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Dignity Driven Practice

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1. The basics

‘Dignity is safety. Dignity is care. Dignity is safe touch. Violence is always an affront to dignity.’

Shelley Bonnah and Cathy Richardson, 2017

What is Dignity Driven Practice?

Dignity Driven Practice is an approach endorsed by our NSW Practice Framework. The tenets of Dignity Driven Practice have been adapted for the NSW child protection context from the therapeutic model of Response Based Practice.

Dignity Driven Practice is crucial for all parts of our work. It brings new focus to a child and family's acts of resistance against violence, oppression, suffering or harm. And helps us see the way others have acted towards a family in the past. This opens up our potential to see protective factors in a family where we may have missed them previously by:

- making us curious about what life is like for the child and each member of their family
- getting us to ask questions about what has happened for these family members in the past
- asking us to examine the motivations behind behaviour and action and seeing resistance strategies that can be built on in positive ways

Dignity Driven Practice is about upholding the dignity of each person, family and community. This is done through the use of specific talking skills and a process of understanding what might be happening for a person. By using these skills, you will build a more accurate picture of a family's experiences at both the macro (society and systems) and micro (their small interactions with other people) levels.

The key tenets to Dignity Driven Practice are:

Self determination is the foundation of dignity

All families and communities are given the respect to make decisions and choices about their lives and futures. Listen deeply and adapt your approach and practice to their needs and choices so you can advocate for them and respond with respect to the decisions they make.

Language is central to the work of giving dignity

The words you choose to say and write give meaning and power. They have the potential to partner, empower, support and build relationships with people.

Attend to power in each moment

Be aware of the power you hold in each moment with each person you work with. This includes being a representative of a statutory agency, as well as power that exists in gender, race and culture, social positioning and sexuality.

People respond to and resist acts of violence, adversity and oppression

Whenever there is violence or oppression people will resist. Consider people's behaviour by exploring what suffering they may be resisting. Identify acts of resistance and support families to view themselves as being strong and adaptive in the face of suffering.

The social responses people receive are critical

Any person who responds to a person experiencing or using violence is a 'social response'. This includes your work with each person in a family. Social responses have the power to further perpetuate violence and suffering – or, alternatively, to validate them and support a person's recovery.

What is dignity?

'Dignity means a belief in oneself, that one is worthy of the best. Dignity means that what I have to say is important, and I will say it when it's important for me to say it. Dignity really means that I deserve the best treatment I can receive. And that I have the responsibility to give the best treatment I can to other people.'

Maya Angelou, 2014

Dignity is best defined as each person's inherent value and worth. Haddad (1998) defines dignity as 'the condition or quality of being esteemed, honoured, or regarded as worthy of respect. Such esteem comes not only from a sense of self-worth but from how others perceive us' (p. 21).

The research consistently refers to three main elements of dignity:

Autonomy: This includes freedom, independence, control, self-determination and the ability to choose and act on a choice.

Respect: This includes self-respect, self-esteem and the respect for others.

Worthiness: This includes a sense of self worth, sense of integrity and trustworthiness.

Everyone has dignity and people do many things to preserve their dignity, even in the worst of human circumstances.

Watch

['Exploring the meaning of dignity' opens in new window](#) by Professor Donna Hicks for a perspective on the meaning of dignity.

What is resistance?

All people resist violence, oppression and suffering. Resistance is not just applicable to family and domestic violence. People also resist racism, sexism, poverty and emotional pain. People are not simply passive in the face of violence and suffering; they are responsive, adaptive and they actively do things to try to prevent, stop or reduce it.

Read

Learn more about resistance and oppression in our advice on [social justice and human rights](#).

People will always find ways to resist someone trying to control, humiliate or hurt them in order to retain some sense of dignity. This resistance can include open acts of defiance, or when this is too dangerous, indirect forms of resistance (Wade, 1997.)

Some forms of resistance are clear through behaviours and actions; others are smaller, less noticeable acts of resistance, such as staying silent or avoiding situations.

Watch

Some hidden acts of resistance are not necessarily shown in physical behaviours. People may resist spiritually, emotionally or mentally. Watch [Dr Cathy Richardson opens in new window](#) describe her 'medicine wheel of responses' in her keynote address at the FACS Practice Conference in 2017. Also see the 'in practice' page for more examples.

Sometimes the way a person resists may put their child or themselves at risk. For example, a parent may use alcohol to resist the pain from the violence used against them by their partner.

What is Dignity Driven Practice?

Dignity Driven Practice asks you to identify acts of resistance and support families to view themselves as being strong and adaptive in the face of suffering. It asks you to think about the way you use language to talk about and to families; the way you consider and manage the power you and other people hold; and the way you give a person every opportunity to participate and make decisions about their lives.

Dignity Driven Practice is not just about being respectful and strengths based. It is about drawing out accurate information for assessments, case planning and family work.

These skills help you:

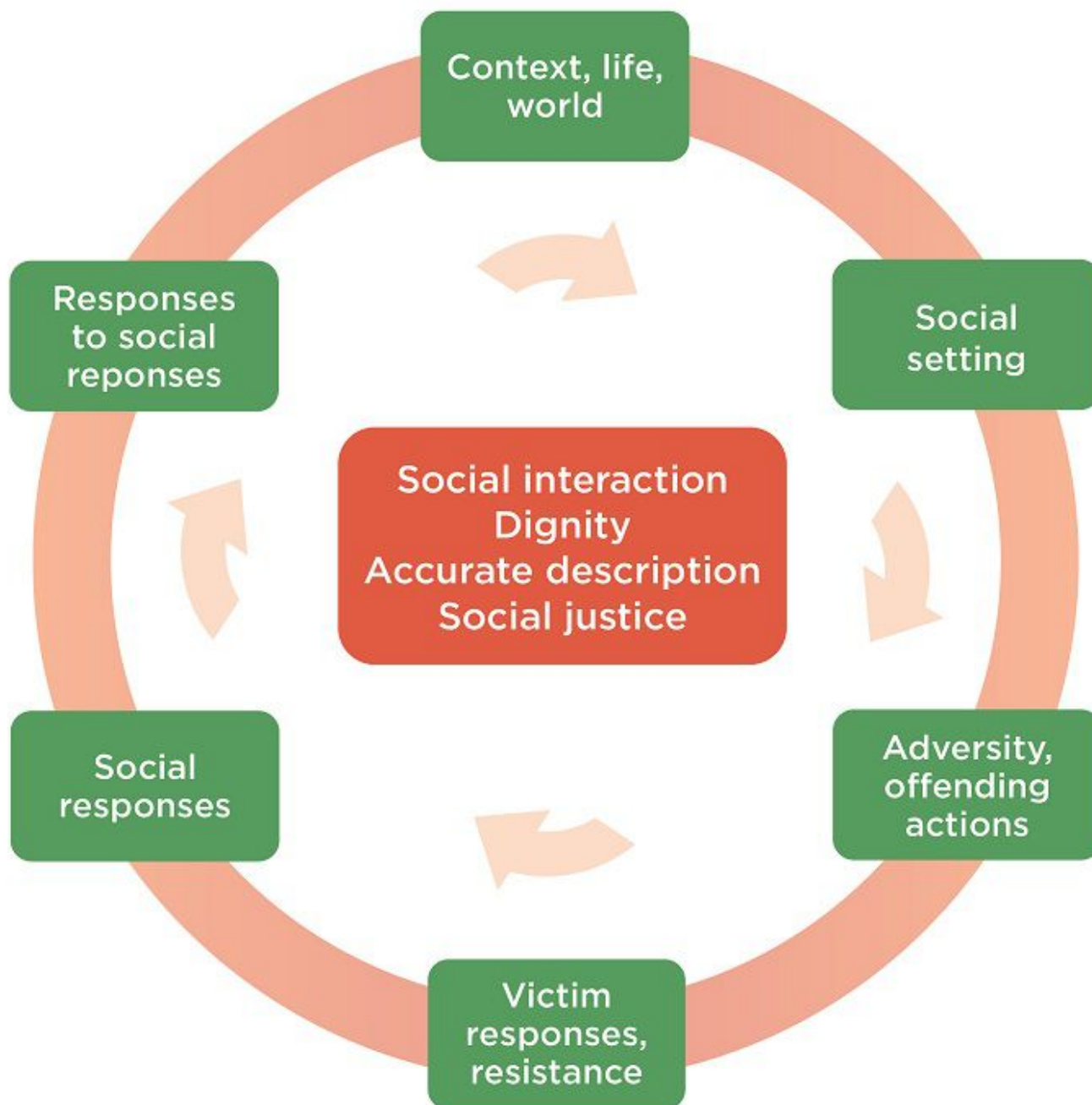
- get detailed assessments about risk to a child and what a person does to protect themselves and their children
- support children to feel strong and powerful in the face of violence and suffering
- show families empathy and understanding
- understand context and motivation behind a child's or parent's decisions that might cause harm
- be of most use to a family
- create more meaningful and purposeful partnerships with families
- preserve their dignity, meaning families are more likely to be accepting of change and help
- understand how other people in their lives respond to them
- learn what the person values most and what they hope for, especially when it comes to their children
- talk and partner with people who use violence

2. In practice

'Dignity is more than just manners, or handshakes or politeness. It's about the integral spirit that's inside us. The life-force that holds us all up. A life-force that can be damaged, or restored through different practices.'

Dr Cathy Richardson, 2017

Dignity Driven Practice adapts the specialised therapeutic model [Response Based Practice opens in new window](#) (designed for working with people experiencing adversity such as violence and injustice) for child protection in NSW.



This graphic depicts Dignity Driven Practice, an approach to working with children and families who are working within the NSW child protection system. At the centre of the graphic are the words: social interaction, dignity, accurate description and social justice. These words represent what is at the core of Dignity Driven Practice. These are the things a caseworker must be doing in order to do Dignity Driven Practice. Around these words is a circle, representing what is happening in a person's life that caseworkers must be attuned to in order to work with Dignity Driven Practice.

An example of Dignity Driven Practice in child protection work

Consider Jasmine, her mother Molly and her father Nick's scenario below to work through this model.

Context, life, world

What's the social context of the person I'm speaking to?

Molly told me that men in her community and family make the 'big decisions'.

Molly is Aboriginal. Her mother was taken by force from her family and raped in care.

Molly is isolated from her community. All the local services are 'white' and she feels people watch her.

Nick, Molly's partner and Jasmine's father, told me that his father hit his mum as a way to get her to do what she needed to do. He said this is the way families work.

Social setting

What's the situation?

Nick has been physically, sexually and emotionally violent against Molly for the past five years. Nick has also been physically and verbally violent against Jasmine, his daughter.

Adversity, offending actions

What actions have caused the adversity, oppression or harm?

Two days ago Nick strangled Molly around the neck until she became unconscious.

Nick constantly threatens to hurt Molly and Jasmine. Yesterday, Nick said to Molly, 'If you leave, I'll fucking kill you'.

Last week, Nick punched Molly in the stomach. Jasmine then stood in front of her mother. Nick slapped Jasmine across the face and yelled at her, calling her a 'little bitch'.

The victim's responses and resistance

What did the person who experienced violence do to respond to and resist the violence?

Molly has been drinking more alcohol over the past year. She describes how the alcohol helps her feel numb from the emotional and physical pain of Nick's abuse.

Molly refuses to leave Nick. She told me she believes Nick will follow through on his threats to kill her and Jasmine if she leaves.

Molly runs to another room when Nick becomes violent. When Molly feels trapped by Nick, she grabs knives, brooms or uses her body to stop Nick assaulting her.

Jasmine wants to sleep beside her mother every night. Nick is less likely to hurt Molly if Jasmine is in the bed, so Molly lets Jasmine sleep next to her when Nick is showing signs of becoming violent. Jasmine clings to her mother when FACS comes to visit.

Jasmine is hitting other children and teachers at school. She is easily distracted in class. Jasmine doesn't like being at school and goes to sick bay a lot. She asks to go home.

Jasmine stood in front of her mother to try to stop Nick from hurting Molly. When Nick hit Jasmine across the face, Molly screamed and pushed Nick away.

Social responses

Who else responded to make the people experiencing violence safe and cared for? Did anyone respond in a way to make the person experiencing violence feel more at risk or blamed? Did any of these responses obscure or excuse the person's violence?

Social responses of police

Two days ago the family's neighbour, Jane, heard Molly's screams and called the police.

The police charged Nick with assaulting Molly and Jasmine. Molly was charged with assaulting Nick with a knife. The police talked to Molly and Nick about how they both need to stop the violence.

Social responses of services

Molly's doctor has suggested that if Molly and Nick stop drinking, the violence might stop. The doctor has recently diagnosed Molly with borderline personality disorder.

FACS previously told Molly she needs to leave Nick if she wants to protect Jasmine from their 'violent relationship'.

Last year Jasmine was taken from Molly's care because Molly was 'not compliant with the case plan'. The case plan directed that Molly leaves her relationship with Nick and seeks a no-contact apprehended violence order (ADVO).

Current social responses using Dignity Driven Practice

As the family's new caseworker I have visited Molly with an Aboriginal colleague. I have talked to her about her culture and community. I have tried to understand what Molly values, cares about and how she protects herself and Jasmine. I have asked her to describe specific detail about what she does to respond to each of the ways Nick assaults, yells at her and controls her. We talk about specific experiences of this.

When Molly describes the ways she resists his violence, I reflect this back and remark on how strong, smart or creative Molly must be to stand up for herself and Jasmine. I tell Molly that she is not responsible for Nick's violence.

I ask Molly what Nick does in response to her when she resists him doing something against her. She said this has helped her think more about why she responds to him in the ways she does.

I have spoken with Nick several times about strangling and punching Molly and slapping Jasmine and calling her 'a little bitch'. When he denies or minimises these acts, I tell him how serious they are and that he is responsible for his choice to use violence. When he tries to blame Molly's mental health or drinking for his assaults against her, I take the conversation back to how he is accountable for his behaviour.

I have asked and listened to Nick's own experiences of violence throughout his childhood and adult life. I have explored with him how he responded when his dad hit his mum. I reflect with him about why and how he responded that way. I am building a way for him to understand how Molly and Jasmine experience his violence. I am curious about how he sees himself as Jasmine's father.

When I speak to Jasmine, I notice and name her acts of resistance. I tell Jasmine she is not responsible for her father's violence.

Responses to social responses

How is the person experiencing violence coping with the social responses they receive to their resistance?

What the family learnt from past social responses

Molly knows Jane will protect her as much as she can. She knows she and Jasmine can run to Jane's house if things get bad.

Molly doesn't call the police any more. If police do come to the house, she yells, spits and swears at them.

Molly doesn't trust her doctor. There are no other doctors in town she can see.

In the past, Molly has avoided visits from FACS caseworkers. She felt betrayed and blamed the last time we worked with her. She has refused to let caseworkers in the house, didn't take their calls and would only give short responses to any questions they asked her.

Jasmine is afraid of FACS caseworkers. She didn't like leaving her mother last year.

Responses to the caseworker's social responses using Dignity Driven Practice

Molly is starting to trust me as her caseworker. She opens the door when I visit. She sees me as useful and as her ally. She tells me more about other ways she resists Nick when he hurts her. It seems like she is thinking about these in between my visits.

Molly is starting to talk about her alcohol use and how it affects her care of Jasmine. She is open to the idea of seeking an ADVO against Nick, but is worried about how this will keep him away from her.

Molly agrees to consider other ways of coping with Nick's violence instead of drinking. Together, we build a plan about how we can best keep her and Jasmine safe. Molly knows that I also speak to Nick about his violence and we plan how I best do this.

Nick is starting to trust me. While he knows I will hold him accountable for his violence, he also feels respected as a man and valued as Jasmine's father.

Jasmine is starting to trust me. She knows her father's violence is wrong and she feels powerful in the ways she has resisted his violence in the past.

We draw pictures of Jasmine wearing a cape. Jasmine is open to talking to me about other ways she might also keep herself safe. She knows she can run to Jane's house if she is scared.

Watch

[Watch Allan Wade and Linda Coates opens in new window](#) talk through some useful examples to help you understand the Contextual Analysis framework.

Read more about working with children, women and men using Dignity Driven Practice in the [Domestic and family violence practice kit](#).

Understand power

The skill of Dignity Driven Practice starts with understanding how each person you work with experiences life in their family, community and society.

Do they experience discrimination? Do they have less power in society (or the family) than others? Do they have control over their lives in the same way other people do?

This approach is only effective if you understand your own privilege and what power you have. As a starting point, you hold enormous power as a statutory worker. There is no denying or hiding from this. It is important to acknowledge this power, and try to understand how that power might make others feel and respond. Acknowledgement alone is not enough - you must use your power ethically and with care.

'We need to locate the problem in the social world, not in the person them self.'

Vikki Reynolds, 2016

Think about what privilege you have compared to the families you are working with. This may include your cultural background, religion, economic status, nationality, sexuality, ability and gender.

Power and privilege is not all one-sided. For example, an Aboriginal woman caseworker may be working with a white man. In this case, the caseworker has statutory power but the man is privileged by both his race and gender.

Understanding your own privilege is not about feeling bad about it. Rather, it's about being aware of what you do not know or understand; using your privilege for good; and constantly thinking about how

it might affect your values, the decisions you make about other people's lives or the way you view and talk to each person in a family.

Remember that some people may be resisting oppression or violence they perceive from your involvement with their family. This may be due to past experiences of our agency, how you have responded to their resistance, or because of broader experiences of structural oppression such as racism, colonisation, social prejudice or violation of their human rights. Resistance in this context can take many forms.

Some families:

- may refuse to work with you
- might be reluctant to share information
- might be angry in the way they talk to you

Understanding what sits behind this behaviour is critical to providing a social response to the family that honours their dignity and begins to create relationships of trust and respect.

The [social justice and human rights](#) topic explores these principles in more detail, including some exercises to help you understand your own privilege and power. The [critical reflection](#) practice advice topic will support you to reflect on what this might mean for your work with families.

Practice prompt

Structure safety to balance your privilege

Think about how you can work with families to build trust so parents and children share information with you instead of feeling like they need to protect that information.

Make sure the parent feels comfortable in the place where you are meeting. Check in with any worries they have about talking to you. Make sure they're aware of what you will do with the information they give you and explore any worries the parent may have about this.

Ask the parent or child to guide you in making them feel safe when sharing information, especially if the person has or is experiencing violence.

These are all ways to attend to the power imbalance you have over a family.

Language is your best tool to honour dignity

Language is at the heart of our work with families – it is the primary tool for building relationships with families. Jargon, bureaucratic language, acronyms and the words we use can create power imbalances and stop us from attending to a family's dignity in each moment of our work.

Language can minimise or hide violence and it can take responsibility away from people who use violence and place this responsibility firmly with adults and children who experience violence. It can cause shame, blame and secrecy (Wade and Coates, 2004), but when used well, language can preserve dignity and make violence and acts of resistance visible.

'No language is neutral ... Each sentence realised or dreamed jumps like a pulse with history and takes a side

Dionne Brand, 1991

The practice advice topic [Language: the words we use](#) further explores the practice behind our use of language with families including the risks of using language that conceal violence, blame the person affected by violence and minimise the responsibility of a person using violence. The '[In conversation](#)' page of this topic will also help you find ways of using language to reveal acts of violence and resistance through your conversations and understanding.

Honour dignity through your language

You can honour the dignity of families by challenging language that is discriminatory or oppressive by your colleagues, community members or important people in a child's life. Resist oppressive language by reflecting on how it accepts or reinforces commonly held beliefs about the people we work with or the causes of social problems. You can help to change some of the myths around violence and responses to people affected by language through your use of critique, role modelling and bringing the family's experience to the centre of your conversations, decisions and reflections.

Recognise resistance

Seeing children's resistance

When children have a sense of injustice, they will resist. When they feel powerless in decisions that affect their lives, they will resist. When youth feel that their dignity is threatened they will do something to preserve it (Bonnah and Richardson, 2015).

Children do more than just 'experience' or 'cope' with violence, pain or control being used over them. They interact and actively respond to try to make sure there are good outcomes for them, their parents and their siblings (Bonnah and Richardson, 2015).

Consider some of these common acts of resistance from children:

Hiding.	Physically intervening or distracting the perpetrator to stop them hurting someone else.	
Staying quiet during the assault to avoid others coming to help and being hurt.		Avoiding the perpetrator, leaving the room as they enter.
Refusing to go places with the perpetrator.	Refusing to be in photos with the perpetrator.	Being sarcastic.
Refusing to show affection, for example a child refusing to kiss the perpetrator goodnight.		Sleeping fully clothed to resist sexual abuse.
Keeping secrets from the perpetrator.	'Acting tough' and refusing to show emotional vulnerability.	Calling the police/ talking to others about the abuse.
Doing the opposite of what the perpetrator wants them to do - such as staying in contact with friends or family members.		Hiding and/or stealing food
Refusing to cover up bruises from abuse.	Challenging words that suggest they are jointly responsible for the abuse, such as "we didn't argue, he hit me".	
Using drugs to 'number' emotional and physical pain.	Dissociation.	Stealing items to hide poverty - clothing or Christmas gifts.
Imagining a better life for themselves.	Doing nice things or saying nice things about a perpetrator to keep them calm.	
A child may take their siblings away from the violence to protect them.		

Go to the [Understanding trauma and resistance](#) practice advice topic for more learning about children's resistance.

What if...?

Consider these questions from Dr Shelley Bonnah and Marianne Karlsson. Think about some of the children you work with and challenge yourself to see beyond children's behaviour to understand their acts of resistance.

- What if instead of depressed, she is oppressed?
- What if instead of insomniac, he is wakeful ... listening to ensure that his little brother is safe from harm?
- What if instead of low self-esteem, she has low social-esteem...just like anybody would who felt like everyone around her had turned their backs ... abandoned her...?
- What if instead of having an attachment disorder, he's some kind of attachment specialist? He can figure out quickly who to trust, who's a game-player and who will leave him ... he withholds connection with people accordingly.

(Source: [Children's Responses to Violence, Resisting Misunderstanding](#))[opens in new window](#)

Go to the '[In conversation](#)' page for some ideas in how to use the three houses and a rickety based shed tool to talk to children about resistance.

Seeing an adult's resistance

Many people who experience violence do not show direct and overt forms of resistance. These acts can be dangerous as a person who uses violence might deliberately attempt to stop acts of resistance through further acts of control or violence. For example, if a woman leaves the house to resist violence, the man might take her shoes, car keys, money, bank cards or make threats to harm other family members.

Resistance can be overt or hidden. It can be hard for professionals, including child protection practitioners, to notice a person's resistance to violence or suffering. When acts of resistance are subtle and hard to see, it's more likely the person will be harshly judged, ('she's making a choice to stay with a violent man'), and milder judgement of people who use violence ('he needs help to control his explosive anger').

Reflective prompt

Looking for hidden acts of resistance

While you are reading the following examples of resistance, consider how easy it can be judge someone less when they show obvious forms of resistance. Also think about how you can notice, ask and talk about more subtle acts of resistance, including how you can see a clearer picture of a parent's protectiveness of their children.

Actions you may see from adults experiencing violence or oppression (overt acts of resistance)

- violent resistance, including hitting, kicking, scratching, screaming, swearing and calling the person using violence names
- refusal and non-compliance
- leaving the house when violence escalates
- ending a relationship with violent partners and taking legal action

Actions you might not see (hidden acts of resistance)

Sexual abuse and violence

Acts of resistance	Reflections
Sally stays quiet and does not try to stop Mick from sexually abusing her.	Sally is worried that Mick will sexually abuse her younger sister Katie. Is Sally enduring Mick's violence to protect Katie?
Kaylee goes to a different place in her head when John is sexually assaulting her. She often thinks how much she hates John. Kaylee feels flat, tired and lacks energy.	Kaylee has no control over John's abuse. Is she using the power she does have over her thoughts, feelings and behaviour to preserve her dignity?

Mental health

Acts of resistance	Reflections
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Elsie has had depression for the past 10 years. She has suicidal thoughts and is disconnected from her children and other family members. She only gets professional help when things get really bad.	How can I consider Elsie's depression in the context of her isolation, experiences of childhood abuse and the negative social responses she receives from families and professionals?
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Reluctance to work with services

Acts of resistance	Reflections
Terry and Bron agree to all the case plan tasks. When the caseworker checks in with them she finds that they have not done any of the tasks.	I'm wondering whether Terry and Bron have learned to just agree with bureaucrats and not ask any questions. It's possible they didn't understand why they had to do the tasks but they were scared that if they argued back that they would have Terry Jnr taken away.
Sean responds angrily when caseworkers visit the home. He either refuses to talk to them or screams and yells until they leave.	Sean has had experiences of FACS that has led to feelings and experiences of oppression, stigma and shame. It's possible Sean is resisting this happening again. He is holding onto his dignity in the only way he thinks he can.

Drug or alcohol use

Acts of resistance	Reflections
Tony has been addicted to ice for seven years. He does a good job of caring for the kids sometimes but a lot of the time he is absent in their lives.	Tony has suffered a lot in his life. That pain must be hard to bear. He tells me he started using ice to have fun and escape reality. It's possible he now feels a lot of shame about using which makes him want to escape even more. He told me his kids are better off without him so he stays away.
Neville and June drink alcohol every day to the point where they are unable to take care of their children.	Neville and June are suffering from the pain of relentless racism, colonisation and disconnection from their culture. Is it possible they are drinking to numb this pain?

Neglect

Acts of resistance	Reflections
Sophie brings her four-month-old son, Troy, into bed with her to sleep. Troy screams for hours and it makes Sophie anxious and angry. She takes Valium to help.	Sophie is calming her son down the best way she knows. She wants to cope with parenting. I'm curious about whether Valium helps to silence the distress she feels.
Sarah changes Chloe's nappy every few days even though Chloe has sores on her crotch. If Chloe cries, Sarah ignores it until she stops.	I'm wondering if Sarah finds it hard to think about what Chloe is feeling or needs. Thinking about being a little child might make her terrified because of her own childhood. She could be blocking it out to avoid that pain.

Domestic and family violence

Acts of resistance	Reflections
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Jane crawls into a ball when Peter is assaulting her. She covers her face with her hands.	Jane is protecting her body from injury in the best way she can.
Rhiannon refuses to leave the house when Jack is violent. She resists the caseworker's attempts to support her to seek legal orders or take steps to leave the relationship.	Is Rhiannon is afraid that Jack's violence will escalate if she leaves the home? Is she worried about looking after the kids on her own? Rhiannon has told me she loves Jack; it's possible she is hoping his violence will stop soon.
Dave is physically and emotionally violent to his children and partner.	Dave experienced violence as a child and teenager from his father. When Dave got older he began to resist his father's violence by punching, kicking and at times threatening him with a knife. After Dave did this, the violence lessened and for short periods of time stopped. I'm wondering whether Dave now uses violence as a tool when he feels threatened, uneasy or powerless. Is Dave using violence against his partner and children to keep hold of power and control in his family?

Learn more about tools and techniques for drawing out acts of resistance from children, women and men in the ['in conversation'](#) page of this advice topic. Also read about [Working with women experiencing violence](#) in the Domestic and Family Violence Practice Kit.

Practice prompt

Recognising resistance of men who use violence

Men already know how to be respectful and non-violent. They are capable of reflecting on their actions, their responsibility and the harm they cause. Understanding a man's behaviour through the Dignity Driven Practice lens is an important approach of your casework. This doesn't mean you have to excuse his behaviour but asking about a man's resistance will help you avoid judgement and still show respect, which will inevitably open up the conversation and your understanding.

More information about context will help you steer a man away from tendencies to excuse or reallocate blame for his violent or harmful behaviour. It will also provide you a space where you can start talking about change.

Read more about [working with men](#) in the domestic and family violence practice kit.

Respond to resistance

Positive social responses to children and young people

Children need you to be their ally. They need positive social responses from adults around them. Children construct their identity over time and their sense of self is influenced by how others see and respond to them. This is especially important for children in care – positive social responses to these children can help them understand and rebuild their sense of identity, connection and belonging.

Without positive social responses, children are more likely to suffer in the long-term, have mental health diagnoses and feel sad, alone and suicidal (Bonnah and Richardson, 2015).

Positive social responses to children include:

- taking steps to stop the violence or harm
- making the child feel safe

- keeping children connected to family
- actions that build trust and restore the child's faith in authority figures
- words and actions that show the child they matter
- responses that show the world can be good and safe

You can honour a child's dignity by noticing and building on their strengths, resistance and yearning for happiness and a better life (Bonnah and Richardson, 2015). If their acts of resistance are causing more harm or increasing risk, it is still possible to manage these through positive social responses.

Do not lecture the child about their behaviour even if it is unsafe. Talk to them about how strong they are to stand up to violence, resist oppression or try to protect their siblings but explain your worries and work together to find different ways they can respond and resist safely. Involve parents, carers or other important people in these discussions when you can.

For example:

'Luke, you've told me lots about how you've been hanging out with Kevin in the park and that he's been buying you presents. We've also talked about how he's starting to introduce you to some of his friends and they're asking you to have sex with them.

'You told me on Monday that you don't want to have sex with Kevin's friends, but you want to keep hanging out with Kevin because it feels good to be around someone who is so nice to you, especially when things are so hard at home. Thank you for sharing this with me.

'I'm really worried that you might be hurt by Kevin and his friends. You're so strong in finding other ways of bringing important people in your life, but we need to make sure you stay safe and you have people around you who don't make you feel scared. You deserve this and I know there are people out there who can love and support you.

'Would it be OK for us to talk about how I can help you connect with family or friends who are safe and care about you? Can we also talk about how you can keep yourself safe if you go to the park to see Kevin?'

Read more about [working with young people at risk of sexual exploitation](#) in the 'Child sexual abuse practice kit'. Learn more about [building connections for children through family finding](#) and working with children with a [trauma and resistance](#) lens.

Avoid using language that labels, stigmatises or pathologises a child because of their resistance. Actively work to prevent a child being misdiagnosed with a mental health issue by working collaboratively with other professionals. Learn more in the chapter on [working with children and young people with mental health issues](#) in the 'Mental health practice kit'.

The working with children chapters of the [domestic and family violence](#) and [alcohol and other drugs](#) practice kits will also help you understand children's resistance.

Positive social responses to parents

A positive social response can determine how quickly someone recovers from violence or oppression.

For instance, social responses set the tone for how a person might seek help in the future. A negative social response reinforces messages that people in authority cannot be trusted and that the person should not seek help or support when they are experiencing harm or violence. Negative social responses can also form a person's sense of shame, worth, dignity and identity.

Unhelpful responses to violence can include minimising, concealing or hiding the violence, both through language and actions. If a person who has experienced violence or oppression feels unheard, blamed or shamed, they are more likely to blame themselves for the violence.

You might see unhelpful social responses in your work. This might come from the person's family, community, your own colleagues or other professionals.

Broader structural systems can also create negative social responses. The practice advice on [social justice and human rights](#) guides your dual role of working to keep children safe while also being an ally to families by challenging wider social responses that may be perpetuating oppression, harm and suffering.

Remember every interaction you have with a family is a social response. Helpful social responses to parents experiencing violence or oppression can include simple actions such as:

- taking the time to understand the parent's resistance, including what they might be resisting
- showing empathy, instead of judgement, about any acts of resistance that are causing harm to children, such as drug or alcohol use
- helping the parent move away from feelings of shame or blame by showing them you see their actions as resistance rather than bad, harmful or inappropriate behaviour
- appreciating a parent's efforts and capacity to resist violence and the strength this shows
- choosing words that reveal the violence, including who is causing the harm and who is experiencing the harm
- being respectful and non-judgemental
- being compassionate and showing empathy
- reflecting on how your own privilege, bias and assumptions might influence how you talk and make decisions about the family

Watch

Watch [Cathy Richardson's talk opens in new window](#) on how positive social responses can be a 'recipe for world peace'. Then watch this [role play on Dignity Driven Practice opens in new window](#) to learn ways of asking about and responding to social responses.

Understand how resistance can protect children

Discovering a parent's or child's responses and resistance will help you understand their existing protective acts, capacities, skills, strength of spirit or acts of despair. This will help you complete safety and risk assessments and can also create more specific safety and case plans.

This is powerful work. And it can change the way you make decisions about children, potentially navigating unnecessary and intrusive interventions.

Read the following two conversations between a caseworker and a mother.

Conversation one – a traditional approach

Caseworker: How did you feel when he pushed you to the ground and kicked you?

Mother: Scared.

Caseworker: What were you scared of?

Mother: Getting hurt.

Caseworker: You're scared about what he'll do next?

Mother: Yep, I hate the waiting and not knowing.

Caseworker: How does that make you feel?

Mother: Pretty helpless I guess.

Caseworker: You don't know what to do?

Mother: Well, what am I supposed to do? I've got no one who can help me.

Caseworker: Where were the kids when this happened?

Mother: In their rooms. They kept quiet.

Caseworker: This has happened before?

Mother: Yeah.

Caseworker: And nothing's changing?

Mother: Yeah, it's getting worse. But I won't leave him, if that's what you want.

Caseworker: Let's talk about the safety plan and what needs to happen to keep the kids safe.

Let's reflect on conversation one

Based on this conversation and in the context of a safety assessment, ask yourself:

- What do you know about the mother's experience of violence?
- What information do you know about the children's experience of the violence?
- How would you score dangers in your assessment?
- Would you be able to find any protective abilities in the safety assessment from this information?
- How would you score 'Protective ability 6' from this information? (A parent in the home is willing and able to take action to protect the child from the person causing harm)
- Would you be able to develop a safety plan from this conversation?

Conversation two – a dignity driven practice approach

Caseworker: What did you do when he pushed you to the ground and kicked you?

Mother: I tried to get up and leave the room.

Caseworker: So you were trying to get away from him so you wouldn't be hurt anymore? And what did he do when you tried to leave the room?

Mother: He kicked me again in the stomach and called me a stupid bitch.

Caseworker: What were you doing when he was kicking and swearing at you?

Mother: I stayed really still and said nothing.

Caseworker: What was going on in your mind when you were keeping really still?

Mother: That if I try to make myself small and quiet he might leave me alone. I was also trying to make sure the kids didn't hear.

Caseworker: So not only were you working out a way to stop him hurting you, you were also trying to protect the kids from hearing what was happening. That's a lot to be thinking about.

Mother: I guess so.

Caseworker: What did he do?

Mother: He shoved me away and left the house.

Caseworker: What did you do after he left the house?

Mother: I went to check on the kids.

Caseworker: What were they doing?

Mother: Hiding in the bedroom.

Caseworker: How did they know to hide?

Mother: I've told them what to do if they ever hear yelling. When he's hurt me before, Ella has come out and tried to stop him. I don't want the kids getting hurt by him again.

Caseworker: So you've helped the kids know what to what they can do to keep safe?

Mother: Yes. I know it's not good for them to hear me being hurt; Billy gets so scared that he's having nightmares at night. But I'm doing everything I can to keep them out of the way.

Caseworker: It sounds like you worry a lot about the kids, and you're doing what you can to keep them as safe as possible. You're already doing so much but let's talk about how we can work together on a plan for the next few days that will give you more help to keep yourself and the kids safe if this happens again.

Let's reflect on conversation two

Based on this conversation and in the context of a safety assessment, ask yourself:

- What do you know about the mother's experience of violence?
- What information do you know about the children's experience of the violence?
- How would you score dangers in your assessment?
- Would you be able to find any protective abilities in the safety assessment from this information?
- How would you score 'Protective ability 6' from this information? (A parent in the home is willing and able to take action to protect the child from the person causing harm)
- Would you be able to develop a safety plan from this conversation?

Safety assessment and planning

Your decision about whether a child is safe or not with their family is not only dependent on how you score dangers in the safety assessment but also how you see protective factors.

Remember that if you identify a danger but cannot find protective factors in a family, the children are automatically 'unsafe' as a safety plan cannot be formed.

Think about how you can see a parent's or child's resistance in the context of protective factors. While their current acts of resistance may not be keeping kids safe, think about how you can help the family build on these acts of resistance in order to create safety.

Think about how you can use a child's acts of resistance to develop a safety plan that strengthens what they are already doing to keep themselves safe.

Learn more about safety assessments and planning in the [domestic and family violence](#), [alcohol and other drugs](#), [child sexual assault](#) and [mental health](#) practice kits.

3. In conversation

'Find out how people do nothing in response to violence. You'll then find ways to find a whole bunch of something'.

Cathy Richardson, 2017

Talking to women and men about experiences of violence or oppression

Ask about social material and context

Can you tell me a bit about your family history and what life was like for you growing up?

What kind of role did your mother and father have ...

- in your family?
- in your community?

Was this similar to how other families in your community worked? What was different?

What was it like growing up in your family or community as a:

- female?
- male?
- Aboriginal child?
- child from a different culture?
- person with disability?
- child in care?

What do you think about that now?

What has been tough?

What was good?

Ask about experiences of violence or oppression

Use the person's own words to describe violence or oppression when speaking with them. For example if a man tells you his father 'bashed' him as a child, use that word too.

Can you give me a sense of what happened?

What happened next?

What kind of expression did you have on your face?

What went through your mind when ...?

How did you respond when ...?

What did they do when you ...?

Give positive social responses to the person's acts of resistance

Use their words. For example, where a child says they 'go hide under the blankets' when their mother gets aggressive, ask 'How did you know to go hide under the blankets?'.

How did you know to [act of resistance] ...?

Can you tell the violence is coming before it happens? How do you know this?

It sounds as though you were:

- resisting [his violence]
- trying to stop [the sexual assault]
- trying to reduce [the impact on the children]

What do you think about that?

Where does that resistance come from?

Ask about social responses

Use their words. For example, when a parent says the police 'harass' them, use that same word when speaking with them, such as 'What does it mean to you when the police harass you?'

What kind of responses have you had from:

- professionals?
- police?
- doctors?
- agency staff?
- counsellors?
- FACS?

What kind of responses have you had from family and friends? How have these responses helped (or not helped)?

What did other people do that was helpful?

What did this response mean for you? What were you able to do as others helped?

What did other people do that was not so helpful?

What did you do when other people responded in ways that weren't so helpful?

What was that like for you when [social response] ...?

What did you do when [person] [social response] ...?

Who helps you feel strong and valued?

Who else knows that you have spent all this time trying to keep yourself and your children safe? Who else knows you know how to do this?

How did you manage to find a way to care for yourself and your kids despite other people's [poor behaviour or poor responses]?

It sounds like sometimes there wasn't such a lot of care and respect shown to you. I'm curious, where did you learn so much about care and respect for others?

Watch

Watch this [Dignity Driven Practice role play](#) for ideas for questions you can ask to draw out acts of resistance and give new perspectives to experiences of violence or oppression.

Talking to men about their use of violence

Ask about their social material context

Can you tell me more about what it was like growing up in your family?

Who was in charge of disciplining you as a child and what was that like?

I'm wondering what you remember about your parents relationship? What did this look like?

[If there was violence or abuse] What did you do when this happened? What did it mean for how you felt about your parents?

Who made you feel safe or let you know that this was not ok?

Ask about his use of violence

I know it might be difficult and shameful to talk about what happened last night but in order to understand how this family works, what you hope for and what you worried about, I need to know what happened when you [describe the act of violence]?

What was going through your mind just before you [describe the act of violence]?

What was going through your mind just after you [describe the act of violence]?

Ask about responses to his violence

When you [describe the act of violence] what did the kids/your partner do?

When the kids/your partner [describe the act of resistance] what did you do?

What was going through your mind?

Ask about social responses to his violence

What did the [police, your family, your community] say or do when you [describe the act of violence]?

Go to the [working with men](#) chapter of the domestic and family violence kit for tips on how to guide conversations with a man back to his violence when he is attempting to minimise his violence, shift blame or change the topic. Read more about working with fathers to keep children safe.

Talking to children about resistance

Discover the child's resistance and help them make sense of their experiences:

What did you do when [use child's words] ...?

You said you were really scared. What did you do when you were feeling scared?

What were you showing or trying not to show on your face?

You said you hid because you were scared. Where did you hide?

What did you do once you found a place to hide?

Help the child make sense of their experiences

It's so hard for a kid to try to stop their dad from hurting their mum. You must have been really strong to get dad to play soccer with you when you could tell he was getting angry with mum. Is there anything else you did?

A new way to use the three houses tool – Allan Wade's rickety-based shed

Consider how you can use Allan Wade's adaptation of the three houses tool to use the 'rickety response-based shed' to draw out a child's acts of resistance (Coates, Todd & Wade, 2000)

Explore the child's good things first and then their worries (for example, 'daddy hit mummy'). This will then help you use a response based question, for example, 'when you saw daddy hit mummy what did you do?'

The shed becomes the place for the child's responses and resistance. It reflects what the child already knows, feels, believes, thinks and does. This provides a basis to ask questions and elicit information to drive effective interventions and safety planning.



This graphic depicts the Three Houses and a Rickety Shed tool used by caseworkers when working with children. The first three houses represent good things, hopes and worries. Children are encouraged to write inside each house the different things in their life that fall under these three categories. The fourth house is lopsided, it represents a 'rickety shed' as an analogy for the responses children adopt to manage and resist violence and trauma.

4. Explore and learn

The words we use



- ## Videos about Response Based Practice

- ## Responding to children's resistance

- [Sharmurri means 'strong woman' opens in new window](#)
- [The Mantra opens in new window](#)

Resources for helpers and parents



The Calgary Women's Shelter has produced a range of handbooks for helpers, women and men around domestic and family violence:

- [Respecting & Listening to Victims of Violence](#)[opens in new window](#): [A Handbook for those who are supporting women who have been abused by an intimate partner](#)[opens in new window](#)
- Honouring Resistance: [How Women Resist Abuse in Intimate Relationships](#)[opens in new window](#)
- Choosing to Change: a handbook for men concerned about their abusive behaviours towards those they love

Clinical issues and the Dignity Driven Practice approach

[The domestic and family violence](#), [mental health](#) and [alcohol and other drugs](#) practice kits have all been written through the Dignity Driven Practice lens. Read these practice kits for more learning about how you can work with a family to protect children and honour resistance when a family is experiencing these issues.

5. The evidence

Carriere, J., & **Richardson, C.** (2013). Relationship is everything: Holistic approaches to Aboriginal child and youth mental health. *First Peoples Child & Family Review*, 7(2), 8-26. [\(PDF\)](#)[opens in new window](#)

Carriere, J. & **Richardson, C.** (2009). From longing to belonging: An Indigenous critique of applying attachment theory to work with Indigenous families. In S. McKay, D. Fuchs & I. Brown (Eds.), *Passion for action in child and family services*. Regina, Canada: Canadian Plains Press. [\(PDF\)](#)[opens in new window](#)

Coates, L. (1997). Causal attributions in sexual assault trial judgments. *Journal of Language and Social Psychology*, 16(3), 278-296. [\(PDF\)](#)[opens in new window](#)

Coates, L., Bavelas, J. B., & Gibson, J. (1994). Anomalous language in sexual assault trial judgments. *Discourse & Society*, 5(2), 189-206. [\(PDF\)](#)[opens in new window](#)

Coates, L., & Wade, A. (2007). Language and violence: Analysis of four discursive operations. *Journal of Family Violence*, 22(7), 511-522. [\(PDF\)opens in new window](#)

Haddad, A. (1998). Ethics in action: Maintaining a patient's dignity. *RN*. 61(71). 21-24.

Hanbert, A. (Ed. & Trans.). (2014). *Att tala om motstånd: Från hjälplöst offer till aktivt objekt. Tre artiklar om responsbaserat arbete* [Speaking of resistance: From the helpless victim to the active subject. Three articles on response-based practice]. Gothenburg, Sweden. [\(PDF\)opens in new window](#)

Ney, T., **Richardson, C.**, & Maloney, M. (2015). Family group decision making: Does it engage Indigenous families in child protection? In J. Carriere & S. Strega (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg, Canada: Fernwood. [\(PDF\)opens in new window](#)[\(Web Link\)opens in new window](#)

Kinewesquao [Richardson, C.] (2015). Acknowledging Metis aspirations: Preparing social workers to support Metis families. In J. Carriere & S. Strega (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg, Canada: Fernwood. [\(PDF\)opens in new window](#)[\(Web Link\)opens in new window](#)

Nixon, K. Bonnycastle, C. and Ens, S. (2017) Challenging the notion of failure to protect: exploring the protective strategies of abused mothers living in urban and remote communities and implications for practice, *Child Abuse Review* Vol 26 pp.63-74.

Richardson, C. (2013). *Indigenous women, RCMP and service providers work together for justice: A response-based safety collaboration in the Yukon*. Research to Practice Network. [\(PDF\)opens in new window](#)

Richardson, C. (2012). Witnessing life transitions with ritual and ceremony in family therapy: Three examples from a Metis therapist. *Journal of Systemic Therapies*, 31(3), 68-78. [\(PDF\)opens in new window](#)

Richardson, C. (2009). Metis experiences of social work practice. In J. Carriere & S. Strega (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg, Canada: Fernwood. [\(Web Link\)opens in new window](#)

Richardson, C. (2008). A word is worth a thousand pictures: Working with Aboriginal women who have experienced violence. In L. R. Ross (Ed.), *Feminist counselling: Theories, issues and practice*. Toronto, Canada: Women's Press. [\(Web Link\)opens in new window](#)

Richardson, C. (2006). Metis identity creation and tactical responses to oppression and racism. *Variations*, 2, 56-71. [\(PDF\)opens in new window](#)

Richardson, C. (2005). Cultural stories and the creation of the self. *Relational Child and Youth Care Practice*, 18(1), 55-63. [\(PDF\)opens in new window](#)

Richardson, C. (2002). Embodying both oppressor and oppressed: My perspective as a Metis woman. *International Journal of Narrative Therapy & Community Work*, 2002(1), 83-84. [\(PDF\)opens in new window](#)

Richardson, C. (1999). To all mothers who have lost children--to all children who have lost mothers. In *Working with the stories of women's lives*. Adelaide, Australia: Dulwich.

Richardson, C., & Blanchet-Cohen, N. (2000). Postsecondary education programs for Aboriginal peoples: Achievements and issues. *Canadian Journal of Native Education*, 24(2), 169-184. [\(PDF\)opens in new window](#)

Richardson, C., & Bonnah, S. (2015). Taking children's resistance seriously: A response-based approach to children experiencing violence. In J. Carriere & S. Strega (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg, Canada: Fernwood. [\(PDF\)opens in new window](#)[\(Web Link\)opens in new window](#)

Richardson, C., & Nelson, B. (2007). A change of residence: Government schools and foster homes as sites of forced Aboriginal assimilation. *First Peoples Child & Family Review*, 3(2), 75-83. [\(PDF\)opens in new window](#)

Richardson, C., & Reynolds, V. (2014). Structuring safety in therapeutic work alongside indigenous survivors of residential schools. *Canadian Journal of Native Studies*, 34(2), 147. [\(PDF\)opens in new window](#)

Richardson, C., & Reynolds, V. (2012). Here we are, amazingly alive in the work. *International Journal of Child, Youth, and Family Studies*, 1, 1-19. [\(PDF\)opens in new window](#)

Richardson, C., & Wade, A. (2010). Islands of safety: Restoring dignity in violence prevention work with Indigenous families. *First Peoples Child and Family Review*, 5(1), 137-155. [\(PDF\)opens in new window](#)

Richardson, C., & Wade, A. (2009). Taking resistance seriously: A response-based approach to social work in cases of violence against Indigenous women. In J. Carriere & S. Stregna (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg, Canada: Fernwood. [\(Web Link\)opens in new window](#)

Todd, N. & Wade, A. (2004). Coming to terms with violence and resistance: From a language of effects to a language of responses. In T. Strong & D. Pare (Eds.), *Furthering talk: Advances in the discursive therapies*. New York, NY: Kluwer Academic/Plenum. [\(PDF\)opens in new window](#)

Wade, A. (2007). Despair, resistance, hope. In C. Flaskas, I. McCarthy, & J. Sheehan (Eds.), *Hope and despair in narrative and family therapy: Adversity, Forgiveness and Reconciliation*. New York, NY: Routledge. [\(PDF\)opens in new window](#)

Wade, A. (2002). From a language of effects to responses: Honouring our clients' resistance to violence. *New Therapist*. [\(PDF\)opens in new window](#)

Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23-39. [\(PDF\)opens in new window](#)

Wade, A. (1995). Resistance knowledge: Therapy with Aboriginal persons who have been subjected to violence. In P.H. Stephenson, S. J. Elliot, L.T. Foster, & J. Harris (Eds.), *Persistent spirit: Towards understanding aboriginal health in BC*. Vancouver, Canada: UBC Press. [\(PDF\)opens in new window](#)

Related practice advice, tools and more

- [Social justice and human rights](#)
- [Separation and loss](#)
- [Working with parents with disabilities](#)
- [Talking to children and participation](#)
- [Working with young people](#)
- [Connections and contact for children in care](#)

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Exhibit: National Inquiry into Missing and Murdered Indigenous Women and Girls		
Location/Phase: <u>Parts 213 Winnipeg</u>		
Witness: <u>Allan Wade</u>		
Submitted by: <u>Jennifer Cox</u>		
Add'l info: <u>P02-63 P03 P0501</u>		
Date: <u>OCT 05 2018</u>		
Initials	I/D	Entered
<u>53</u>		<u>57</u>