ATTACHMENT FM-4

This is the attachment marked "**FM-4**" referred to in the witness statement of Fiona Margaret McCormack dated 29 July 2015.

Domestic Violence Victoria

Peak body for domestic violence services for women & children

Working with children and young people experiencing family violence: Thinking about the most vulnerable person in the room

Domestic Violence Victoria Submission to the Victorian Royal Commission into Family Violence

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Acknowledgements

DV Vic would like to acknowledge the many women in Victoria who have experienced family violence, and whose courage and determination should be honoured. Enhancing the rights of these women and their children is at the heart of DV Vic's advocacy for an effective family violence system. DV Vic would also like to acknowledge the work of specialist family violence practitioners, and our members in particular. DV Vic members have been extremely generous in sharing their vast experience and thoughtful insights, all of which have informed our submissions and recommendations.

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About Domestic Violence Victoria (DV Vic)

As the peak body for family violence services in Victoria, DV Vic has a broad membership of over 60 state-wide and regional family violence agencies across Victoria, which provide a variety of responses to women and children who have experienced family violence, including every specialist family violence service in Victoria, community and women's health agencies, some Local Governments and other community service agencies. DV Vic has held a central position in the Victorian integrated family violence system and its governance structures.

Since our establishment in 2002, DV Vic has been a leader in driving innovative policy to strengthen sectoral and system responses to family violence as well as building workforce capacity and representing the family violence sector at all levels of government. DV Vic provides policy advice and advocacy to the Victorian Government about family violence prevention and response. DV Vic also plays a coordinating role in Victoria's work to prevent violence against women, particularly in our work with the media, through the former EVA media awards and the development of a framework for improving the quality and accuracy of reporting on violence against women.

DV Vic represents the Victorian family violence sector on the current Ministerial Advisory Group on Family Violence and the Statewide Violence against Women and Children Forum; and has sat on numerous other advisory mechanisms with oversight of responses to family violence, violence against women, homelessness and community services of the state and federal governments over the past ten years.

List of Recommendations

Recommendation 1

That the family violence system is funded through a designated, guaranteed, recurrent Commonwealth Prevention of Violence against Women budget stream. The funding must reflect the level of demand across the system from crisis responses, early intervention, post-crisis recovery and primary prevention. Funding for family violence should be protected in legislation from changing governments and policy agendas at commonwealth and state levels.

Recommendation 2

That the Royal Commission commissions modelling to determine a recurrent budget for family violence services that appropriately reflects demands and outputs of service delivery, and additional funding associated with building and retaining the family violence workforce.

Recommendation 3

That, recognising that family violence services have the specialist skills to provide risk assessment, support and advocacy for children and families experiencing family violence, they should be funded to provide children-specific support services.

Recommendation 4

That children and young people experiencing family violence are victims in their own right and as such, they should routinely receive individual risk assessments, safety planning and specialist support and services.

Recommendation 5

That data collection systems are developed across the family violence sector to record children and young people as service clients in their own right.

Recommendation 6

That a child specialist is embedded in all family violence services to provide individual counselling for children and young people to work with family violence workers to address mother-child relationships.

Recommendation 7

That the placement of specialist family violence workers in child protection services to improve responses and system integration is supported by comprehensive training across the agency to build shared understanding and practice.

Recommendation 8

That the Victorian Government support the recommencement of the process to develop regional children's protocols and partnerships between family violence services, Child FIRST and Child Protection services.

Recommendation 9

That the potential for family services to play a role in monitoring and case managing perpetrators of violence through Child First agencies is investigated.

Recommendation 10

That the critical role of police in providing first contact and referral for children and young people in family violence incidents is appropriately reflected in their training, which should include comprehensive Family Violence Risk Assessment and Management Framework (CRAF) training, and ongoing professional development.

Recommendation 11

That the Victorian Government undertakes a comprehensive review of the Family Violence Risk Assessment and Risk Management Framework (CRAF) to include: mapping current use; addressing content gaps and providing additional guidance, including assessment of children and young people; and establishment of an effective authorising environment to support consistent implementation.

Recommendation 12

That the single-entry point assessment model, in which specialist family violence services, Victoria Police, Child FIRST and Child Protection services hold regular rapid risk screening (triage) of all police referrals for children via L17 forms, is initially piloted in selected sites, to be implemented across the state following evaluation.

Recommendation 13

That the family violence system is funded to provide a range of refuge accommodation models suited to a range of family configurations as well as age-related, cultural and religious and disability needs.

Recommendation 14

That children and young people experiencing family violence living in crisis accommodation have access to age appropriate specialist support services, including educational supports to minimise disruption to schooling.

Recommendation 15

That Victorian Government amends section 327 of the Crimes Act 1958 as follows: Failure by a person in authority to disclose a sexual offence committed against a child under the age of 16. ...a person of or over the age of 18 years (whether in Victoria or elsewhere) *in authority in a relevant organisation* who has information that leads the person to form a reasonable belief that a sexual offence has been committed in Victoria against a child under the age of 16 years by another person of or over the age of 18 years must disclose that information to a member of the police force of Victoria as soon as it is practicable to do so, unless the person has a reasonable excuse for not doing so.

Recommendation 16

That the family violence system provides dedicated age appropriate services for young people.

Recommendation 17

That support services for children and young people, including specialist counselling, are available through crisis and post-crisis recovery, in recognition that the effects of family violence on children can be long-term and emerge at different points in the life cycle.

Recommendation 18

That a formal process is developed that gives legislative authority for agencies across the family violence sector to be included in the assessment of risk and parenting capacity of fathers who are perpetrators of family violence to inform ongoing contact and parenting arrangements.

Recommendation 19

That the Royal Commission considers how to improve the legal system for victims of family violence where family law outcomes can adversely affect children experiencing family violence, including the option of legislating to exclude certain perpetrators of family violence from shared parenting arrangement and ongoing contact with their children.

Recommendation 20

That a statewide strategic framework is developed to support early intervention, including work with children and young people, across the family violence system that includes piloting test projects across the state in a range of different sites, with Regional Integration Committees resourced to provide oversight for project implementation.

Recommendation 21

That an implementation strategy for early intervention includes building capacity in gender literacy and the social model of health across the family violence sector, and relevant government departments.

Recommendation 22

That the Common Risk Assessment and Risk Management Framework (CRAF) is revised to explicitly strengthen early intervention capacity to ensure a coordinated and consistent response across multiple agencies, including schools, child care facilities and other universal service settings.

Recommendation 23

That opportunities are identified to co-locate family violence and universal services and to embed specialist family violence workers within other agencies to strengthen early intervention, including working specifically with children and young people.

Introduction

"We need people on the ground helping workers to think about the most vulnerable person in the room, the child." (Family violence worker)

Family violence has a devastating impact on children's development. An extensive body of research now clearly demonstrates the co-occurrence of family violence and child abuse and the impacts of violence on the developmental needs and safety of children and young people. All children and young people who experience family violence are affected by it in some way and the effects compound with each experience. Childhood experiences of family violence present a clear and serious risk to the safety and wellbeing of children of all ages.

The vast majority of incidents are known to take place in the home, an environment in which children should expect to feel safe but instead can experience significant trauma. Women with children are known to be three times more likely to experience violence than women without children (Humphreys 2007; Buchanan Wendt & Moulding 2015). Children are living in most homes where family violence is present, with 61 per cent of women having children in their care when the violence occurred and 48 per cent of those children having witnessed the violence (ABS 2012).

However, the statistics on family violence greatly underestimate community prevalence and therefore the numbers of children and young people who experience it. There is no single source of national or state level data collected on children and young people impacted by family violence. This means that measuring the extent to which Victorian children are impacted by violence is extremely difficult. Police and child protection data paints a limited picture of the problem, and children who have no contact with agencies are rendered effectively invisible.

When children have experienced family violence they require immediate responses to establish safety and stability as well as long term trauma-informed and therapeutic support to enable their recovery. The family violence service system plays an integral role – along with statutory and other community-based bodies – in the state's response to protecting children traumatised by family violence. However, despite the improved legal protections for children and greater understanding of the intergenerational harms caused by childhood exposure to violence, their needs often go unmet. This is largely a result of the failure of agencies to recognise family violence and provide appropriate responses, systemic gaps in responses to children and young people, and the limited capacity of the family violence system to respond to children and young people, due to extreme demand and endemic under-funding.

This submission addresses the needs of children and young people experiencing family violence and the current lack of capacity within the current system to meets these needs and makes recommendations to strengthen system responses. It is based on consultations with DV Vic member organisations, including focus groups with service providers and key stakeholders. This submission argues that the prevalence of family violence and its serious and long-term effects on children who experience it makes it critical that children and young people are considered as victims in their own right and that an integrated family violence system must provide age-appropriate and dedicated services to meet this need.

This submission does not specifically address the complex needs and additional requirements of children and young people from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse (CALD) communities, gay, lesbian, bisexual, transgender and intersex communities, and those with disabilities. DV Vic recognises that children and young people from these groups need services that are sensitive, appropriate and

funded to respond to their specific circumstances. We refer the Royal Commission to the submissions made by specialist organisations such as the Aboriginal Family Violence Prevention and Legal Services (AFVPLS); InTouch Multicultural Centre Against Family Violence, Women with Disabilities Victoria (WDV) and the Youth Affairs Council of Victoria (YACVic).

Additionally, DV Vic argues that a fully integrated and effective family violence system must be appropriately funded to address the national pandemic of family violence. We set out our position for stable and appropriate funding through a dedicated, guaranteed budget stream for family violence in our submission to the Royal Commission, *"Specialist Family Violence Services: The Heart of an Effective System"*, which argues that family violence services, and the system broadly, have never been funded appropriately. Governments, state and federal, have never responded to the changing understanding of family violence, including the impacts on children and young people. As a consequence, services are unable to meet the growing demand, the system is suffocating with bottlenecks, and agencies are trapped in a continuous cycle of competing for inadequate, short-term, programmatic funding. This creates insurmountable barriers for information and data sharing, lack of capacity across services and a family violence system that is unable to effectively perform its critical role: protecting the safety and wellbeing of women and children affected by family violence and supporting them to create lives free from violence.

Recommendation 1

That the family violence system is funded through a designated, guaranteed, recurrent Commonwealth Prevention of Violence against Women budget stream. The funding must reflect the level of demand across the system from crisis responses, early intervention, post-crisis recovery and primary prevention. Funding for family violence should protected in legislation from changing governments and policy agendas at commonwealth and state levels.

Recommendation 2

That the Royal Commission commissions modelling to determine a recurrent budget for family violence services that appropriately reflects demands and outputs of service delivery, and additional funding associated with building and retaining the family violence workforce.

Part 1: The impact of family violence on children and young people

It is now well established that children do not have to directly witness or be subject to violence in order to be affected and that this experience of violence is associated with numerous adverse outcomes for children (Campo et al 2014; Richards 2011). The serious impacts felt by children may be psychological, behavioural, social, developmental and emotional, and the effects compound with each experience of violence to form what has been recognised as 'cumulative harm'. A child can be as seriously harmed by the cumulative impact of less severe risk factors and incidents as by a single severe episode of harm (DHS 2013).

1.1 Physical and mental health effects

Children who are exposed to family violence experience higher rates of anxiety and depression, behavioural issues, learning difficulties, trauma symptoms and attachment problems (Morris et al 2011). It can have a negative impact on a child's neural, cognitive and psychosocial development and on the incidence of conduct disorders, chronic fear responses and social problems (Clarke & Wydall 2015; Tomison 2000; Jaffe et al 2014). In addition, exposure to family violence has also been linked to physical health problems with children who have experienced family violence found to have more a diverse set of recurrent somatic health complaints, more negative health outcomes and more frequent presentations to health services. This is the case even if the violence occurred prior to birth with evidence pointing to damage to brain development in utero (Rivara et al 2007; Grip et al 2014). Furthermore, there is evidence that children and their mothers experience adverse consequences when the mother-child relationship is undermined, a common tactic of abuse in family violence.

Young people who have experienced family violence are at increased risk of depression, suicidal ideation and eating disorders. They are more likely to engage in risk taking behaviour, substance abuse and antisocial or violent behaviours than their counterparts who have not experienced violence in the home. Further, family violence is known to disrupt school attendance, student's engagement with school and their overall level of educational attainment (Flood & Fergus 2008; DHS 2013).

1.2 The link between family violence and child abuse

There is a growing body of evidence that childhood victimisation experiences are interrelated, finding that different types of violence often occur simultaneously in the same family, with the presence of one form of violence a strong predictor of the other (Price-Robertson et al 2013). There is a pervasive link between the incidence of family violence and child abuse, particularly child sexual abuse (George & Harris 2014). Children who live in households where there is family violence are considered more likely to suffer physical abuse or neglect than children who do not encounter such violence (Clarke & Wydall 2015), indicating the need to check for family violence whenever an investigation of child abuse is conducted (Tomison 2000). The need to address this situation is critical, not only for the many children at risk, but also for the significant financial costs to the community. The Australian Institute of Family Studies estimates child abuse and neglect cost the Victorian community $736 million in 2012-2013.

As discussed in Section 2.2, the link between child abuse and family violence can be complex and requires specialised and highly sensitive intervention. Without effective collaboration between child protection and specialist

family violence workers in risk assessment and management outcomes which is focused on children's best interests, further trauma can result.

1.3 Intergenerational effects

The intergenerational effects of family violence are significant with evidence that children and young people who experience family violence can have a high risk of perpetrating violence and are more likely to tolerate violence in their own relationships (Flood & Fergus 2008; Richards 2011). However, it important to note that the majority of children exposed to domestic violence do not become either perpetrators or victims of domestic violence in their adult relationships (Humphreys & Mullender 2000). Given that adult relationships are shaped by the norms and practices taken on in adolescence (National Crime Prevention 2001), the trend identified in male respondents aged between 16 and 20 years of age in the latest *National Community Attitudes Survey* reinforces this concern. The survey found that this group had a lower level of understanding of violence against women and were more likely to express violence-supportive attitudes compared with older respondents (VicHealth 2014). This highlights the need to address effects of family violence on children and young people early.

1.4 Adolescent use of violence

It has been identified that an emerging issue is the increasing number of police call outs for adolescents using violence against a family member in their home, with over 6,000 family violence reports made by parents against their children last year. This represents an increase of almost 50 percent in the last three years (Bucci 2015). Notably, 50 percent of young people who commit violence are known to have previously witnessed family violence or experienced child abuse in their earlier years, with the victims overwhelmingly women, particularly single mothers (Horsburgh 2013). Given that family violence services are oriented towards adult partner violence they often cannot provide an appropriate response to this violence. Similarly, existing police protocols and legal processes do not address this situation (Horsburgh 2013).

1.5 Homelessness

Family violence is the main driver of women and children's homelessness in Australia. Women and children are often further traumatised when they are forced to leave their homes as a result of violence. The adverse effects are physical, emotional, psychological and economic. For women with children these decisions may be more complex, with changes having to be made to school and childcare arrangements and loss of connection to local community and support networks. Disruption to education due to frequent movement is one factor in poor educational outcomes of children who have experienced family violence. Balancing the level of disruption to their children's lives can sometimes result in women staying in violent situations.

Family violence and child abuse are known to be the major causes of homelessness for young people. There is also a strong link between early experiences of family violence and later homelessness (Flatau et al 2015; AHRC; Scutella et al 2014). In 2012-13, 3,594 children under 14 years of age who accessed homelessness services identified family violence identified as the cause (AIHW 2015). A large proportion of young people accessing homelessness services had previously come to the attention of child protection services and had been in out-of-home care prior to turning 18, as a result of violence and abuse within the family (Flatau et al 2015). Further, the longer young people have spent in out-of-home-care the longer the duration of homelessness across their lives (Scutella et al 2014).

Where young people are part of the family unit fleeing family violence, services struggle to provide appropriate housing options. This is a particular problem for families with adolescent male children seeking crisis accommodation who are excluded from communal refuges. Young people often seek support from homeless services or the youth sector, but these services do not offer specialist family violence support (Flatau et al 2015). This means that in the current system, there are no specialist services to support young people to address the impacts of family violence in their family home or in their own intimate relationships.

Part 2: Crisis Responses: Strengthening agency responses to children and young people experiencing family violence

There is overwhelming evidence that the effective protection of children relies on interagency cooperation at all levels (Higgins & Katz 2008). A significant finding from serious case reviews, conducted after children have been injured or killed (McDougall & Gibson 2014) is that no single agency had a complete picture of the family or the risk factors, with serious consequences arising from a failure to share relevant information between services (McDougall & Gibson 2014). However, there are difficulties in conducting risk assessments when family violence is present, as both the family violence and child abuse areas, with their unique histories, have developed different risk assessment tools. This is particularly problematic when there is both an adult victim and a child victim. Risk assessment tools cannot be conflated to tackle the range of risks across age groups and roles. This is accentuated when the family violence constitutes an attack on the mother-child relationship and the risks are located in the perpetrator's undermining of this relationship (Stanley & Humphreys 2014).

While family violence services do endeavour to engage with children where possible and there are a number of innovative programs being run across the state, the majority of family violence services are currently only able to provide a crisis response and meet immediate needs and lack the capacity to respond separately to the needs of individual children and young people. Overrun services acknowledge that at the point of intake they aren't capturing information about the child's needs as there is no 'follow up' and the services themselves are not set up to provide individual case management to each child.

As a result, significant numbers of children and adolescents are not receiving the support that they need. Practitioners working with women who have children need specific training to develop skills around child-centred responses. Whilst it is recognised that services should be more 'child-aware' not all workers can become child specialists or have expertise in working with children. On the other hand, given the numbers of children in vulnerable families who are regularly presenting, all staff need to have a basic level of competency and to be 'child aware' as the *National Framework for Protecting Australia's Children* outlines.

The various approaches and legislative and professional frameworks of family violence services, child protection services and family law systems are in conflict. It is these conflicts which can result in mothers being blamed for failing to protect their children and demands made for women to end relationships. There is a lack of recognition that violence continues throughout separation and post-separation, perpetrators aren't held accountable for their use of violence, and women and children's safety is compromised by court ordered parenting and access arrangements (Humphreys 1999). DV Vic's focus group discussions reported particular concerns about the perception held by women that child protection services adopt an inherently punitive approach to mothers and are seen to be seeking to take away their children. Child protection services have been seen to be intensely scrutinising and monitoring of the mother's parenting. These findings align with other studies which have looked at the difficulties, disadvantage and danger women and children face in the aftermath of violent relationships (Alaggia et al 2013; Morris 2015). A significant challenge faced across sectors is how services can meet the needs of vulnerable families without statutory intervention becoming the main gateway to services. The following section discusses these issues in greater detail.

2.1 Family violence services

Specialist women and children's family violence services have traditionally had a focus on working with children through providing safety support for their mother. More recently children's independent needs have been better recognised, however the response to children as victims in their own right remains limited, inconsistent or in some cases non-existent (Morris 2015). The need to provide specialised support services for children and young people has long been recognised by specialist family violence services, but the history of endemic under-funding has meant that this service gap has never been able to be addressed in a coherent and systematic way.

Specialist family violence services work within a framework of practice informed by knowledge and expertise in family violence risk assessment and safety planning, women's agency and a gendered perspective on violence, having developed with a particular focus on the values of self-determination and empowerment for women experiencing family violence.[1] Traditionally, specialist family violence service responses have focused on the woman's needs, whilst her children have been 'managed' as part of that response (Morris et al 2011). Family violence services can find it hard to distinguish between the needs of children and the mother, assuming that mother safety is a guarantee of child safety (Stanley & Humphreys 2014). However, the needs of mothers and their children do not always coincide and there is a need to consider children as clients in their own right and not as an 'add-on' to their mothers in order for their needs to be met and their safety achieved (Humphreys & Adler 2011).

While there are a number of group and individual programs for children in place across the family violence service system, these programs tend to be very limited in capacity, time and contingent on insecure funding. Generally, family violence services are not funded for individual case management, counselling and advocacy for children and young people and consequently, the system is inadequate to meet their demands. Coupled with chronic demand pressures on the family violence system, this has long been recognised as a barrier to responding to the crisis and ongoing therapeutic needs of children, particularly to provide children's specialist workers to meet the growing numbers of children needing support.

The current funding model for family violence services based on the prevention of homelessness rather than comprehensive family violence support services ensures that children are not considered as service clients in their own right. As detailed in DV Vic's submission on Specialist Family Violence Services, the data system for family violence services, The Specialist Homelessness Information Platform (SHIP), does not reflect the actual services provided. As a basis for funding service agreements, these data tell us even less about the needs of children. The data quantify children as 'add-ons' to their mothers but do not capture their individual support and counselling needs, rendering them invisible in case for funding children-specific services.

The significant gap in specialist services for children and young people experiencing family violence is acknowledged across the sector. Specialist family violence services consulted for this submission recognise the importance of working with children in the immediate crisis period and in recovery. Services are attempting to address this need in a variety of ways, including stretching limited resources to create dedicated (though usually very part-time positions), developing innovative projects which are funded through one-off government and philanthropic grants, and developing collaborative partnerships with local government and other organisations. Most services are offering some form of group or individual support for children, but limited funding means that these services are usually run by staff who do not have specialist training to work and involve minimal, time-limited contact. They reported that it is commonplace that short-term projects to work with children do not receive ongoing funding at the completion of

[1] See DV Vic Specialist Family Violence Services: The Heart of an Effective System, Submission to the Royal Commission into Family Violence

the project or that part-time positions for children's workers are the first to go when budgets are tightened and when meeting the crisis needs of families is their first priority.

In addition to concerns about providing adequate support for children, DV Vic member agencies identified a lack of specialised skills to provide therapeutic care for children within services. Common themes in DV Vic's consultations include that their services are commonly time-poor, women-focused and most often work with women when children are at school. However, they also indicated that it is not unusual for family violence workers to report feeling uncomfortable and hesitant about talking with children in case they 'say the wrong thing and make matters worse', or that the child may reveal a level of trauma requiring intensive therapeutic support that is not available. Others expressed concerns that some workers were too ready to engage with children without appropriate training and skills development. They report that recognising the signs of trauma exhibited by children in their services but being unable to provide the necessary specialist support either through referral or in service is very stressful and emotionally demanding, increasing their own risk of vicarious trauma.

All of these services recognise the limitations of the services they are currently providing for children. Further, because of the ad hoc and localised response to service provision, approaches to working with children experiencing family violence are inconsistent and patchy across the state, with little opportunity to build evidence-based best practice. All services want to be able to provide support for children and young people that is ongoing, consistent, specialised and can be accessed as needed at different stages of the child's development.

Our consultations clearly identified the urgent need for the involvement of child specialists in family violence services to provide therapeutic care, to address the children's independent and individual needs, and to act as advocates to represent the best interests of children and young people across the system. Tailored interventions and long term support for children and mother-child interventions are critically needed (Morris 2015). When a family violence service, as the first response, lacks the capacity to provide therapeutic care and support for the children and young people, the effects of their trauma are compounded with every future service that fails to identify and respond appropriately to the impacts of family violence.

Family violence services have the specialist expertise and practice framework in family violence to understand and work with a woman to strengthen their ability to make safe parenting decisions. In particular they understand how the perpetrator's attempts to damage women's self-esteem and undermine women's parenting role is often a major barrier to leaving a violent relationship but also a common reason for women returning (Zanettino & McLaren 2014). While specialist family violence workers can do additional training to work with children, there is a real need to develop capacity and provide professional development across the family violence workforce.

Collaborative work between family violence workers and child specialists would enable the most effective response to both women and children in the crisis phase, when there is an opportunity to address the individual needs and strengthen the relationship between mother and child. Embedding children's specialists in family violence services, including outreach services, is one option to build capacity in the specialist family violence workforce through the transfer of knowledge and practice skills and as a resource to colleagues as well as to make the impact of family violence on children and their support needs visible and immediate.

Recommendation 3
That, recognising that family violence services have the specialist skills to provide risk assessment, support and advocacy for children and families experiencing family violence, they should be funded to provide children-specific support services.

Recommendation 4
That children and young people experiencing family violence are victims in their own right and as such, they should routinely receive individual risk assessments, safety planning and specialist support and services.

Recommendation 5
That data collection systems are developed across the family violence sector to record children and young people as service clients in their own right.

Recommendation 6
That a child specialist is embedded in all family violence services to provide individual counselling for children and young people to work with family violence workers to address mother-child relationships.

2.2 Challenges to effective collaboration across sectors

Working effectively with children experiencing family violence requires an integrated approach across the system. Different practice approaches across service systems can impact on the responses provided to children, creating challenges for collaboration between service systems and frequently resulting in poorer outcomes for everyone. Different and sometimes competing practice frameworks often result in different assessments and conclusions about the problem and the response. As Stanley and Humphrey (2014:80) note, "… [t]he extent to which different organisations draw on differently constructed and constituted forms of information is often under-recognised in practice." In the context of family violence, risk assessment is central to specialist services' practice. Agencies' differential interpretations and responses to risk in the context of family violence are the major barrier to inter-agency collaboration and effective service response to children.

The primary focus of risk assessment for family violence services is to secure the woman's safety. Police, on the other hand, have focused their risk assessment on the danger posed by the perpetrator, the vulnerability and safety of the woman and children and the risk to themselves as first responders. Child protection services' sole concern is for the child (Stanley & Humphreys 2014). Furthermore, the same risk factors may be interpreted differently by each service. For example, one important difference relates to 'separation', which is treated as a heightened risk for police and family violence services but paradoxically is often seen as the goal of intervention in child protection (Stanley et al 2011). It is well known that separation in itself is a risk factor and a time of extreme danger, with women particularly at risk at the time of separating and within the first two months (DHS 2012).

2.3 Child Protection services and family violence

Despite the wealth of evidence on the link between family violence and child abuse, DV Vic frequently hears anecdotal evidence of a distinct disconnection between child protection and family violence systems. The

historically divergent philosophical and practice responses of the family violence and child protection sectors have developed quite independently of each other resulting in significant barriers for collaboration. The child protection system is statutory, child-focused and involuntary and family violence services are woman-centred and voluntary. Over time these different practice frameworks have created a tension characterised by distrust, poor communication and poor collaboration that can undermine what should be the mutual goal of meeting both mother and children's safety and wellbeing.

The legislation under which the Child Protection Unit operates, the *Children Youth & Family Act 2005*, requires that "a child is only to be removed from the care of their parent if there is an unacceptable risk of harm to the child". Current child protection practice guidelines (*The Best Interests Case Practice Model*) state that the child's safety and wellbeing are paramount and in cases where family violence is present, that children and women are to be supported and linked with the services to facilitate recovery, and that every effort should be made to "enhance the mother's capacity to protect her child". If the mother is judged unable to provide 'sufficient' protection from 'significant' harm child protection guidelines provide for intervention and potential removal of the child.

In practice, it is commonly assumed by child protection practitioners that this means a woman will end her relationship, not contact with the abusive parent if an intervention order is in place and engage with family violence services. This assumption means that mothers are routinely viewed as failing to protect their child if they do not behave accordingly. In child protection services, where family violence is present, attention to the woman as victim is largely overridden by assessment of her as a parent. Effectively, the mother is held solely responsible for protecting her child from the violence perpetrated on *her* and failure to do so, in the child protection framework, can result in the child being removed from her care. While the complexity of this situation is not be underestimated, the results of this practice, including using removal of children to compel women to leave, even move interstate, adds to the trauma experienced by women and their children (Alaggia et al 2013). It also highlights the pervasiveness of mother-blame trends within the child protection system and practice.

The numerous serious barriers that prevent women from leaving abusive relationships are well documented. They include fear for their safety, lack of housing options, financial and emotional dependence, cultural and religious prohibitions regarding separation and divorce, problematic custody and access orders, precarious immigration status and fear of deportation, safety threats and increased violence post-separation (Alaggia *et al*. 2009; Humphreys & Absler 2011; Stanley *et al*. 2011). Additionally, in some cases a mother may see staying as being the safer option both for herself and her children (Clarke & Wydall 2015). Despite these often insurmountable obstacles, mothers are held responsible for continued child exposure to family violence if they stay with their partners (Alaggia et al 2013).

Another common assumption made within child protection practice is that the child is safe if the perpetrator is removed from the home. This doesn't account for the increased risk of escalating violence and homicide to women and children at separation (Cleak, Schofield & Bickerdike 2014). Nor does it address the ongoing pattern of continued abuse post-separation that is also frequently experienced by mothers and their children (Mandel 2013). Despite this evidence, it was reported in DV Vic's consultation with service providers that child protection workers continue to put pressure on women to leave, mothers regularly being 'blackmailed' to enter refuges or face the removal of their children. In spite of regular reviews of this practice, the approach of child protection remains steadfastly fixed on mothers even when the initial report is around the woman's own victimisation as much as their children's (Alaggia et al 2013). Additionally, DV Vic members reported cases in which children removed from their mother's care are being placed with the perpetrator's parents or other extended members of his family. This not only results in unequal access for the abusive parent and the protective parent but also perpetuates the

traumatization of the woman by the perpetrator in granting him greater power and control over her and her children.

Current practice within child protection indicates that the lack of understanding of the dynamics and nature of family violence can limit workers' ability to respond effectively where family violence is present. Child protection is often considered to be too often only about mothers with limited if any engagement with fathers (Stanley & Humphreys 2014). In addition to placing inappropriate duress on women at times, this limits the ability of child protection workers to fully assess the emotional harm to the child, as they are reliant on case notes and various secondary sources such as medical records or school reports. This can result in inappropriate assessments where family violence is present, poor referral pathways and damaging interactions with services that can result in women and their children staying in violent situations and not disclosing to another agency.

2.3.1 Engaging with perpetrators of abuse

It has been suggested that child protection practitioners should shift their focus to work with perpetrators from the investigation stage through to their engagement with follow-up services. This would enable them to conduct full risk assessment and enable them to make informed recommendations on child access visits and parenting arrangements (Alaggia et al 2013). The failure of child protection systems to respond appropriately to family violence is comprehensively addressed by US based domestic violence specialist, David Mandel. He describes current practice as placing the burden for child safety exclusively on the shoulders of the non-offending parent, ignoring the perpetrator and thereby increasing the danger of this situation (Mandel 2013). It forces women to make the invidious choice between increased risk of harm from the perpetrator and major life disruption or having their children removed from their care.

Mandel's *Safe and Together* model shifts the focus and practice approach of child protection and specialist family violence workers to the perpetrator – the locus of risk to the mother and the children.[2] Mandel focuses on the perpetrator's behaviour as a pattern of coercive control and a 'parenting choice'. The worker's focus shifts to the perpetrator who is held to high standards as a parent (Mandel 2013). The model provides co-location and combined training for both child protection family violence workers to improve their competencies. The *Safe and Together* approach taken is built on intervening and engaging with the family violence perpetrator while partnering with the mother to keep the child safe. It recognises the day-to-day strengths and protective actions the mother has taken to promote the safety and wellbeing of the child (Mandel 2013). Further, there is evidence that men who recognise the impact of their violence on their children can reduce the occurrence of intergenerational transmission (Stover 2013), with fatherhood seen as a potential motivator for change. There is substantial opportunity in Victoria to work with perpetrators of family violence in a much more comprehensive way, which may involve both child protection and family violence practice adopting the *Safe and Together* model.

The recent announcement of seventeen new family violence practitioner positions to be embedded in Child Protection services to review family violence cases is an important and positive first step for better service integration. The Mandel model indicates that co-location and a shared understanding and approach to family violence can improve outcomes for families and significantly reduce the number of children in out of home care – a 50 per cent decrease is reported in evaluations of US-based programs (Mandel 2014). The critical importance of shared training and approaches cannot be underestimated. However, co-location alone is not sufficient to overcome the considerable historical practice differences between family violence and child protection services.

[2] https://www.endingviolence.com/

The impact on family violence on Aboriginal and Torres Strait Islander children

While this submission explicitly does not attempt to the specific issues of groups at high risk of family violence, the stark over-representation of Aboriginal and Torres Strait Islander children and young people involved with child protection services and placed in out-of-home care, demands comment. Concerns around this issue were raised by a number of participants in DV Vic's consultations. During the 2013-14 year Indigenous children nationally were seven times more likely to be receiving child protection services and had nine times the rate of placement in out-of-home care than non-Indigenous children (AIHW, 2015). This was particularly pronounced in the 1-4 age group where Indigenous children were eleven times more likely to be in out-of-home care than non-Indigenous children. Family violence is a major factor in the removal of these children. The rate of placement in care has risen steadily since 2010 and is considerably higher in Victoria in comparison with the national average, where Aboriginal children are sixteen times more likely than non-Aboriginal children to be in out-of-home care (Commission for Children and Young People 2014). As Andrew Jackomos, Victorian Commission for Aboriginal Children and Young People told the Royal Commission, in Victoria the statistics are horrifying: "…a 42 per cent increase in Koori kids in out-of-home care in 12 months in Victoria and the level of over representation is 63 out of 1,000 for Koori children compared to five out of 1,000 for all Victorian children, and in a key rural community hub we have close to 120 out of 1,000 Koori children in out-of-home care. Nine out of 10 of these children have been removed because of family violence perpetrated against them and their mothers."[3]

Recommendation 7

That the placement of specialist family violence workers in child protection services to improve responses and system integration is supported by comprehensive training across the agency to build shared understandings and practice.

2.4 Child FIRST and family services

In Victoria Child FIRST and the community based integrated family support services share responsibility for service delivery to children and families. This 'differential response' approach assesses the risk category of families, with low risk families referred to community-based services and those children and families assessed as high risk referred to child protection services. Child FIRST agencies work with children as part of a family unit when there are concerns for a child's safety, stability and development due to parenting problems, family breakdown or mental illness in the family. They also intervene where there are substance abuse, disability or bereavement issues or significant social disadvantage that affects children's development.

While this approach, designed to support children whose risk is below the threshold for child protection intervention, is considered to be improving the system's response to children, there are questions about how effective it is in relation to family violence. A review of the framework identified a range of issues including casework quality, engagement with families, how and where risk was held by the organisations within the system, and inconsistent cross-organisational understandings of statutory involvement thresholds (KPMG 2011 cited in Lonne et al 2015). Families affected by family violence require significantly more cross sector collaboration between family services and specialist family violence services as well as education, health, and other services (Lonne et al 2015).

[3] http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Transcripts/Transcript-RCFV_Day-002_14-Jul-2015_Public.pdf

There have been significant efforts to foster collaborative relationships between family violence services, child protection and Child FIRST in recognition of the critical need to build relationships and collaboration across the respective sectors working with vulnerable children. For example, DV Vic was funded in 2009 to facilitate the development of regional and sub-regional partnership agreements between family violence services, Child FIRST/Family Services and DHS child protection. Known as the Statewide Children's Protocol ('Think Child' in some regions), the partnerships were the result of lobbying to bring the family violence reforms and the Child, Youth and Families reforms together as there was a strong belief that these two ambitious reform agendas were being rolled out with little reference to each other. The project aimed to promote understanding and to build common practice approaches across the three sectors within regions.

The Children's Pathways project was funded for 12 months, after which the partnership agreement process was expected to carry on with its own momentum and without DHS support. The partnership development process has proved to be challenging work due to the inherent complexity of developing joint approaches across three sectors and the differences in philosophical and practice approaches. The partnership agreements address a number of common core issues with room for adaptation at regional and localised levels to meet the unique needs of each region, catchment or sub-catchment. The process has highlighted significant differences and lack of consistency between Victorian regions, with some having made good progress to date and others which have seriously faltered and stalled. DV Vic believes that there are substantial benefits in recommencing this process to develop children's protocols and partnerships between Child FIRST, Child Protection services and family violence services.

Recommendation 8

That the Victorian Government support the recommencement of to the process to develop regional children's protocols and partnerships between family violence services, Child FIRST and Child Protection services.

2.4.1 Working with perpetrators

For families that don't reach the child protection intervention threshold, there is potential for Child FIRST agencies to be utilised much more than they currently are in working with perpetrators, particularly in cases where risk is assessed at lower levels and in cases where the women and children want to remain in the relationship. Family support services are designed to work with families with complex needs; however their capacity to date to work with perpetrators of violence is undeveloped. DV Vic contends that there is scope for the family services system to adopt a more formal role in the monitoring and case management of men who use violence against partners and family members. This should occur within a wider strategy of building the 'web of accountability' around men who choose to use violence and we refer to the No To Violence submission to the Royal Commission for further context for this concept.

There would need to be significant workforce development and capacity building to ensure that the family service workforce is equipped with the requisite specialist skills and knowledge to work with violent offenders. It would also be critical that such engagement is accompanied by support for his partner and children through a specialist family violence agency. The DHS resource '*Working with families where an adult is violent*' (2014) is an important step in building this capacity.

Recommendation 9
That the potential for family services to play a formal role in monitoring and case managing perpetrators of violence through Child First agencies is investigated.

2.5 Police and children at risk of family violence

Family violence is one of the most common reasons for notification to statutory child protection services, particularly via Victoria Police referrals (L17s). In fact, DV Vic understands that referrals to Child Protection from Victoria Police attendance at family incidents have largely overwhelmed the child protection system.

Police play a critical role in identifying and making appropriate referrals for children and young people involved in family violence incidents. This is often the first family violence related contact the family has with any agency and the first response can powerfully influence the family's trajectory through the family violence system. Police are required to make a referral (L17) to child protection or Child FIRST and to specialist family violence services when a child or young person is present at a family violence incident (or there is an unborn child). In this sense, police have principal responsibility for identifying which children and families are assessed and which services are involved.

DV Vic's submission to the Royal Commission on '*The interface between police and family violence services*' provides a detailed analysis of the L17 referral process, including the significant advances in police responses to family violence that were made with the introduction of L17s. However, in subsequent years, a number of problems have been identified which are discussed in detail. Here, we set out some of the key concerns relating to the police risk assessment and referral process in relation to children and young people as identified in consultations with our member agencies and police.

In practice, the L17 referral process is often inconsistent according to both police and DV Vic members. They report that some referrals lack detail regarding children's exposure to violence, are not accurate or are not being made at all. In most cases, it is unlikely that there is an opportunity for any meaningful engagement with the child or young person in attendance at family violence incidents. One example was cited in which the children were in their bedrooms during the police attendance and were therefore deemed to be 'not present at the family violence incident'; this was regarded as common practice by DV Vic focus group participants.

It is clearly important for police to collect information and make assessments concerning children and young people at family violence incidents. Notwithstanding the key role of police in this initial referral process, there are serious challenges to their capacity to perform the necessary assessments. Family violence incidents are often highly volatile and chaotic situations which can make it difficult for police to create the space and the time necessary to conduct a meaningful risk assessment, particularly with children and young people.

A lack of understanding of the impact on children of family violence along with limited capacity and opportunity can lead to inadequate or inappropriate risk assessments being conducted. As a consequence the information communicated to family violence services and child protection or Child FIRST agencies may not accurately or adequately convey the full extent of a child's experience. This highlights the need for greater communication and collaboration between the police, child protection, Child FIRST and specialist family violence services as well as the need for improved training for police in this critical process.

The arrival of police at a family violence incident is, for many families, the point where abuse hidden from public scrutiny moves from the private into the social arena (Richardson et al 2012). The significance of their role in this process cannot be underestimated. It is important that police guidelines and protocols acknowledge that children and young people are centrally placed in the experience of family violence and that they need to be repositioned away from the edge of police activity at an incident and moved to the centre (Richardson et al 2012).

2.5.1 A single entry point for police referrals

The Victoria Police submission to the Royal Commission includes a proposal to introduce a single entry point for making referrals for children, which would enable Child First and child protection workers to determine the most appropriate referral pathway, rather than police undertaking this triage role at the point of referral. DV Vic believes that the notion of single entry points – located within defined geographic boundaries – for police referrals has merit and should be considered by the Royal Commission. However it is critical that specialist family violence practitioners are also involved in the triage process in order to share appropriate information and inform the risk assessment process. Police participation at the triage point is also critical because of the information that police bring to decision-making about referral pathways. We propose that this process should not be limited to referrals for children, but include pathways for Affected Family Members and Respondents as well.

The L17 Triage Project currently underway in Victoria involving child protection and Victoria Police and Berry Street is a good practice model for development of a differential response. The project partners meet twice-weekly with responsibility for assessing all L17 referrals to determine the best response. The aim of the Family Violence L17 Project was to provide a more effective response to family violence incidents. By providing a collaborative and streamlined approach, information is shared amongst all parties and appropriate interventions are identified to support the children and families that have been impacted by family violence. Through this process, around 80 per cent of referrals are found to not meet the threshold for child protection services. It is also important to note that many children living with family violence do not meet the threshold for a child protection investigation nor come to attention via an L17; they nonetheless may have significant support needs and professionals may have serious concerns for their safety and well-being (McDougall & Gibson 2014). The L17 Project is currently subject to an evaluation by the University of Melbourne.

Recommendation 10

That the critical role of police in providing first contact and referral for children and young people in family violence incidents is appropriately reflected in their training, which should include comprehensive Family Violence Risk Assessment and Management Framework (CRAF) training, and ongoing professional development.

Recommendation 11

That the Victorian Government undertakes a comprehensive review of the Family Violence Risk Assessment and Risk Management Framework (CRAF) to include: mapping current use; addressing content gaps and providing additional guidance, including assessment of children and young people; and establishment of an effective authorising environment to support consistent implementation.

Recommendation 12
That the single-entry point assessment model, in which specialist family violence services, Victoria Police, Child FIRST and Child Protection services hold regular rapid risk screening (triage) of all police referrals for children via L17 forms, is initially piloted in selected sites, to be implemented across the state following evaluation.

2.6 Crisis accommodation issues for children and young people experiencing family violence

Many women and children fleeing from the family home find safety at refuges. There is an assumption that once they are in a refuge that they are now 'safe', but often their experience of refuges mean that they are in an unfamiliar location, children are restricted from attending their usual school and are out of contact with the support provided by their communities, friends and family as well as experiencing continuing disruptions to their daily family life. DV Vic's submission on *Specialisation in the Family Violence Sector* addresses the issues of crisis accommodation options in detail. This section focuses on the issues around crisis accommodation for children and young people experiencing family violence.

DV Vic consultations with members highlighted the lack of suitability of refuge accommodation for some women and their children, for example women with large families, mothers with children of different ages and families that include adolescent boys. We understand that some communal model refuges will not accept boys over 12 years of age and emergency options are limited. In addition, cultural, religious and disability considerations may present further challenges to providing appropriate accommodation.

The suitability of placing traumatised children in communal accommodation with other potentially traumatised 'strangers' is questionable. Children placed in emergency accommodation often experience a sense of loss and isolation at being separated from familiar home surroundings and friendship networks (Clarke & Wydall 2015).

It was reported in DV Vic focus group discussions that it is common for women to return to abusive relationships rather than staying in a refuge with a number of women and children who are strangers, or where due to housing shortages they have been placed in motel accommodation. DV Vic believes that the crisis accommodation system should offer a range of flexible housing options to able to meet the individual needs of women and children rather than the 'one size fits all' approach of the current system (Lay 2010). Undoubtedly, the major problem for families requiring emergency accommodation is the shortage of available options. There is insufficient accommodation available to meet the ongoing demands for safe and secure housing for families in crisis.

Notably, the lack of age appropriate family violence support services for children and young people is exacerbated by the lack of accommodation options. As discussed in the previous section, there is no capacity for services to offer comprehensive therapeutic support for children in crisis accommodation, and the support that is provided is inconsistent and limited. This means that the traumatic impacts of living with family violence are further compounded by the disruptions of moving from the family home, living in either refuge or motel accommodation. Young people leaving home as a result of family violence may access homelessness services that are not equipped to provide specialised family violence support and counselling. There are no dedicated services for young people experiencing family violence. This lack in services is a significant gap in the family violence system.

Recommendation 13
That the family violence system is funded to provide a range of refuge accommodation models suited to a range of family configurations as well as age-related, cultural and religious and disability needs.

Recommendation 14
That children and young people experiencing family violence living in crisis accommodation have access to age appropriate specialist support services, including educational support to minimise disruption to schooling.

2.7 'Failure to disclose' legislation

A key concern for DV Vic and our member agencies is the potential and unintended consequences of the *Crimes Amendment (Protection of Children) Act 2014* for women and children who are victims of family violence. This Act introduces a new offence of *Failure to disclose a sexual offence committed against a child under the age of 16*. Section 327 provides that:

> *...a person of or over the age of 18 years (whether in Victoria or elsewhere) who has information that leads the person to form a reasonable belief that a sexual offence has been committed in Victoria against a child under the age of 16 years by another person of or over the age of 18 years must disclose that information to a member of the police force of Victoria as soon as it is practicable to do so, unless the person has a reasonable excuse for not doing so.*

DV Vic along with eleven family violence and sexual assault advocacy organisations opposed the introduction of this Bill on the grounds that, while its intention is the protection of children, such an offence could inadvertently cause more harm to children suffering sexual abuse, and was potentially detrimental to women experiencing family violence. In particular we argued that the offence is so broad that it criminalises the behaviour of any person in the community who has a belief that a sexual offence has been committed against a child. In the context of a family violence situation, a mother who is a victim of family violence may be charged with this offence on the basis that she knew of the sexual abuse and failed to disclose the information to police as soon as practicable. Given the high co-occurrence of family violence and child abuse, there is therefore a high likelihood that the offence will capture mothers who are themselves victims.

Failure to protect laws do not adequately recognise the dynamics and complexities of family violence. In particular, they fail to take account of the powerful barriers to a woman leaving an abusive relationship or reporting the abuse against her and her children, including a fear of retribution. There is evidence that women face greater scrutiny and higher expectations of their parenting than men. The discriminatory impact is likely to be greater for women with disabilities, Aboriginal women and women from CALD communities, as they face additional barriers to disclosing abuse. We also raised the issue that similar laws in other countries have been used almost exclusively against women who are themselves victims.

The joint-submission argued that Clause 4 of the Bill exceeded the scope of the report of the Cummins Inquiry on child protection, which recommended that laws be restricted to persons of authority within institutions, and the terms of reference of the Betrayal of Trust report. Our joint submissions advocated that the better public policy approach was to create a narrow criminal offence that did not also capture vulnerable victims, and so should be limited to a failure to disclose by a person in authority within a relevant organisation.

The amendment does provide a defence if a person fears on ‘reasonable grounds’ for the safety of any person and the failure to disclose the information to police is a ‘reasonable response’ in the circumstances. However, this defence will not be adequate to protect vulnerable mothers, particularly given the requirement of ‘reasonableness’ in relation to their fear and response. However, ‘reasonableness’ is likely to be interpreted in a way that imposes unrealistic or unsafe expectations on such women. This places the onus on those victims to raise a defence in a criminal prosecution. This approach is again inconsistent with the emphasis of Victoria’s family violence reforms on ensuring that the perpetrator, not the victim, bears the responsibility for the violence.

Recommendation 15

That Victorian Government amends section 327 of the Crimes Act 1958 as follows: Failure by a person in authority to disclose a sexual offence committed against a child under the age of 16. ...a person of or over the age of 18 years (whether in Victoria or elsewhere) *in authority in a relevant organisation* who has information that leads the person to form a reasonable belief that a sexual offence has been committed in Victoria against a child under the age of 16 years by another person of or over the age of 18 years must disclose that information to a member of the police force of Victoria as soon as it is practicable to do so, unless the person has a reasonable excuse for not doing so.

Part 3: Post crisis responses for children and young people

"We need wraparound services….with children at the centre within a holistic framework" (Child therapist working in a family violence service)

Long-term recovery from the impacts of family violence is strongly influenced by the degree of safety and stability women and children experience post-separation, with factors such as ongoing abuse and housing instability significantly impeding the recovery process. Ongoing support for women and children post-crisis is crucial to ensure that initial improvement in safety and wellbeing is actually sustainable over time (Meyer 2014).

The trauma of family violence on children is frequently extended in the immediate post crisis period, particularly where there is financial hardship, difficulty in maintaining stable, affordable housing and isolation from other family members and friends. Lack of suitable and affordable accommodation is a major reason cited by women for staying in, or returning to, an abusive relationship (Clark & Wydall 2013). This frequently results in ongoing changes to children's schooling or care arrangements, isolation from peers and established relationships with significant others and a lack of specialist support for children's physical and mental health, wellbeing and critical development (Kirkwood, 2006; Healey, 2009; Desmond 2011).

In the current system, support services are crisis focused and due to funding constraints are largely unable to provide post-crisis recovery support, which is often when families need support the most. Women and children have an ongoing need for support, with many living precariously for extended periods as they struggle to manage emotionally and financially. Often there is need for support with parenting, access to health and wellbeing programs and therapeutic support and lack of support when it is needed contributes to a 'revolving door' outcome.

A child's experience of traumatic events is influenced by many factors, including their individual characteristics and the level of stability and support they receive following the traumatic events (DHS 2007). While not all children experiencing violence in their homes are affected in the same way or to the same degree, they are never passive observers (Clarke & Wydall 2015). Some of the known impacts on children of family violence are immediate, other impacts accumulate over time manifesting in the medium and longer terms in adverse effects on the child's development. It is imperative that diagnostic and therapeutic interventions, often over prolonged periods, are provided for these children and young people. Complex trauma and the negative effects of cumulative harm experienced by children living with family violence require more comprehensive intervention and treatment (Price-Robertson 2013). Their experience of traumatic events occurring over time has a pervasive and multi-dimensional impact on children's development, attachment relationships and beliefs about themselves and the world. These children present with highly complex therapeutic needs which are unable to be met with scarce therapeutic services and targeted support.

Women continue to experience a range of abuse, harassment and stalking in the 'post crisis' period, after the initial support has ended, highlighting the need to provide ongoing support to women. Perpetrators are known to specifically target the mother-child relationship as a way to further control and abuse mothers (Humphreys 2010). Several studies identify the need to foster and support the mother-child relationship as a strategy to both support safety and coping and to interrupt the experience of violence (Hester 2010; Humphreys 2010 & Humphreys, Houghton & Ellis 2008). It also reinforces the need to respond more supportively and effectively to children at this time, especially where there is evidence of developmentally-disrupted, traumatised or challenging behaviours (Morris 2015). Yet this support is extremely limited. There is no systematic provision of long-term post crisis support

for women and children to assist them in dealing with the longer term impacts of family violence (Desmond 2011) and a significant shortage of child-centred therapeutic response services has been identified (Campo et al 2014).

The positive outcomes in the health and wellbeing of children who access support services are well documented (Richards 2011; Humphreys, Houghton & Ellis 2008). However, there is considerable difficulty in accessing medium to long term counselling to remediate the effects of children's exposure to family violence and to repatriate mother-child relationships (Zannettino & McLaren 2014). This is particularly concerning, given that effective therapeutic work with young children affected by family violence is often long-term and intensive. DV Vic members reported their frustration that limited, fragmented and usually project-based funding means that such long term stable counselling options are rarely available for the children who need them.

The impact of family violence can severely undermine mother-child attachment and this can impact on the relationship between mother and child well into adulthood (Morris et al 2011; Buchanan 2015). Participants in the DV Vic consultations identified concerns about the limited support for women to develop safer relationships with their children. They reported that workers can be reluctant to raise concerns about children's safety for fear of jeopardising their relationship with women. According to some participants, the mother's capacity to care for the child post-separation has become an 'unspoken issue' amongst services, despite the understanding that some women who have been abused may experience diminished parenting capacity for a range of reasons. This highlights the need for specialist interventions with children to include mother-child attachment along with the trauma impacts of family violence but currently there is limited capacity in the family violence system to provide this support. DV Vic members suggested the co-location of a specialist child therapist within family violence services would facilitate the provision of this support to women and children and also be a resource for family violence workers to develop their skills in working with children.

The evidence shows that psychotherapy directed to improving the quality of parenting is an effective tool for enhancing the outcomes for children who have experienced family violence. The benefits of this approach are seen in the work of US child trauma specialist Alicia Lieberman who conducted joint psychotherapeutic sessions focusing on trauma with pre-school aged children and their mothers. Both the mother-child attachment and the individual mothers and the children were found to benefit from this approach (Lieberman, Van Horn & Ippen 2005). Elements of Lieberman's model were used as the basis for a local program, Berry Street's Family Violence 'Turtle' Program. This therapeutic program was run by counsellors with experience in dealing with developmental trauma in children. It was initially offered with practitioners situated within a family violence service and it provided assessment and treatment for children and their mothers after experiencing family violence.

Another aspect of the traumatising effect of family violence on children and young people occurs in their ongoing relationship with their violent father post-separation (Stover 2013). Children and young people commonly report feeling unsafe and experiencing fear and high anxiety in their ongoing contact with the abusive parent (Bagshaw et al 2010; Shea Hart & Bagshaw 2008). Yet despite this, the concept of 'shared parenting' is often presumed to be in the best of interests of the child in court rulings. There is little acknowledgement that the father is a perpetrator of family violence or if there is, this does not impact on a man's ability to be a 'good father' (Humphreys & Adler 2011). Many men with family violence histories continue to have unsupervised contact with their children without any consideration of their parenting capacity or quality. As a result the negative consequences of growing up with family violence are compounded and the immediate and long-term well-being of children and young people is jeopardised. In this case, the adverse consequences for children continue to be ignored and their therapeutic needs unmet.

Clearly an effective response to children and young people experiencing family violence would provide support services that can be accessed across the life stages, as the impacts of family violence are exhibited at various ages and stages in a child or adolescent's development. Current treatment protocols for specifically addressing complex trauma in children stress a sequential, phase-based approach and centre firmly on first creating safety and stability (physical and emotional) for the child (Rayment, Young & Guidolin 2014). In order to be effective, therapeutic intervention must respond to the needs of the child, which may change dramatically in response to changes in their situation. The most effective interventions respond to the child's needs over time, depending on where the child is situated emotionally and developmentally (Morris et al 2011).

Recommendation 16

That the family violence system provides dedicated age appropriate services for young people.

Recommendation 17

That support services for children and young people, including specialist counselling, are available through crisis and post-crisis recovery, in recognition that the effects of family violence on children can be long-term and emerge at different point in the life cycle.

Recommendation 18

That a formal process is developed that gives legislative authority for agencies across the family violence sector to be included in the assessment of risk and parenting capacity of fathers who are perpetrators of family violence to inform ongoing contact and parenting arrangements.

Part 4: The Family Court and the child's best interests

Specialist family violence services maintain serious concerns around the Family Court and its responses to family violence. The family court jurisdiction is just one aspect of the complex legal system women experiencing family violence are required to navigate that often results in contradictory outcomes which can increase risk to her and her children. This was an issue that was regularly raised in DV Vic's consultations, with members identifying the Family Court's discriminatory practices towards women and failure to consider the implications and risks associated with family violence when making determinations. This paper includes a brief section on the family law system, as judicial outcomes in the family court remain significantly problematic in respect to children's ongoing family violence victimisation.

An analysis of Family Court cases found that violence was a factor in 75 percent of judicially determined cases (Cleak, Schofield & Bickerdike 2014), with a Family Court Violence Review (Chisholm 2009) reporting that more than half of the parenting cases before the courts involved allegations of violence. In acknowledgement of this, the 2012 amendments to the Family Law Act (Family Violence and other Measures), enacted in 2012, were introduced to improve the way the Court deals with family violence and child abuse, however the inherent assumptions about 'shared parenting' and a failure of the Court to fully understand family violence limit the effectiveness of these reforms. For example, in a study of judgements made in cases where the court had acknowledged the presence of family violence, judicial determinations about children's 'best interests' were found to be underpinned by conservative values that emphasised the importance of the fathers' presence for children's future wellbeing and development. In most of the judgements analysed, the authors found that the fathers' history of violence was readily excused or ignored, mothers were blamed for failing to support the father-child contact, the voices of the children involved were often discounted and a dominant paradigm of the idealised post-separation family took precedence over the special needs of the children. There was little visible consideration of the potential or current effects of family violence on the children concerned (Cleak, Schofield & Bickerdike 2014; Shea Hart & Bagshaw 2008).

Equally, although the Family Law Act was amended to remove the 'friendly parent' provision, women continue to be disadvantaged in the application of this provision. The presumption of 'shared parenting' remains subject to rebuttal where it can be proved that family violence has occurred. Research shows that women who have experienced family violence often do not raise it in their dealings with the Family Court (Cleak, Schofield & Bickerdike 2014). This difficulty is compounded in custody disputes in which women are required to meet the burden of proof by providing independent evidence of family violence. Given the large number of women who experience violence in the home who have not had any contact with the police and are unlikely to have any documented evidence to show the court about their history (Jaffe et al 2014), this requirement is a significant barrier to women seeking to protect their children. The research also finds that women agree to shared parenting arrangements because they fear they will be viewed as 'the alienating parent' and risk losing their children if they challenge the presumption of the ongoing relationship between the children and their father. This is despite the evidence that in the context of family violence, shared parenting is harmful to infants and children and can undermine their attachment to their mother (Jaffe et al 2014, Hill 2015) and accepted view that 'alienation syndrome' has been universally debunked (Bruch 2002, McInnes 2003).

There is extensive evidence that violence does not end with separation and that abuse can escalate and be played out as a power and control issue through the court, parenting arrangements and child support payments. Many women experience years of ongoing abuse during children's access hand-over times (Cleak, Schofield & Bickerdike

2014; Cameron 2014). Child contact arrangements provide the most consistent risk of post-separation violence as well as undermining relocation as a safety strategy (Humphreys, Thiara & Skamballis 2011).

Unsafe parenting orders are placing children at risk of further harm as well as undermining the mother's attempts to parent in the aftermath of family violence (Laing 2010; Morris 2015 Researchers have found children who are required to spend time with their violent fathers following separation are exposed to further family violence, indirectly or directly (Cleak, Schofield & Bickerdike 2014; James, Seddon & Brown 2002). Other studies indicate that some children have improved wellbeing when they have no contact with their violent fathers and that this reduces the risks of harm to mothers as well by removing the opportunities for abuse at child contact times (Jaffe et al 2014; Shea Hart & Bagshaw 2008). Furthermore, studies that have looked at the impact on children of visitation with fathers post-separation have found that where fathers were extremely violent these particular children showed more aggressive and antisocial behaviours (Stover et al 2003).

DVVic argues that the best interests of the child could be more fully met if courts had a comprehensive understanding of family violence and its adverse impacts on children. In particular, an understanding of the abuse that continues to both women and children in the post-separation period. We refer the Royal Commission to the submission from Women's Legal Service Victoria on multi-jurisdictional issues, including their proposal, which we support to pilot a 'one family, one court' model. We also refer to the extensive work undertaken by the Australian Law Reform Commission in its Inquiry into Family Violence of 2010 which made extensive recommendation to improve the intersection between the family violence, family law and child protection jurisdictions.

Recommendation 19

That the Royal Commission considers how to improve the legal system for victims of family violence where family law outcomes can adversely affect children experiencing family violence, including the option of legislating to exclude certain perpetrators of family violence from shared parenting arrangement and ongoing contact with their children.

Part 5: Early intervention opportunities

The case for early intervention to reduce the immediate impact of family violence on women's and children's lives and offset long-term destructive consequences is compelling (Gartland et al 2014). Preventive and early intervention initiatives with vulnerable children and families could effectively address the adverse impacts, strengthen protective factors and reduce the need for statutory social services intervention. Support and intervention can transform transgenerational patterns of trauma, with early intervention strategies having potential to reduce the likelihood that children experiencing family violence will become victims or perpetrators of violence later in life (Morris 2015). There is a particular need for early intervention with boys who have been affected by family violence in order to address the risk of transmission of perpetration of family violence in adolescence.

The National Framework for Protecting Australia's Children 2009-2020 sets out the national commitment to protecting the safety and wellbeing of children (FHCSIA 2012). This framework identifies as a priority the development of 'child aware' approaches that increase the capacity and capability of adult services to identify and respond to the needs of children at risk – a child and family focus has long been promoted, though not easily achieved (Tilbury, Walsh & Ormond 2015). Where family violence is an issue, professionals working within universal services are particularly well placed to provide early help and intervention and are often working with children and families affected by family violence who may not receive any other specialist services or support (Stanley & Humphreys 2014; Hegarty et al 2008; Morris 2015). However, these services often face difficulties understanding and responding appropriately to families and children (Peckover & Trotter 2015).

The 'one door' approach means at any service entry point, the service provider should be equipped to screen for family violence routinely, respond appropriately when there is disclosure and make suitable referrals. This makes it essential that workers across the range of institutions and service areas receive training in family violence risk assessment training so that they are able to conduct routine screening of children and young people.

Across the human services sector family violence is being seen in different ways, with different meanings, highlighting the need for a consistent approach through legislation, policy and practice frameworks and in particular, common risk assessment tools. As DV Vic, DVRC and other family violence organisations' submissions have argued the Family Violence Risk Assessment and Risk Management Framework (CRAF) should be the basis for a consistent understanding and practice across the family violence system and generalist human services. Notwithstanding the urgent need to review and update the CRAF and include adaptations for early intervention approaches, developing collaborative partnerships between sectors and services to address the needs of children and young people, as well as women experiencing family violence is critical.

5.1 The Health Care System

It is recognised that women may be more likely to disclose family violence to a health-care professional than to other agencies (Hester 2006). A health service may be the only place that a woman can legitimately avoid the controlling presence of an abusive partner and safely disclose (Taft 2003). Despite evidence that women who experience violence are more likely to attend health services than women who are not in violent relationships, most women do not disclose about the violence to health professionals. Barriers to disclosure include shame, self-blame and fear; added to that, historically, the majority of victims have not been asked about it by their health service providers (Taft 2003).

It has been estimated that full-time Australian general practitioners each week see between one and five women who have experienced family violence, although patients may not present with any identifiable symptoms and doctors will often report that they do not see many patients who have had this experience (Hegarty cited in George & Harris 2014).

Children who experience family violence are seen by general practitioners in primary care clinics every day in Australia. Like their mothers, these children deserve a timely, appropriate response to their fear and trauma (Morris 2015). "A child cannot 'leave' a violent relationship therefore health practitioners can play a significant role in understanding and promoting a child's agency to negotiate safely in their relationships" (Morris 2015). It is also known that children are often the catalyst for mothers to disclose family violence to a health practitioner (Taft 2003). Signs of trauma in children are also not being accurately diagnosed by medical practitioners; children are being misdiagnosed with ADHD or are being placed on the Autism spectrum. Symptoms of complex trauma can be easily missed if a personal or family history does not include details about any violence in the home (Morris 2015).

5.1.1 Hospitals

There are very low rates of detection of family violence in hospital emergency departments. Staff commonly do not ask direct questions or gather information about violence in the woman's relationship, do not accurately record in indications of abuse in file notes, nor do attending staff ask about children when family violence is present (Boursnell & Prosser 2009). If there is under-detection with mothers then children living with family violence are even less visible in this environment. In a large NSW study almost all of the presentations by women having experienced family violence were outside of business hours, when allied health services (such as social workers) weren't accessible, with a large proportion of women being admitted for mental health issues, largely depression and anxiety (Boursnell & Prosser 2009).

If common hospital practice was instead attuned to the needs of victims of abuse then emergency departments could act as a critical gateway to services for women and children. A report from the Department of Justice (2012) advocates the detection of family violence through hospital emergency departments, arguing they have an important role in linking women otherwise not seeking assistance into intervention systems. Early detection leading to linkages to health, social service and justice systems can prevent escalation into more severe and longer term violence (Department of Justice 2012). The 'Strengthening Hospital Responses to Family Violence' project, a joint project between The Royal Women's Hospital, Bendigo Health and Our Watch, is developing a transferable model of in-hospital family violence training to address the lack of awareness. Such training should provide increased opportunities for early interventions with children as well as their mothers.

5.1.2 Alcohol and Other Drug services

Similarly, alcohol and other drug (AOD) services are regularly treating clients who are either perpetrators or victims of family violence. Family violence is estimated to feature in the background of the majority of women in AOD programs and a substantial proportion of the male clients are estimated to have perpetrated or suffered violence (Nicholas et al 2012). One Australian study found that responding to family violence in an AOD treatment environment could minimise exposure to and harms caused by family violence among the children of AOD clients (White et al 2013). However, AOD services report that they lack the capacity to respond to parents' needs due to a gap in skills, knowledge and confidence in relation to providing parenting or family support (White et al 2013). Notwithstanding, family-sensitive policy and practice has been identified as imperative due to the secondary

prevention role that AOD services play in child and adolescent wellbeing and protection (Battams & Roche 2011). Building the capacity of adult-focused services to be 'child-and-parent-sensitive' is seen as an important strategy in an approach to protect and enhance the wellbeing of Australia's most vulnerable children (Scott 2009).

5.1.3 General Practice and Primary Health Care

The medical profession has a key role to play in early detection as well as intervention and provision of specialised treatment to those affected by family violence. GPs are well placed to conduct routine screening with women and children for family violence as good primary care practice (Hester 2006). The act of asking about family violence in itself conveys a message to the woman or child that the practitioner is sensitive to the issue and this may in itself encourage or facilitate disclosure (Hester 2006). There is evidence to suggest that family violence screening policy and practices in health care settings are seen as more acceptable to women (Hooker et al 2015).

Children should not be considered as an 'add-on' to their mothers, but rather as victims requiring a response in their own right. Further, primary care practitioners need to be mindful that most of these children and young people are not likely to receive a formal family violence response from other services. Hence, there is both a responsibility and an opportunity to engage with children and their mothers in relation to their safety (Morris 2015).

A primary care intervention which has been developed to support this relationship between the mother and child is the SARAH project. Conducted by a PhD candidate with Berry Street, play-based methods were used for interviewing young children, to identify protective factors such as behaviours, people and contexts that contribute to children's safety and resilience. This provided a child-centred response offering the opportunity to give children a voice about violence in their home (Morris 2015).

5.1.4 Maternal and child health services

The prevalence of family violence in pregnancy and early motherhood (Taft 2003) indicates that professionals working in perinatal and maternal and child health services play a critical role in early intervention. The disproportionate numbers of women in child-bearing years experiencing family violence also lend weight to interventions which are tailored to this stage of life.

Routine family violence screening was trialled in a program (MOVE best practice model) with Latrobe University working with maternal and child health nurses in Melbourne. The maternal and child health nurses received training in family violence risk assessment (using the Common Risk Assessment Framework (CRAF)) and routinely screened women at particular points in their engagement with the service. The program was positively evaluated with greater detection of women experiencing abuse (Taft et al 2013).

5.2 Schools and child care services

Schools and childcare are also well placed for identification and early interventions in family violence. Early identification of difficulties can lead to earlier and more effective support and intervention for young people and their families, and importantly help to prevent disengagement from school and education (Campo et al 2014).

Teachers and child care workers are often able to identify when a student is having difficulty, and may become aware of family violence, if they have an understanding of the context and indicators. With that knowledge,

teachers and child care workers would be able to identify changes in the child or young person's behaviour, mood, presentation or engagement as possible indicators. Other behaviours might include the students who present repeatedly to the school nurse's office without ever mentioning family violence as a factor in their recurrent health complaints (Grip et al 2014).

Early intervention work with children and young people in schools could involve identifying exposure to risk, being prepared and receptive to disclosure and being able to provide support and, critically, make appropriate referrals (Peckover 2015; Campbell 2015 & Baker et al 2002). Teachers and others in contact with students have identified a need for increased training and capacity building in order to address these issues (Campo et al 2014) and recognise the need to bring in external agencies to provide opportunities to engage in recovery work (McKenzie & Woodlock 2012). However, again, the lack of age appropriate specialist family violence services for children and young people means that if identified, there are very limited referral pathways for teachers to access. The lack of services is even more evident in cases where a student discloses their own perpetration of violence.

While the promotion of primary prevention programs in schools such as *Healthy and Respectful Relationships* is a promising first step, there is evidence that it should be commenced much earlier, in primary schools and in early childhood education to have maximum effect. By the time students reach secondary school, it is often too late for prevention as significant numbers of children have already been exposed to violence in the home, which profoundly influences their views about violence and gender. They may already be involved in their own violent relationships by Year 9 when these programs are usually introduced.

Another concern raised by participants in DV Vic's consultations are the students experiencing family violence who can be further marginalised by the way that the content is framed in these programs. In these cases, young people seek support from teachers and school counsellors (Lodge & Alexander 2010), however, schools don't have the capacity or expertise to meet those needs and outside support options for this group are very limited or non-existent.

As with teachers, child care providers are in a unique position to identify and respond to child abuse and neglect as they have extended opportunities to observe children on a daily basis and may be the only non-family members to have such intimate contact (Levi et al 2015). Although not mandated reporters, child care workers are potential 'first responders' to child abuse, however, they provide very few notifications to child protection. The most recent annual child protection report (AIHW 2015) reveals that schools provide the second most frequent source of notification (18%), with police the most frequent source of notification (29%). In this same period child care workers recorded less than one percent of notifications.

Child care providers are entrusted with safeguarding the interests of children in their care and with their extensive interactions with potentially vulnerable children, have a responsibility to respond appropriately. This would require family violence CRAF training and the development of competencies for child care workers so that workers would feel confident to identify children at risk and would strengthen their ability to provide 'first response', which might involve a conversation with the mother and a referral to a specialist family violence service.

One example of a best practice model for early interventions with young children affected by family violence is the 'Safe from the Start', a project developed by the Salvation Army in Tasmania. The project developed assessment tools and a training module which were used with parents and the community to inform them about the impact of violence on children. Evaluation of this program found it could be used safely and effectively by non-specialised workers with support (Spinney 2013).

Recommendation 20

That a statewide strategic framework is developed to support early intervention efforts, including work with children and young people, across the family violence system that includes piloting test projects across the state in a range of different sites, with Regional Integration Committees resourced to provide oversight for project implementation.

Recommendation 21

That an implementation strategy for early intervention includes building capacity in early intervention approaches including gender literacy and the social model of health across the family violence sector, including within relevant government departments.

Recommendation 22

That the Common Risk Assessment and Risk Management Framework (CRAF) is revised to explicitly strengthen early intervention capacity to ensure a coordinated and consistent response across multiple agencies, including schools, child care facilities and other universal service settings.

Recommendation 23

That opportunities are identified to co-locate family violence and universal services and to embed specialist family violence workers within other agencies to strengthen opportunities for early intervention, including working specifically with children and young people.

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