had a clear definition and comprehensive understanding about the dynamics of domestic violence (and where the responsibility for the violence rested) they were able to clearly articulate who their clients were and what should be the focus of their intervention. In contrast workers who were unclear and simplistic about defining domestic violence struggled in determining who their client was and the direction of their intervention.

However domestic violence is defined in the *New South Wales Interagency Guidelines for Child Protection Intervention 2000*. However if agencies are not viewing domestic violence as a child protection issue then they may not be referring to these Guidelines to inform their intervention. Despite this child protection legislation and interagency guidelines, agencies' protocols differed. This leads to varied responses by agencies to women and children which can be the source of interagency tension. For instance, some agencies' interventions focus on children, some on women and some on families (including perpetrators). Even when agencies focus is the same, e.g. the women, the type of intervention undertaken can vary for example, offering parenting groups for women or support groups for women who are experiencing domestic violence, referring perpetrators to anger management groups or to a specialised perpetrator program. It is difficult when there is not a shared understanding around domestic violence and child protection between different agencies.

All of the agencies were aware of their responsibilities as mandatory reporters under the NSW Children and Young Persons (Care and Protection) Act 1998. For some workers this meant a change to some of their work practices. For example some agencies now need to be upfront with women about their responsibility to report to DoCS if there are domestic violence concerns. Whereas workers may have reported to DoCS after they had completed a comprehensive assessment of the woman and children they now are required to report after the initial interview if concerns are raised. Even though the legislation has resulted in changes to workers' practices, some workers' attitudes and beliefs about reporting have not changed. They saw reporting as a punishment to the woman, being detrimental to her and has a negative impact on the client worker relationship as it is seen as breaking the development of trust.

It is clear the child protection system has received numerous reports about domestic violence. This has a two-fold outcome:

The inability of DoCS to respond to the huge number of domestic violence reports and the inconsistency in their response. As a consequence, some agencies question the benefit to the woman and child of being reported to the department. Some workers consider it disempowers women and threatens the agency's relationship with her.

In contrast other agencies with policies which require workers to involve the woman in the process of reporting consider that it empowers the women. In the process the woman not only becomes aware of the seriousness of the impact of domestic violence on her children but that the responsibility of the violence lies with the perpetrator. She is made aware of her responsibility to protect her children. The woman can be empowered by having involvement and control over her and her child's safety.

There was a range of approaches undertaken by services in their response to safety plans. For some services safety planning was an essential component of their intervention. Their initial intake and assessment involved undertaking a risk assessment of the woman and child and then developing a safety plan often in collaboration with the woman. This frequently entailed interagency involvement e.g. reporting to DoCS or referring for legal advice and protection. Workers identified important factors that may either enhance or constrain the development of safety plans for women and children.

The extent to which DoCS workers identified domestic violence as a child protection concern to the family (during the investigation or at the Protective Planning Meeting) influenced whether appropriate safety plans were developed. Some agencies re-referred children to DoCS if risks to the child's safety had not been addressed by DoCS. These agencies stated they could not continue intervention with these children and their families for two reasons. First, they could be considered to be condoning the violence. Second it was considered not possible to work therapeutically with children who are at risk of violence.

The role of DoCS was a key component in the development of safety plans and was seen as either an enhancing or constraining factor. For most agencies DoCS held the main responsibility for ensuring the child's safety and being clear with families about the implications if things did not change. Whereas some DoCS workers considered safety planning was more the responsibility of the services which provided longer-term intervention with women and children. As a consequence this led to some non DoCS agencies developing safety plans despite them considering it was DoCS' main responsibility to do so. This was a source of ongoing dissatisfaction for non DoCS' workers as they were frequently unable to develop collaborative relationships with DoCS workers.

Where women either denied or minimised the impact of domestic violence on their children, this negatively impacted on the development of safety plans. So the challenge for workers was to raise women's awareness without blaming them and reiterating that the responsibility of the abuse lies with the perpetrator.

Women and children knowing what services were available and having access to these, enhanced safety plans. Most workers created networks and attempted to have positive relationships with key services e.g. police, Centrelink, in order to assist women in accessing these services and using them as part of their safety plans. Workers often tried to use this networking as an educative role to influence how these key services understood and responded to domestic violence.

The need for agencies, particularly DoCS, to name domestic violence as the child protection issue to the perpetrator, the need for perpetrators to accept the responsibility of their violence, to have a desire for change and for DoCS to initiate separate undertakings with parents, were outlined as an important strategies in developing safety plans. Safety plans are constrained if agency practices including DoCS continue to obscure the perpetrator's role in the violence. The role the perpetrator plays in the family was felt by many workers to be a key determinant in whether safety plans were developed. Both the presence and credibility of the perpetrator including if the perpetrator was high profile e.g. solicitor, police, influenced not only the women's ability to access services but also how agencies interacted with the family.

Few agencies undertook direct casework with the children and young people, instead focussing on the women's needs when developing safety plans. These agencies considered if the women's safety was addressed then the children's safety would also be insured. Adolescents were given a high level of responsibility for their own safety by some DoCS workers. It was felt that due to their age they had the choice and the ability to make decisions for their safety including leaving a violent home

The level of training and experience of workers varied greatly. This influenced their understanding of domestic violence and how they developed safety plans. In addition, the availability of supervision, debriefing and training also impacted on how workers developed safety plans.

Conclusion

The development of safety plans for women and children who are living in domestic violence situations is a complex issue as workers are required to take into account the overall needs of women and children and are reliant on the availability of resources and interagency understanding of the issue and collaboration.

Some workers were concerned that there was an ad hoc and inconsistent response by DoCS to domestic violence. When the domestic violence was not clearly named by DoCS as the child protection issue with the family, the perpetrator was not held responsible for his violence. In this was DoCS did not use their statutory powers to the advantage of the child and woman. Some agencies found they were left with trying to intervene and support the woman and children without the necessary authority. In conclusion the safety of children is overlooked when domestic violence is not viewed as a child protection issue by the workers involved and therefore the children's needs are not addressed.

Workers were clear about their requirements of mandatory reporting children when there were allegations of domestic violence. Where the underlying philosophy of the agency and the worker was feminism, workers struggled with how to continue to empower women to make their own choices when they were obliged to report to the DoCS. Those agencies who had already recognised domestic violence as a child protection issue had developed strategies to constructively engage and empower the woman in the process of reporting. These agencies were clear that the responsibility of the violence lay with the perpetrator and that reporting to DoCS was part the intervention and not punitive in relation to the woman's parenting.

Workers need to have a greater understanding of safety planning beyond escape plans. Organisations need to incorporate safety plans into their protocols on initial and ongoing assessments.

There is a need for interagency guidelines to be developed for the government and non-government agencies working with women and children in domestic violence situations. This will hopefully remove the current "luck of the draw" situation many women and children are often faced with when seeking assistance.

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