Policy and practice implications: Child maltreatment, intimate partner violence and parenting

Clare Murphy[1], PhD, Nicola Paton[2], Pauline Gulliver[3], PhD, Janet Fanslow[4], PhD

[1] Independent counsellor, supervisor and trainer; MNZAC

[2] Manager/Community Lead, New Zealand Family Violence Clearinghouse

[3] Research Fellow, New Zealand Family Violence Clearinghouse

[4] Associate Professor, Social & Community Health, School of Population Health, The University of Auckland; Co-Director, New Zealand Family Violence Clearinghouse

Key Messages

This paper explores the system responses required to support children exposed to intimate partner violence. Guiding principles for protecting children and adults exposed to child maltreatment and intimate partner violence include:

- Provide holistic support for children
- Support the non-abusing parent
- Support the mother-child relationship
- Hold the perpetrator accountable
- Be culturally responsive

Children's safety and wellbeing is highly dependent on the quality of their bond with their non-abusive parent (most often the mother). Programmes to support mothers and children need to include a focus on supporting them to strengthen or re-establish their relationship, which may have been damaged by exposure to violence.

Parenting programmes for fathers who have used violence need to emphasise the need to end violence against their children's mothers (they cannot be "a lousy partner but a good dad").

There needs to be adequately resourced services to support children, adult victim/survivors and perpetrators. These services need to work in co-ordinated and collaborative ways, as part of multi-agency response systems, and work from a sophisticated understanding of intimate partner violence.

The United States Centers for Disease Control have identified safe, stable, and nurturing relationships as fundamental in supporting children to thrive. Exposure to intimate partner violence and the impact of violence on the parenting children receive need to become key areas of work in responding to 'vulnerable children'.

The New Zealand Family Violence Clearinghouse can be contacted at:

New Zealand Family Violence Clearinghouse
Tāmaki Innovation Campus
The University of Auckland
Private Bag 92019, Victoria Street West
Auckland 1142
New Zealand
Phone: + 64 9 923 4640

Email: info@nzfvc.org.nz
Website: www.nzfvc.org.nz

ISSN: 2253-3214 (print)
ISSN: 2253-3222 (online)

Recommended citation

Murphy, C., Paton, N., Gulliver, P., Fanslow, J. (2013). *Policy and practice implications: Child maltreatment, intimate partner violence and parenting*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland.

Acknowledgements

Thank you to Professor Jeffrey L. Edleson, Dean, University of California, Berkeley School of Social Welfare; Terry Dobbs (Ngapuhi iwi, Te Mahurihuri Ngati Pakau hapū), MA (Childhood and Adolescent Studies) (Dist), PostGrad Dip Child Advocacy (Dist), Certificate of Qualification in Social Work (CQSW); Jill Proudfoot, Shine (Safer Homes in New Zealand Everyday); Nova Salomen, Child, Youth and Family; and Kim Dunlop, registered social worker for providing comments on earlier versions of this paper.

Table of Contents

Terminology

Term	Definition
Child maltreatment	The direct maltreatment of children, including physical, sexual and psychological/emotional abuse.
Children	Children and young people aged 0-17 years.
Intimate partner violence	Includes physical violence, sexual violence, psychological/emotional abuse, economic abuse, intimidation, harassment, damage to property and threats of physical or sexual abuse towards an intimate partner.
Family violence	Violence and abuse against any person whom that person is, or has been, in a domestic relationship with. This can include sibling against sibling, child against adult, adult against child and violence by an intimate partner against the other partner.
Exposure	Includes children seeing, hearing, being aware of, becoming directly involved in (e.g. intervening in an attempt to stop the abuse) or dealing with the aftermath of intimate partner violence.
Co-occurrence of intimate partner violence and child maltreatment	Children who are both exposed to intimate partner violence and directly maltreated.
Father	Children's biological fathers, adoptive fathers, stepfathers, foster fathers and other father figures such as their mother's or other primary caregiver's new male partner.
Mother	Children's biological mothers, adoptive mothers, stepmothers, foster mothers and other mother figures such as their father's or other primary caregiver's new female partner.
Intimate partner	Includes spouses, cohabiting partners, dating partners, boyfriends/girlfriends and separated or divorced partners.

1. Introduction

This paper seeks to stimulate discussion around policy and practice responses related to children's exposure to intimate partner violence (IPV). It highlights the need to address IPV to increase the safety and wellbeing of children. It also emphasises the importance of working with children, adult victim/survivors and perpetrators, and the need for effective, coordinated multi-agency responses. The paper sets out principles for intervention and includes a particular focus on child protection services.

The paper is based on largely international literature, as the area has been less of a focus of New Zealand research. Discussions with practitioners working in the area were also held. When reporting on studies about violence perpetrated by other family or household members, the terminology used by the researchers has been used (for example, domestic violence or family violence). Related topics, such as family law, are beyond the scope of the paper, as is the evaluation of existing services in this area in New Zealand.

NZFVC Issues Paper 3, *Understanding connections and relationships: Child maltreatment, intimate partner violence and parenting*, reviewed the evidence base on the co-occurrence of child maltreatment and IPV and ways children are commonly affected by exposure to IPV.

2. Gendered nature of intimate partner violence and child abuse

This paper works from the understanding that IPV is a gendered issue. While women sometimes perpetrate IPV (against men or in same-sex relationships), the majority of violence is perpetrated by men against women.[1-5] Studies that examine men's and women's use of violence against an intimate partner indicate that men are usually the predominant aggressors and that their violence tends to be more frequent and severe.[6] As a result, women are more frequently hospitalised for physical injury and more likely to use refuge facilities.[3]

Men are also more likely to use violence as part of coercive control, which has been described as “a course of calculated, malevolent conduct” which can interweave repeated physical abuse with three equally important tactics: intimidation, isolation, and control.[2]

In addition to findings about the nature of violence perpetrated by men against women, New Zealand research shows that the more severe forms of abuse and injuries experienced by children are also more likely to be perpetrated by fathers, stepfathers or their mother’s male partners, particularly younger men.[5]

In the context of *Issues Papers 3* and *4*, acknowledging this dynamic facilitates further understanding of the impact of IPV on the health and welfare of the child, and for understanding and assessing how patterns of behaviours affect relationships between partners, and between parents and their children. These patterns of behaviours can carry on after a relationship ends. Understanding this gendered dynamic has important implications for responding to child maltreatment, IPV and the overlap between them.

3. Principles for intervention

There are a number of studies that outline guiding principles for protecting children and adults exposed to IPV and child maltreatment. Central to each of these studies is the provision of adequate formal or informal support to all parties involved. Healy and Bell (2005)[7], and Burke (1999)[8] have identified principles central to the provision of services for families where violence is being perpetrated. Healy and Bell’s principles are:

1. Protect the children
2. Protect the non-abusing parent
3. Provide supportive resources to the non-abusing parent to help protect and care for the children
4. Hold the perpetrator responsible for the abusive behaviour
5. Respect the non-abusing parent’s right to direct her own life without placing her children at increased risk of further abuse from violence

The authors do not see these principles as conflicting with each other. Burke notes that use of these principles can help “counter the structural power of men over women and adults over children.”[8] In addition, these priorities can be used to guide flexible practice, where conflicts of interest arise or practitioners encounter situations that do not fit within

dominant patterns (for example IPV in which women are the predominant aggressor or IPV in same-sex relationships).[8]

These principles are supported by prior research, and by children themselves. In 2001, the United States federal government funded six communities to engage in a coordinated community response aimed at increasing safety, stability and wellbeing for families exposed to IPV and child maltreatment.[9] Lessons learned by these communities included: that the best strategy for protecting children involved offering mothers who were abused appropriate services and protection; that being a victim of IPV did not equate to being a neglectful parent; and that separating children from mothers who have been abused should be the last resort.

Interviews from children exposed to violence in the United Kingdom[10] also emphasise the importance of these principles. Key factors identified by young people exposed to IPV also highlighted:

- The need for informal support
- Support mothers to protect children
- The need for adults, whether from family, community or professional services, to regularly check that children are safe[10]

Informal social support networks like family, friends, others who come into contact with children and schools[114] need to be resourced with the knowledge and skills to be able to respond effectively to children and refer them to appropriate services where required.

3.1 Holistic support for children

The United Nations Convention on the Rights of the Child emphasises the importance of working in a child-centred way, and recognising the rights of children and young people. A salient feature of this way of working is that children have a right to participate in decisions made about them in line with their age, maturity and culture. Such decisions may include their living arrangements, how they are represented in the Family Court processes, and the types of emotional or social support required.[11,12] However in the context of IPV, this needs to be done with caution as children may align themselves with the perpetrator because he is more powerful (see *Issues Paper 3*). This can leave both children and mothers at risk of ongoing abuse and further undermine the mother-child relationship.

Children and young people also voice the importance of being able to participate in decisions about their own lives. Mullender *et al* (2002) spoke with children who have lived with IPV and asked what they considered would be the most helpful forms of response. The children said that they wanted to be listened to, to have their opinions taken seriously, to be told what is going on and to be actively involved in decision-making. Sadly, however, the children reported that they felt that too often their opinions and wishes had been overlooked by both the adults who were involved in the violence, and by the professionals who were attempting to find solutions; this had the effect of making children feel powerless.[12] McGee (2000) has reported similar findings with children as young as 4 or 5 years.[13]

Other countries have used children's views to inform the development of their policy. As the Scottish national domestic abuse policy was being developed, six young people who had lived with IPV were asked to provide input around improving outcomes for children affected by IPV. Their recommendations are presented in Box 1.[14,15]

Box 1: Recommendations from the young people consulted in the course of the development of the Scottish national domestic abuse policy[14,15]

- Ensure every child in Scotland has access to a [named] support worker, to offer one-to-one support "someone they can trust and confide in";
- Train professionals to ensure they understand domestic abuse and know how to help children as "knowledge of domestic abuse would help";
- Improve children's access to, and knowledge about, outreach support in the community "different help for different scenarios". Confidentiality is key;
- Provide groupwork opportunities so that children and young people can build friendships and trust;
- "Make moving house and refuge life better for children and young people";
- "Financial aid would be good for starting again" to help replace possessions and toys, buy storage and uniforms;
- "Make more help available at school as well as outside school" as school is *the* key place for children, consider making specialist support available;
- "Teach teachers better" as teachers don't always understand, respond well or take into account the very difficult situation children living with domestic abuse are in;
- Teach students about domestic abuse so they can understand and react better to children affected and also can help their friends;
- "Cooperation between agencies" is important, communication needs to improve especially between the police, schools, health, housing *with the result* that children and their families are treated better;
- Improve publicity and information aimed at children and young people "it's about getting it out, let people know that the help is there and how to access it";
- Target campaigns at children and young people and link them to help for children, raise awareness with everyone to increase understanding and stop the stigma;
- Create suitable adverts for children and use media where young people will see them: make sure they're not "dark" and frighten children;
- Provide as many forms of communication as possible for children to access central and local support — web, helplines, textlines, email: link a central resource to named local support workers.

3.2 Support the non-abusing parent

Humphreys (2007)[16] emphasises the interconnections between women and children and the need to support the non-abusing parent (usually the mother) in order to address children's safety and wellbeing. She describes the needs of women and children who have experienced violence as separate but linked. Accordingly, focussing interventions on children to the exclusion of supporting the primary caregiver is an inadequate protective strategy.[17] Others have also emphasised that effectively targeted services are those "that

are responsive to the needs of children *and* mothers … addressing safety, maternal health, parenting, helping children to recover from trauma, and building resilience in both mothers and children"[18] (emphasis added).

Many women acknowledge that their partner's violence and coercive control has impacted on their parenting (and they actively mobilise resources to respond to the violence on behalf of their children). Child advocates state that children also need to be asked rather than practitioners relying on mothers' ability to support their children. Enabling, and supporting the non-abusing parent to access a wide range of resources (not just those specific to violence) is also important. Women note that their parenting becomes even more difficult in times of financial or work related stress; when there are physical or emotional problems; or when they are also dealing with the problems of their partner or the concerns, worries and behaviours of their children.[12,13,19-24] As a consequence, services need to be equipped to support women to address a variety of needs.[19,24]

3.3 Support the mother-child relationship

Children's safety and wellbeing is highly dependent on the quality of their bond with their mother or primary caregiver.[10,12,21,25-36] In Australia, resources have been developed to a) assist mothers impacted by IPV to keep children safe[37-39] and b) to assist practitioners to work with mothers leaving IPV to parent their children in safety.[40]

Edleson (2011)[33] states that one of the challenges is to develop voluntary systems of care for children who, although exposed to IPV, are not directly maltreated. He notes, "These systems of care need to be developed as part of the fabric of communities from which the women and children come if they are to be sustained and culturally proficient." Many of these programmes emphasise the importance of mothers in their children's healing and encourage mother-child dyadic interventions.[33] In the context of IPV, interventions to support mothers and children benefit from including a focus on supporting them to strengthen or re-establish their relationship, which may have been damaged by exposure to violence.[30,33,41-44]

Many, although not all, children want the opportunity to talk to their mothers about abuse.[12,13,15] Humphreys (2007, 2010)[45,46] developed innovative activities to help mothers and children talk to each other about their shared experiences of IPV, as a way of

counteracting perpetrator efforts to undermine the relationship and communication between mothers and their children. The intervention was designed to be delivered by services working with the family, and was based around activities that the children reported enjoying doing with their mothers. Activities were focused on building self-esteem and confidence; identifying and talking about feelings; staying safe; and strengthening communication to allow them to talk about aspects of their lives that may have previously been clouded in secrecy.[45,46] After feedback from the children participating in the intervention, Humphreys indicated that "one gained the impression that any joint activity may have been helpful".[41] She stated that it was not the activities that were of chief importance, but that the support workers understood that the perpetrator's attack on the mother-child relationship had resulted in its deterioration.

Interventions to support mothers and children benefit from supporting them to strengthen or re-establish their relationship, which may have been damaged by exposure to violence.[30,33,41-44]

In Australia, two child and infant led interventions have been developed by Bunston and colleagues[47,48] at the Royal Children's Hospital Integrated Mental Health Service. Infant groups (the 'Peek-a-boo Club') focus on children 0-3 years of age. In these groups, mothers discuss their own experiences of the violence they have experienced while the infant plays. They are then encouraged to reflect on the activities of their infant during these discussions and how they might be communicating about their internal world. Mothers reported improvements in the quality of attachment between the mother and child, reductions in hostility and increased enjoyment of their infant (Bunston *et al* 2008, cited in Bunston 2008).[47]

The second group programme is called PARKAS (Parents accepting responsibility kids are safe), and works with mothers and children aged 8-12 years. The overall aim of the programme is to encourage healthy communication between the mother and the child. Following an initial assessment, and in their own group, children are encouraged to explore their experience of violence through play and drawing. In separate group sessions, mothers are encouraged to do the same activities, exploring what they think has been the experience of the violence through the minds of their child. Pictures are shared between the groups so that mothers develop an understanding of what their child might be thinking

and experiencing. The facilitators work across the PARKAS groups, ensuring consistency, and that the groups come together at the start, middle and end of the programme to allow the mother and child to work directly together.

An evaluation showed significant improvements in lowering the number of difficulties children were experiencing, a reduction in distressing emotional symptoms and improved peer relationships. It also found an increase in behavioural issues for a group of children. The facilitators suggested this was due to the amelioration of traumatic symptoms and the movement from internalising feelings to more overt expression of strong emotions, representing a shift from avoidance to "coming to life" (Bunston and Henynatz 2006, p.158, cited in Humphreys 2008).[41]

Other programmes focus on improving parenting styles to target specific aspects of a child's behaviour in response to exposure to violence. For example, Parent-Child Interaction Therapy (PCIT) has a strong focus on reducing disruptive behaviour through developing improved parenting skills, while at the same time seeking to improve the parent-child relationship.[35] The programme has been shown to reduce child maltreatment in families involved with child protection services,[49] while also reducing mothers' stress levels[50] and improving their feelings of control over their child's behaviour.[51]

In New Zealand, some specialist IPV services provide children's programmes, such as 'Refuge Youth' and 'KIDshine'. The KIDshine programme uses joint visits by women's and children's advocates to:

- Establish rapport and trust with the child
- Develop safety plans for the child
- Talk with the child in ways that allow them to begin to make sense of what has happened in their home
- Make an assessment of the level of trauma experienced and refer the child for ongoing help if needed
- Discuss with the parent about the effects the violence has had upon the child.
- Suggest how to manage and assist a child who has been traumatised
- Follow up referrals to appropriate services for ongoing intervention

The programme has been independently evaluated. The evaluation included face-to-face interviews with 16 children and their mothers from nine families and whānau and an additional eight telephone interviews with mothers. Mothers and children from all families and whānau indicated positive outcomes from the advocates' visits and the majority of children and mothers noted positive changes for the children. There was an overall positive change in the wellbeing of just under half of the 226 child participants (42%) from 89 families during the three week implementation period of KIDshine (i.e. the three week period of the child advocate visits).[52] Shine has also published a snapshot of the voices of children accessing the KIDshine programme.[53] Shine states that one of the most important ways KIDshine works is to deal with the effects of trauma by assisting mothers and children to re-establish their bonds.[53] However these programmes typically receive very limited funding, and are not available throughout the country. A 2012 West Auckland project highlighted the lack of services for children who do not meet CYF's threshold for further action.[114] Humphreys (2007)[16] emphasises that all children exposed to IPV require access to appropriate services.

> ***... all children exposed to IPV require access to appropriate services.[16]***

The emphasis on supporting the mother-child bond does not discount opportunities to provide support to a whole whānau or opportunities to support the development or re-establishment of a child's bond with another significant caregiver. Instead, these studies illustrate that providing support to increase effective communication and emotional support can improve the mother-child relationship, which is, in turn, a fundamental component to reducing the impact of IPV on children. Understanding the importance of the child's relationship with a non-abusive adult, and the communication and emotional support skills that occur as part of the relationship are the salient features that need to be fostered.

3.4 Hold the perpetrator accountable

Humphreys (2007)[16] argues that the most effective form of child protection focuses on holding men who perpetrate IPV accountable for their abuse, and having them end their use of domination and control. This requires both awareness and acknowledgement that many children and women will continue to have contact with men who have abused them as a result of shared parenting arrangements. It also requires a shift in child protection

practices, which traditionally focus on children and their mothers/non-abusing parents, to the exclusion of involvement with the perpetrator.[16]

Internationally, child protection workers increasingly refer men who use IPV to stopping violence programmes[21] however generally these programmes do not address parenting. Scott (2012)[54] highlights that failing to provide parenting interventions for men who have used violence and continue to have contact with their children inadvertently makes mothers solely responsible for assessing, monitoring and responding to concerns about men's parenting.

Specialist parenting programmes need to be developed for parents who are perpetrators (and, separately, victim/survivors) of IPV because general parenting programmes can have unintended negative results.[55]

In their extensive work with men who use IPV, Bancroft and Silverman (2012)[55] state that they have not encountered spontaneous improvement in men's parenting behaviours (that is, intervention was necessary to support this change). Arean and Davis (2007)[56] indicate that reparation and behaviour change towards positive parenting is a long and difficult process that requires more than a year of programme attendance. Specialist parenting programmes need to be developed for parents who are perpetrators (and, separately, victim/survivors) of IPV because general parenting programmes can have unintended negative results.[55]

Examples of such specialist programmes include Victoria, Australia's 'Parenting After Violence' and 'Dad's Putting Kids First'[57] and United States initiatives documented by Scott (2012).[54] A review of pioneering intervention programmes in the United States found they had four aspects in common: use of a motivational approach around men's desire to be good fathers; emphasis on the need to end violence against their children's mothers (they cannot be "a lousy partner, but a good dad"); accountability for past abuse; and intervention to reduce fathers' use of harsh discipline. One area in which there is debate is how to avoid unintended consequences. This is based on the acknowledgment that not all men will benefit from intervention, and that in some cases fathers will represent an ongoing risk to their children and partners/ex-partners. Programmes may also inadvertently increase risk, for example, through fathers being awarded increased contact

with children by family courts due to having completed a programme, even if their behaviour has not changed.[54]

Bancroft and Silverman (2012)[55] suggest four specific indicators to assess change in a perpetrator's orientation towards his children:

1. Has he displayed a number of years (as opposed to weeks or months) of consistently improved parenting behaviour?
2. Are there any indicators that apparent improvements in parenting behaviour are actually intended to control or punish his ex-partner, for example by turning the children against her?
3. How well has he participated in parenting education programmes and has he taken other steps to enhance his parenting?
4. Has he accepted full responsibility for previous problems in his parenting behaviours, identified the attitudes that drove those behaviours and developed the ability to empathically discuss the effects his behaviours have had on his children? (p.230)[55]

Active use of these criteria may assist practitioners in identifying those fathers who are committed to the safety of their children, and invested in re-building relationships with them. As stated above, children's and young people's views about contact with their fathers also need to be taken into account.

3.5 Cultural responsiveness

Supports provided to children, parents (victim/survivors and perpetrators), families and whānau must be appropriate and responsive to a family's cultural context.

3.6.1 Taitamariki and whānau violence: Prevention and intervention

Much of the research related to Māori in the field of whānau violence has been undertaken by non-Māori using deficit and/or pathological approaches. Māori academics, health, welfare, education and justice professionals argue that models of analysis and intervention methodologies based on Western or mainstream thinking have been consistently ineffective for Māori.[58-61] The predominant models for violence prevention have also developed primarily out of violence research involving Western populations that do not

readily translate cross culturally, or adequately address the complex range of factors that underlie the high levels of violence often found in indigenous communities.[62] Only recently has debate and indigenous theoretical construction begun with regard to prevention strategies to address these issues.

Very few studies have specifically asked taitamariki Māori about their understandings. Webster *et al* (2002)[63] point out that the issues taitamariki face are compounded when they are "… labelled 'at risk' without any consideration of listening to their own stories as a means of creating positive solutions to issues" (p.179).[63] Taitamariki Māori have a challenging position within today's society and those supporting their development must assist them with 'mana enhancing' processes that enable them to reach their full potential. The Youth '07 report states that:

> *"…strategies and policies which seek to improve the health and wellbeing of taitamariki must take a broad ecological approach which acknowledges that young people are influenced by their wider environments."* (p.31)[64]

Whānau ora models (also known as Mauri Ora and/or oranga whānau) are grounded in common understandings of a Māori worldview and work to strengthen whānau wellbeing. When discussing 'oranga whānau' in relation to whānau violence, Grennell and Cram (2008) write:

> *"…strategies based on strengthening whānau are a relatively new phenomenon in a field that has often taken an individual or couple-based approach to intervening in family violence."* (p.1)[58]

Mauri Ora is a kaupapa Māori wellbeing framework to guide the analysis and practice of whānau violence prevention, and an emancipatory theory with its foundation in a Māori worldview. Its multi-level approach to whānau violence prevention has a strong alignment with current youth approaches and violence prevention approaches, many of which use ecological frameworks to analyse, report and practice. In addition, it is founded on cultural constructs and requires the inclusion of historical perspectives which are necessary to accurately understand the current context in work with Māori and indigenous peoples.[65] Kruger *et al* (2004)[66] outline three fundamental tasks for analysing and approaching violence:

1. Dispelling the illusion (at collective and individual levels) that whānau violence is normal and acceptable.
2. Removing opportunities for whānau violence to be perpetrated through education for the empowerment and liberation of whānau, hapū and iwi.
3. Teaching transformative practices based on Māori cultural imperatives that provide alternatives to violence.

3.6.2 Pasifika

In some Pacific cultures, violence against a woman was traditionally perceived to be a violation of her extended family and the perpetrator was held to account by her family.[67-71] Whānau Ora funding has also been used by some Pacific family violence services to work with whole families.

Since 2005, Child, Youth and Family (CYF) has worked to engage with and strengthen Pacific Island social services providers. This has included a Pacific workforce fono (meeting) to strengthen CYF internal and external relations to build capability and confidence when dealing with Pacific families[72] and the development of a leadership programme for Pacific social services providers. A 'whole of community' approach was taken, involving leaders within Pacific communities, CYF site offices, Pacific providers and church groups.

Peteru (2012)[73] noted that the lack of data and dearth of research on violence in Pacific populations has an impact on the ability of workers in the family violence area to advocate for the development of effective and appropriate policies and interventions (Crichton-Hill 2003, cited in Peteru 2012).[73] To support further work in this area, a conceptual framework was developed to address family violence in the seven Pacific communities.[70] The framework looks at how 'wellbeing' is considered in each of the cultures, the ways family violence violates traditional cultural values, and concludes by proposing ways of taking care of relationships that are appropriate to each culture.

3.6.3 Ethnic minority communities

Services provided to ethnic minority communities also need to be culturally appropriate and responsive. Arean and Davis (2007) quote Fleck-Henderson and Arean 2004:

> *"[To] stop violence in a given cultural group, the intervention has to be based on values generated by that community… [they] have to make a concerted effort to create a context worthy of the participants' trust. This necessarily involves recognition and respect for their cultures and the structural barriers they face in establishing a constructive family life."* (p.11)[74]

4. Three planet model

Responding to children exposed to IPV requires a complex interweave of multiple different services. Achieving collaborative practice across multiple systems and services is challenging. There are tensions and contradictions evident in professional discourses and practices that work with families exposed to IPV. Hester (2011)[75] developed the 'three planet' model as a way of conceptualising the three main areas of work where children and IPV are involved: specialist IPV services, child protection services and family law child contact processes.

Hester asserts that the three systems can effectively be considered different 'planets', as they have their own separate histories, culture, laws and sets of workers/professionals. The structures, orientations, approaches, assumptions and practices of each service are quite different. This makes responding effectively to IPV and developing cohesive, collaborative responses more difficult. It can also result in contradictory and unsafe outcomes for women and children receiving services.

The three planet model illustrates some of the challenges in developing close working relationships across agencies and service providers. Although the model was developed in the United Kingdom, beliefs held by workers in these three service systems resonate internationally. Comments encountered in a United States project relating to beliefs held about workers in the different systems included:

> "*Domestic violence advocates are zealots who never believe that the mother could have done anything wrong*."

> "*Child welfare agencies remove children without good reason and blame mothers for the violence against them*."

> "*Courts are ignorant of both the dynamics of abuse of battered mothers and the challenges child protection workers face in trying to do their jobs*." (p.4)[9]

In New Zealand, specialist IPV services include women's refuges and other specialist support and advocacy services that work with adult victim/survivors who are predominantly women. These services emphasise the gendered nature of IPV and provide advocacy, counselling, housing and other supports to assist women and children to overcome the impacts of violence. There are also specialist services that work with perpetrators, seeking to engage men to take responsibility for, and end their use of violence and coercive control. Recognition of the impact of IPV on children began in services that work with adult victim/survivors, and early work to provide support for children exposed to IPV began in women's refuges.[75] However, for these service providers, the adult victim/survivors tend to be the central focus.

Child protection services have children as their primary focus. Child, Youth and Family hold the statutory role in New Zealand to provide protection to children under the age of 14 and young people under the age of 17. CYF's statutory role includes assessing the risk of harm to children and young people through abuse and neglect; working with parents, families and whānau to put in place plans to keep children and young people safe; and providing care for children and young people who are not considered safe at home. The *Children, Young Persons, and their Families Act 1989* states that "the welfare and interests of the child or young person shall be the first and paramount consideration" (section 6). In this context, the focus on mothers tends to be as carers who are expected to protect their children, and men who use violence are often invisible. This is discussed further under 'Child protection services' below.

Family law processes around child contact focus on the parents. In contrast to child protection systems, men tend to be highly visible, but as 'good-enough fathers'[75] rather than as men who use violence. IPV can 'disappear' in Family Court processes, through being ignored, reframed or rejected.[76] Many family law professionals prioritise father contact regardless of a documented history of violence and coercive control.[15,17,25,30,31,75,77-81] There tends to be an overriding presumption that shared care or contact with their father is in all children's best interests.[77,82-84] Mothers who oppose this may be painted as 'obstructive', 'hostile' or 'unfriendly parents'.[85] This is despite the fact that child contact arrangements have been found to provide the greatest opportunity for

the continuation of post-separation violence.[86,87] As full discussion of family court processes are beyond the scope of this paper, readers are referred to the New Zealand research carried out by Tolmie, Elizabeth and Gavey for further information.[77,82,84,85,87-91]

5. Multi-agency response

Research consistently shows that high quality coordinated community responses decrease IPV recidivism more than isolated responses.[28,92-95] (For a review of factors important to building collaborations see the New Zealand Family Violence Clearinghouse Issues Paper 1, *Building collaborations to eliminate family violence: facilitators, barriers and good practice* (2012)).[96,97] High quality coordinated community responses are also important for responding to children exposed to IPV. The Ohio project used the *Safe and Together* model, to improve statutory child welfare competencies and cross system collaboration between child welfare and its community partners.[34,98-104] One of its foundational principles was:

> *"Clearly acknowledging the common interests and shared values between child welfare and [IPV] constituencies, responders, and stakeholders, and bring to the forefront the understanding that intimate partner violence affects the entire family".* (p.8)[98]

Joint training was found to reduce barriers and improve collaboration (along with workers shadowing each other).[9] In addition, implementation of the model shifted the focus of intervention from one specific family member (either the mother *or* the child) to the effect of the perpetrator's behaviour on the whole family.

Hester (2011) recommends that child protection and child contact systems 'team up' with specialist IPV services, which have extensive experience in working with victim/survivors and perpetrators.[75] Similarly in New Zealand, Craigie recommends CYF work with a range of partners in the family violence field in order to ensure the safety and wellbeing of the family unit.[105] Child, Youth and Family introduced its differential response service model in 2009.[106] This allows for a more flexible CYF response, facilitating referral to community support and services rather than a forensic investigation where this is assessed as appropriate. The Child Protection Protocol between CYF and NZ Police was also updated in April 2010. NGO practitioners report that agencies are working considerably better

together than they used to, including through the Family Violence Interagency Response System (FVIARS). However, an ongoing barrier they highlight is frontline workers' lack of understanding of the dynamics of IPV, seen in, for example, victim blaming.

Previously, New Zealand's 'Advocates for Children and Young People Who Witness Family Violence programme' funded 45 co-ordinators throughout the country. These roles were to raise community awareness about the impact of family violence on children and young people, identify service gaps in the community, build strong collaborative networks within the community to ensure agencies and service groups were connected to one another, and take action for the best interests of children and young people. However their funding was redirected in 2011.

Another promising initiative in this field has been co-locating specialist IPV workers at child protection offices. The model was developed in the United States and has had significant success, for example in Connecticut[101] and Boston.[21] It allows a mother experiencing IPV to receive support while other workers investigate and assess the child's risk and needs. This model has been used in Auckland over the last five years, and at one point in time, Shine advocates were located at all CYF sites in Auckland city. However advocates are no longer located at all sites and the co-location model is not discussed in the White Paper on Vulnerable Children.[107]

The White Paper on Vulnerable Children also establishes new community-based Children's Teams.[108] It is unclear how these will relate to the existing Family Violence Networks, currently funded until June 2013.

6. Child protection services

Increasing recognition of the impacts of IPV on children has resulted in changes in child protection legislation, policy and practice. The *Children, Young Persons and Their Families Act 1989* sets out CYF's role. Section 14(1)(a) and (b) of this Act state that children and young people are considered in need of care and protection if they are being, or are likely to be "harmed (whether physically or emotionally or sexually), ill-treated, abused, or seriously deprived" or if their "development or physical or mental or emotional wellbeing is being, or is likely to be, impaired or neglected, and that impairment or neglect is, or is likely

to be, serious and avoidable." Almost two thirds of notifications to CYF are reported to have a family violence component.[109]

In addition, the *Domestic Violence Act 1995* states that causing or allowing a child to see or hear the abuse of, among others, a family member is considered the psychological abuse of that child (section 3). Policy and practice change has resulted in more children who have been exposed to IPV or other forms of violence at home[110] being entered into the data systems as victims of 'emotional abuse'. These changes are likely to have contributed to the sharp increase in the number of 'emotional abuse' findings by CYF (from 2,571 in 2003/04 to 12,114 in 2011/12).[108,111]

While many child protection practitioners work hard to respond effectively to families where IPV is being perpetrated, evidence suggests that systemic problems continue to exist that limit the ability of individual workers to respond appropriately. While women frequently report that concerns about their children influence their decision to leave their violent and controlling partner,[19,25,112] they also indicate that concerns about an inappropriate and/or damaging response by child protection workers can inhibit their reporting of IPV. For example, mothers can be afraid to disclose abuse and seek assistance for fear their children will be removed. NGO workers report that these fears can make it difficult for women to engage effectively with child protection workers.

Similarly, children can be afraid to tell anyone about the IPV in their homes, for fear they will be 'taken away'. NGO workers and other professionals may also have fears about reporting a concern to child protection services, out of concern that the situation will be mishandled to the detriment of the children.[10,12,15,25,113,114] Researchers have asserted that child protection services need to reconsider their approach to families when IPV is occurring and/or both adults and children are being abused.[33,101] These concerns are not unique to New Zealand. Child protection systems are not considered voluntary or benign and reflect constant tensions between the care functions and the control functions of the state.[16]

6.1 Understanding of intimate partner violence

Child protection practitioners need to be resourced, skilled and supported to assess and respond to the complex dynamics of IPV and coercive control. Encouragingly, there is

evidence that child protection workers are becoming more aware of the impact of exposure to IPV on children.[101,115,116] There is also a growing awareness that repeat episodes of seemingly low level violence can result in cumulative psychological harm.[105] However, the increased focus on potential harm to children has also been criticised for being used to hold the non-offending parent responsible for the impacts of the perpetrator's violence.

The international literature highlights the importance of child protection workers receiving sophisticated training in working with women who live with violence and coercive control. This includes the importance of recognising patterns of behaviour and the systematic use of control rather than focusing on incident-based physical violence.[99, 101,115,116114] This understanding is also necessary in order to avoid shaming, punishing, threatening or further endangering women.[117] Working in this way requires distinguishing between predominant perpetrators and primary victims of violence[75,105,113,118] rather than using euphemisms such as 'family dysfunction' or 'inter-parental conflict'. As in the wider population, child protection workers and other service providers (including legal professionals) may hold perceptions of IPV which include mother-blaming,[117] victim-blaming and common myths and misperceptions about IPV.[119] In order to adequately support children and their mothers, child protection workers require recognition of the gendered nature of IPV, and an understanding of how it is rooted in gender-based social inequalities.

Research also highlights that there can be a lack of understanding of the barriers, and at times impossible choices, women can be faced with in attempting to keep themselves and their children safe. Women in violent relationships have been described as continually safety planning[34] and there may be many reasons why they have remained in the relationship. For example, a woman's partner may have threatened suicide or to kill her and/or the children or pets if she leaves,[120] or threatened to gain partial or full-time care of the children, or kidnap or harm them.[121] Attempting to separate from a violent partner is a known time of heightened risk (discussed further under 'Leave ultimatum' below) and women may stay because they believe they are better able to predict how their partner will behave towards them and/or their children.[12,113,120,122] Other reasons can relate to a lack of resources, for example fear of losing their home;[123] major financial disadvantage[123,124] including poverty; and ostracism from social supports such as friends, family or cultural community.[19] Without understanding these dynamics, there is a danger that child

protection workers' attempts to keep children safe can coerce women into leaving before the necessary supports and resources are in place.[75,113] For women to leave successfully, a number of possibilities need to be carefully considered and planned for.[125]

International literature finds that the assessment tools used by child protection services can be inadequate for identifying and understanding the complex dynamics of IPV, which can contribute to workers responding inappropriately.[25,43,113] United Kingdom researchers Radford *et al* (2011)[10] suggest there is a need for the development of more user-friendly, evidence-based methods of assessing risks faced by mothers that overlap with risks faced by children.[10]

In summary, without consistent, formal training in this understanding for all child protection workers, a range of issues can impede the effective and safe intervention in families where IPV is being perpetrated.

At the present time, dealing with IPV is not a mandatory part of social work training in New Zealand. The Social Workers Registration Board (SWRB) is the regulatory body for social workers in Aotearoa New Zealand governed by the *Social Workers Registration Act 2003*. The function of the SWRB is to protect the safety of the public by ensuring social workers are competent to practice and accountable for the way they practice. At the present time registration with the SWRB is voluntary although some employers do require registration as part of their employment contracts for social workers. The SWRB also has the responsibility to recognise New Zealand social work education qualifications for the purposes of the Act. The SWRB Social Work Programme Recognition Requirements do not include a mandate to be trained in IPV (Lucy Sandford-Reed, Chief Executive, ANZASW, personal communication, 8 April 2013). In 2012, CYF began delivering revised internal training on IPV for child protection workers.

6.2 'Invisible man' syndrome, women as 'culpable victims'

International[16,26,30,101,122,126] and New Zealand[127] literature describes the continued existence of a parental 'double standard' about expected behaviours of women and men. This double standard includes low expectations of men, who are often not held to account for perpetrating abuse, and high expectations of women, who continue to be blamed for

'failing to protect' their children. This effectively holds women responsible for the impacts on children of men's abuse.[16,26,30,101,122,126,127]

Humphreys (2007)[16] describes an analysis she conducted of child protection reports in the United Kingdom in the 1990s. She found that a series of micro-practices led to maintaining the 'invisibility' of men who use IPV and coercive control. These included a failure to record IPV despite this being part of the investigation process and the original reason for referral. Other issues included serious violence being euphemistically called 'family conflict' or 'marital argument'. Mothers' mental health and substance use issues were frequently named as the primary problem without considering whether they were possible effects of IPV, and where the violence was the real danger. In instances where women used violence, this was interpreted as equal to or greater than the man's violence, despite evidence in the file that suggested otherwise.[16]

Hester (2011)[75] points out how gendering and gender-based social inequalities contribute to the perception of women as 'culpable victims', and argues that these contributors need to be directly acknowledged. Without this base of understanding, even positive steps such as the increasing recognition of the impact of IPV on children can backfire, as "the intractable problem of mother blaming" (Hester, 2010 p.519)[118] in practice can have negative consequences for both mother and child. Research also shows that while the majority of mothers do make persistent efforts to protect their children in the context of IPV,[12,21,128] the practice emphasis on mothers protecting children in the context of IPV can actually be punitive.[75] Hester (2011) cites the example of a woman who had left a violent partner (with help from the system to do so), then accessed supports as advised, including repeatedly calling the police, yet had her children removed from her care for 'failing to protect' them from his ongoing, post-separation abuse.[75] Practitioners report that this occurs in New Zealand.

6.3 Leave ultimatum

As stated previously, child protection workers' decisions need to be based on a sophisticated understanding of the risk and complexity involved in cases of IPV. However, this is not always the case. Child protection workers may give women experiencing IPV a 'leave ultimatum', where women are told that if they do not leave their abusive partner, their children will be removed from their care. Practitioners report that even if this is not

stated directly, it can be implied. In some situations, leaving the relationship can be a necessary response in order for children to be safe. However, if made inappropriately, a leave ultimatum can minimise or ignore the woman's previous efforts to keep her child and herself safe; can be perceived as a threat, and can place women and children living with IPV at heightened risk.

A substantial body of research shows that child protection workers are not aware that it is highly likely that men will continue to abuse or will escalate abuse post-separation, especially when children are involved.[19,21,28,30,42,53,116,129] Yet, it is well documented that women are at higher risk of violence or being murdered when they attempt to or do leave a controlling partner.[3,130] Humphreys (2007) reported on two United Kingdom reviews which found that 76% of the murders and over half of the sexual assaults (116 of 217) in the context of IPV occurred during separation.[16] The presence of children heightens the risk of further control tactics.[112,131] As a consequence, separation from an abusive partner needs to take place in the context of careful safety planning and with adequate supports.[21,25,26,31,42]

Women's ability to keep themselves and their children safe after leaving a violent relationship can also be compromised by legal processes that grant shared day-to-day care and unsupervised contact to a father who uses violence, whereby women lose their ability to have any protective control over father-child interactions.[19,28]

6.4 Criminalising failure to protect

The introduction of a 'failure to protect' provision into the *Crimes Act 1961* in 2012 has the potential to further hold victims responsible for the perpetrator's violence. This provision extends a duty to a parent or anyone living in the same household as a child at risk of harm to take "reasonable steps" to protect them. A person considered to have failed to do so is liable for up to 10 years imprisonment.

Tolmie (2011) reports that in jurisdictions where this obligation to protect applies, it tends to be mothers who are charged under these conditions.[90] This adds the risk of criminal liability to women's perceived culpability for men's violence towards children. It also contradicts section 3 of the *Domestic Violence Act 1995*, which states that "the person who suffers the abuse is not regarded as having caused or allowed the child to see or hear that

abuse, or as having put the child, or allowed the child to be put, at risk of seeing or hearing the abuse."

The 'failure to protect' provision may also discourage mothers or others who are aware of (and potentially also experiencing) abuse from reporting it, because making a statement to police could put them at risk of being charged for a failure to protect.

7. Conclusion

The United States Centers for Disease Control have identified safe, stable, and nurturing relationships as fundamental in supporting children to thrive. They present substantial evidence that promoting these principles is effective in reducing child maltreatment.[132] Clearly the presence of IPV can compromise these essentials. Safe, stable, and nurturing relationships are described as:

1. **Safety** – requires being free from fear and secure from physical and psychological harm.
2. **Stability** – entails providing children with an environment that is coherent, consistent, predictable and manageable.
3. **Nurturing** – involves caregivers being available and capable of sensitively responding to children's physical, developmental and emotional needs.[132]

The New Zealand Government released their White Paper on Vulnerable Children in October 2012.[108,133] This sets out the Government's key proposals and planned activities to achieve better outcomes for New Zealand's most at-risk children. Many of the proposals in the White Paper have the potential to improve outcomes for children. However, while the White Paper makes brief mention of 'family violence' as an issue which impacts on children, the paper does not acknowledge the scale and impacts of IPV, the gendered nature of this problem, the co-occurrence of IPV and child maltreatment, the importance of providing services for children specifically in relation to exposure to IPV and the ways such violence impacts on parenting (see *Issues Paper 3*).

Efforts to address the problem, and create better outcomes for children, need to focus on protecting children, supporting the non-abusing parent and working to enhance the child's relationship with the non-abusing parent. Holding the perpetrator accountable for the violence is also paramount, recognising that men who continue to use IPV and coercive

control against their partners cannot be a “lousy partner but good dad”. There are international examples of specialist parenting programmes for parents who are perpetrators and (separately) victim/survivors of IPV, which could be used to inform the development of such services in New Zealand.

There needs to be adequately resourced services to support children, adult victim/survivors and perpetrators. These services need to work in co-ordinated and collaborative ways, as part of multi-agency response systems.[96] This requires addressing the tensions and contradictions evident across the structures, orientations, approaches and practices of the key agencies and services which work with families exposed to IPV.

Effective collaborative work needs to be underpinned by acknowledging common interests and shared values between agencies and services. A sophisticated understanding of IPV is a prerequisite. Developing a shared understanding can be assisted by providing opportunities for activities such as joint training, shadowing and models such as the co-location of services.

It is hoped that the principles for intervention outlined in this paper will assist to inform policy and practice to create a sustained, joined-up response to the maltreatment of children and IPV. However, intervention will only go so far. There also needs to be sustained investment in primary prevention, in order to stop child maltreatment and IPV before it occurs.

References

1. Hamby SL. The gender debate about intimate partner violence: Solutions and dead ends. *Psychological Trauma: Theory, Research, Practice, and Policy.* 2009;1: 24-34.

2. Stark E. *Coercive control: How men entrap women in personal life* Oxford: Oxford University Press; 2007.

3. Kimmel MS. "Gender symmetry" in domestic violence: A substantive and methodological research review. *Violence Against Women.* 2002; 8: 1332-1363.

4. Baker LL, Jaffe PG, Berkowitz SJ, Berkman M. *Children exposed to violence: A handbook for police trainers to increase understanding and improve community responses.* London, Ontario, Canada: Centre for Children and Families in the Justice System of the London Family Court Clinic, Inc.; 2002.

5. Centre for Social Research and Evaluation. *Preventing physical and psychological maltreatment of children in families.* Review of research for Campaign for Action on Family Violence: Summary of findings: Wellington, NZ: Ministry of Social Development; 2008.

6. Watson D, Parsons S. *Domestic abuse of women and men in Ireland: Report on the national study of domestic abuse.* Dublin, Ireland: National Crime Council in association with the Economic and Social Research Institute; 2005.

7. Healy J, Bell M. *Assessing the risks to children from domestic violence: Policy and Practice Briefing No. 7.* Northern Ireland: Barnardos; 2005.

8. Burke C. Redressing the balance: Child protection intervention in the context of domestic violence. In: Breckenridge J, Laing L, eds. *Challenging silence: Innovative responses to sexual & domestic violence*. Allen & Unwin; 1999: 256-267.

9. Goodmark L, Rosewater A. *Bringing the Greenbook to life: A resource guide for communities*: National Council of Juvenile and Family Court Judges; 2008.

10. Radford L, Aitken R, Miller P, Ellis J, Roberts J, Firkic A. *Meeting the needs of children living with domestic violence in London: Executive summary.* London, UK: Refuge/NSPCC research project; 2011.

11. Hart AS, Bagshaw D. The idealised post-separation family in Australian family law: A dangerous paradigm in cases of domestic violence. *Journal of Family Studies.* 2008;14(2-3): 291-309.

12. Mullender A, Hague G, Imam U, Kelly L, Malos E, Regan L. *Children's perspectives on domestic violence* London, UK: Sage; 2002.

13. McGee C. *Childhood experiences of domestic violence* London, UK: Jessica Kingsley Publishers; 2000.

14. Houghton C. *Making a difference: Young people speak to Scottish Ministers about their priorities for the National Domestic Abuse Delivery Plan for children and young people*: The Scottish Government; 2008.

15. Houghton C. Participation of children and young people experiencing domestic abuse. In: Humphreys C, Houghton C, Ellis J, eds. *Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice*. Edinburgh: The Scottish Government; 2008.

16. Humphreys C. *Domestic violence and child protection: Challenging directions for practice. Australian Domestic and Family Violence Clearinghouse: Issues Paper 13;* 2007.

17. Douglas H, Walsh T. Mothers, domestic violence, and child protection: Toward collaboration and engagement. *Violence Against Women.* 2010; 16: 537–542.

18. Stanley N. *Children experiencing domestic violence: a research review.* Darlington; 2011.

19. Fish E, McKenzie M, MacDonald H. *Bad mothers and invisible fathers: Parenting in the context of domestic violence.* Discussion Paper No. 7: Domestic Violence Resource Centre, Victoria; 2009.

20. Levendosky AA, Huth-Bocks AC, Shapiro DL, Semel MA. The impact of domestic violence on the maternal-child relationship and preschool-age children's functioning. *Journal of Family Psychology.* 2003; 17: 275-287.

21. Bragg HL. *Child protection in families experiencing domestic violence. US Department of Health and Human Services;* 2003.

22. Renner LM. Intimate partner violence victimization and parenting stress: Assessing the mediating role of depressive symptoms. *Violence Against Women.* 2009; 15: 1380–1401.

23. Levendosky AA, Lynch SM, Graham-Bermann S. Mothers' perceptions of the impact of woman abuse on their parenting. *Violence Against Women.* 2000; 6: 247-271.

24. Humphreys C, Houghton C. The research evidence on children and young people experiencing domestic abuse. In: Humphreys C, Houghton C, Ellis J, eds. *Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice*. Edinburgh: The Scottish Government; 2008.

25. Robertson N, Busch R, D'Souza R, et al. *Living at the cutting edge: Women's experience of Protection Orders: Volume 1: The women's stories;* 2007.

26. Humphreys C, Houghton C. Protection for children and young people experiencing domestic abuse. In: Humphreys C, Houghton C, Ellis J, eds. *Literature review: Better outcomes for children and young people experiencing domestic abuse – Directions for good practice*. Edinburgh: The Scottish Government; 2008.

27. Bitler B. *Strengthening mother-child bonds: An advocates' guide.* Harrisburg, PA: Pennsylvania Coalition Against Domestic Violence; 2008.

28. Bancroft L, Silverman JG. *The batterer as parent: Addressing the impact of domestic violence on family dynamics.* Thousand Oaks, CA: Sage; 2002.

29. Harrison C. Implacably hostile or appropriately protective? Women managing child contact in the context of domestic violence. *Violence Against Women.* 2008;14: 381-405.

30. Humphreys C. Crossing the great divide: Response to Douglas and Walsh. *Violence Against Women.* 2010;16: 509-515.

31. Humphreys C. Domestic violence and child protection: Exploring the role of perpetrator risk assessments. *Child and Family Social Work.* 2007;12: 360–369.

32. Humphreys C, Houghton C, Ellis J. Introduction. In: Humphreys C, Houghton C, Ellis J, eds. *Literature review: Better outcomes for children and young people experiencing domestic abuse – Directions for good practice*. Edinburgh: The Scottish Government; 2008.

33. Edleson JL. *Emerging responses to children exposed to domestic violence.* Applied Research Paper: VAWnet - National Online Resource Center on Violence Against Women; 2011.

34. Mandel D, Selleck K. *The Safe and Together Model: Shaping practice to effectively respond to domestic violence when children are involved.* Chicago, IL, USA: David Mandel & Associates, LLC; 2012.

35. Borrego JJ, Gutow MR, Reicher S, Barker CH. Parent–child interaction therapy with domestic violence populations. *Journal of Family Violence.* 2008; 23: 495–505.

36. Cunningham A, Baker LL. *Little eyes, little ears: How violence against a mother shapes children as they grow.* Ontario, Canada: Centre for Children & Families in the Justice System, London Family Court Clinic, Inc.; 2007.

37. CDFVR. *Babies & toddlers: Keeping them safe*: Queensland Centre for Domestic and Family Violence Research; 2011.

38. CDFVR. *Young people: Developing strong, resilient adults*: Queensland Centre for Domestic and Family Violence Research; 2011.

39. CDFVR. *Children 4-12: Growing up in a safe environment*: Queensland Centre for Domestic and Family Violence Research; 2011.

40. Coalition Caring for Kids. *Women helping mothers helping children: A resource for working with mothers and their children who have lived with domestic and family violence.* Queensland, Australia: The Coalition Caring for Kids; 2008.

41. Humphreys C, Houghton C. Provision for children and young people experiencing domestic abuse. In: Humphreys C, Houghton C, Ellis J, eds. *Literature review: Better outcomes for children and young people experiencing domestic abuse – Directions for good practice*. Edinburgh: The Scottish Government; 2008.

42. Bancroft L, Silverman JG. Assessing risk to children from batterers; 2002. http://www.lundybancroft.com/?page_id=261

43. Maypole Women. *Valuing motherhood: Meeting the needs of women and children at separation and divorce.* UK; 2010.

44. Schechter S, Edelson JL. *Effective intervention in domestic violence child maltreatment cases: Guidelines for policy and practice.* Washington, D.C.: Recommendations from the National Council of Juvenile and Family Court Judges Family Violence Department; 1998.

45. Humphreys C. 'Talking to my mum': Strengthening relationships between mothers and children in the aftermath of family violence. *Social Work Now: The Practice Journal of Child Youth and Family.* 2007 (September).

46. Humphreys C. Strengthening the mother-child relationship in the aftermath of domestic violence. *Strengthening service support and safety: Mothers, children and change - Video UNSWTV: Faculty of Arts and Social Sciences;* 2010.

47. Bunston W. Baby lead the way: Mental health group work for infants, children and mothers affected by family violence. *Journal of Family Studies.* 2008; 14: 334–341.

48. Bunston W, Sketchley R. *Refuge for babies in crisis: How crisis accommodation services can assist infants and their mothers affected by family violence.* Victoria, Australia: The Royal Children's Hospital Integrated Mental Health Program; 2012.

49. Chaffin M, Silvosky JF, Funderburk B, et al. Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology.* 2004; 72: 500-510.

50. Eyeberg SM, Funderburk BW, Hembree-Kigin T, McNeil CB, Querido JG, Hood K. Parent-child interaction therapy with behaviour problem children: One and two year maintenance of treatment effects in the family. *Child and Family Behavior Therapy.* 2001; 23: 1-20.

51. Hood K, Eyeberg SM. Outcomes of parent-child interaction therapy: Mothers reports on maintenance three to six years after treatment. *Journal of Clinical Child and Adolescent Psychology.* 2003;32: 419-429.

52. Bennett S, Coggan C, Fill J, Lee M. *An evaluation of the child crisis intervention project.* Auckland: Injury Prevention Research Centre, University of Auckland; February 2004.

53. Mittal P, Carrington H. *They didn't see it. They were sleeping. The voices of children who live with family violence, as heard by KIDShine.* Auckland: Safer Homes in New Zealand Everyday; 2012.

54. Scott KL. *Parenting interventions for men who batter.* Applied Research Paper: VAWnet - National Online Resource Center on Violence Against Women; 2012.

55. Bancroft L, Silverman JG, Ritchie D. *The batterer as parent: Addressing the impact of domestic violence on family dynamics*. 2 ed. Thousand Oaks, CA: Sage; 2012.

56. Arean JC, Davis L. Working with fathers in batterer intervention programs. In: Edleson JL, Williams OJ, eds. *Parenting by men who batter: new directions for assessment*. New York: Oxford University Press; 2007.

57. Department of Human Services. *Good practice: Working together to support children and young people experiencing family violence.* Melbourne, Vic, Australia: State Government of Victoria; 2012.

58. Grennell D. Amokura - Indigenous Innovation. *Unpublished Conference Paper;* 2006.

59. Pihama L, Jenkins K, Middleton A. *Literature review: Family Violence Prevention.* Auckland: University of Auckland; 2003.

60. Grennell D, Cram F. Evaluation of Amokura: an indigenous family violence prevention strategy. *MAI Review.* 2008; 2: Article 4.

61. Kruger T, Pitman M, Grennell D, et al. *Transforming whānau violence: A Conceptual Framework: An updated version of the report from the former Second Māori Taskforce on Whānau Violence.* Wellington, NZ: Te Puni Kōkiri; 2004.

62. Eruera M, Dobbs T. *Taitamariki Māori kōrero about intimate partner relationships*. Whangarei, NZ: Amokura Family Violence Prevention Consortium; 2010.

63. Webster J, Walsh-Tapiata W, Warren T, Kiriona, Rangitahi researchers. *You say you've listened, but have you heard? Lessons learnt by pakeha and rangitahi researchers about research on rangitahi hauora*: Rangatahi Research Unit, Te Runanga o Raukawa Inc.; 2002.

64. Clark TC, Robinson E, Crengle S, Herd R, Grant S, Denny S. *Youth'07: The health and wellbeing survey of secondary school students in New Zealand. Results for Maori young people.* Auckland: University of Auckland; 2008.

65. Eruera M, Dobbs T. *Taitamariki Maori korero about intimate partner relationships.* Whangarei: Amokura Family Violence Prevention Consortium; 2010.

66. Kruger T, Pitman M, Grennell D, et al. *Transforming whānau violence: A conceptual framework.* Wellington; 2004.

67. Crichton-Hill Y. Challenging ethnocentric explanations of domestic violence: Let us decide, then value our decisions - a Samoan response. *Trauma, Violence, & Abuse.* 2001; 2: 203-214.

68. Cribb J, Barnett R. Being bashed: Western Samoan women's responses to domestic violence in Western Samoa and New Zealand. *Gender, Place and Culture.* 1999; 6: 49-65.

69. Pereira J. Spare the rod and spoil the child: Samoan perspectives on responsible parenting. *Kōtuitui: New Zealand Journal of Social Sciences* 2010; 5: 98-109.

70. Peteru MC. *Nga Vaka o Kaiga Tapu - A pacific conceptual framework to address family violence in New Zealand*: Taskforce for Action on Violence within Families, Ministry of Social Development; 2012.

71. Robati-Mani R, Powell E, Kingi P, et al. *Pacific pathways to the prevention of sexual violence: Full report.* Wellington, NZ: Ministry of Pacific Island Affairs; 2010.

72. Gush TS, Faitotoa G. Collaboration the Pacific way. *Social Work Now: The Practice Journal of Child Youth and Family.* 2010; 45(April): 29-33.

73. Peteru C. *Falevitu: A literature review on culture and family violence in seven Pacific communities in New Zealand;* March 2012.

74. Fleck-Henderson A, Area JC. *Breaking the cycle: Fathering after violence: Curriculum guidelines and tools for batterer intervention programs.* San Francisco, CA: Family Violence Prevention Fund; 2004.

75. Hester M. The three planet model: Towards an understanding of contradictions in approaches to women and children's safety in contexts of domestic violence. *British Journal of Social Work.* 2011; 41: 837-853.

76. Trinder L, Firth A, Jenks C. So presumably things have moved on since then? The management of risk allegations in child contact dispute resolution. *International Journal of Law, Policy and the Family.* 2010; 24(1): 29-53.

77. Tolmie J, Elizabeth V, Gavey N. Raising questions about the importance of father contact within current family law practices. *New Zealand Law Review.* 2009; (4): 659-694.

78. Moloney L, Smyth B, Weston R, Richardson N, Qu L, Gray M. *Allegations of family violence and child abuse in family law children's proceedings: A pre-reform exploratory study.* Research Report No. 15: Canberra, ACT: Australian Institute of Family Studies; 2007.

79. Australian Government. *Time for action: The National Council's plan for Australia to reduce violence against women and their children 2009–2021 - A snapshot;* 2009.

80. Rothman EF, Mandel DG, Silverman JG. Abusers' perceptions of the effect of their intimate partner violence on children. *Violence Against Women.* 2007; 13: 1179-1191.

81. Parker T, Rogers K, Collins M, Edleson JL. Danger zone: Battered mothers and their families in supervised visitation. *Violence Against Women.* 2008; 14: 1313-1325.

82. Tolmie J, Elizabeth V, Gavey N. Is 50:50 shared care a desirable norm following family separation? Raising questions about current family law practices in New Zealand. *New Zealand Universities Law Review.* 2010; 24: 136-166.

83. Cashmore J, Parkinson P, Weston R, et al. *Shared care parenting arrangements since the 2006 Family Law Reforms: Report to the Australian Government Attorney-General's Department.* Sydney: Social Policy Research Centre, University of New South Wales; 2010.

84. Elizabeth V, Gavey N, Tolmie J. The gendered dynamics of power in disputes over the post-separation care of children. *Violence Against Women.* 2012; 18: 459-481.

85. Elizabeth V, Gavey N, Tolmie J. Between a rock and hard place: Resident mothers talk about the moral dilemmas they face. *Feminist Legal Studies.* 2010; 18: 253-274.

86. Walby S, Allen J. *Domestic violence, sexual assault and stalking: findings from the British Crime Survey.* London: Home Office; 2004.

87. Kaye M, Stuffs J, Tolmie J. Domestic violence, separation and parenting: negotiating safety using legal processes. *Current Issues in Criminal Justice.* 2003; 73: 73-94.

88. Tolmie J, Elizabeth V, Gavey N. Imposing gender neutral standards on a gendered world: Parenting arrangements in family law post-separation. *Canterbury Law Review.* 2010; 16: 302-330.

89. Elizabeth V, Tolmie J, Gavey N. Gendered dynamics in family court counselling. *New Zealand Journal of Counselling.* 2011; 31(2): 1-20.

90. Tolmie J. Criminalising failure to protect. *New Zealand Law Journal.* 2011 (December); 375-377.

91. Elizabeth V, Gavey N, Tolmie J. He's just swapped his fists for the system: The governance of gender through custody law. *Gender & Society.* 2012; 26: 239-260.

92. Gondolf EW. Theoretical and research support for the Duluth model: A reply to Dutton and Corvo. *Aggression and Violent Behavior.* 2007; 12:644-657.

93. Gondolf EW. A 30-month follow-up of court-referred batterers in four cities. *International Journal of Offender Therapy and Comparative Criminology.* 2000; 44: 111-128.

94. Gondolf EW. Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behavior.* 2004; 9: 605-631.

95. Muftic LR, Bouffard JA. An evaluation of gender differences in the implementation and impact of a comprehensive approach to domestic violence. *Violence Against Women.* 2007; 13: 46-69.

96. Murphy C, Fanslow J. *Building collaborations to eliminate family violence: Facilitators, barriers and good practice.* Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland; 2012.

97. Murphy C, Fanslow J. *Tools to support multi-agency collaboration.* Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland; 2012.

98. National Centre for Adoption Law and Policy. *Ohio IPV Collaborative Final Report*: Capital University Law School; August 2010.

99. Mandel D. *Supervising domestic violence cases: A training for child welfare supervisors and managers*: Domestic Violence Consultation Initiative Statewide Service Administrator; 2009.

100. Mandel D. Making good decisions for children impacted by batterers: The Safe and Together model. *Florida Dependency Court Summit* Orlando, FL; 2009.

101. Mandel D. Child welfare and domestic violence: Tackling the themes and thorny questions that stand in the way of collaboration and improvement of child welfare practice. *Violence Against Women.* 2010; 16: 530–536.

102. Mandel D. *The Safe and Together model and cross system collaboration* Canton CT, USA: David Mandel & Associates, LLC; 2010.

103. Mandel D. *The Safe and Together model: A field tested approach to helping child welfare and its partners to make good decisions for children impacted by domestic violence perpetrators.* Canton CT, USA: David Mandel & Associates LLC; n.d.

104. Mandel D. *Assumptions, principles & critical components of the Safe and Together model.* Canton CT, USA: David Mandel & Associates, LLC; n.d.

105. Craigie E. Violence in families: The experience and needs of the child. *Social Work Now.* 2011; 47(April): 27-34.

106. Child Youth and Family. *Differential Response: Information for Community Service Providers.* Wellington; April 2009.

107. Ministry of Social Development. *Children's action plan: Identifying, supporting and protecting vulnerable children - The white paper for vulnerable children*: New Zealand Government; 2012.

108. Ministry of Social Development. *The white paper for vulnerable children: Volume I*: New Zealand Government; 2012.

109. Nixon P. Paper presented at: Chief Social Worker, Child, Youth and Family at Social Service Providers of Aotearoa conference, Wellington, NZ; 2012.

110. NZFVC. *Children and youth affected by family violence.* Auckland: New Zealand Family Violence Clearinghouse, University of Auckland; 2012.

111. NZFVC. *Family violence statistics fact sheet.* Auckland: New Zealand Family Violence Clearinghouse, University of Auckland; 2009.

112. Vatnar SKB, Bjørkly Sl. Does it make any difference if she is a mother?: An interactional perspective on intimate partner violence with a focus on motherhood and pregnancy. *Journal of Interpersonal Violence.* 2010; 25: 94-110.

113. Douglas H, Walsh T. Mothers, domestic violence, and child protection. *Violence Against Women.* 2010; 16: 489–508.

114. Yates D. *Do West Auckland children who witness family violence get an adequate response? An assessment of the current situation with suggested strategies for the future.* Auckland, NZ: Waitakere Children and Family Violence Project: WAVES Trust (Waitakere Anti-Violence Essential Services); 2012.

115. Buchanan F. *Mother and infant attachment theory and domestic violence: Crossing the divide*: Stakeholder Paper 5: Australian Domestic & Family Violence Clearinghouse; 2008.

116. Baker LL, Cunningham AJ. *Helping children thrive: Supporting woman abuse survivors as mothers.* London, ON, Canada: Centre for Children & Families in the Justice System, London Family Court Clinic, Inc.; 2004.

117. Weisz AN, Wiersma R. Does the public hold abused women responsible for protecting children? *Affilia: Journal of Women and Social Work.* 2011; 26: 419-430.

118. Hester M. Commentary on "Mothers, domestic violence, and child protection" by Heather Douglas and Tamara Walsh. *Violence Against Women.* 2010; 16: 516–523.

119. Wangmann J. *Different types of intimate partner violence - An exploration of the literature*: Australian Domeestic & Family Violence Clearinghouse: Issues Paper 22; 2011.

120. Anderson MA, Gillig PM, Sitaker M, McCloskey K, Malloy K, Grigsby N. "Why doesn't she just leave?": A descriptive study of victim reported impediments to her safety. *Journal of Family Violence.* 2003; 18: 151-155.

121. Rhodes NR, McKenzie EB. Why do battered women stay? Three decades of research. *Aggression and Violent Behavior.* 1998; 3: 391-406.

122. Peled E, Gil IB. The mothering perceptions of women abused by their partner. *Violence Against Women.* 2011; 17: 457–479.

123. Edwards R. *Staying home: Leaving violence: Promoting choices for women leaving abusive partners.* Sydney, NSW: Australian Domestic and Family Violence Clearinghouse; 2004.

124. Fleury-Steiner RE, Brady LT. The importance of resources and information in the lives of battered mothers. *Violence Against Women.* 2011; 17: 882–903.

125. Martin J, Pritchard R. *Learning from tragedy: Homicide within families in New Zealand 2002-2006* Wellington, NZ: Centre for Social Research and Evaluation, Ministry of Social Development; 2010.

126. Miller R. *Best interests case practice model: Summary guide.* Melbourne, Vic, Australia: Victorian Government Department of Human Services; 2012.

127. Powell A, Murray S. Children and domestic violence: Constructing a policy problem in Australia and New Zealand. *Social & Legal Studies.* 2008; 17: 453-473.

128. Bromfield L, Lamont A, Parker R, Horsfall B. *Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems*: National Child Protection Clearinghouse: Issues Paper 33; 2010.

129. Bagshaw D, Brown T, Wendt S, et al. *Family violence and family law in Australia: The experiences and views of children and adults from families who separated post-1995 and post-2006.* Canberra, ACT: Vol. 1, Commonwealth of Australia; 2010.

130. Dobash RE, Dobash RP, Cavanagh K. "Out of the blue": Men who murder an intimate partner. *Feminist Criminology.* 2009; 4: 194-225.

131. Brownridge DA. Violence against women post-separation. *Aggression and Violent Behavior.* 2006; 11: 514-530.

132. Centers for Disease Control and Prevention. *Adverse Childhood Experiences (ACE) Study.* Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health; 2012.

133. Ministry of Social Development. *The white paper for vulnerable children: Volume II*: New Zealand Government; 2012.