

Fathers who use violence

Options for safe practice where there is ongoing contact with children

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Domestic and family violence (DFV) remains a chronic and destructive aspect of family life in Australia (Cox, 2015). Its pervasive reach into the lives of women and children creates fear, undermines health and wellbeing, is the leading cause of homelessness for women and children, and costs the community an estimated \$21.6 billion (Our Watch, 2016; Price Waterhouse & Cooper, 2015).

This paper responds to a challenge that has continued to frustrate workers attempting to intervene to support women and children living with DFV. The challenge that arises when women and children may not be in a position to separate from their abusive and violent partners, and when women and children's wellbeing and safety may not be enhanced by separation. In particular, this paper is focused on fathers who use violence and whether there are strategies that engage and address the issues for children, women and men who are continuing to live with DFV.

KEY MESSAGES

- In situations of domestic and family violence, non-offending parents (mainly but not exclusively mothers) are not always in a position to separate from an abusive partner. Separation may result in escalating violence, homelessness and poverty, even a loss of resident status.
- Very little evidence exists of effective, safe practice where there is domestic and family violence (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, child protection, 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.
- Statutory child protection workers are required to work with families even when there are risks of harm. All other workers in the interventions reviewed circumscribe work through risk assessment processes.
- Whole of family approaches that engage each member of the family where there is domestic and family violence 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.
- The documentation of evidence of domestic violence and the specific detail of the impact of poor fathering and the undermining of the mother–child relationship are crucial aspects of the child protection investigation (Mandel, Healey, & Humphreys, forthcoming 2017). Without this evidence, the child's case for protection and support will be significantly undermined.

Box 1: Terminology and patterns of domestic and family violence

Domestic and family violence

Although the literature examined used various terminology to refer to violence in families, including intimate partner violence, domestic violence, family violence, partner abuse and so forth, domestic and family violence (DFV) is used throughout this report. The National Plan to Reduce Violence Against Women and Their Children 2010–2022 (Council of Australian Governments (COAG), 2009, p. 2) defines domestic and family violence as:

... acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal, and non-criminal. Domestic violence includes physical, sexual, emotional and psychological abuse ... Family violence is a broader term that refers to violence between family members, as well as violence between intimate partners ... the term family violence is the most widely used term to identify the experiences of Indigenous people, because it includes the broad range of marital and kinship relationships in which violence may occur.

Further, the authors situate their understanding of DFV as contextualised within the wider socio-cultural context of gender inequality and the violence supportive attitudes that undermine respectful relationships (Our Watch, 2015). However, it is clear that some authors in the studies reviewed hold a contrasting understanding of DFV. Violence is named as a high conflict problem of communication (e.g., Todahl, Linville, Tuttle Shamblyn, Skurtu, & Bell, 2013). The Australian and international evidence base does not support this perspective (Walby & Allen, 2004; Cox, 2015).

In keeping with the dominant patterns of domestic and family violence, throughout this report, victim survivors are referred to as women and children while perpetrators are referred to as men (Cox, 2015). The authors recognise that this is the dominant but not only pattern of DFV. Women can be perpetrators and men may be victims. However, these are minority patterns and the paper's language reflects this majority pattern.

Patterns of domestic and family violence

The Australian Personal Safety Survey (ABS, 2012) and additional analysis of the survey (Cox, 2015) showed the following data:

- One in 20 (5%) men experienced physical violence or threat from a co-habiting partner.
- One in six women (17%) experienced physical violence or threat from a co-habiting partner.
- The rate of violence against women was substantially increased when all intimate partners (not just co-habiting partners) were taken into account, increasing to one in four women.
- Fear or anxiety after the most recent violent incident from an opposite sex partner was reported by 4.3 times as many women as men (Cox, 2015).

Further data is provided by the British Crime Survey (Walby & Allen, 2004). This survey of 23,000 men and women in the UK showed quite high levels of physical violence or abuse in couple relationships from both partners, with 13% of women and 9% of men reporting a physical incident of abuse in the previous 12 months. However, the survey data also showed that:

- where there were four or more incidents of violence:
 - women were victims in 89% of cases;
 - of all incidents, 81% involved women as victims;
 - women were the most severely injured (three times more likely to be badly injured than men); and
 - women were more fearful (again, three times more likely).

As such, the data from the UK does show that while there is a group of women who use physical aggression or violence in their relationships, there is not enough known about the context for this violence and the extent to which it is self-defence. The evidence does show, however, that the patterns of violence are gendered and that fear and severe injury are experienced by a much greater proportion of women than men.

Introduction

Domestic and family violence (DFV) remains a chronic and destructive aspect of family life in Australia (Cox, 2015). Its pervasive reach into the lives of women and children creates fear, undermines health and wellbeing, is the leading cause of homelessness for women and children, and costs the community an estimated \$21.6 billion (Our Watch, 2016; Price Waterhouse & Cooper, 2015). While the problem often appears intractable, the movement to end DFV through primary prevention has found many champions and allies in the community and government (Nixon & Humphreys, 2010). The strategies for working to respond to and prevent DFV have also broadened and changed as new issues gain attention and the evidence base strengthens (Our Watch, 2015).

This paper responds to a challenge that has continued to frustrate workers attempting to intervene to support women and children living with DFV. This is, namely, that the DFV intervention system is structured around women and their children separating from men who use violence. This is a pattern of working developed in both the specialist women's DFV sector, as well as statutory child protection. However, many women and children may not be in a position to separate from their abusive and violent partners, and some women and children's wellbeing and safety may not be enhanced by separation.

There are a wide variety of reasons that make separation difficult or impossible for many women and their children:

- Violence and abuse may escalate with separation.
- Post-separation arrangements for children often ensure continuous, unsupervised time with fathers who use violence and abuse, leaving children no safer.
- Homelessness and poverty may result from separation and are particularly acute in the current rental housing crisis.
- In rural and remote areas, geographical and social factors, and lack of support services, make separation difficult.
- Resident status may be dependent upon the violent partner for some women who have migrated to Australia.
- For women with disabilities, their abuser may also be their carer.
- For Indigenous women, leaving a partner may mean leaving their land and community.
- Women may still be emotionally attached and loving towards their partners despite the abuse and may not wish to separate at the current time.

To explore this contentious issue, we are responding to the questions:

- What is the practice or evidence base for working with families where the perpetrator remains in the home?
- Are there *safe* ways to work with women and children living with a perpetrator of DFV, or for women and children who still have significant contact with a perpetrator post-separation?

In particular, we are interested in fathers who use violence and whether there are strategies for working that engage and address the issues for children, women and men who are continuing to live with DFV.

Methodology

In response to these questions, a scoping review of the literature was undertaken (see Box 3 on page 21 for the full methodology). The purpose of the literature review was twofold. First, to map the existing research on working with families where the perpetrator of DFV remains in the home or remains present in the lives of the women and children. Second, to establish the current practices and practice guidelines (if any) that exist in this space. The literature review examined

both scholarly literature and any promising practice developments or guidelines located within the grey literature.

The review found that there was no single definitive approach to intervention in this area. The next section therefore begins by outlining background issues that apply to all parts of the literature. Then it explores five different areas in which there have been developments in practice and, sometimes, in evaluation and research. Considerations for practice in each area are briefly outlined where appropriate. The final discussion provides a synthesis of considerations for practice where there is DFV and the perpetrator of violence remains in the home or in close contact with their children.

Background issues

The complexities and barriers to leaving in the context of DFV lead to the question of whether there are alternatives to separation that can increase the safety and wellbeing of women and their children. The solutions will lie not only with supporting women and children but will also demand an intervention with the perpetrators of violence. To date, the work with men who use violence has focused primarily on justice responses and Men's Behaviour Change (MBC) programs. The received wisdom has been that specialist men-only interventions provide safer practice with fewer risks to women and children (Laing, Humphreys, & Cavanagh, 2013). However, only a minority of men attend (and complete) MBCs, and the fathering issues for men who use violence are often not adequately addressed (Alderson & Kelly, 2015; Laing et al., 2013).

A further motivation for this review is provided by the emerging knowledge base that indicates that men who use violence in the home continue to have a significant fathering role with their children or step-children (Forssell & Cater, 2015; Harne, 2011; Salisbury, Henning, & Holdford, 2009; Scott, Kelly, Crooks, & Francis, 2014). For example, studies by the Australian Institute of Family Studies (De Maio, Kaspiw, Smart, Dunstan, & Moore, 2013; Kaspiw, Carson, Dunstan, De Maio, Moore et al., 2015) point to a significant number of children who continue to live with high levels of abuse in their lives. For many of these children, fathers may be experienced as a risk rather than a resource (Featherstone, 2013). This is an issue that continues to galvanise professionals in every sector (Featherstone & Fraser, 2012; Scourfield, Smail, & Butler, 2015) (see Box 2).

A disjuncture between private law and public law has emerged. A pro-contact culture in family law has often supported contact for domestically violent fathers, whereas child protection organisations may place restrictions on men's involvement with children (Hester, 2011). For workers and victim survivors of DFV this provides a particularly fraught and unresolved context through which to negotiate the safety and wellbeing of children's time with fathers who use violence.

Themes from the literature

Five major areas emerged through which to explore the practice and evidence base for working with families where the perpetrator of violence remains in the home or in close contact with children following separation. Each area is framed from a different practice and professional perspective, and is reviewed discretely. While there are overlapping themes, there are also substantial differences in focus. Each area brings its own specific contribution and emphasis to the limited knowledge base. The areas include:

1. home visiting by nurses;
2. restorative justice approaches;
3. couple counselling;
4. statutory child protection investigations; and
5. interventions with vulnerable families/whole of family approaches.

Box 2: Fathering and domestic and family violence

The research evidence suggests that concerns for children's wellbeing when they are living with DFV are well placed. The majority of children living with DFV show significant negative impacts to their cognitive functioning and emotional/psychological wellbeing when compared to children who are not living with family violence (Campo, 2015; Kimball, 2016; McTavish, MacGregor, Wathen, & MacMillan, 2016).

Perpetrators of family violence are also more likely to be engaged in other forms of child abuse such as physical abuse, sexual abuse and neglect (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Kellogg & Menard, 2003; Price-Robertson, Rush, Wall, & Higgins, 2013). Children living with DFV are also at greater risk of homicide (CCYP, 2016a). The mother's parenting capacity may also be impaired by the direct and indirect attacks on the mother-child relationship (Bancroft & Silverman, 2002; Humphreys, Thiara, Sharp, & Jones, 2015).

Comparatively little attention has been given to research on the attitudes and behaviour of violent fathers towards their children (Guille, 2004; Stover & Morgos, 2013). What research there is suggests cause for concern. Qualitative studies point to a significant group of perpetrators who have poor parenting skills resulting from their sense of entitlement, self-centred attitudes, over-controlling behaviour (Bancroft & Silverman, 2002; Harne, 2011; Scott & Crooks, 2007), and overuse of physical forms of discipline (smacking) when compared with other fathers (Fox & Benson, 2004). They are more likely to be angry with their children (Holden, Stein, Richie, Harris, & Jouriles, 1998) and to hold unrealistic expectations and a poor understanding of child development (Fox & Benson, 2004; Harne, 2011).

The studies of fathers who use violence have also drawn attention to the extent to which the tactics of abuse used against partners often extend to their children (Fox & Benson, 2004; Harne, 2011; Katz, 2016). Whereas a positive fathering presence enhances the lives of their children (Lamb, 1997), hostility and ongoing DFV between parents is strongly correlated with poorer outcomes for children (Featherstone & Peckover, 2007).

For Indigenous communities, there is a growing body of evidence that relates issues of family violence to the impact of invasion and the subsequent loss, grief and intergenerational trauma that has accompanied the ongoing processes of colonisation (Olsen & Lovett, 2016). Family violence in Indigenous communities also relates to the lack of transference of parenting skills caused by decades of child removal for members of the Stolen Generations (Atkinson, 2002) and the pervasiveness of lateral violence (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2011). Culture and cultural resilience can provide a frame for understanding Indigenous fathering (Nancarrow & Viljoen, 2011).

Home visiting by nurses

Home visiting by nurses trained in peri-natal and post-natal care is a well-recognised practice across many countries (Old, 2002; Sharps, Campbell, Baty, & Bair-Meritt, 2008). It has often been implemented as an enhancement to standard clinic-based visits in communities or for women considered to be vulnerable. This area was explored as home-visiting nurses are acknowledged to be working with women and infants still living with DFV (Bair-Meritt, 2011).

The literature points to a significant amount of interest in providing a home-visiting service where there is DFV. This review included systematic reviews (Prosman, Wong, van der Wouden, & Lagro-Janssen, 2015; Sharps et al., 2008) and overview articles (Bair-Meritt, 2011; Bullock & Sharps, 2011; Cohen, 2011; Mejdoubi et al., 2013) that specifically addressed DFV in the context of health-visiting practice.

However, almost all the interventions addressing DFV in the context of nurse visitation focus on women and their infants or on the education and training of health visitors to increase their sensitivity and skill in responding to women living with DFV. For instance, a literature search by Sharps et al. (2008) found 128 articles on health visiting and DFV but only eight met the rigorous quality research inclusion criteria. In the overview of these interventions, there was no mention

of men or the implications of addressing the fathering issues for men who use violence. A similar finding emerged from the systematic review of 19 papers by Prosman et al. (2015). Again, the focus of the interventions was on the mother and baby.

An overview by Bullock and Sharps (2011) outlined eight lessons learnt from the Domestic Violence Enhanced Home Visiting (DOVE) in the US. Lesson six identified that: “a huge barrier for home visitors in addressing violence is the presence of the male abuser in the home” (p. 8). Along with the advice to take their lead from the woman, health visitors were urged to have brochures about fathering and child development easily available in their bags or else to meet with the woman somewhere outside the home. Rather than an inclusive practice, which addresses directly the issues for fathers who use violence, this instead tried to work around their “shadowy presence”.

There were some exceptions that surfaced in relation to fathering and DFV in home-visiting programs. A Dutch health-visiting program (Mejdoubi et al., 2013) worked with 460 disadvantaged young women. Each young woman was randomly assigned to intervention and control groups. The intervention actively involved both parents in discussing DFV, supporting partners with strategies for emotional regulation and communication, and helping both partners make safer decisions to prevent the escalation of arguments to physical violence. When measured against the control group, the strategies were reported to be effective in reducing DFV during pregnancy and in the two years following the birth of the baby.

In summary, the literature indicates that fathers who use violence are largely dealt with by avoidance in the area of nurse visitation.

Couple counselling where there is DFV

The area of couple counselling where there is DFV is one in which there has been significant controversy in regard to the appropriateness of its use and its ability to respond to the gendered power dynamics of DFV (discussed below). The literature in this area is included as it grapples with the dilemmas, risks and possibilities of intervening where there is DFV and where the perpetrator of violence often remains in the home. The next section is divided into problems and possibilities in couple counselling where there is DFV.

Problems with couple counselling where there is DFV

The majority of reviewed articles in this area tended to be devoid of discussion about children, and rarely referred to women and men as parents. This absence of attention to parenting is a notable gap in this body of literature. In spite of this, there are other important themes that emerged and are relevant to our explorations. All of the articles reviewed addressed the factors that mitigate against couple counselling where there is DFV. It is worth rehearsing these arguments here as they remain important, and any worker looking to intervene where there is DFV needs to be aware of these issues.

The primary concern raised in all the articles was the potential for victim safety to be undermined through couple counselling (Brown & James, 2014; Stith & McCollum, 2011). Several articles referred to research indicating that the safety and wellbeing of women can be undermined and the power of the perpetrator enhanced through the joint counselling practice (Condonis, Paroissien & Aldrich, 1989; Jory, Anderson, & Greer, 1997; Shaw, Bouris, & Pye, 1996). It is argued, that since perpetrators tend to deny responsibility, lack accountability, blame the victim and use intimidation and controlling tactics, couple counselling under these conditions puts women at risk by encouraging women to stay in abusive relationships (Jory et al., 1997; Stith & McCollum, 2011).

Qualitative interviews with women following couple counselling indicated that women often did not feel safe, felt unable to speak openly, and felt afraid during therapy (Jory et al., 1997). None of them discussed this with the therapist at the time, in part due to the intimidating tactics of their

partners. Further research raised anxieties from women about retaliation and continuing low-level aggression (Simpson, Gattis, Atkins, & Christensen, 2008).

Another major critique of couple counselling was its potential to hide men's responsibility for violence by overemphasising the sequence of interactions and communication leading to a violent incident (Brown & James, 2014). In this process, women are constructed as complicit in escalating conflict to violence, thus eschewing the man's choice to use violence and constructing the violence as a relationship problem. As such, there is a dual problem of implicating women in their own abuse as well as diluting the man's responsibility for the violence (McCollum & Stith, 2008). The socio-cultural context as well as accountability for violence may be lost in this process.

The lack of attention to the socio-cultural context more generally is a primary criticism of the couple counselling approach and places it at odds with evidence of the gendered patterns of DFV (Cox, 2015; Laing et al., 2013). DFV has been often understood within the couple counselling discourse as a problem of the individual behaviour of men rather than derived from the social and political context of patriarchy and gender inequality (Brown & James, 2014). The focus of the counselling lies in improving communication through skills development, de-escalating conflict and problem solving the day-to-day issues that can escalate to violence (Ronan, Maurelli, & Holman, 2014).

In short, there are a number of reasons to urge caution in using couple counselling in the context of DFV. Interestingly, they are most clearly articulated by those practicing in this area, with practitioners placing their own caveats on where, how and why couple counselling may be problematic. However, they also detailed the restricted circumstances under which it could be considered. The following discussion looks at these specific situations.

Possibilities when considering couple counselling

In spite of the problems associated with couple counselling in the context of DFV, a strong case has been mounted by practitioners in this space to consider, under specific circumstances, the potential positive contribution that couple counselling can make, even where there has been a history of violence (Antunes-Alves & De Stefano, 2014; O'Leary, 2001; Ronan et al., 2014; Stith & McCollum, 2008; 2011; Todahl et al., 2013). There are a number of common themes in this literature including:

- the need for different responses for different forms of DFV;
- the frequently expressed desire by couples to stay together;
- a lack of evidence to show that gender-specific programs for men are effective; and
- the efficacy of some couple counselling programs under restricted conditions.

Central to the argument is the belief that there are different patterns of violence in couple relationships. All articles in this literature referred to the different typologies of perpetrators of violence, specifically the notion that situational couple violence or conflict could be distinguished from intimate partner terrorism (Johnson, 1995; Johnson & Leone, 2005).

Situational couple violence was said to be characterised by lack of fear by either partner, and it is part of a conflict that escalates into physical aggression by one or both partners (Stith & McCollum, 2011). It is sometimes (though not always) noted in this typology literature, however, that when women become involved in violence they are more likely to become injured, and that some of the "fight back" may be in self-defence (Stith & McCollum, 2011).

Intimate partner terrorism, on the other hand, is the pervasive attempt to dominate and control all aspects of a victim's life through physical and non-physical violence (Stith & McCollum, 2011). The argument put forward in this literature was that specialist DFV organisations and other "clinical" settings were more likely to see intimate partner terrorism and that more generalist settings might see situational couple violence (Brown & James, 2014).

There is certainly a growing understanding that not all violence is the same (Brown & James, 2014), and this does suggest that a range of responses may be required to respond to different perpetrators

of violence. However, analysis of the prevalence data shows that situational couple violence is only a *minority pattern*, that the majority of DFV is characterised by intimate partner terrorism and perpetrated by men against women and children (see Box 1). *Caution is therefore required to not overstate situational couple violence—a tendency of some of the articles advocating for the role of conjoint couple counselling.*

The stated desire to stay together or reunify is one of the more compelling arguments for couple counselling (O’Leary, 2001; Stith & McCollum, 2011; Todahl et al., 2013). Counsellors frequently report being requested to provide joint counselling, and become concerned about turning people away who they feel may receive some benefit from an intervention, given their high levels of motivation to change. This is particularly the case when both partners have requested counselling. For counsellors in this position the primary referral alternative when couples request assistance with DFV is individual and group sessions for men to address their violence (Babcock, Green, & Robie, 2004). However, there is limited evidence of the effectiveness of these groups (Laing et al., 2013).¹

The proponents of couple counselling where there is DFV have suggested that there is an emerging evidence base that indicates that under restricted circumstances couple counselling, or multi-couple counselling in groups, may be an effective intervention (McCollum & Stith, 2008). Several different models have been evaluated. The most cited is the model developed by McCollum and Stith (2008). Their program is six weeks of gender-specific groups followed by 12 weeks of couple-based treatment provided either in single-couple sessions or group-couple sessions. In a 2004 evaluation involving 42 couples, the latter format was found to be effective in reducing recidivism: at six-month follow-up, only one of 19 women reported partner violence.

Other models have been developed and indicate that under specific circumstances couple counselling programs may show decreases in psychological abuse and increases in relationship satisfaction (Epstein et al., 2005; Fals-Stewart, Kashdan, O’Farrell, & Bircher, 2002). Models continue to emerge, with limited evaluations indicating a decrease in violence relative to control groups (Antunes-Alves & Stefano, 2014; O’Leary, 2001; Todahl et al., 2013).

Guidelines for working with couples where there is violence

There is no suggestion in any of the couple counselling literature that all couples should be eligible for the intervention program (Ronan et al., 2014; Stith & McCollum, 2011). In Australia, Jenkins (2009, p.148) suggested the following conditions be met before considering couple counselling where there is DFV:

- rigorous screening and assessment to *exclude* couples where:
 - one partner is fearful;
 - the perpetrator of violence takes no responsibility for the violence and blames the other partner;
 - where one partner would fear that couple counselling might escalate the violence;
 - where the violence is characterised by intimate terrorism rather than situational couple conflict; and
 - where there is serious substance use or mental health issues;
- couples to be assessed individually to explore the issues of safety;
- zero tolerance of physical aggression and threats during treatment;
- treatment goals to be set, contracted and include goals around stopping violence;
- therapists to be trained in both couple counselling as well as DFV intervention;
- the program to be well connected to DFV programs at other organisations.

In conclusion, the couple counselling literature was helpful in exploring the dangers of couple counselling and the restricted circumstances under which it may be used successfully. The criteria

¹ However, see Westmarland & Kelly (2013) for a discussion around the limited measurements for success used in evaluations of MBC programs.

would exclude most women and men seen by workers in the specialist DFV sector, but provide helpful caveats to understand the work that may be possible.

Restorative justice approaches

Restorative justice is another practice model that offers possibilities for intervention where the perpetrator remains in the home or present in the lives of women and children. As with couple counselling, however, the use of restorative justice in DFV is controversial. While the practice does not advocate reconciliation, some research indicated that victims and perpetrators could remain together or reconciled as a result of restorative justice interventions (Kingi, 2014; Pelikan, 2010). Like the couple counselling literature, the bulk of literature on restorative justice approaches to DFV also neglected to include a nuanced discussion of children or of perpetrators and victims as parents. An exception to this was Family Group Decision Making (FGDM) (discussed further below). In this arena, the development of a plan to maintain child safety, facilitate stable living arrangements and promote child and family wellbeing were priorities (Shlonsky et al., 2009).

In this section, the empirical literature and general articles that focused on the use of restorative justice approaches in DFV are reviewed. As with couple counselling, we have organised this section into the possibilities and problems of using restorative justice in DFV.

What is restorative justice?

There is no single definition of restorative justice and the term has been used to describe a variety of different programs and practices (Hayden, Gelsthorpe, Kingi, & Morris, 2014; Stubbs, 2014). Gavrielides (2015) defined restorative justice as a process through which victim and perpetrator were able to actively come together to resolve a criminal offence with the help of a third party. Approaches to restorative justice varied but generally the practice involved victims, perpetrators and others such as extended family members coming together with the help of a facilitator in an attempt to resolve “how best to deal with the offence, its consequences, and its implications for the future” (Hayden et al., 2014, p. 1).

Restorative justice was sometimes used interchangeably with Family Group Conferencing (FGC), though this method was mostly used in child protection (Harris, 2008; Shlonsky et al., 2009) with the exception of the Family Group Decision Making model (Pennell & Burford, 2000). The use of restorative justice approaches gained popularity during the late 1990s/early 2000s in juvenile justice and child protection, particularly in Aotearoa/New Zealand where the practice is linked to traditional Maori processes for resolving conflict, shifting decision-making from professionals to the family (Hayden et al., 2014).

Models of restorative justice have been developed/adapted specifically for gendered violence, including sexual assault and DFV, and differ from standard restorative justice models in that they often involve therapeutic intervention, specialist expertise and significant preparation and engagement with the parties involved (Gavrielides, 2015; Stubbs, 2014). However, the evidence base and appropriateness of restorative justice models in cases of gendered violence remain contentious.

Problems with restorative justice approaches

DFV is often recurrent and characterised by intimate dynamics of power and coercive control underpinned by entrenched gendered attitudes/beliefs. As such, criticisms have been raised regarding the suitability of applying restorative justice models—which are generally one-off interventions—to DFV (Gavrielides, 2015; Proietti-Scifoni & Daly, 2011; Stubbs, 2004, 2014). A major point of concern with using restorative justice in DFV is that the practice model is based on an assumption that victim and perpetrator are not known to each other and that the crime is a “discrete, past event for which reparation can be easily made” (Stubbs 2004, p. 6). Critics argue that restorative justice approaches cannot adequately address the imbalance of power between victim and perpetrator in DFV, nor the dynamics of coercion and control.

As with couple counselling for DFV, concerns are raised that restorative justice may not necessarily result in harm reduction but potentially pose an ongoing risk for women's physical and emotional safety (Stubbs, 2004; Proietti-Scifoni & Daly, 2011). It could also place too much emphasis on perpetrator apology at the expense of the victim's emotional and material needs (Coker, 2006).

Possibilities of using restorative justice approaches

Despite reservations about the use of restorative justice in DFV, it appears to be an approach gaining in acceptance, particularly in New Zealand, Canada and the United Kingdom though less so in Australia (Gavrielides, 2015; Hayden et al, 2014; Liebmann & Wootton, 2008; Proietti-Scifoni & Daly, 2011; Stubbs, 2010). Proponents of restorative justice have argued that it is victim-centred and has the potential to improve perpetrator accountability as well as empower victims by providing them with the opportunity to confront the perpetrator in a safe setting (Gavrielides, 2015; McMaster, 2014; Randall, 2013). Randall (2013) argued that restorative justice can overcome perpetrator denial because it takes as its starting point an expectation that the offender acknowledges and takes responsibility for the criminal act and its impact (2014).

A further argument lies in its potential to redress shortfalls of the existing criminal justice system responses to DFV including revictimisation through the legal process (Gelsthorpe, 2014; Nancarrow, 2010; Randall, 2013). Nancarrow's research (2010) suggested that restorative justice held appeal for Indigenous women because the criminal justice system was perceived to perpetuate further violence against women and children, remove children or separate families, and result in the perpetuation of state violence against Indigenous men. Further, it was seen as offering an alternative to addressing violence in situations where women wished to continue a relationship but wanted the violence to stop (Nancarrow, 2006, 2010). Nancarrow suggested Indigenous women in her study were largely focused on the restoration of relationships between victim and offender, and between the offender and the broader community.

Most claims made by supporters of restorative justice, however, have not been empirically established within DFV cases (Stubbs, 2010). Some of the strongest evidence is provided from Austria, where the Offender Mediation Model (VOM) has been used since the 1990s in the post-separation period (Pelikan, 2000, 2010; Stubbs, 2004). Pelikan (2000, 2010) found that the success of the model lay not with "men getting better" but women "getting stronger" (Pelikan, 2010, p. 49). In other words, success was linked to the victim's empowerment and access to support and resources, and the strengthening of the woman's resolution to live without violence. Though the program resulted in decreases in violence, it did not initially reflect a change in attitude on behalf of the men (Pelikan, 2000). A follow-up study 10 years later (Pelikan, 2010), however, found that the process had resulted in male attitudinal and behavioural change. Pelikan argued that the change in men's attitudes a decade on from the first study may also reflect the broader social changes and widespread public rejection of DFV in Austrian society.

The Mana Social Services pre-sentencing restorative justice program based in Rotorua, New Zealand, that works with perpetrators and victims prior to a court hearing (McMasters, 2014) provided some further evidence. The program works on strict eligibility criterion that perpetrators must have entered a guilty plea and victims must participate voluntarily. A small evaluation of the intervention (20 participants) suggested that victims valued the experience, felt listened to, felt safe, believed the facilitator had responded to perpetrator defensiveness well, and believed the process had resulted in the perpetrator genuinely taking responsibility for his actions. Perpetrators' feedback was mixed, however, with some declining to discuss their thoughts and feelings about the impact of the violence. Follow-up data, obtained from 48 police case files, was positive: 87% of perpetrators had completed their conditional tasks, and those who completed their tasks had a reduced rate of re-offending.

In comparison to the first two models described, the Family Group Decision Making model (Pennell & Burford, 2000, 2002) drew on the resources of the broader community and extended

family including children, and brought together representatives from across youth justice, family violence, women's services, child welfare agencies and Indigenous advocates. The program was delivered predominantly to Inuit communities in Canada and was based on feminist principles that emphasised victim safety, perpetrator accountability and adopted a strengths-based approach to stopping "women abuse". The pilot program was evaluated in three sites across Eastern Canada (Pennell & Burford, 2000). Analysis of case data and interviews with participants two years later found that the program had resulted in reduced child maltreatment, reduced DFV and enhanced family unity but, interestingly, adolescent to mother violence had continued unchanged.

Other studies have sought women's, professionals' and perpetrators' views of restorative justice in DFV (Kingi, 2014; Nancarrow, 2010). Kingi's (2014) study examined perpetrator and victim views of restorative justice processes delivered by community providers in five New Zealand sites during 2005–06. The views of 19 victims and 19 perpetrators were sought. The data is somewhat ambiguous: a significant minority (seven victims and two perpetrators) stated that the process had not redressed the violence; only two victims said they felt "more safe"; six said the violence had stopped entirely (most said the violence had shifted from physical to emotional). Despite these issues, 17 of the 19 victims said they were satisfied with the process overall and would recommend it to other victims of DFV.

The empirical research on restorative justice in DFV is limited but extant literature suggests restorative justice approaches may be useful in reducing levels of DFV and improving victim experiences. It is suggested restorative justice approaches should only be considered when specific conditions or caveats are met (Gravielides, 2015; McMaster, 2014). These include:

- stringent guidelines to direct the process;
- risk assessments to exclude those who do not meet the specified criteria;
- other interventions to be offered to the family that go beyond the restorative justice process;
- participation to be entirely voluntary;
- the process to be victim-centered; and
- facilitators to be well trained and highly skilled.

Child protection intervention approaches to DFV

The literature that addresses DFV in the context of vulnerable families in contact with the statutory child protection (CP) system is diffuse and wide ranging. It is not as easily bounded as articles in the nurse visiting, restorative justice and couple counselling arenas. It includes:

- research and projects that focus specifically on CP workers (Baynes & Holland, 2012; Chaney-Jones, & Steinman, 2014; Jenney, Mishna, Alaggia, & Scott, 2014; Mandel, 2014; Osborn, 2014; O'Sullivan, 2013; Scourfield et al., 2015);
- guidelines and frameworks for CP workers intervening where there is DFV (Department of Child Protection, 2013; Dwyer & Miller, 2014; Mandel, 2014; New York State Office of Children and Family Services, no date);
- evaluations and projects focused on intervening with vulnerable families, much of which is undertaken by family service workers or those in the specialist family violence sector (Brighter Futures, no date; Jannawi Family Centre, 2015; Urbis, 2016).
- articles that provide a discursive discussion of the invisibility of fathers in the CP realm and the strategies for inclusion (Featherstone & Fraser, 2012; Featherstone & Peckover, 2007; Marcus, 2012; Osborn, 2014).
- the specialist area of infant mental health, where an examination of the possibilities of working with some fathers where there has been DFV has been undertaken (Stover, 2013, 2015). Another specialist review has recently been completed by Toone (2017 forthcoming).

Articles that explored working with fathers but only in the context of gender-specific group work were excluded from this literature review.

This first section looks at the literature focused specifically on CP practice. Many of the themes raised in this area also apply to the following section on programs designed to intervene with vulnerable families where there is DFV.

Over-arching themes in child protection work with fathers who use violence

Research exploring CP workers' practice in relation to DFV shows remarkably consistent themes (Featherstone & Peckover, 2007; Humphreys & Absler, 2011). It provides an important background to the problems in policy and practice that need to be identified and addressed if work in DFV is to be strengthened. These themes are briefly discussed below.

Excluding fathers who use violence

The literature is consistent in its analysis that fathers are generally absent from practice where there is DFV. Men are often not seen but remain an “absent presence” in the background of the lives of women and children (Thiara & Humphreys, 2015). To some extent, this appears to be the result of a general lack of attention to fathers, rather than specifically related to fathers who use violence. For instance, the audit of six English local authority files in the Fathers Matter research found wide variation in whether contact details are held for fathers and whether fathers are invited to significant meetings. Only 55% of fathers were invited to case conferences (Osborn, 2014). This is a similar finding to that of Baynes and Holland's case file analysis (2012). They surmised that “the lack of basic information appeared to lead to a lack of contact with men, and this lack of contact with men perpetuated the lack of information” (Baynes & Holland, 2012, p. 59). In Ontario, Canada, Alaggia, Shlonsky, Gadalla, Jenny, and Daciuk (2013) also reported the lack of investigation by CP workers with fathers who use violence. Featherstone and Peckover (2007) referred to this as “the curious phenomena of the disappearance of ‘domestically violent fathers’ in policy discourses”, noting that everyday practices are part of the exclusions (p.198).

Safety concerns for workers

There are significant issues posed by predominantly female frontline child protection workers confronting fathers who use violence (Jenney et al., 2014; Littlechild & Bourke, 2006; Stanley & Goddard, 2002). It is regularly posited that the lack of engagement with fathers who use violence may arise from workers' concerns about safety (Fusco, 2013), and interviews with workers testified to some of these fears (Jenney et al., 2014; Stanley & Goddard, 2002). Littlechild and Burke (2006) argued that the experience of fear by CP workers may be similar to that of mothers and children.

Worker safety and support varies across jurisdictions and it is often argued that the culture of care creates different practices (Littlechild & Bourke, 2006). Further, CP jurisdictions have different approaches to DFV, with some enshrining a more feminist or gendered lens than others. The number of workers' safety guidelines in child protection departments indicate this issue has no shortage of policy attention. Examples could be drawn from any state in Australia (e.g., Child Safety Practice Manual, Section 10.11 Staff Safety and Wellbeing, Queensland Government, Department of Communities, Child Safety and Disability Services, 2016; Child Protection Manual, Worker Safety Checklist, Victoria Government, Department of Health and Human Services, 2016).

Low expectations of fathers and a focus on mothers

Gendered practices remain prevalent in child protection work and continue to be problematic in DFV intervention in the CP space. Two inter-related themes consistently emerge in the literature: the focus on women as the protectors of children regardless of the abuse they are experiencing; and low expectations of men as fathers (Mandel, 2014). A paradox emerges, that the greater the

distance of intervention from fathers who use violence, the greater the focus on women and their mothering (Rivett, 2010) to the detriment of effective intervention.

CP work appears to remain firmly focused on separation as the most viable safety strategy for children, with the strong expectation that women will comply with leaving violent men (Douglas & Walsh, 2010; Humphreys & Absler, 2011). All women who had been the subject of child protection investigations in the Canadian study by Jenney et al. (2014) were acutely aware of the power of CP workers to remove their children and the need to be seen to “do the right thing”, though not all were in a position to separate or maintain a separation. Paradoxically, there was little to no involvement of CP workers to help manage safe contact if women took the step to separate. A very narrow view of safety equated to separation, rather than working directly with men or supporting women to manage ongoing risks to children (Jenney, 2014).

Moreover, the inclusive language of “parenting” usually refers to the child’s mother and excludes fathers from support and planning. For example, an audit of UK programs and interviews with 30 academics and policy experts about working with men where there is DFV pointed out that work in the area remained focused on mothers despite the child death reviews and inquiries highlighting the need to address issues of violence (Featherstone & Fraser, 2012). A similar pattern is evident in Australia with a recent analysis of children’s deaths where there is DFV (Commissioner for Children and Young People, 2016a).

The *Safe and Together* framework (Mandel, 2014) is particularly critical of the low expectations on fathers. Occasional activities with children are often seen to be evidence of “good enough” fathering. Fathers are frequently not written into case planning even when present (Osborn, 2014; Rivett, 2010) and contact is provided to separated fathers regardless of their abuse of the child’s mother and the risks to children (Eriksson & Hester, 2001; Kaspiew et al., 2017). Baynes and Holland (2012) summarised the approach:

the overwhelming dominant theme throughout the files in relation to male violence to women was the attribution of shared or total responsibility to the child’s mother, by both professionals and the men and women involved. (p. 62)

Baynes and Holland (2012) go on to note that “failure to protect” rarely applied to men but regularly to women; and women were held responsible when men breached injunctions. These patriarchal approaches to child protection practice raise broader questions about the perception of fathers in children’s lives.

Different men, different forms of violence

As with other literature reviewed for this article, there is an emphasis on the diversity of the men who use violence, as well as the form that violence and abuse takes. The relevance of past trauma and mental health issues is highlighted in responding appropriately to domestically violent fathers; issues not always addressed in Men’s Behaviour Change (MBC) programs (Rivett, 2010; Osborn, 2014).

It is often suggested that fathering is the most effective way to engage men who are violent and who want to father differently from how they themselves were fathered (Featherstone & Peckover, 2007; Stanley, Graham-Kevan, & Borthwick, 2012; Stover & Morgos, 2013). It is a controversial issue; men may be motivated by their own biological children but not necessarily the children of other men, their step-children. Strong arguments continue to emerge that a “one size fits all approach” is ineffective and misses men who are highly motivated and capable of change (Stover & Morgos, 2013).

Organisational approach

The failure to work effectively with fathers will not be solved by just focusing on the practice of individuals. (Osborn, 2014)

The Fathers Matter research (Osborn, 2014) recommends a whole of organisation approach that pays attention to developing a culture for working with fathers, including fathers who use violence (see also the *Safe and Together* framework (Mandel, 2014)). Policies, procedures, staff training, supervision, coaching and attention to the safety concerns of workers are critical if fathering in the context of DFV is to be addressed. A documentary file analysis can be a useful tool for understanding the training and staff development needs of CP workers (Mandel, Healey, & Humphreys, forthcoming 2017; Osborn, 2014).

The framework developed by David Mandel (2014), and the *Safe and Together* approach more generally (see <endingviolence.com/our-programs/safe-together/safe-together-overview/>), provides a set of principles tailored to statutory child protection and intensive family services engaged with vulnerable families living with DFV. The framework moves beyond the critique of practice to a constructive way forward. It is primarily a model of training, supervision and coaching for workers supported by clearly enunciated principles, which can help shift the entrenched and often destructive child protection intervention in family violence outlined above. These principles include:

- a focus on the perpetrator including documenting of harm to children and their mothers;
- building an alliance with women (advocacy);
- exploring and documenting protective factors;
- keeping children safe and together with the non-offending parent (usually mother); and
- keeping a focus on the child (Mandel, 2014).

Further important and detailed practice guidance is provided by a number of child protection departments (Department of Child Protection, 2013; Dwyer & Miller, 2014; New York State Office of Children and Family Services, no date). Emphasis is given to:

- comprehensive information gathering from all organisations including police and courts to inform the assessment of risk and subsequent risk management prior to interviewing mothers, fathers and children;
- adherence to worker safety guidelines with strong organisational support;
- extensive preparation for interviewing fathers who use violence;
- importantly, not using disclosures from children or the non-offending parent with the perpetrator of DFV;
- separating the interviews with mothers and fathers;
- creating an alliance with the non-offending parent;
- ensuring that children are interviewed and their health and wellbeing is assessed;
- documenting the evidence of the DFV abuse tactics on children; and
- sharing analysis and case planning between frontline workers and supervisors with careful attention to support from other organisations (sometimes the police).

However, training the workforce to intervene differently, specifically with a focus on fathers who use violence, requires a commitment of resources across the whole organisation (Featherstone & Peckover, 2007; May, Shackleton, Avdagic, Wade, & Michaux, 2016; Stover & Morgos, 2013). Engaging men is not necessarily seen as a core learning skill and therefore is not present in the training qualifications for social workers or human service professionals (Scourfield, 2006). Post-qualification training with substantial organisational support is needed to engage workers in this area with high-risk clients. The experience to date suggests that high levels of supervision and coaching are necessary to bring about a change in practice orientation (Mandel, Healey, & Humphreys, forthcoming 2017; Chaney-Jones & Steinman, 2014).

In summary, tackling DFV through child protection organisations with particular attention to intervening with fathers who use violence requires substantial policy and practice shifts. Tilting the focus of practice to the perpetrator of DFV and supporting his responsibility for the safety and

wellbeing of his children has not been the dominant practice in this area and will require extensive training and support for workers. Considerations for practice follow after the next section on working with vulnerable families, as there is extensive overlap between the two areas of practice.

Whole of family approaches

An emerging area of practice in the child protection space is the whole of family approach. A number of organisations provide support for children, women and men where there is DFV with a focus on mothering and fathering where children are at risk. Most of these programs involve separate but linked work with individual men and women or gender-specific groups (Coy, Thiara, Kelly, & Phillips, 2011; McConnell, Barnard, Holdsworth, & Taylor, 2016; Peckover & Everson, 2014; Rakil, 2006; Scott et al., 2014).

Although there are exceptions (in Australia, Kildonan Uniting is one example) most men's behaviour change (MBC) programs do not focus on fathering (Alderson, Westmarland, & Kelly, 2013). By contrast, the models that explicitly focus on fathering, such as the Jacana project (Coy et al., 2011), Caring Dads (McConnell et al., 2016; Scott et al., 2014) and Alternative to Violence (Rakil, 2006), also run groups or individual sessions with women but have not necessarily developed their work directly with children.

There are also programs that do not have an explicit focus on fathers who use violence, but work with vulnerable families who have come to the notice of child protection or where there are concerns about child abuse. Most of these programs work with fathers and mothers but may not focus explicitly on DFV, in spite of its presence. This work is generally more developed with women and children but group or individual sessions may be available for fathers. For example, Newpin (Social Ventures Australia, 2016; Urbis, 2016) has explicitly developed its outreach work with new fathers and is experimenting in some sites to see whether this work should be held in conjunction with the women's program where the father is their partner or ex-partner.

Programs working with mothers, fathers and children, and where there is explicit attention to DFV, are not common and, with a couple of exceptions (Lieberman & Van Horn, 2008; Stover, 2013), there is little published evaluative evidence on which to base judgements about the effectiveness of these programs. These programs are examined in more detail because they have an explicit focus on DFV, work with both mothers and fathers together and are accessed through the grey literature, which is not easily available to practitioners (though it should be noted that there is little emerging evidence to support the effectiveness of these programs). The programs are varied and developed from different areas of the service system. They are described below.

Whole of family programs addressing DFV

Family Foundations (United States) (Kan & Feinberg, 2014) is targeted at families transitioning to parenthood. It provides eight sessions to couples in a group-work model of psycho-education with four sessions provided prior to the birth of the baby and four sessions in the perinatal period. The mother and father separately complete assessment questionnaires prior to the commencement of the program. The aim of the program is to strengthen co-parenting, parenting and parent and child adjustment through the use of didactic sessions, videos, homework and group discussion. The reduction of DFV is not a focus of the program. Of the 169 couples who participated in a randomised control trial, significant program effects were reduced partner psychological aggression by fathers and reduced parent-child physical aggression by mothers. The trial did not see a significant reduction in partner physical aggression, though this may have been due to poor measurement strategies.

Fathers for Change (United States) was developed by Carla Stover and other specialists in the area of child trauma and infant mental health. It is a program designed specifically for fathers where there has been intimate partner violence and substance use. It is a comprehensive intervention covering 16 different topics over 16 weeks. The program is in three parts: an extensive individual

assessment period; sessions focused on co-parenting; and, lastly, and only in some cases, father-child sessions. A small evaluation involving 18 fathers with co-occurring substance use problems and DFV randomly assigned showed men in the Fathers for Change group compared to those in the substance use only group: (1) were more likely to complete treatment; (2) reported significantly greater satisfaction with the program; (3) reported a trend toward less DFV; and (4) exhibited significantly less intrusiveness in coded play interactions with their children following treatment (Stover, 2015).

Healthy Relationships; Healthy Baby (United Kingdom) (The Stephanou Foundation, 2015) works with both mothers and fathers to prevent the impact of domestic violence on infants. Healthy Relationships; Healthy Baby created a holistic and synchronised program that integrates support for each family member (mother, father, baby, young siblings) and, similar to Fathers for Change, prioritises mental health and parent-child attachments. An extensive risk assessment is undertaken prior to program commencement. Parents who meet specified criteria are invited to attend a program to support their parenting of an infant from pregnancy through to year two. Most sessions work with men and women separately in groups or as individuals. Couple work may be included after extensive individual work has established a context of no violence. Workers are highly trained and consistently coached to a manualised model of interventions.

Jannawi Family Centre Family Program (Australia) is a generalist family service for vulnerable families, many of whom are involved with or referred by child protection due to incidents of child abuse. Jannawi is located in a very diverse community in Lakemba, Sydney. The centre recognises that child abuse frequently co-occurs with DFV and hence has an explicit, well-developed policy and supervision practice for workers intervening with families where there is DFV. There are different stages to the work at Jannawi, beginning with an extensive assessment phase screening for DFV. The safety of women and children is at the heart of the intervention and each family member, including the children, is invited to participate in the family work. When the primary concern identified in the referral to the family program is DFV, the couple are jointly invited to attend the first assessment meeting. This affirms their role as parents. No information that could jeopardise the women's safety is divulged. A clear structure is provided to workers for the session. Work with the couple together only occurs if and when it becomes clear that it is safe to do so following a range of interventions. The purpose of any couple work is to focus on their role as parents (Jannawi Family Centre, 2015).

The Oranje Huise (The Orange House) (The Netherlands) originated in the domestic violence refuge sector in recognition that many women wanted to continue their relationship with their abusive partners (Blijf Groep, 2011, cited in Stanley, 2015). While the woman is in the refuge, and following a risk assessment, her partner is offered a service through the refuge as well. While there is security at the refuge, the address is not secret. There is one worker per family and sessions are both individual and couple-based with a major focus on parenting. Additional support is also provided for children in the refuge. Evaluations showed that work was undertaken with partners in 40% of cases. Interestingly, refuge data from the Netherlands suggests that about 40% of women return to their abusive partners, whereas following the intervention at the Orange House only 19% of women returned.

Working with families experiencing domestic violence practice framework (DV Framework) (Australia) (May, Shackleton, Avdagic, Wade, & Michaux, 2016) is a program established with Uniting Burnside with the support of the Parenting Research Centre. The program recruits families from Brighter Futures and from Intensive Family-based Services that provide services to vulnerable families usually in their homes. The DV Framework begins initially with the identification of DFV through validated assessment tools. The program is based around three modules provided by caseworkers who have undertaken training to deliver the model with fidelity. A harm reduction approach is taken in addressing the needs of children in their families and coaching and supervision of workers is integral to the implementation of the program. The initial evaluation showed that workers were more diligent in providing the short, structured safety planning module (Module 1), rather than the parenting module (Module 3). As with other programs, recruitment was slow

(May, et al. 2016). The evaluation showed significantly improved scores in the family safety domain compared to a control group, but worse scores on parenting capabilities. It is suggested this may be due to the high compliance with the safety planning module and low take-up of the parenting module.

Guidelines for whole of family approaches

Taken together, some potential guidelines emerge to support working in this contested and diverse area.

- The safety of women (or non-offending parent) and children is the priority.
- Separate assessments of attendees are needed to establish suitability and safety for the program.
- There is a preference for centre-based programs rather than home-based interventions.
- Essential ingredients include highly trained workers in DFV intervention; engagement with men; and preferably child development.
- Focus on parenting rather than the couple.
- Explicitly address the issues of DFV.
- Make connections to the wider service and intervention system.

Discussion

Considerations when working with fathers who use violence

Overall, this review demonstrates that there is a paucity of evidence for effective approaches for responding to DFV in families where the perpetrator remains in the home or in regular contact with women and children. There are, however, a number of practices evolving in this space, each with their own body of knowledge. Practice development across the five areas identified in this literature review brings together different perspectives while offering some combined insights. Aside from statutory child protection work, other practice areas *emphasise the need to restrict work with fathers and mothers together to very specific circumstances*. The child protection context is different in that it requires workers to visit under all circumstances to establish whether children are at risk of harm. While many of the considerations below are generic to all workers, there are also some specific additions that apply to child protection workers. Although this review was limited by the lack of supporting evidence, in the next section 11 practice elements, drawn from each of the five bodies of knowledge reviewed, are considered when working with fathers who use violence.

1. Focus on safety

Within each body of knowledge examined, the safety of the women and children is the priority for intervention where there is DFV. In many cases, programs are explicit that work will be discontinued if there are threats to safety. In the whole of family and restorative justice approaches, for example, most programs will only work with men and women together when prior foundations for safety have been established through separate interventions with each of them.

2. Centre-based programs

With some exceptions, interventions we examined are primarily centre-based. This provision may have many functions including supporting worker safety; supporting the safety of victim survivors; and providing a structured framework in which the secrecy of DFV is countered and where clear guidelines and expectations in relation to respectful relationships are made explicit. The Uniting DV Framework (May et al., 2016), while not a centre-based program, provides an explicit, well-supported program and approach to working with DFV.

3. Worker training

A commitment to providing training for workers to upgrade their skills and knowledge base prior to embarking on this complex family work is emphasised in all bodies of knowledge examined in our review. HRHB, Fathers for Change (Stover, 2013) and Child–Parent Psychotherapy (Lieberman & Van Horn, 2008) are unequivocal about the need for workers to have training and experience in adult and child psychotherapy, as well as training in work with DFV perpetrators and working with children. Stover (2013) also emphasises the requirement for clinicians to have training in risk assessment, safety planning, verbal de-escalation techniques and non-violent self-defence to support their safety.

The DV Framework works with those employed in the intensive family services area who do not necessarily hold extensive qualifications. They nevertheless put a strong emphasis on training in DFV responses and the framework program of working is supported by ongoing coaching and supervision (May et al., 2016). It is a principle that aligns with Standard 6 of the National Outcome Standards for Perpetrator Interventions (developed as part of the National Plan to Reduce Violence Against Women and their Children): “People working in perpetrator interventions are skilled in responding to the dynamics and impacts of domestic, family and sexual violence” (Commonwealth of Australia (Department of Social Services), 2015).

4. Assessment processes

All areas of work we examined highlight the importance of initial assessment, including risk assessment. Within the whole of family approach, Jannawi provides an interesting model. When the initial referral is for the risk of domestic violence, the parents are both invited to the first interview and the tactics of control and impact of the father's domestic violence are explicitly explored in front of the woman. Jannawi has found that without transparency about the domestic violence that the subsequent mother–child, woman-only or father-only work is unable to progress.

Other models usually require an extensive period of single sessions with each parent to assess safety, motivation and parenting attitudes. Some programs within whole of family approaches undertake a large battery of clinical testing prior to commencement (Stover, 2013). Any work with a couple would only take place after these individual sessions, with McCollum and Stith (2008) recommending individual debriefing sessions after a couple counselling session to check for issues of comfort and safety.

5. Not all men are suitable for entry into these programs

This is a regular “mantra” of most of the areas of practice that engage with fathers. The often stringent assessment process providing separate assessments of safety, fear and the issues of violence and abuse is designed to recognise suitability. Not all fathers who use violence are able to engage constructively with the intervention offered, particularly if this involves working with the woman they have previously abused. A number of programs also recognise that in some cases men are the victims of violence from their female partners, or both parents are engaged in violence and abuse (Kan & Feinberg, 2014; May et al., 2016; Stover, 2013, 2015). In these cases, the intervention is adjusted accordingly.

6. Parenting is the focus

The whole of family programs focus primarily on men and women and their parenting and co-parenting rather than on the issues for the couple. While some couples may want to focus on their relationship, generally this is not considered the domain of these whole of family programs. The safer option for all involved is to focus on the needs of the child and the development of parenting skills. The attention to managing violence is therefore sometimes seen as a separate prerequisite provided through a men's behaviour change (MBC) program or extensive individual

sessions. Exceptions clearly lie in the couple counselling and restorative justice domains, where the parenting issues were not the focus.

7. Multi-agency working

Recognition that no single service will provide for the needs of children, women and men where there is DFV is a core element of most approaches we reviewed. It is recommended that workers and organisations have strong networks with the courts, housing, health and other DFV services.

Further considerations for child protection workers

There are further considerations for child protection workers who do not have the luxury of being selective about the families they are seeing. They therefore require considerable organisational support and development if they are to orientate their practice to take greater account of domestically violent fathers.

8. Working with police

There is a need for police back-up and support either through joint interviews or by being available for CP workers when entering family homes. This requires organisational Memorandums of Understanding (MoUs) and the establishment of trusting relationships between police and CP departments at organisational and local level.

9. Structuring of interviews with domestically violent fathers

The important guidance provided by Dwyer and Miller (2014) highlights the need for supervision and support in preparing for interviews with men who use violence. They also note the need for flexibility depending on who is in the family home at the time of the visit.

10. Cultural safety and support

The intervention by the state in the family life of Indigenous families has had a damaging and traumatic history (Stanley, Richardson, & Prior, 2005). The current over-representation of Indigenous children in out-of-home care in Australia (Commission for Children and Young People, 2016b) highlights the ongoing nature of trauma in Aboriginal families and that early assessment and engagement will need to be extensive and preferably provided by Aboriginal workers wherever possible.

In a totally different context from that of the trauma of colonisation, intervention by the state and other services in refugee and migrant families who have fled state imprisonment and torture may also be met with profound suspicion and distrust. Again, child protection organisations may need to undertake extensive work through community engagement when intervening with these individual families.

11. Building the relationship with victim survivors

The history of assessing women for their “failure to protect” rather than establishing an alliance with victim survivors is well recognised by women engaging with CP departments (Jenney et al, 2014) and may create initial tensions between workers and survivors of DFV. Establishing a context that prioritises the wellbeing of women and children and recognises life-generated risks (homelessness, court cases, poverty, risks to employment, and lateral violence) (Davies et al., 1998) as well as risks from men who use violence are important engagement issues.

Box 3: Methodology

The purpose of the literature review was twofold and responds to the questions outlined earlier. First, the review aimed to map the existing research on working with families where the perpetrator of domestic violence remains in the home, and particularly where children are present. Second, the review aimed to establish the current practices and practice guidelines (if any) that exist in this space. The scoping review examined both scholarly literature and any promising practice developments or guidelines located within the grey literature that may be emerging in this marginalised and relatively invisible area of practice.

The work of Arksey and O'Malley (2007) was used to guide a scoping review of the literature. Unlike a systematic review, a scoping study is not directed by weighing the quality of the evidence in relation to a tightly focused question: rather it is guided by the need to find "all relevant literature regardless of study design" (Arksey & O'Malley, 2007, p. 22). This paper follows Arksey and O'Malley's methodological framework: "identifying the research question; identifying relevant studies; study selection; collating, summarising and reporting results" (2007, p. 22).

Identification of relevant studies

No initial date parameters were set as it was not expected that the search would yield a high volume of papers. The review included all English language literature, grey literature including community-based practice reports, practice guidelines and frameworks, and evaluations. A database search was undertaken using the online library resources at the Australian Institute of Family Studies. Databases searched were: AFSA, Ebsco (including Psycarticles; PBSC; Psycinfo; Socindex, Women's Studies), Pubmed; Google Scholar and Social Care Online. Search terms were customised to the databases that were searched. Search terms included variations of the following terms:

- domestic violence/family violence/intimate partner violence/intimate partner abuse;
- batterers or offenders or perpetrators;
- intervention/modification/change/counselling/treatment/therapy/rehabilitation;
- home based/home/home visitation; and
- fathers/men.

After the initial search, the terms were extended to include "child protection" and "worker engagement with men who use violence/perpetrate domestic /family violence".

Selecting articles

During the search process, articles not relevant to topic (e.g., studies that related to reducing child abuse but not focused on domestic violence) were excluded. After the initial search, a set of further exclusions were developed by the authors to focus the search.

Exclusions included:

- papers where domestic or family violence was not a primary focus;
- grey literature prior to 2005 (not relevant to current practice);
- literature focusing solely on men's behaviour change programs; and
- conference papers, seminars, webinars.

The authors undertook the exclusion process together, reading each abstract. Due to the large number of articles focusing on couples' therapy, a further exclusion was made of couple counselling literature prior to 2005. The second author then obtained copies of all relevant articles. Further articles were sourced after the initial search via snowballing; for example, additional literature identified in the reference list of included articles and further relevant literature (from previous research, professional networking by the authors).

Conclusion

In conclusion, the evidence base for working with fathers who use DFV but remain in the home, or remain present in the lives of women and children, is underdeveloped. Five main practice areas: nurse home-visiting; conjoint couple counselling; restorative justice, child protection; and whole of family work with vulnerable families were identified. Whole of family approaches are promising as they explicitly focus on work with both parents and children. This review has highlighted the circumstances and the different programs that have begun to develop a practice base in this area. All urge caution and all recommend a priority on training workers, and only ever bringing men and women together under certain circumstances and with strict caveats. This is necessary if work is to be effective and not inadvertently escalate danger and/or collude with the power and controlling tactics of the perpetrator of violence. This injunction is as applicable to child protection workers as those in other areas of practice.

The need to provide intervention to women and children living with DFV who are not in a position to safely separate has driven this review. More questions rather than solutions may have been provided. It is clear that there is some experimentation with interventions in these complex family situations, and some early signs of success (Stover, 2013). The challenges of working with the diverse nature of fathers who use violence are significant. Nevertheless, this may prove to be the most important practice development for future DFV intervention.

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