# The next step: A resolution approach to dealing with intimate partner violence

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Intimate partner violence (IPV) continues to be a vexing issue facing both Australia and Aotearoa/New Zealand. Since the 'discovery' of child physical abuse by Henry Kempe in the 1960s, child sexual abuse, violence against women, sexual abuse of boys and girls in institutional care, and abuse of the elderly, have become common issues workers face in their daily practice (McMaster & Gregory, 2003).

The second wave of feminism opened to public gaze behaviour that took place behind closed doors, much of which was abusive. During this period (1970–90) we saw a huge expansion in services for those victimised, including the Women's Refuge movement and rape crisis centres. Alongside attending to the needs of those on the receiving end of men's behaviour (most abusive practice is gendered and directional), we witnessed a pro-feminist men's movement taking on the challenge of developing interventions targeting those who engaged in abusive practices—family violence, child physical abuse and neglect, child sexual abuse and adult sexual abuse (McMaster & Gregory, 2006). This occurred in the context of more thoughtful state intervention through adequate policing of family violence along with interagency protocols to ensure gaps were closed.

Despite this progress, much is yet to be done in finding workable solutions to protecting women and children. This paper describes the changing nature of interventions with men who use abusive practices within their families, with reference to providing greater voice within the work itself for those who are victimised. Processes that seek to more fully privilege the voice of those rendered silent through abusive practices, and have their expectations, hopes and concerns included as part of the intervention work being undertaken, are promising directions in the work.

We will construct an argument through the lens of resolution, proposing that if we are to take safety (short- and long-term) seriously, then our practice needs

to be more inclusive of the whole family system. We will argue how 'siloed' work can perpetuate risk, and propose a family resolution approach to the work of creating more enduring safety for women and children.

## Resolution work defined

Why use the word *resolution*? Is it merely semantics? Mike was first introduced to the concept of *family resolution* in 1998 at Ben Saunders and Mary Meinig's child protection workshop for working with sexual abuse. According to Saunders and Meinig (2000):

> The term family resolution is used ... to denote the process of helping to develop a long-term familial outcome that will serve the best interests of a child victim ... Neither family preservation, family reunification, family separation nor family dissolution is the purpose of family resolution therapy ... (p. 39)

Turnell and Essex (2006) have also introduced a model, The Resolutions Approach, for working with denied child abuse, and state:

> The resolutions approach aspires to build constructive working relationships amongst professionals, and between family members and the professionals, by focusing upon the creation of future safety ... (p. 28)

We have sought to adapt the concept of *resolution* to the field of IPV, to signify a third phase in the work as we begin to reconstruct an approach that privileges the voices of both women and children. Resolution work may follow on from (or even run parallel to) the treatment of men in group or individual settings. The concept does not privilege restoration, reunification or reintegration *nor* alternatively, promote separation, dissolution or the 'halting' of relationships. We view these commonly used concepts and processes as implicitly value-laden, that is, to restore, to reunite and to integrate, and potentially setting an agenda that may pressure survivors against their best interests. Rather, the concept of resolution recognises a *range* of potential outcomes that are referenced to survivor safety and perpetrator accountability.

While this is still emerging work in the New Zealand IPV sector, there are strong traditions of restorative justice (Bowen & Considine, 1999),

family-based decision-making (Pennell, 2007) and strengthening family models that look to family and systemic interventions. Community-based sex offender programs have engaged parallel family work with accountability forums called 'system reviews' for two decades. Until the last five years, however, there has been a level of resistance and ambivalence in many IPV intervention and survivor services to these processes, often (and understandably) regarding concern for client safety, insufficient trust of the collaborative process and the potential blame of woman and mothers.

The focus of reaching a *resolve*, in often 'difficult-to-resolve' situations, provides direction to IPV work that further enables a process of shifting relationship and family dynamics to achieve *re-solution*, that is, establishing solutions that promote restitution and safety from the perpetrator of abuse to the survivors. Resolution work has as a central aim addressing what accountability and safety mean in real terms. Furthering the endeavour is to link adult protection and child protection interventions, where they have traditionally been separate and siloed practices.

## A SCENARIO

Consider this hypothetical scenario: *A woman survivor of domestic violence approaches your service seeking assistance. Her son, aged eight, has just completed a children's program to express/work through the violence experienced and to establish a personal safety plan. The child is both scared of 'dad' but also worried about him and waivers between wanting to know about him, see him and then not wanting to. The woman has accessed a support and education program, greatly valuing the support of the staff and the other women. She has legal orders keeping the offender from taking their child and preventing him from coming to her home.*

*Lately though she has been having contact with her ex-partner and he has been discussing the IPV program that he has attended. She is feeling that perhaps there is hope again for their relationship and describes how they have been 'dating'. She tells you she doesn't want to agree to live back together 'yet' but nor does she want to give up on the possibility of the relationship. He is the father of their child, and she has a number of narrative scripts running about the importance of family. She asks for your opinion and your assistance to make a decision about whether you can help with their child talking to the father. She also asks if there is help for them to explore what would need to take place in order to entertain the idea of being back together.*

How would you respond and 'position' yourself to this client's request? You may be drawn to an advocacy position against reconciliation, or an optimistic position about the potential for this family. What cautions do you have about 'where this woman is at'? What personal reaction do you have to her seeking help to have her child (who is at some level 'scared'), speak with his father? What is your experience of the 'professional tension' (Cagney, 1998) that develops and what dilemmas do you have about how to proceed?

Invariably your own, and your agency's, ideology, values and perspectives about IPV will affect how you position yourself and therefore engage or disengage with her. Implicit is the potential for her to either feel judged and 'shut down', or 'pushed too quickly' to have joint counselling, or to feel guilty about seeking a relationship for her child and his father. She may experience guilt for doing so or *not* doing so.

*What do you do next?* The following model is relevant in this context.

## Positioning of professionals – where are we working at?

Arrest    Separation        With the man using abusive practices

Crisis ———————Intervention———————Resolution

Placement          Survivor Counselling     Bringing the fragments together to assess what is possible and safe

Fragmentation

Practice Issue:

• In your role, where are you coming from and what are your biases?

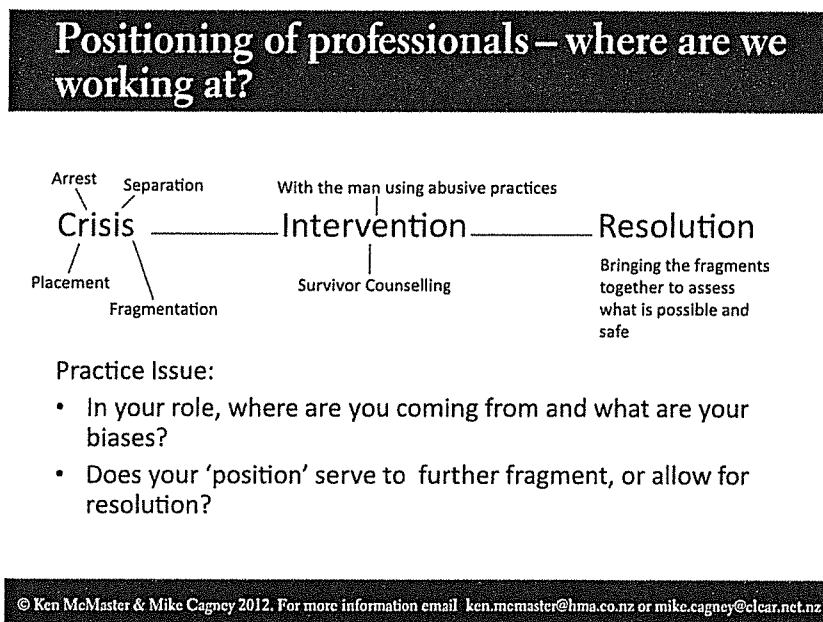• Does your 'position' serve to further fragment, or allow for resolution?

Figure 1. Phases of IPV intervention work

**Phase 1 — crisis.** There is often a 'crisis' phase where abusive practices are exposed and statutory and/or intervention services are engaged. Often and sensibly, this is a period of separation to allow 'safe space' for the adult and children survivors. The New Zealand context allows for temporary Police Safety Orders, longer-term Protection Orders through the Family Court and

District Court (*New Zealand Domestic Violence Act 1995*), and bail release conditions through a recent innovation of Family Violence Courts (criminal jurisdiction). Statutory child protection services (Child Youth and Family Service) may take emergency action such as removal of the children. Women's Refuge (www.womensrefuge.org.nz) will often provide a crisis response.

**Phase 2 — individual interventions.** Commonly, what follows is a period of intervention, being either *voluntary* education and support programs for adult and child survivors or *mandated* (through the *New Zealand Domestic Violence Act 1995*) programs for adults (usually men) who abuse. In reality, many men who abuse stop attending violence programs through legal leverage, while the uptake of support services by women and child survivors is considerably less. Resources, timing, energy and family commitments are often cited as impediments for women attending support services.

**Phase 3 — re-solution work.** The third stage of intervention and treatment is the proposed resolution (re-solution) phase. This allows for a range of indirect through to direct work with the survivor (adult and/or child) and perpetrator to promote direct accountability to support processes of restitution and making safe future decisions. While resolution is often focused on child protection, we view it as compatible with adult relationship work.

There are emerging collaborative practices in New Zealand that are exploring parallel family work; for example, 'system review' and accountability forums, partnering child protection and IPV interventions, and exploring the enhancement of restorative justice work. A resolution model seeks to give some form to these innovations and consider questions and issues such as: *what accountability—restitution—resolution can now be 'woven'* (Waldegrave, Tamasese, Tuhaka & Campbell, 2003) *into the family story?*

We acknowledge that interventions such as these raise inherent dilemmas and potential safety issues. Yet we believe that safety is neither attained, nor risk prevented if the dilemmas simply serve as restraints to innovative practice. It is worth noting that each of these approaches is potentially contentious. However, we believe they have the potential to place women and children at the centre of the process, rather than being pushed to the margins. Lehman and Simmons (2009) discuss the need to develop a 'dual' language that recognises and 'holds' the first language used in the IPV field, while developing a second language that recognises the heterogeneity of men who abuse and the building of solution-focused interventions and new approaches

*with* clients. We also propose developing a third language of re-solution that joins the accountability of men who offend to survivors' experience and needs. This means exploring systemic and family interventions where—when deemed safe—communication and accountability 'loops' allow for direct feedback to survivors, at a level they choose. Similarly, Turnell and Edwards (1999) invite us to establish partnership with families in child protection matters.

We accept that counselling and family therapy have been contentious interventions historically in the IPV field. We believe that a re-solution focus allows us to critically re-examine and use relationship and family work to promote safety.

## FRAGMENTATION AND IMPACT ON PRACTICES OF ACCOUNTABILITY

What does *accountability* mean in real case-by-case terms after the intervention phase? Jenkins (2009) describes accountability as a survivor-sensitive process of the abuser facing the abuse and effects, revisioning the abuse, making restitution, and demonstrating respect. We believe that privileging the voices of those impacted by abuse can greatly enhance change for men by building understanding of the impact of abuse and how this translates into behaviour. We understand accountability as a proactive rather than retroactive notion, focusing on how the man's behaviour will measure up to his family's hopes and expectations.

Historically, programs have neither been ideologically positioned, nor had the resources to provide resolution work. Indeed, the origins of New Zealand IPV work began as separate men's and women's work. Throughout the 1990s themes of accountability and *collaboration* emerged and in particular Coordinated Community Responses based on the Duluth Model (Pence & Paymar, 1993). Yet, arguably, men's IPV intervention services and survivor services remained siloed, as little direct relationship or family work developed.

While collaboration of community and statutory agencies has improved in various ways, two recent reviews of collaborative practice indicate that, "Women's and survivors' voices are often excluded from communication pathways ... in most New Zealand family violence collaboratives, victims' voices are missing from risk assessments" (Murphy & Fanslow 2012, p. 39). McDonald and Rosier (2011) support this position by stating, "Although research has indicated interagency collaboration benefits the agencies and professionals

involved (e.g. increased skills and knowledge) there is limited empirical evidence to demonstrate that collaboration does lead to improved outcomes for service users" (p. 10). Jenkins (2009) comments on the "... blindness or even complacency towards the responsibilties and needs in other [professional] groups ..." (p. 9) when discussing 'categorised' services. Regarding child protection services Turnell and Edwards (1999) observe:

> The tendency to split the services and the theory of the child protection field generates ideas and models that fill journals and book shelves, but the subsequent *fragmentation* between professionals and their services can result in families and children falling between the gaps. (p. 13)

Essentially, collaboration has not resulted in the direct accountability of perpetrators of abusive practices to those most affected.

Ineffective feedback mechanisms regarding the outcomes of IPV intervention programs are another concern. Intervention programs should, in our view, assist clients to achieve the outcomes of (1) attendance and participation; (2) facing up to the violence; (3) mapping the risk factors and triggers; (4) attending to the impact and effects on the survivors; and (5) establishing relapse prevention plans (that can be tabled subsequently with 'affected others', so that they are aware of what the abuser needs to do to stay accountable to a sustainable path of non-violence). But this information is essentially held as confidential, rendered invisible, with attendance and participation commonly all that is reported. The information flow into and out of intervention programs is highly restrained and seldom is there a parallel process between survivors and perpetrators.

Clearly this information can be significant for the future plans of those affected, yet too often men who have demonstrated limited integrity in treatment easily manipulate and slip back into families. Alternatively, men who have integrity in treatment and capacity to 're-solve' are often not offered a clear pathway or support to communicate this. Much kudos and the proverbial 'pat on the back' can be given to a man for completing a program but what does 'completion' mean for restitution and future safety for those affected by his abuse? This often results in making decisions in the blind for survivors and we question, 'Is this an ethical or a safe practice'?

*Timing, pacing* and *readiness* are imperative for a sound process that does not place survivors in situations of re-abuse. By this we mean that the survivor should be in control of the level of involvement and the shape of

any resolution work. It is worth restating that we contend that the lack of, or ineffective, processes of feedback from those impacted by abuse effectively risk poor outcomes when the work is carried out in isolation from those who have most stake in the outcome. We appreciate Jenkins' (2009) insight in recognising:

> Traditionally much intervention with men who have abused has been conducted in isolation from the efforts to assist, and the experiences of, those who have been subjected to abuse. Such disconnection and isolation can frequently lead to disrespectful and insensitive intervention practices ... Many women who have been subjected to abuse have felt judged and criticised in their contacts with authorities. (p. 29)

Our concern is that 'accountability and safety' have risked becoming rhetoric and not grounded or meaningful in clients' lives.

There are clear professional tensions and dilemmas (Cagney, 1998; Jenkins, 2009) in trying to balance *risk and safety, respect and confrontation, individual and family wellbeing*, and practitioners cannot be naive about the impact of poor collaboration or feedback mechanisms:

- Victim- and mother-blame, for instance, shifts responsibility away from the abusive father. Cooper and Vetere (2005) observe that, "all too often men will become invisible ... courts and local authorities continue not only to hold women responsible for their own safety and that of their children, but blame them for having any contact with the men" (p. 82).
- Murphy, Paton, Gulliver and Fanslow (2013) similarly note the issue of mother-blame and the effect of undermining the parent–child relationship.
- Hayden (2012), in reviewing restorative justice practices, notes the concern of victim advocates that women risk being further coerced and re-abused in poorly managed interventions.
- Murphy et al. (2013) and Turnell and Edwards (1999) challenge that children are too often 'silenced' in the work and their needs ignored.
- Jenkins (2009) identifies that "relationship counselling tended to lose favour and has even come to be regarded as dangerous and irresponsible..." (p. 147). Trutte and Connolly (2003) offer a sensible approach, along with a series of guidelines, as to when couple work would be indicated and when not, based on safe practice principles.

Likely, we should not be surprised at these outcomes. Without endeavours to *resolve* we suggest our practice risks the recycling of blame, misattribution of responsibility and ignoring arguably the most vulnerable in the situation: children.

## ENACTING ACCOUNTABILITY: THE EXAMPLE OF SYSTEM REVIEW MEETINGS

Consideration needs also to be given to men who abuse and the value to them of enacting accountability and resolution. We value the intervention work with men and we are encouraged by the motivational, solution-focused and invitational approaches that recognise the heterogeneity of men who abuse, the multiple pathways into abusive behaviour, as well as seeing the capacity for men to offer safety and wellbeing (Johnson, 2009; Miller & Rollnick, 2013; Lehman & Simmons, 2009; Jenkins, 2009; McMaster & Bakker, 2006). We are hopeful.

We have been interested in the research from Miller, Duncan and Hubble (2004; further cited in Lehman & Simmons, 2009), reporting that a number of factors contribute to generating positive change amongst general counselling interventions (not specific to IPV): 40 per cent relate to extra-therapeutic factors (social supports, skills and motivation); 30 per cent to the client–therapist relationship; 15 per cent to the therapist's attitude and conveying a sense of hope; and the remaining 15 per cent to the model of intervention. Arguably, there has been too little focus on the relational and skill aspects of effective treatment with IPV offenders. Significantly, for a resolution focus, the '40 per cent extra-therapeutic factors' we consider profound with regard to attending to relationships and generating positive support. Processes of 'facing up' and restitution, for instance, may well affect the '40 per cent factor' of relationships that help build positive change and motivation.

An intervention approach beginning to be established is what is termed 'System Review Meetings'. These occur strategically throughout and at the end of the offender IPV program. The approach has been somewhat controversial in the field. It involves indirectly or directly, *if safe and appropriate*, bringing together the man who has abused with representatives of survivors or survivors themselves, along with support people and other agency representatives, for example, statutory services. The approach developed out of community-based sex offender intervention, whereby men had to join with others who had a stake in the outcome of the intervention. During these meetings men had to account for the work they were doing in the program,

what areas they were struggling with, what areas they had gained insight into, and what safety strategies they now had in place.

The few programs using this strategy have support work and liaison with the woman and children in place. It is recognised that it is not appropriate for child victims to be present, so their voice can be heard through another family member (grandmother, aunty, child protection worker, etc.). The aim is to provide direct accountability through 'facing up', restitution and apology work. These forums also serve to support the man and establish a wider network of people who will take a position of safety within the wider family group and hold the man to account. Rather than this being the role of wider state agencies, such as courts, the locus of safety shifts directly back to the wider family group. We believe that this provides a more enduring level of accountability over time.

There is the inherent risk that the process gives insufficient focus and support to women, and particularly children as they are often the least well represented and seldom would attend directly. Our critique is that they are often no more than an 'intermediate step', that while part of the repertoire of approaches for resolution, are still fragmented interventions.

If linked to resolution and third-phase work, system reviews would be a useful stepping-stone process, if based on the following considerations:

- Primary survivors of the violence would attend such meetings only if safe and supportive for them to do so
- That survivors have had and have independent support and assistance that respects their safety as well as their choices
- That men who have abused are supported to develop readiness for review meetings—alternatively, consideration should be given to not engaging the process if readiness is at issue
- That the needs of survivors such as the safety of woman and children are given paramountcy regarding agenda for meetings; significant to the agenda should be promoting the themes of restitution and relapse prevention
- Enhancing the man's motivation and self-efficacy are essential corollary processes and outcomes that review meetings should seek to support.

This system review example illustrates the complex layers of client need. The ethical challenge is not to replicate abusive relationship dynamics, not to

engage processes of victim blaming or to ignore the needs of the children. We invite a shift in perspective of the IPV field that grounds safety and accountability to the experience *and* needs of survivors, respects men who offend and works *with* families.

The 'weaving' of professional relationships and services also requires attention at the collegial and organisation levels. Getting 'parallel practice' right in our professional and organisational relationships is well addressed by Jenkins (2009). Situations of IPV are often complex with any number of agencies involved. Being mindful of how the practice of one agency impacts on others, as well as on the greater question of safety, is often not well managed. How we embark on the ethical journey of engaging practices of accountability and how such collaboration might parallel the journey for our respective clients, are key issues.

## PRACTICES OF ACCOUNTABILITY AND RESOLUTION

Reflecting on the earlier client scenario, What would accountability to the mother and son look like? How would they experience this said accountability as an ethical process that allowed them to be heard and to make 'right' decisions? How would the father's hopes and capacity be supported? Further, how would we as the 'helping professionals' position ourselves and our agencies so as to be open to a range of client outcomes?

We perceive IPV practice being at a crossroads in New Zealand and these questions increasingly relevant to improving outcomes. While we see value in the earlier described System Review Meetings, often the timing means clients are in different places (perhaps still experiencing crisis) and potentially the focus is more on the perpetrator. We see direction with the Signs of Safety model (Turnell & Edwards, 1999); solution-focused/resolution child protection approaches (Berg & Kelly, 2000; Turnell & Essex, 2006); and Jenkins 'invitational approach'. These provide models and processes that we have adapted into our recent family work training and presentations.

This work is also being heavily influenced by a policy direction within Aotearoa/New Zealand known as Whānau Ora (Te Puni Kokiri, 2013). Fifty per cent of clients accessing intervention programs for IPV are of Māori decent (the indigenous people of Aotearoa/New Zealand). Given the impact of colonisation and the level of lateral violence, Whānau Ora takes an inclusive

approach to providing services and opportunities for Māori to address issues. By taking an empowerment approach, rather than focusing separately on individual family members and their problems, it aims to build a partnership across government agencies and *whānau* (family) to engage in longer-term input into wellbeing. IPV is viewed as an outcome of disadvantage so in order to generate permanent change, interventions need to be culturally appropriate and address the group rather than the individual.

## A model for practice

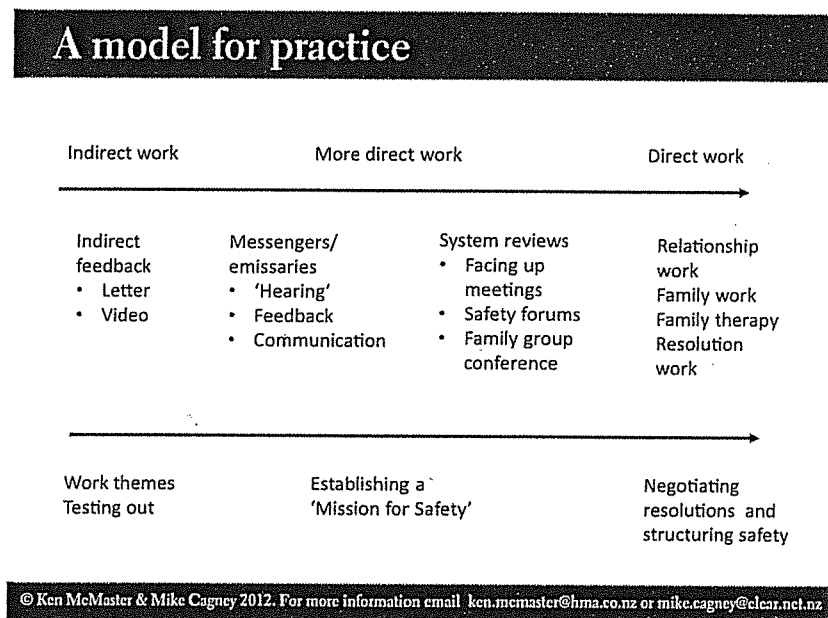| Indirect work | More direct work | | Direct work |
|---|---|---|---|
| Indirect feedback<br>• Letter<br>• Video | Messengers/ emissaries<br>• 'Hearing'<br>• Feedback<br>• Communication | System reviews<br>• Facing up meetings<br>• Safety forums<br>• Family group conference | Relationship work<br>Family work<br>Family therapy<br>Resolution work |
| Work themes<br>Testing out | Establishing a 'Mission for Safety' | | Negotiating resolutions and structuring safety |

Figure 2. Indirect and direct practices of accountability

Figure 2 outlines a range of interventions that would assist with a resolution approach, from indirect to direct client work that may progress to fully integrated family work, and have relevance for Whānau Ora design and work. As the resolution process progresses, the work becomes more in-depth and connected to the family inter-relationships. We are not assuming equality in this endeavour as we are well aware that abusive practice draws on gendered power. We see the processes as placing those impacted by abuse at the centre of the conversation.

We previously indicated that re-solution work fits also with relationship and couple work. We also noted that couple counselling has traditionally risked 'neutral' and 'non-gendered' perspectives that do not recognise power and control dynamics and that risk collusion. Examples of recent approaches

that we view as fitting with the intent of re-solution work are Hamel (2005), Jenkins (2009) and Cooper and Vetere (2005). There is a clear intent and direct process in making the agenda of 'abuse and safety' the first step. Focus on the relationship being 'safe and empowering enough' for the survivor is presumed essential to proceed with the counselling. Further, the counsellors should have 'practice depth' in dealing with IPV and the capacity to bring the process back to the issue of safety if necessary.

As commented, the work is currently developmental and we are actively looking to models and approaches to adapt to the IPV field that fit with the more integrated and family-work phases of re-solution work. Turnell and Edwards (1999), for example, provide a process of solution-focused engagement with families in situations of child abuse (not specifically IPV related) with the Signs of Safety Tool that follows these principles:

- Understand the position of each family member.
- Find exceptions to the maltreatment (or IPV in this work).
- Discover family strengths resources (can also work for couple work).
- Focus on goals.
- Scale safety and progress.
- Assess willingness, confidence and capacity.

This matches with solution-focused IPV interventions as outlined by Lehmann and Simmons (2009) and is compatible with the relapse prevention safety planning we promote. What we observe here is the depth of safety planning and respectful process for the adults and children that has direct application to bringing together the 'fragments' and establishing a 'whole and integrated' response that we intend for resolution work. We propose that these and other like-minded models be explored for IPV interventions.

## ETHICALLY ALIGNED PRACTICE

Well-managed resolution work is not, however, simply a matter of taking a 'conveyor-belt' approach through these steps. Our knowledge, processes, relationships and positioning are as essential. The presumption of a re-solution approach is that there is a progressive step-by-step movement from indirect to direct work, predicated on safety being demonstrated. The following points are therefore necessary for ethically aligned practice, and are reflected in the scenario posed:

**1. Using clarification processes and tentative steps to assess pace and readiness for possible more direct work.** Yokley, Bera, Hindman, Hutchens & McGuire (1990) outline the importance of indirect work such as letter writing and video; Hamel (2005) proposes a three-phase treatment model that assesses and addresses preliminary information, then safety and then (if appropriate) communication relationship skills; Turnell and Essex (2006) address 'preparations and engagements'. Clarification also assists in generating the relevant questions and agenda for the family/couple and workers, and necessitates individual work and support to the woman-mother, man-father and children.

*Scenario: So we can attain an ethical 'positioning' with regards to this mother's request, it is essential that we, at the intervention coalface, treat her enquiry about reconciliation and 'help' as valid. This may be similar for the son and the father. There should be an openness to their aspirations as well as their fears. This is not about being naive or overly optimistic; it is simply treating the request seriously.*

*Inviting tentative steps and processes of clarification that test out safety and establish what safety would actually 'look like' and 'what changes' would indicate positive change, would assist. This generally means a further period of individual work as a stepping stone to more direct work. For the mother, this may mean exploring what she would 'see' from her ex-partner that would demonstrate that safety and change were real (for example, behavioural evidence of respect, changed drug and alcohol use, level of acknowledgement of the abuse). This may enhance or challenge her hopes. For the man who abuses, this will mean exploring his 'readiness' to engage in resolution work and (in our experience) involves a level of coaching, challenge and critique of his safety planning and how he will communicate.*

*Similarly for the son, establishing his sense of safety, needs and capacity to explore contact with his father would be addressed with him (ideally) by the person working with him and in collaboration with his mother. Initial steps could involve indirect communication such as 'letters of responsibility' (accountability letters commonly used in New Zealand programs); use of video responses; attending or being represented at System Review Meetings – steps that match this mother's and son's needs to the process of the ex-partner being accountable. This period of clarification may raise concrete tasks and needs to be attended to before more direct family work occurs. Ideally, what this generates are indicators of both risk and safety; it helps to establish for this mother the relevant questions and agenda for making re-solution decisions.*

*Clarification as a process also means open and transparent collaboration between the professionals and agencies (and ideally with the family). It implies agencies step*

*out of the siloes, address their own biases and readiness to explore re-solution wor and establish a parallel process as agencies in partnership with the family.*

**2. Being focused on the survivor's needs and privileging her and th child's narrative.** This is not a neutral process. The first layer of work . about the man's accountability to those affected by his abuse. This can b complex when addressing adult and child protection particularly if issues c the mother's capacity to protect are apparent. Expressly, it is also essential t have a *child protection focus*, in light of the propensity for children's voices to b silent. This may mean engaging contingency work to support the mother an child relationship, as recognised by Murphy et al. (2013) while Berg and Kell (2000) argue for support to the non-offending parent.

**Scenario:** *Demonstrating safety, enacting restitution and showing respect are th positive challenges for a man who abuses. From the initial steps of clarification, th needs, hopes, questions and messages from this mother and son need to form th initial agenda of work. Those working with the man need to invite and support hin to respond 'ably'. For this imagined mother, support and work that enable her tc enhance her relationship with her son and address struggles and issues she migh have experienced may be useful. Similarly, involving her in her son's safety planning and program can be important for the child to feel validated.*

*For the mother and the person working with the son, his ambivalent feelings about contact with and fear of his father may be evident. The potential might exist for the father to 'hear' and validate his son's experience of the abuse and take seriously his son's safety plan. For the parents' adult relationship, counselling that prioritises addressing her needs and issues would be useful for her to sound out how serious the man is about change.*

*The practice challenge is to deliberately prioritise and structure safety into the agenda. Avoiding being drawn into potential collusion with issues and needs that cloud or shift responsibility from the man who abuses, is also critical.*

**3. Reflective practice and 'planning as you go'.** Working on a range of re-solution strategies can throw up unintended and unanticipated issues along the way. Reflective practice involves practitioners working these through (as per the Signs of Safety Model) rather than seeing road-blocks. The team and the family therefore need to be meeting regularly and consulting.

**Scenario:** *Agendas change, new needs arise, progress can occur, as well as set-backs or relapses. Risk is inherent. For this imagined family, they would hopefully experience the 'collaborative team' as able to work through issues as they arise and trust that there will not be a 'reactive and crisis' response unnecessarily. This family may have had years of living with the dynamics of abuse. The tensions and dilemmas that exist will not simply slip away. Restructuring safety may take time while working on new ways of living together. Alternatively, danger might again overtake the family and a crisis response be necessary.*

**4. Integrated and collaborative work that establishes a common focus (Jenkins, 2009) with the whole family.** Approaches can emphasise a positive level of collaboration, both in partnership with individual and 'family' clients. Collaboration is best when it has the backing of statutory services as well as support from community-based services. This requires clear and transparent communication that builds trust and limited confidentiality to facilitate safe communication and prioritise accountability.

**Scenario:** *There may be little statutory involvement at the high levels of oversight by Court, Child Protection Services and Corrections Services, survivor and offender intervention services. For the whole family, this may well be overwhelming. It is very possible that this mother may experience levels of agency-blame and perceptions that she is failing to protect her son, despite her endeavours to be a protector in tough circumstances. She may be exhausted from all the coping she has had to manage. The father may have had support but in many ways become 'invisible' with regards to his son's safety and experience being isolated from decisions. He may be disengaged from the safety process. The son may feel strongly that "no one listens to me".*
*It is essential that agencies and professionals establish a working relationship that this mother, son and father can trust. The consequence otherwise is a fragmented and professionally led approach that reduces client trust. Therefore, agencies establishing a common focus, agreeing how to work together, what roles agencies and professionals will take, and how progress is to be reviewed, are essential to offer a clear process for this family.*

**5. Readiness and willingness to engage processes of apology and restitution and 'table' commitments and safety plans (Cagney & McMaster, 2013; Jenkins, 2009) are essential.** When the client who perpetrates abuse has established a 'mission' to attend to those affected and is able to demonstrate safety strategies, then apologies and restitution become meaningful. Too often, safety planning reduces to 'time-out' only, and does not adopt relapse prevention models (Cagney & McMaster, 2013) that draw in

lifestyle factors and issues that affect and hurt the partner and child. Implicit though is the need to be prepared to change agenda and direction if processes of blame and abuse re-emerge.

**Scenario:** *What is this father/partner 'putting on the table' to his partner and son that commits to safety and respect? In this scenario, the challenge for New Zealand practitioners with men who act abusively is to provide an honest and realistic assessment of the man's progress and safety. This may mean communicating negative outcomes to a collaborative team and the mother. Alternatively, it may mean recognising the strengths and capacity for change.*

*For this mother and son, it means not exposing them to processes of apology and restitution where the indicators are that they will end up being blamed and manipulated. This also implies that their own readiness to be engaged in such processes needs to be prioritised. Alternatively, the mother may still seek to meet in counselling or a System Review Meeting with her ex-partner. Implicit is that she would experience being involved at a level she deemed appropriate in accountability processes (which currently seldom occurs).*

**6. Being open to a range of outcomes is necessary.** For instance, a well-managed resolution process may begin with the family seeking reunification, yet this may change as partners address the issues affecting their relationship, for instance. There is the need to be realistic and compassionately challenging. Turnell and Edwards (2009) discuss the need to recognise when matters are not going well and that not every case 'has a happy ending'. Risk is inherent in the work, cycles can re-emerge and sometimes the harm from the abuse is simply too great.

**Scenario:** *As she works through her ex-partner's responses and/or lapses, this mother may reconsider her position and seek to separate (as may the father). It may be that the parents seek to 'take time' but not live together. Sometimes the child may end up living in a different family (in New Zealand, often extended family) as a Child Protection outcome. Addressing what contact the father has with the son and what safety planning means if separating, likely need to be resolved, as do other questions.*

*For practitioners, it is important therefore when engaging with this family, that there is not a single focus of outcome such as 'separation' or 'reconciliation'. Our experience is that when issues of lapse and relapse emerge, the hopes for reconciliation can be tested. In this scenario, hearing and validating the mother's*

*(and others') hopes and aspirations may also mean respectfully challenging when matters are not safe. At the extreme end, this will mean reporting recurring risk to statutory services. When working in partnership with 'limited confidentiality' both parents would be aware of this possibility.*

**7. Valuing the knowledge, capacity and agency of the clients— individual and family.** This is perhaps the hallmark of solution-focused interventions, which recognises that professionally led processes will likely generate resistance, whereas treating seriously the information and plans of family members is more likely to generate participation and lasting outcomes (Miller & Rollnick, 2013; Essex, Gumbleton & Luger, 1996). Further, it is about having a future and solution focus that enables parents, parents and children, and families to have conversations that move beyond the past issues of abuse.

**Scenario:** *This family would have experienced in the crisis and intervention phases of the work much focus on the 'problem of the abuse'. If the initial steps have supported closer and more enhanced work, ideally this whole family would experience being able to discuss and build their strengths and capacity to be safe. Perhaps this mother, father and son have many stories of what has been good in their family; the safe and loving parenting of the father may be a worthy focus; the family as a whole may be re-experiencing new ways of being together that give hope and confidence. Simply, there may be clear signs of safety (Turnell & Edwards, 1999) to support this family moving past crisis and into re-solution. Specifically, relationship counselling and family work would be engaged, steps of safety established and progress reviewed. Importantly, the eight-year-old son would be engaged in the whole process and have a voice in 'storying' safety with his parents.*

*Particularly in statutory settings, formally working with and recording these changes and strengths through family work and review with the family are essential. This allows the 're-storying of safety' in contrast to the 'old story of risk'. For this mother, hopefully she feels respected for 'knowing what she knows' about wanting to be with her partner. Or if separating, contact and care for their son are resolved.*

**8. Maintaining a 'treatment' and 'good enough' safety focus.** Turnell and Edwards (1999) take the position that client work be defined as intervention that seeks to establish 'good enough safety' as opposed to 'therapy' that seeks to achieve 'ideal safety'. For similar reasons, we prefer 'family work' to 'family therapy', promoting a pragmatic approach that seeks to structure safety while also working with where the couple/family are at. This is likely a contentious

point and may invite professional debate. Yet for our clients, it is important that they can address safety that is good enough and attainable but not have the goal posts moved and be set up to fail (Sanders & Munford, 2010).

**Scenario:** *This mother has requested help from you with her ex-partner and son. The level of risk may be extreme and irresolvable. Often though and perhaps in this scenario there will be strengths and capacity for safety. Ethically, this family needs to have attainable goals agreed for themselves and with the agencies involved.*

## CONCLUSION

This paper has described family resolution approaches as a promising way forward in the next development of intervention with family violence/abusive practices. We have argued that family resolution is not family preservation, family reunification, family separation or family dissolution. It is a series of practices that more fully privilege the voice of those rendered silent through the use of abusive practices.

Returning to the hypothetical client scenario, we ask you this. Would this mother ... child ... father, through a process of re-solution work, have resolved outstanding issues, explored and engaged processes of healing and started the journey of restructuring 'good enough' safety into their lives? While there are no guarantees, we are clear that a fragmented approach is far less likely to provide the information and changes a family needs to be safe, and more likely to render perpetrators 'invisible' and poorly accountable.

# REFERENCES

Berg, I. K., & Kelly, S. (2000). *Building solutions in child protection services*. New York: W. W. Norton Company.

Bowen, H., & and Considine, J. (Eds.). (1999). *Restorative Justice: Contemporary themes and practice*. Lyttelton, New Zealand: Ploughshare Publications.

Cagney, M. (1998). Counselling men who sexually abuse: Managing the demands of respect and confrontation. *New Zealand Journal of Counselling, 19 (1 & 2)*, 54–61.

Cagney, M., & McMaster, K. (2013). Shaping the future of intervention. *Advocate*, Autumn/Winter 2013, 13–17.

Cooper J., & Vetere, A. (2005). *Domestic violence and family safety: A systemic approach to working with violence in families*. London: Whurr Publishers.

Essex, S., Gumbleton, J., & Luger, C. (1996). Resolutions: Working with families where responsibility for abuse is denied. *Child Abuse Review, 5*, 191–202.

Hamel, J. (2005). *Gender-inclusive treatment of intimate partner abuse: A comprehensive approach*. New York: Springer.

Hayden, A. (2012). Safety issues associated with using restorative justice for intimate partner violence. *New Zealand Women's Studies Journal, 26(2)*, 4–16.

Jenkins, A. (2009). *Becoming ethical: A parallel, political journey with men who have abused*. Lyme Regis: Russell House Publishing.

Johnson, M. P. (2008). *A typology of domestic violence: Intimate terrorism, violent resistance and situational couple violence*. New England: Northeastern University Press.

Lehmann, P., & Simmons, C. A. (Eds.). (2009). *Strengths-based batterer interventions: A new paradigm in ending family violence*. New York: Springer Publishing Company, LLC.

McDonald, M., & Rosier, K. (2011). Interagency Collaboration Part B: Does collaboration benefit children and families? Exploring the evidence. *Australian Family Violence Briefing, 21 B*. Melbourne: Australian Institute of Family Studies.

McMaster, K., & Gregory, D. (2003). Introduction: Current approaches to working with family violence. In K. McMaster & A. Wells (Eds.), *Innovative approaches to stopping family violence* (pp. 8–15). Wellington: Steele Roberts.

McMaster, K., & Bakker, L. (2006). *Will they do it again? Assessing and managing risk*. Christchurch: HMA Books.

Miller, R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). London: Guildford Press.

Murphy, C., & Fanslow, J. (2012). *Building collaborations to eliminate family violence: Facilitators, barriers and good practice*. New Zealand Family Violence Clearing House. University of Auckland.

Murphy, C., Paton, N., Gulliver, P., & Fanslow, J. (2013). *Understanding connections and relationships: Child maltreatment, intimate partner violence and parenting*. Auckland University: New Zealand Family Violence Clearinghouse.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter*. New York: Springer Press.

Pennell, J. (2007). Safeguarding everyone in the family—family group conferences and family violence. *Social Work Now, 37*, 4–8.

Sanders, J., & Munford, R. (2010). *Working with families: Strengths-based approaches*. Wellington: Dunmore Publishing.

Saunders, B., & Meinig, M. (2000). Immediate issues affecting long-term family resolution in cases of parent-child sexual abuse. In R. M. Reece (Ed.), *Treatment of child abuse: Common ground for mental health, medical, and legal practitioners* (pp. 36–53). Baltimore: Johns Hopkins University Press.

Te Puni Kokiri. (2013). Whānau Ora: Fact sheet. Retrieved from http://tpk.govt.nz/_documents/tpk-wofactsSheet2_June 202013.pdf

Trutte, B., & Connolly, M. (2003). Couple therapy in conjugal violence. In K. McMaster & A. Wells (Eds.), *Innovative approaches to stopping family violence* (pp. 144–160). Wellington: Steele Roberts.

Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety-oriented approach to child protection casework.* New York: W. W. Norton and Company.

Turnell A., & Essex, S. (2006). *Working with denied child abuse: The Resolutions Approach.* Berkshire: Open University Press.

Waldegrave, C., Tamasese, K., Tuhaka, F., & Campbell, W. (2008). *Just therapy—a journey.* Adelaide: Dulwich Centre.

Yokley, M. (Ed.), Bera, W., Hindman, J., Hutchens, L., & McGuire, D. (1990). *The use of victim-offender communication in the treatment of sexual abuse.* Orwell: Safer Society Press.