Mother blaming and poor partner selection

Case example 1

Jackson, a newborn baby, is at significant risk of harm due to his mother's mental ill-health, significant history of drug misuse and her involvement in domestically violent relationships. It is recommended that Jackson be placed in alternative care as he is considered to be at an unacceptable risk of harm in her care, due to the aforementioned issues associated with her lifestyle choices. Despite being a victim of repeated assaults, the mother appears reluctant to leave the relationship. The mother has a history of Borderline Personality Disorder and has been in a series of abusive and violent relationships.

Mutualising responsibility for domestic violence and decontextualising substance misuse and mental distress from DV

Case example 2

It is my assessment that the father and mother' s relationship is characterised by domestic violence with overlaying mental health concerns and substance misuse. The incidences between the mother and father have occurred in the presence of the child.

The mother' s intimate relationships with others, have at times resulted in the mother being physically injured or placed at risk of harm. It is my assessment that the children have suffered cumulative emotional harm as a result of ongoing exposure to escalating domestic violence between the mother and the father. This violence has continued to escalate, with the two most recent incidents involving the use of a gun. Both parents have issues with drug dependence and it is my assessment that both parents have exposed the child to drugs, drug paraphernalia and people using drugs.

Future risk of harm

The risk of physical harm related to the mother's history and cycle of getting involved in relationships that are violent. Currently the mother advises that she is not in a relationship, however based on her past patterns, child protection concerns remain for the child. Furthermore, there is a risk of physical harm as a result of the mother's substance misuse. The risk of emotional harm relates to the child being a witness to domestic violence between the mother and the father, and the concern that this will continue in the future. This includes verbal abuse, emotional abuse, physical abuse and wilful property damage. Furthermore, there is a risk of emotional harm as a result of the mother's substance misuse.

Should the child return to the care of the mother now, it is my assessment that there is a possibility of the child experiencing emotional and physical harm due to the mother's history of substance misuse and her demonstrated pattern of engaging in unhealthy and unsafe relationships.

Alternative framing: pivoting to the perpetrator and partnering with the survivor whilst maintaining a focus on child safety

Case example 3

It is my assessment that the child would be at an unacceptable risk of physical and emotional harm without further departmental intervention due to the following:

(1) A history of and current domestic violence perpetrated by the father against the mother. Over this time, the father has made a parenting choice to engage in a pattern of coercive control and violent behaviour towards the mother, including behaviour associated with a high risk of lethality. This has included:

(a) Physical abuse including strangulation— on three occasions the father has put his hands around the mother' s neck and squeezed so hard that she couldn' t breathe. He left bruises on her neck and she lost consciousness on two occasions.

(b) Control over finances— the father withdraws all of the mother' s money from her bank account

(c) Control over who the mother sees and speaks to and where she goes;

(d) Control over the mother' s mobile phone— he goes through it and questions her. If the mother talks on her phone the father follows her, questions her and accuses her of cheating on him;

(e) Social isolation— the mother no longer has family or friends for support;

(f) The father upsets and provokes the mother until she is emotionally uncontained— screaming and crying and then he calls the police saying he is worried for his and the child' s safety;

(g) The father has raped the mother several times;

(h) The father controls the child' s care and routine (he baths the child, dresses him and puts him to bed). This interferes with the mother' s attachment and bonding with the child and is used by the father to demonstrate the mother' s inability to parent to authorities.

There has been an increase in the intensity, frequency and severity of the father's use of violence, coercion and control towards the mother which continues to impact on the family functioning by creating instability for child and mother, negatively affecting the mother's mental health and a poormother-child relationship due to father undermining of mnother's parenting.

Despite the mother's best efforts to separate from the relationship, and work to get the child returned to her care, the father was still able to capitalise on times when she was vulnerable and reenter her life which resulted in the child being significantly harmed. Should the mother and the father resume their relationship, which history would indicate is more than likely given the significance of the father's violence and control, the child would be at an unacceptable risk of emotional and physical harm.

Despite the mother's ongoing efforts to protect the child and promote the child's wellbeing through

(a) reporting the sexual abuse;

(b) accepting referrals to domestic violence and rape support services;

(c) engaging in psychological supports; and

(d) consenting to the child going to day care and a referral to child counselling,

the father's continued coercive control and violence is likely to continue to compromise the child's safety, belonging and wellbeing. Child Safety continues to partner with the mother and have made

multiple attempts to assist her to relocate with the child to promote the safety of her and her child, however due to the father' s coercive control towards the mother, these attempts have not been successful.