



**Royal Commission**  
into Family Violence

## **WITNESS STATEMENT OF ANITA MORRIS**

I, Anita Morris, Social Worker and PhD Candidate of [REDACTED], in the State of Victoria, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

### **Current role**

2. I am currently employed as the Allied Health Manager, Social Work and Pastoral Care at Western Health.
3. I make this statement in my capacity as a PhD candidate at the University of Melbourne. My doctoral thesis is currently under examination. The title of my thesis is "Safety and Resilience at Home: Voices of Children from a Primary Care Population" ([REDACTED] Project).
4. The aim of the [REDACTED] Project is to give children living with family violence a voice and determine what professionals and other adults can do to keep children and their mothers safe, to provide support for children affected by family violence and reduce the traumatisation that the service system itself can impose.

### **Background and qualifications**

5. I am a social worker with over 20 years' experience working in health, community and educational settings.
6. Prior to commencing with Western Health in February 2014, I have worked in a range of roles including: senior children's project officer, family violence child-parent counsellor, school counsellor, after hours sexual assault counsellor/advocate, after hours respite worker and hospital social worker. All of these roles have involved working directly with, or designing programs for, children and their families.

7. I hold a Bachelor of Social Work (Honours) from the University of New South Wales and a Master of Social Work from the University of Newcastle. As set out above, I have submitted my PhD thesis and expect to complete in July 2015.

### **Overview of the [REDACTED] Project**

8. Traditionally in health care and other sectors that come into contact with families, family violence has been understood as a women's issue. Policy agendas situate family violence in the broader milieu of 'violence against women' which means that children are often understood as an 'add on'. A response to children in their own right is lacking.
9. The importance of the [REDACTED] Project is that it aims to bring to light the experiences of a group of children whose voices have remained unheard. It provided children and their mothers with an opportunity to talk about children's understandings of safety and resilience in the context of family violence.
10. The [REDACTED] Project involved interviews and focus groups with children and their mothers from a primary care population. 18 mothers and 23 children participated in the study. The children and young people involved in the study were between the ages of 8 and 24 and comprised 15 girls and 8 boys.
11. I recruited participants by sitting in GP clinic waiting rooms and distributing expression of interest forms to women. The expression of interest form included a number of tick box statements including "I have felt afraid of my partner". If the woman answered yes to this question and she had children, I contacted her to explain the project and see if she was interested in participating. I then completed an initial screening safety interview with each mother to identify suitable participants. Participation was voluntary and confidential.
12. I conducted interviews with the mothers and with children aged eight and above. I provided children aged 8-11 with an activity book where they could choose how to communicate by writing or drawing their answers.
13. All the participants had experienced family violence although no children were living with the violent father or step-father at the time of the interviews. However, some of the younger children had regular, usually court-ordered, contact with their biological father. Of the 23 children who participated in the project, 9 children spoke openly about the violence they had experienced, others alluded to things being not quite right

and others didn't speak about the violence at all, although their siblings (who also participated in the project) spoke about violence.

### **Findings of the [REDACTED] Project**

14. As part of my literature review for the [REDACTED] Project, I discovered that there is little in the form of practice guidelines or research evidence for tailored responses in primary care to children experiencing family violence, nor responses that work with mother and child together.
15. A key finding of the [REDACTED] Project is that children lack a voice. They are rarely asked by professionals about their experiences of family violence and have limited input into decisions that affect their actual safety, and their feelings of safety. However, the children who participated in the [REDACTED] Project demonstrated that they had useful knowledge that, if incorporated into the response, could have resulted in better outcomes in terms of actual safety, but, as importantly, would have made the child feel more in control and supported by the system.

### **Implications for practice – how do we ensure children have a voice?**

16. Through my experience working with mothers and their children on the [REDACTED] Project, I observed that the views of children affected by family violence are rarely taken into account. Children feel like they have little control over their lives.
17. In my view, people working with children affected by family violence need to keep the child in mind at all times and to directly ask the child what their views are. This applies at all stages of intervention and response to family violence.

### *Early identification and intervention*

18. It was clear from my research that children whose mothers were experiencing violence knew what was happening. However, the system relies primarily upon disclosure of family violence by the mother. This means that opportunities to identify family violence early through the children are often missed.
19. For example, children in my study spoke of being four or five and hiding in the cupboard and wetting their pants or crawling under a table and holding on to it to avoid going with their father.

20. Children spoke about their younger sibling's awareness of the violence. A young child asked if 'Daddy was gonna push Mummy again', one was scared of blood and one little boy wanted to 'rip his head off' because he didn't like what mum's boyfriend did to her.
21. Where a mother discloses violence, there is also the opportunity to obtain additional information from her children and to engage them in safety planning. My research showed that children as young as five can potentially be engaged in safety planning. That may not necessarily be overt, but a young child can be taught how to call 000, for instance.
22. In my own work as child-parent counsellor with mothers and children who experience family violence, I have sat with the mother and child together and used therapeutic tools such as a safety hand or a safety flower to help them discuss and document who the child trusts to contact if they are feeling unsafe. This may include formal supports such as emergency services, a child counsellor, child protection or Kids Helpline. It is important however, to consider informal supports such as a neighbour, grandparent or family friend. The focus of the intervention is on both the creation of a safety plan for the child and the dialogue between mother and child in communicating about safety.

#### *Crisis response*

23. Children live with the violence, so no matter where they are when a crisis is occurring, they are living in an environment of fear and confusion. The home is not a safe place. In a crisis, children need to know that they, their siblings and their mother will be kept safe and kept together if at all possible. Children also need to know that the perpetrator will be safe, but that he cannot return to the home (if he is removed). Children should be informed about what is occurring and given an opportunity to reflect what they understand and what they need most in a crisis and immediately following.
24. As there are competing needs and priorities in a crisis, it is important to recognise that the child is also a victim and requires their own crisis response. Children in the study and in my clinical work were fearful of the perpetrator returning to the home following the violent incident. They talked of hiding in their bedrooms with their siblings.

25. Children in my study spoke of being removed from their mother by the Department of Health and Human Services (**DHHS**) following a violent incident. For example, two siblings were separated and spent two nights away from each other and their mother. This was a traumatising experience for both of them. Several years later, both were initially reluctant to participate in my study due to the fear that DHHS may remove them from their mother if they spoke about the violence.
26. From my study, it was clear that attempts were made by DHHS to understand if mothers were acting protectively and parenting appropriately following violent incidents. This was experienced as re-traumatising as mothers felt like they were being judged and monitored. It did not appear that DHHS were investigating and monitoring the father's parenting to the same extent in the period following his removal from the home. Children need to know that their father is being held accountable for his violence and that his violence and his parenting are being investigated.

*Post separation*

27. Children have a right to have a say about matters that affect them. Therefore, it is essential to include children in decision-making processes about parenting plans and orders. Agencies should consider revising policies, procedures and practices that may prevent children from having a say and develop a stance that all children be involved in these processes in age-appropriate ways.
28. Adults have a responsibility to care and protect children by listening to their views and really understanding the child's perspective and context when making decisions about family relationships. Information sharing needs to be a two-way process. As well as seeking a child's viewpoint, adults need to inform the child about the process and explain adult responsibility for decision-making. For example, a child needs to know why they are unable to spend time with an unsafe parent, despite their wish to do so.
29. The quality of the child's relationship with each parent is more important than the time spent. The child needs to know that a safe parent keeps them in mind and can consider their physical and emotional wellbeing. A couple of young people in the study said that they were able to maintain safe, distant relationships with their father. Other young people described the relationship waning over time despite regular

court-ordered contact when they were younger, and yet others wanted nothing to do with their father.

30. Some younger children did not feel safe when they spent regular time with their father. A child in my study said she felt shy on the day she goes to her father's home for a weekend stay and that her father said she was 'here for him' when she said she wanted to go home. Another said that she couldn't tell her father that she felt scared about some of the arrangements he has made when she goes to his home '...in case he gets mad at me'. Both of these young girls were under court orders to spend time with their father. 'In case he gets mad at me' was a real fear expressed by two young girls in my study who had witnessed violence firsthand when their father 'got mad' at their mother. Some mothers reported children's fears, bed-wetting, co-sleeping and changes in personality when young children spent time with their father.
31. The Family Court process is complex and can be experienced as re-traumatising for families who experience family violence. Children will express wishes of wanting to see and spend time with both parents for many reasons, some of which include: love, loyalty, equity, obligation, fear, worry and/or to be with siblings. However, children have needs that adults must prioritise when making decisions about parenting. First and foremost, children have a need for safety. Asking children about their safety in each of the places they attend or reside and with each of the people they spend time is paramount. Children must be given space and time to speak freely about these things independently of their parents.
32. Parents may not know whether their child is safe in all of the places children attend. Different children in my study spoke of bullying at school, violence in their own adolescent intimate relationships, violence perpetrated by their fathers and violence perpetrated by a father's partner or his partner's children (copying what they had seen him do to their own mother). One young boy said that a child should be asked about safety in all of the places they attend: 'Are you safe at home and at school and that...and at Dad's?'
33. Children need to feel that they can be safe in these different contexts or if not, that adults will help them to negotiate their safety, or negotiate it on their behalf. Mediation agencies and the Family Court must ensure a flexible approach to parenting plans and orders so that arrangements can be reviewed regularly to meet the needs of the child. Working with services that support children post-separation such as

counsellors, schools, GPs, childcare and family services may be a way to ensure that children have an avenue to report whether they are feeling safe.



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Anita Morris

Dated: 5<sup>th</sup> July, 2015