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Safeguarding the children in a Multidisciplinary Approach of Family Violence

in the model of European Family Justice Centers

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Risk-Orientated Care?

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A sustainable vision on a phased chain approach regarding domestic violence and child abuse

The ambition is to make a real difference in complex cases.

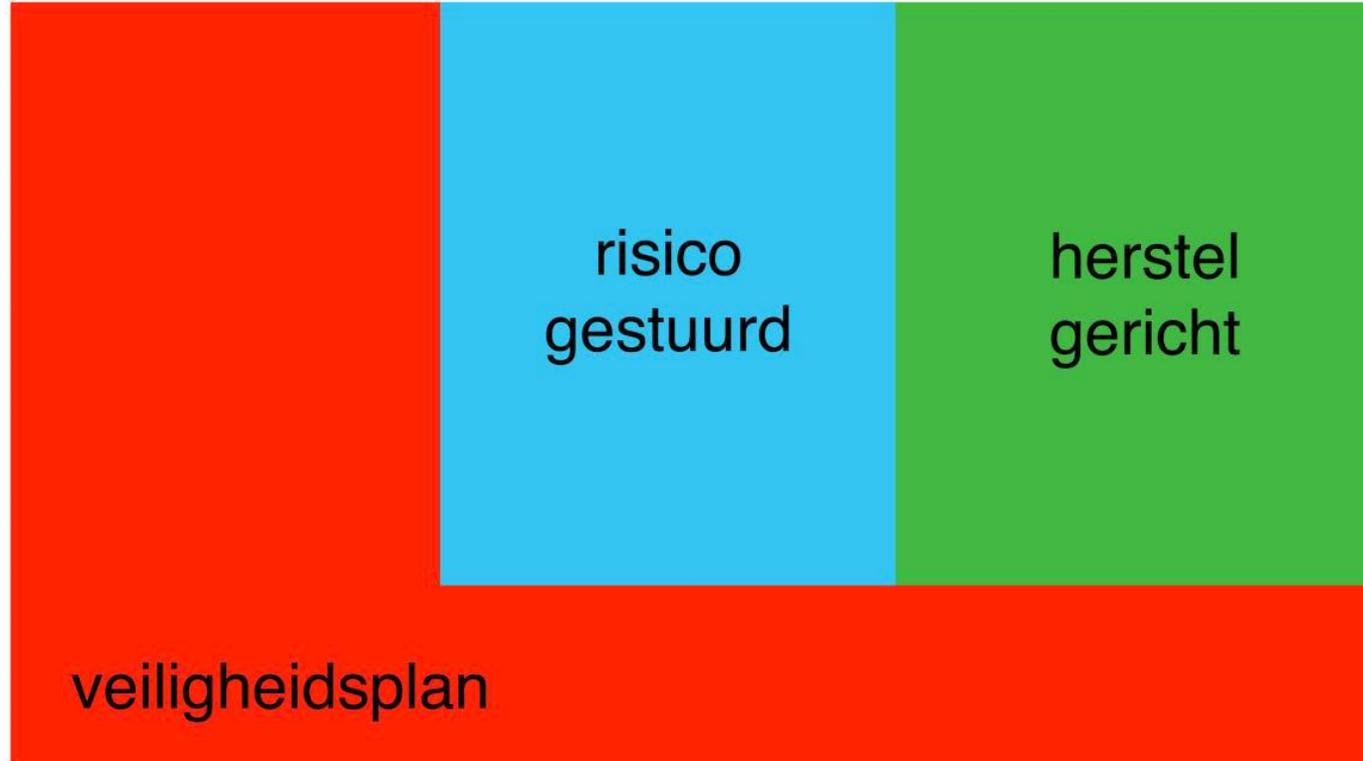


The 5 steps

1. Working on immediate safety
2. Working on stable safety
3. Working on recovery (trauma recovery)
4. Working on stabilization
5. Working on preventing relapse



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Conditions for breaking the violence

1. Working together on safety
2. Specialized multidisciplinary approach
3. Result focused work
4. Developing an integral plan of action
5. Intensive case-management in high risk situations
6. Sharing information



Safety, what is this?

- Direct = short term
- Stable = long term

Risk-driven care

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Addressing the underlying factors that maintain
unsafety



Phase 1 (safety-plan):

Realize immediate safety

1. Stop the violence
2. Protecting the victim(s)



Without direct safety

- Continuation of harming the children.
- Remaining stress and anxiety so that the people within the family do not have the ability to tackle the dangerous situation substantially.
- Professionals can not access what the underlying problems are.



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Safe through?

Restraining order	NO
Prosecution	NO
Detention	NO
Parents are seperating	NO
Cooperating/confessing parents	NO
Absence of child signals	NO
Risktaxation	NO
Perpetrator treatment	NO
Trauma informed Care	NO
Addiction/Mental Health care	NO

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Design of a Safety Plan

- Contribution of all involved professionals who have information about Family members and can use their expertise (General practitioners, school, police, healthcare, youthcare)
- When is it good enough. What are the basic requirements?
- How?
- Treatment of traumatic memories.
- Explanation to children (words & pictures)
- Trust person for the children
- This step takes time
- Casemanager



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Phase 2 (support plan):

- System orientated Risk-Assessment
- System orientated Support Plan



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How to tackle risk factors in practice?

- Multidisciplinary cooperation to work on the risk assessment

- Which risk factors have the greatest impact on unsafety and must be tackled first
 - Importance of knowledge about and contact with the family (G.P./school)
 - Importance of parental factors (Healthcare)
 - Importance of environmental factors (neighborhood)
 - Importance of violent interaction patterns
 - Trauma as prioritized risk factor

- On the level of safety within the relation

- Appointments in plan of action and when to evaluate



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On which risk factors are we working?



- Repeated unsafe behavior between family members
- Parent was in childhood a victim of violence or abuse
- Violent / Suicidal thoughts
- Problems with addiction
- Strong minimization/denial of unsafety within the household
- Problems with regulating stress and emotions
- Serious problems with parenting skills
- Serious negative views on the child(ren)
- Physical or psychological problems of the child(ren)
- Negative attitude towards interventions from services



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Phase 3: The recovery plan

Trauma-informed
And
Orientated at recovery



Recovery Orientated Care

- Recovery starts with stopping the violence
- Always focus at processing psychotrauma
- Promoting individual developments and participation of family members
 - Work
 - Friends
 - Hobbies



The core of this approach

Cooperation is paramount

1. First work on safety
2. Then address the causes
3. Then work on recovery

Support and follow the family in the time that's needed to achieve sustainable recovery!



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Practice in the Family Justice Centrum Antwerpen, Belgium



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FJC Antwerpen





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On site partners of FJC Antwerp

- Police
- Prosecutor's office
- Women's aid, Victim services
- Crisis team
- Services for child abuse
- Social Service of Youth Court
- Youth Care
- Services for social welfare
- Counseling
- Centre for mental health
- Services for job seeking
- Medical services
- Services for housing
- Probation
- Perpetrator programs
- Local and national authorities



On site services:

- Peer groups
- Support by voluntary cooperators
- Self-defense courses
- Services for migrants and asylumseekers
- Legal advice
- Advice on debts
- Focus groups
- Medical examination
- Wellness: yoga
- Social integration

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On site partners in FJC Antwerp:

- > 50 cooperators detached to the FJC
- + Experts intensive case management
- + cooperators of all services on case level





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High Risk team

- A Family Justice Center needs a high risk team onsite.
- The risk assessment during the intake is an important instrument to go into the depth of the situation and the possible aftermaths of the disclosure.
- High risk cases also need a strong and intensive case management, including police and justice department involvement.
- In high risk cases, share all information needed to ensure the victim's safety.





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Working on all live domains – empowerment:

- Agression management
- Traumatic experiences
- Financial problems and debts
- Work
- Relationship
- Housing
- Physical health
- Mental health
- Social network, isolation
- Drug an alcohol abuse

- Migration problems
- Psychological problems
- Education and child care
- Gender related problems
- Honor related problems
- Cultural mixture problems
- Legal papers and refugees
- Mental handicap
- ...

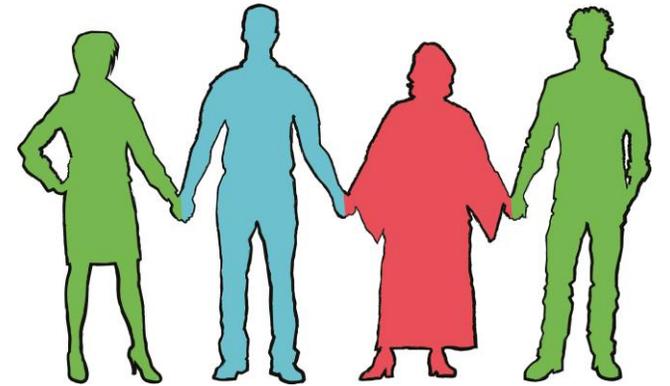


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Benefits perceived by the team members

- Joint responsibility and decision making
- Hope and Empowerment works for the victims and the team
- Flexible work environment and creative deployment of opportunities and possibilities
- The vision is created and carried out by all partners
- There is a constant effort to build mutual trust
- WE-culture: it's all about WE
- Collaboration inspires greatly enhanced efforts and results





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Benefits of co-location

- **Increases professional development.**

Sharing expertise, perspective and information among caregivers, police officers ... makes them all aware of the needs of the client and what other professionals do to accommodate them.

- **Eliminates duplication.**

When there is more coordination in the various activities, it becomes clearer and easier to determine who can focus on which activity.

- **Ensures more efficient and effective services.**

When victims have to tell their story over and over at different organizations, those organizations often do not know what actions are being taken.

- **Increases the availability of resources.**

If all services are in one place, there is a bigger chance that a victim will make use of them.

- **Ensures better communication.**

When everyone works in the same place, they take part in the same consultations, they receive the same information, increasing their service level and also the safety of victims.



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Working with the children in the FJC

1. Creating a child friendly environment
2. Listening and talk to the child, giving the child a voice in the plan of action
3. Trauma-informed care, ongoing training and on-the-job consultation for the team



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Working together on safety

1. Safety plan including all family members, with specific focus on the children
2. Not only safety planning in the beginning, ongoing check of the safety
3. Role of police and justice: restraining orders, custody of perpetrators, safe houses for controlled parental visiting, ...
4. In severe/high risk cases: shelter with non-violent parent/care taker,...
5. Involving social network in safeguarding and breaking social isolation



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Specialized multidisciplinary approach with integral plan of action and case management

1. Large multidisciplinary team, involving children's services and center for child abuse and neglect
2. Plan of action focussing on each family member and on the family dynamics: specific attention for the needs of each person (adults and children)
3. Working on all life domains, also for the children
4. High risk team with intensive case management
5. Possibility to have the crisis team working in the family home for a period of time
6. Outreach to the families, home visits,...



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Result orientated work

1. Goals in plan of action defined
2. Ongoing work until goals are met
3. Outreaching work when contact is difficult
4. Regularly check on meeting goals with all partners involved in the plan of action
5. Re-contact 6 months after closure of the case management



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On site

1. Children's counseling
2. Mother/child activities

Starting 2018:

1. Measuring and working the effects of ACE's (Adverse Childhood Experiences) in the further development of trauma-informed care
2. Hope orientated work/activities with teens
3. Chat for teens



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Future:

Working towards further cooperation
between Child Advocacy by the center for
child abuse and neglect and the FJC:
Connecting the silos....



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Thank you for your attention



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