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This suggests that child welfare may be misdiagnosing critical issues. For example, children's behavioural issues may wrongly be attributed to an adult survivor's failed parenting versus the impact of a domestic violence perpetrator's abuse. Reasons for non-compliance or lack of engagement might be wrongly attributed to the adult survivor versus the interference created by the domestic violence perpetrator. For example, a domestic violence perpetrator may be interfering with the adult survivor going to substance abuse treatment. This misdiagnosis might contribute to a failure to address a safety issue, unnecessary alienation of the adult survivor from helping systems, and/or the utilization of interventions increase danger for the adult and child survivor. These types of domestic violence-destructive practices may also lead to unnecessary removals or premature case closings which may have further consequences in the future. This could result in serious harm or death of a family member including a child.

LIMITATIONS AND STRENGTHS OF THE CASE READING PROCESS

The case reading process had some strengths and limitations. The strengths involved a tool that has already been used internationally to produce meaningful results, e.g. results that were deemed validated by the agency being reviewed. The tool is based on clear and comprehensive concepts tied to field tested practices in numerous jurisdictions in the US, Canada, the UK, and Australia. The model and approach is well respected by both child welfare and domestic violence professionals.

The Australia process also involved local personnel to accomplish the actual case reading process which increased the sensitivity of the review process to local dynamics. Each case was read by two readers in order to enhance reliability. The readers then discussed their own scores and agreed on a consensus score when there was disagreement. It was this score, representing both readers' perspectives, that is represented in charts. The comments from both readers were used to give depth to the scores. Finally, the readers' work was guided and reviewed by the developer of the case reading process. This provided further support for fidelity and gives additional depth to the results.

The multi-site aspect of the project also provides the ability to identify themes that might be consistent across child welfare in Australia.

The limitations of the process included:

- Only case documentation was reviewed. Case practice that was not reflected in the documentation is not reflected in the case reading process.
- The sample size was small and while efforts were made to randomize the sample, it may not reflect the totality of the practice in each state or nationally.

CLOSING

The results are similar to those of other case readings in other countries as well as many internal and external critiques of child protection’s domestic violence practice. They raise significant concerns about the overall quality of child welfare domestic violence risk assessment, case decision-making, and case planning.



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The high level of violence and the lack of integration of domestic violence with other important issues, including culture and oppression, raise red flags around how domestic violence is approached by child welfare systems as an issue both of risk and safety. Without an approach that prioritizes identifying and intervening with a domestic violence perpetrator as the source of risk to families, systems will continue to run unnecessary risks of deterioration in family functioning, adult and child injury and even death. The impact of perpetrators is not only related to violence, but to neglect as well. As reported by a recent study by child welfare in New South Wales, the majority of domestic violence-correlated child welfare deaths are the result of neglect, not abuse.

Similarly, the results point toward a need to develop an integrated approach to partnering with adult domestic violence survivors. These partnerships require better identification of the adult survivors’ protective capacities through use of specific training and supervision support to ensure that adult survivors are approached as allies versus part of, or the source of, the problem. A clearly articulated partnership approach to adult survivors can help avoid removals of children that might otherwise result from improved assessments of perpetrators’ patterns. While this is important with all families, it takes on additional significance with Indigenous families and other marginalized communities already facing tremendous stressors on family and community cohesion.



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These results should not be viewed as a specific reflection of statutory child welfare, but as a reflection on the dominant domestic violence-destructive and neglectful child welfare conceptual and practice paradigms in the United States, Canada, the UK, and other jurisdictions. Many of these same concepts and practices are shared with courts, various professionals including attorneys, substance abuse and mental health practitioners, and NGO's, including women's sector workers.

The child protection agencies (and their partners) who participated in this process should be acknowledged for their openness to self-reflection and learning. Their desire to learn and improve their practice represent an explicit step toward the creation of domestic violence-informed child welfare systems across Australia. This process, if translated into new policy and case level policy changes, would position these agencies, their partners and Australia as international leaders in domestic violence child welfare reform.