Royal Commission
into Family Violence

WITNESS STATEMENT OF DR ROBYN MAREE MILLER

I, Robyn Maree Miller, Social Worker and Family Therapist of [redacted] in the State of Victoria, say as follows:

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

Background and qualifications

2. I am a social worker and family therapist with over 30 years' experience working across State government, the community sector and private practice. I am currently working as a specialist consultant in the area of sexual abuse and family violence.

3. From April 2006 until January 2015, I was employed by the Department of Human Services (as it was then) (**Department**) in a range of practice leadership positions. From April 2006 until December 2012, I was Principal Practitioner in the Children, Youth and Families Division of the Department. From 2010 until 2012, I was Chief Practitioner, Child Protection and Youth Justice, and from December 2012 until January 2015, I was Chief Practitioner, Human Services and Director of the Office of Professional Practice.

4. In my various roles with the Department, I was responsible for providing state-wide practice leadership, working in frontline practice with the most complex families, and policy and service development. I supported the developing family violence partnership work and provided outreach and training across the state. I have supported the partnerships with early childhood services, and worked closely with the police and courts. I have conducted assessments informing Department case appeal processes, and regularly mediated in disputes between services about the best course of action with a particular family, child or young person. I have been involved in consultations with more than a thousand families and conducted 18 lengthy Formal Case Reviews requested by the Minister's office, the Departmental Executive, the Ombudsman and the Office of the Child Safety Commissioner

following adverse events. I have represented the Department in a range of state-wide, national and international forums.

5. As a Ministerial appointee to the Victorian Child Death Review Committee for a ten year period between 2003 and 2013, I reviewed circumstances and practices surrounding the deaths of 221 children known to child protection. In the past nine years I have had a direct practice role with 34 children and their families who have experienced the murder of a parent, sibling or other family member, often in the context of ongoing family violence, and then provided supervision to the divisional Child Protection practitioners and care team who had an ongoing role locally with these families.

6. From 1992 until 2006, I worked in private practice part time as an individual, couple and family therapist. During this period, I also consulted and provided training to a broad range of organisations including the Department and Latrobe University where I lectured and supervised post graduate students in the Graduate Diploma of Family Therapy and Masters of Family Therapy courses. I also provided training to trainee psychiatrists on child abuse and trauma.

7. From 1992 until 2004, I was a Senior Clinician at the Bouverie Centre, Victoria's Family Institute. I coordinated the Bouverie Centre's Sexual Abuse Team for a period of time, which provided individual, group and family therapy to victims of sexual abuse and their families, and worked with perpetrators of sexual offences and violence. During this time I also provided therapeutic services for children with problem sexual behaviour and adolescents with violent and/or sexually abusive behaviours. During 1991-2 I worked as a Child Protection practitioner with the Department's emergency after hours service on a casual basis. From 1980 until 1992 I was employed by the City of Fitzroy as a family counsellor and by a non-government organisation as a family counsellor with many of families who had experienced family violence.

8. I hold a Bachelor of Social Science (Social Work) from the Royal Melbourne Institute of Technology, a Graduate Diploma in Family Therapy from Latrobe University, a Masters of Family Therapy from Latrobe University and a Doctor of Philosophy from Latrobe University. My doctoral thesis examined cultural reform in Victorian Child Protection and Family Services and the Best Interests Case Practice Model. Attached to this statement and marked '**RM-1**' is a copy of my current curriculum vitae.

9. This statement addresses the impact of family violence on children and the role of child protection and family services in responding to family violence. In addition, I have been asked to comment on ways that the system could be improved based on my experience.

10. Much of the evidence I give below about children's experience of family violence and its impact upon them has also been published in Departmental resources and elsewhere. Attached to this statement and marked '**RM-2**' is a list of the key references which have informed the content of my statement.

Children's exposure to and experience of family violence

11. Children do not have to see, or hear violence to be harmed by it or to feel afraid and they are not passive 'witnesses'. Children can experience, family violence in a variety of ways, including:

11.1. being hit or being subjected to a raised, angry or hostile voice while in utero;

11.2. sharing their mother's physiological reactions to fear or injury while they are in utero;

11.3. being hit, yelled at, or otherwise directly abused;

11.4. being sexually abused;

11.5. experiencing fear for self, or for another person, a pet or belongings;

11.6. seeing, hearing, smelling, perceiving or otherwise sensing violence directed against another person, or the aftermath of violence such as smashed furniture and crockery;

11.7. knowing or sensing that their mother is in fear;

11.8. being co-opted into supporting the perpetrator or taking his side;

11.9. being held captive by the perpetrator and not returned to the mother as required by the family court orders;

11.10. being isolated or socially marginalized in ways that are directly attributable to the perpetrator's controlling behaviours.

12. When I use the terms 'violence' and 'family violence', I am referring to all forms of violence, including physical violence. A range of data is available which supports the proposition that family violence is perpetrated predominantly by men. This is the common presentation in child protection and family services and is reflected in the examples and language used in my statement. However, I also acknowledge and have engaged professionally with women who use violence to their male or female partners and children, with adolescents who use violence towards siblings and parents, with cases involving abuse of the elderly, violence towards extended family members, and abuse by both partners to each other.

13. The following information indicates the prevalence and frequency of children's experience of family violence:

13.1. More than half of Australian women experience some form of physical or sexual violence in their lifetimes (Mouzos and Makkai, 2004, p. 2).

13.2. A survey of 5,000 Australians aged 12-20 years showed that almost a quarter of young people have witnessed physical domestic violence against their mother or stepmother (Indermaur, 2001).

13.3. More than half of women who experience partner violence in their lifetime will be caring for their children during the time they are in the relationship (Australian Bureau of Statistics, 2006).

13.4. The report of the Protecting Victoria's Vulnerable Children Inquiry (Department of Premier and Cabinet, 2012) found that children aged under 16 witnessed the violence in 40 per cent of family violence cases recorded in Victoria in 2009-10.

13.5. Increasingly, children are being identified as victims of family violence in their own right. Data from 2009-10 showed three times as many children were recorded as affected family members in police family violence incident reports (2,775 children) compared with 1999-2000 data which showed only 915 children as affected family members (Department of Justice, 2012).

13.6. The number of protected children as part of a family violence intervention order has increased by 295.4 per cent between 2004-05 and 2011-12 (Sentencing Advisory Council, 2013, p. 19).

13.7. Children previously represented one of the smallest age groups of protected persons, however, now represent the largest single age group of protected persons (46.1 per cent) (Sentencing Advisory Council, 2013, p. 20).

13.8. Some women face a greater risk of violence than others, as women with disabilities may be at least twice as likely to be assaulted or raped as non-disabled women. Aboriginal women are 45 times more likely to suffer family violence than non-Aboriginal women and 10 times more likely to die as a result of violence than non-Aboriginal women (Domestic Violence Victoria 2006, in DHS 2014).

13.9. Family violence is a common experience for Aboriginal and Torres Strait children who are known to child protection or who are placed in out of home care and they are over-represented in child protection and out of home care services compared with non-Indigenous children. The most recent available data from the Report on Government Services 2015 by the Productivity Commission revealed that there were 43,009 children in out of home care in Australia as at 30 June 2014. Some 14,991 children or 35 per cent, were identified as Indigenous.

13.10. Victoria has the lowest rate of children in out of home care in Australia, with 6.1 children in out of home care for every 1,000 children aged 0-17 in the general population, compared to the national rate of 8.1. The states and territory with the largest rate of children in out of home care are NSW (10.8) and the Northern Territory (14.3).

13.11. However, some 51.4 out of every 1,000 Indigenous children in Australia are in out of home care, compared to 5.4 out of every 1,000 non-Indigenous children. New South Wales (with 71.3 Indigenous children per 1,000) and Victoria (with 62.7 Indigenous children per 1,000) had the highest rates of Indigenous children in out of home care. In Victoria, 62.7 Indigenous children compared to 5.1 non-Indigenous children per thousand are in out-of-home care (which is approximately 12 times over-representation given the number of Indigenous children in the population).

Violence during pregnancy

14. Pregnancy is a time when women may be more physically and emotionally dependent upon their partner for support; however, research suggests pregnant

women are at an increased risk of experiencing family violence (McCosker-Howard and Woods 2006; Taft 2002), and abuse during pregnancy is more common than other pregnancy-related complications (Campbell et al. 2000). Furthermore, violence perpetrated during pregnancy is associated with higher risk of future severe violence (Mederos 2004).

15. The Personal Safety Survey (Australian Bureau of Statistics 2012) found that 21.7 per cent of women reported experiencing violence during pregnancy. 13.3 per cent reported the violence occurred for the first time during pregnancy.

16. Further, the survey found that 53.9 per cent of women who had experienced violence by a previous partner from the age of 15 were pregnant at some time during the relationship. Of these women, 25.4 per cent reported the violence occurred for the first time during pregnancy (Australian Bureau of Statistics 2012).

17. A study based in a Melbourne public obstetric hospital found that 20 per cent of women interviewed reported experiencing violence during their pregnancy (Walsh 2008, p. 97).

18. Both Australian and overseas studies have linked exposure to violence in pregnancy to low-birthweight infants, miscarriage and perinatal morbidity (Berenson et al. 1994; Bullock and McFarlane 1989; Campbell 2001; El Kady et al. 2005; McFarlane et al. 1996; Newberger et al. 1992; Quinlivan 2000).

The co-existence of family violence and other forms of abuse

19. There is a strong correlation between the presence of family violence and other forms of child abuse, with co-existence rates identified in the literature ranging from 30 per cent to 70 per cent (Bancroft and Miller 2002; Dietz and Craft 1980; Edelson and Williams 2007; Forman 1995; Goddard and Hillier 1993). This can involve direct physical abuse of the child, neglect, using the child to frighten or punish other victims, or using violence to facilitate sexual abuse.

The relationship between family violence and sexual abuse

20. The evidence regarding family violence and sexual abuse indicates that:

    20.1. Girls whose fathers batter their mothers are 6.5 times more likely to be sexually abused by their fathers than are girls from non-violent homes (Bowker et al. 1998).

20.2. Goddard and Hillier (1993) found that 40 per cent of sexually abused children in their study also experienced family violence.

20.3. While rare, some women have been involved in sexual abuse of children 'in the context of extreme coercion from violent and abusive partners' (Gannon et al. 2008, p. 366).

20.4. In one study of 20 women whose children had been sexually abused, all of them disclosed some form of violence towards themselves: 17 of the 20 were subject to physical violence; a third had been forced to take part in unwanted sexual activity, with seven having been raped by their partners (Forman 1995).

20.5. Bedi and Goddard (2007) examined a range of Australian research and estimated that 55 per cent of children experiencing physical abuse and 40 per cent experiencing sexual abuse were exposed to family violence.

21. Violence may also be used to intimidate a child into maintaining secrecy. In one UK study, child victims of sexual abuse indicated that 58 per cent of perpetrators lived in their house and also physically abused their mothers. The authors found that this made it more difficult for children to disclose the sexual abuse due to fear for themselves or their mother (Kellogg and Menard 2003).

Filicide as an extension of family violence

22. Recent research focusing on retrospective case analyses of homicides that occurred in the context of family violence, highlighted the following key messages for practitioners:

22.1. Paternal filicide is a rare event that is often hard to predict and prevent.

22.2. Warning signs may be overlooked by some professionals and agencies that do not foresee the direct harm to children.

22.3. Child homicides in the context of domestic violence are often motivated by revenge against the mother for leaving the abusive relationship.

22.4. There is a need for close coordination amongst family and criminal court professionals to ensure that the safety plan for a parent in these circumstances extends to the children as well.

(Jaffe et al 2014, p. 142)

23. Although a relatively rare event, approximately 25 children in Australia are killed by a parent each year (Tyson and Brown 2009). International research suggests that risk factors for child protection involvement, such as family violence and mental health problems, are also present in situations of filicide (Frederico et al. 2014).

Impact of family violence on children

24. Children will demonstrate their distress in different ways depending on their age, developmental stage and the quality of care available. There may also be gender differences, with boys more likely to show externalising behaviours like aggression and girls more likely to have internalising symptoms such as depression or anxiety however this is variable. The Child Development and Trauma Specialist Practice Resource (Miller and Noakes 2007) summarises the symptoms of trauma in children and gives advice for parents and professionals.

25. The development of a child's brain is highly influenced by the child's environment. Secure attachment contributes to the development of neural pathways that build the child's capacity to soothe, regulate emotions and contribute to healthy growth and development.

26. Overwhelming stress, such as the trauma of violence, leads to neural pathways being established in the brain that are highly responsive to threat. Because children's physical, social, emotional and cognitive development is a cascading process that interacts with each domain in a complex and dynamic way (Tronick 2007), family violence interferes with the basic building blocks of development.

27. 'Learning' is not just a cognitive process. It relies on and builds on the child's developing ability to form secure relationships, regulate their emotions, and explore their world (Centre for Early Childhood Mental Health Consultation 2012).

28. Children need stable, sensitive, loving, stimulating relationships and environments in order to reach their potential. They are particularly vulnerable experiencing violence, abuse and neglectful circumstances and do not 'witness' violence in a detached way. Abuse and neglect at the hands of those who are meant to care is particularly distressing and harmful for infants, children and adolescents.

29. Given that the infant's primary drive is towards attachment, not safety, they will accommodate to the parenting style they experience. Obviously they have no

choice given their age and vulnerability, and in more chronic and extreme circumstances, they will show a complex trauma response. Infants, children and adults will adapt to frightening and overwhelming circumstances by the body's survival response, where the autonomic nervous system will become activated and switch on to the freeze/fight/flight response. Immediately the body is flooded with a biochemical response which includes adrenalin and cortisol, and the child feels agitated and hypervigilant. Infants may show a 'frozen watchfulness' and children and young people can dissociate and appear to be 'zoned out'.

30. Prolonged exposure to these circumstances can lead to 'toxic stress' for a child which changes the child's brain development, sensitises the child to further stress, leads to heightened activity levels or withdrawal and affects future learning and concentration. Most importantly, it impairs the child's ability to trust and relate to others. Infants and toddlers who have witnessed or experienced prolonged family violence are likely to develop disorganised attachments to their mothers (Zeanah et al. 1999). Indicators of disorganised attachment could include the infant avoiding eye contact, an inability to be soothed or displaying unusually high anxiety when separated from caregivers.

31. The development of a disorganised attachment means an infant will find it difficult to obtain comfort when needed and that they are frequently frightened by the presence of their mother as well as by the presence of the perpetrator of the violence. These babies and their parents require skilled and empathic therapists.

32. When children are traumatised, they find it very hard to regulate their behaviour and soothe or calm themselves. They often attract the description of being 'hyperactive'.

33. Babies are particularly attuned to their primary carer and will sense their fear and traumatic stress; this is particularly the case where family violence is present. They will become unsettled and therefore more demanding of an already overwhelmed parent. The first task of any service is to support the non-offending parent and to engage the family in safety.

34. Traumatic memories are stored differently in the brain compared to everyday memories. They are encoded in vivid images and sensations and lack a verbal narrative and context. As they are unprocessed and more primitive, they are likely to flood the child or adult when triggers like smells, sights, sounds or internal or external reminders present at a later stage.

35. These flashbacks can be 'affective', meaning intense feelings that are often unspeakable; or 'cognitive', that is vivid memories or parts of memories which seem to be actually occurring. Alcohol and drug abuse are the classic and usually most destructive attempts to numb out the pain and avoid these distressing and intrusive experiences.

36. Children are particularly vulnerable to flashbacks at quiet times or at bedtimes and will often avoid both, by acting out at school and bedtimes. They can experience severe sleep disruption, intrusive nightmares which add to their 'dysregulated' behaviour, and limits their capacity at school the next day. Children may eventually make meaning of their circumstances by believing that the abuse is their fault and that they are inherently bad.

37. In addition to the behaviours outlined above, adolescents may demonstrate behavioural changes and interpersonal difficulties such as running away from home, risk taking, problematic sexual behaviour and sexual exploitation, suicidal and self-harming behaviours, mental health problems and attempt to manage overwhelming feelings with substance use or numbing out and other avoidant behaviours. Adolescents will often stay up all night to avoid the nightmares and sleep in the safety of the daylight.

38. Children who have experienced violence have been shown to have significantly poorer outcomes on 21 child psychosocial, developmental and behavioural dimensions, compared with those who do not witness abuse. Behavioural problems include acting out, violence and aggression towards others. Outcomes for child witnesses were similar to those where children were also directly physically abused (Kitzmann, Gaylord, Holt & Kenny 2003).

39. The range of negative effects of living with violence are not always well recognised including the association between family violence and:

    39.1. young people involved in the youth justice system (Greenwald 2002);

    39.2. those who exhibit sexual behaviour problems (Duane and Morrison 2004); and

    39.3. an increase in the risk of psychosis in child victims of sexual abuse who have also been exposed to family violence (Cutajar et al. 2010).

Coping, recovery and resilience

40. Despite these negative effects, children demonstrate remarkable resilience after family violence and professionals must be careful not to pathologise them (Humphreys et al. 2008). Research supporting the evidence of children's recovery and resilience includes:

40.1. Kitzmann et al. (2003) noted that while a significant proportion of children who witnessed family violence fared worse, one-third of these children fared as well as or better than children who had not witnessed violence.

40.2. Martinez-Torteya et al.'s (2009) study found that more than 50 per cent of children aged two to four years showed positive adaptation and resiliency despite witnessing violence against their mothers.

40.3. Edleson (1999) reported that several studies found that as more time passes since the experience of domestic violence, children demonstrate fewer problems. He also discusses the reframing of perceived behaviour and psychosocial problems as coping strategies in a traumatic and complex environment. For example, it is very adaptive to be on alert and hypervigilent in a chaotic and violent environment.

40.4. Children's recovery improves the longer the period they are free from violence (Edelson et al. 2004).

Cumulative harm

41. Violence is frequently accompanied by other problems that are detrimental to children's safety and development. These may include parental substance abuse or mental health problems, neglect, disrupted living arrangements and direct abuse. Cumulative harm refers to the effects of patterns of circumstances and events in a child's life, which diminish a child's sense of safety, stability and wellbeing. The continuing daily impact on a child can be profound and exponential, covering multiple dimensions of a child's life.

42. Cumulative harm is experienced by a child as a result of a series or pattern of harmful events and experiences that may be historical or ongoing, with the strong possibility of the risk-factors (such as family violence and neglect) being multiple, inter-related and co-existing over critical developmental periods.

43. The term 'complex trauma' is also used to describe the complicated set of responses often observed in people subject to prolonged, multiple and/or chronic traumatic events such as persistent family violence at key developmental stages.

44. Family violence is a common factor in the lives of children who experience cumulative harm. The presence of violence has a highly detrimental impact on a child's development. 'Violence' in this context includes not just physical violence but also emotional violence – humiliation, coercion, degradation and the threat of abandonment or physical assault.

45. Cumulative harm can overwhelm the most resilient child and particular attention needs to be given to understanding the complexity of the child's experience. These children require calm, patient, safe and nurturing parenting in order to recover, and may well require a multi-systemic response and the engagement of specialist services to assist.

Children's response to violence

46. Children experiencing family violence can respond in a range of different ways and some look like they are not affected at the time. A child that appears to be 'unaffected' may in fact be showing an adaptive response where, in order to reduce the risk of further violence, they do not provoke the aggressor, or act out. Frequently, children like this are having a dissociative response which is adaptive at the time, but may well be the source of later difficulties in childhood and in their adult lives. It is overwhelming to see a parent you love attack your other parent; it is frightening. It is terrifying for a child who can't protect their mother, and frequently older siblings are protective of younger siblings and develop rituals to manage the chaos and terror.

47. For example, frequently in counselling parents have said to me 'the children didn't notice the violence; the children were in their bedroom playing or watching television'. However, when I have engaged with the children about this, they were well aware of what was happening and were doing whatever they could to cope with the terror. One family I remember working with, during the violence the children would go into their bedroom and brush each other's hair. It was a way of comforting one another in the most excruciating circumstances of hearing their mother being beaten. They knew she was trying not to cry so they wouldn't hear her. Other children I have worked with have pretended to be asleep, or to be watching TV;

some had been prepared by their mother, so that if the father came in with 'that look on his face' or smelling of alcohol, they would grab the baby and run to the neighbours. Others would know to call the police straight away if their father locked the door or took their mother's phone. Children in these circumstances must remain on high alert and are exquisitely sensitive to the parental non-verbal cues. Their energy is focussed on surviving the unpredictable dynamics that they cannot control, and children's learning is often compromised as a result of their tiredness and emotional distress and for some children, their post-traumatic stress disorder and depression.

48. The aftermath of the violence where there is blood on their mother's face, walls are smashed, or glass is broken, is often something that children have often spoken to me about as being intrusive memories that they can't get out of their heads during the day, and which keep them awake at night as nightmares. They are often involved in helping their mother to mop up the damage, and even bathing her wounds. They are often then involved in the cover up and hearing their mother making excuses, such as she 'fell down stairs'. Many children I have worked with are totally enmeshed in this denial in order to protect their mother and themselves from breaking the secret and triggering an even worse retaliation from the perpetrator. The children carry shame, embarrassment and sometimes are told and believe that it's their fault. The stigma of this can last a lifetime and I have worked therapeutically with many adults who have shared their deep pain that had not abated and which had caused problems in their adult intimate relationships and in their capacity to be close to their own children.

49. More confusing for children, is their experience of their father who will often later pretend nothing has happened and the whole event is shrouded in deceit. Children are expected to act normally with him at the family outing that is on the next day, or when dad might be coaching their footy team. This is often accompanied by the brainwashing that may be subtle, or in some cases quite overt, where the offending father will make comments to put all the responsibility for the violence on the mother because, for example, 'she knows what will happen if she has a go at him about the money', or 'she should have known he was tired', or 'she's a lazy cow who doesn't do anything all day, just having coffee with her friends – I deserve to have a quiet beer and then she has a go at me.' Children are often coached to mouth the excuses and minimisation of the perpetrator, who often projects himself as the victim.

50. Children generally have loyalties to both parents, are deeply confused and in order to survive sometimes identify with the offending father and join with him in denigrating the mother. Their disrespect and sarcastic comments to their mother, are a sign to the father that the children are 'on his side'. In some sibling groups, some of the children will identify with the mother, and the conflict then between the siblings can be extreme. This places more pressure on the mother, as she tries to control the children's fighting and the family is stuck in this argumentative, hostile and emotionally explosive dynamic. A common pattern is for the authoritarian and violent father to then underscore how he is the only one who can control the children and that she is 'hopeless as a mother and couldn't live without him'. If the mother has a disability and is also dependent on her husband as her carer it is even more complex. It is understandable then, how children who are experiencing this are frequently very sad, confused, often feel numb – they don't know what they feel. They are more easily antagonised at school because they have shut down emotionally, or they might be stuck in the 'flight or fight' response where they are more reactive and likely to act out. Sometimes, children will have learnt that the way you get what you want in life is to be a bully, just like their father, and that will be demonstrated in the playground. So the cycle repeats at school where they are getting into trouble and sometimes ostracised.

The impact of family violence on the parent-child relationship

51. The relationship between the child and the non-offending parent, usually the mother, may be affected by abuse and violence in many ways. The perpetrator may directly undermine the mother-child relationship by making the mother physically or psychologically unavailable to parent. The mother may experience anxiety and depression and be preoccupied with trying to control the home environment so that the perpetrator's needs are prioritized, meaning that her child's needs for play, attention and fun are either not met or only intermittently met.

52. When a mother is experiencing family violence, her child can be distressed and demonstrating emotional and behavioural difficulties requiring more intensive parental involvement at a time when the mother feels like she is most vulnerable. This situation is further exacerbated when the mother has also been subject to violence, abuse and neglect as a child.

53. For example, a woman who is in a state of hypervigilance or who numbs out (through dissociation or substance abuse) cannot respond to her child in a

predictable and attuned way. If the child cannot be comforted, she or he will remain in a state of fear. A child who is fearful may be clingy, crying or withdrawn and this may further distress the mother who is suffering her own trauma response. She may struggle to respond to the child's needs and become more overwhelmed. This in turn may cause the child to become more clingy or demanding.

54. However, there is also evidence of resilience in women's parenting despite the violence:

54.1. Many women increase their nurturing behaviours to compensate for the violence (Edelson et al. 2003).

54.2. Women's decisions about staying or leaving frequently depend on what they think is in the interests of their children. Protection of children is a strong motivator for leaving an abusive relationship but conversely others stay because they believe it is safer for their children (Edelson et al. 2003).

55. An extensive body of research has demonstrated that the majority of women respond protectively to their children, sometimes despite great risk and cost to themselves; in addition, mothers have a central role in children's wellbeing and recovery from violence and abuse. (Hooper and Humphreys 1998; Humphreys and Stanley 2006; Miller and Dwyer 1997).

56. The perpetrator's violence also impacts on how the children experience him as a parent in all the other parts of their lives. Men who use violence are more likely to have inappropriate expectations of children, to be authoritarian and rigid, and to be self-centred and put their own wants above the needs of their children. As I have mentioned above, children may also be forced to watch or join with him in perpetrating the abuse of the mother, other sibling or pets. This may have lifelong consequences. Attached to this statement and marked '**RM-3**' is a copy of a table from the Department Best Interests Case Practice Model Specialist Practice Resource entitled 'Families with multiple and complex needs' which provides further detail on the impacts of violence on parenting.

The impact on the mother's relationship with her adolescent children

57. The impact of family violence is not only felt before and during separation; it can continue years later when their past trauma is triggered or when new developmental

challenges arise. This can result in very challenging behaviours and significant conflict, disrespect and even violence towards the mother.

58. It is not uncommon for this to be played out by the adolescent, who may well be:

58.1. confused and acting out the male 'head of the house' in a misguided parentified role;

58.2. loyal to the father who may be separated from the family and is perceived as the 'needy' parent by the adolescent who acts as his agent to undermine the mother;

58.3. frightened to show allegiance to their mother in case they 'cop it';

58.4. sad and distressed, grieving the loss of the good aspects of dad and blaming the mother for not 'fixing it' because our culture has embedded beliefs about mothers;

58.5. anxious the family is falling apart and trying to control everything so there is some predictability;

58.6. emotionally dysregulated because of their own post traumatic stress disorder;

58.7. bullying and over-entitled in their attitudes towards women because their social learning has consistently reinforced that this is the ego-centric 'familiar' way to act; in other words, 'it's how things are and they have never learnt to respect others';

58.8. expressing the internalised views of the father, which has dominated family life; for example, the disrespectful beliefs of the offender can be expressed by the adolescent accusing their mother of being 'an idiot';

58.9. holding the belief that dad is the victim and that their mother 'caused' the violence; for example, she 'spent too much money, didn't look after the house enough, didn't take care of dad, always nagged him, always started the fights, was moody, was crazy, was stupid and if she had been okay, dad would never have hit her and anyway she is exaggerating – it wasn't that bad and she would just 'go him'; 'it's her fault';

58.10. seeking pain relief through drugs and alcohol;

58.11. overwhelmed by the conflict and apparent rejection by their mother.

59. These internalised disrespectful attitudes and behaviours towards their mother need to be worked with and cannot be ignored. However, it is also important to not demonise the adolescent and to understand the context and the complex dynamics that were historically set up by the perpetrator and may well continue after separation. This is particularly important to identify in family law disputes.

60. If there is adolescent violence to the parent/s and or siblings, there needs to be prompt intervention and the service system needs to be resourced and developed as there is simply not the capacity in the system now to meet the growing demands for services. Early intervention with young people who use violence is generally very successful and services gain good outcomes, however the need is greater than the options currently available in Victoria.

61. If the violence is current, children are often labelled as 'difficult' and will frequently not disclose the violence which is occurring at home. If the school counsellor or other services become involved they may be given various labels such as 'conduct disorder' or 'ADHD', however, too often in my experience, the existence and the impact of the violence has not been identified, fully assessed, nor the impact of it fully understood. Professionals from a range of disciplines can become focussed on diagnosing 'what is wrong with the child' rather than focussing on what has happened to this child. These are all missed opportunities. Indicators of trauma at different ages and stages are clearly identified in the Child Development and Trauma Resource as I was acutely aware that professionals across disciplines often lacked knowledge of what was typical behaviours at that developmental stage and what was an indicator of trauma.

62. The *Children, Youth and Families Act 2005* (Vic) requires practitioners to promote the child's development, taking into account his or her age and stage of development. Understanding the trauma the child has experienced and the duration and frequency of that trauma over critical developmental periods is fundamental to properly planning how best we can help the child and their family. Engaging safely with the mother and involving the right services who can ensure safety, holding the perpetrator accountable, is generally the first step.

Responding to children who have experienced family violence

63. In light of the highly detrimental impacts of family violence on child development, responses to children who have experienced violence need to be trauma and developmentally informed, child focussed and family centred.

64. Assessments need to be historically grounded and mindful of the cumulative impacts of harm and the exponential impact on children. This is in contrast to the episodic assessment of families and monitoring of the perceived risk through a procedural, task focussed approach. The fragmentation that occurs when child protection and other services is focussed on episodic risk can lose sight of the child's experience.

65. When endeavouring to help traumatized children and families, the system must not be fragmented and siloed, but interconnected and operating as a whole, incorporating flexibility and child and family centred approaches. This requires a consideration of the child's development, culture and the impact of trauma on their safety and stability. Children are the biggest single group in our homelessness statistics and stable housing is an urgent need when supporting victims of family violence.

66. Since the Victorian child protection and family services reform process commenced in 2002, child protection practice in Victoria has shifted from the previously more limited focus on risk assessment and child rescue, to a better understanding that the best interests of the child are served by attention to safety, stability, wellbeing and earlier intervention when a family needs help.

67. The Best Interests Case Practice Model was first launched and published in 2008 following State wide consultation and training, and continues to be updated and enhanced through incorporating new Specialist Practice Resources and Practice Tools. The Specialist Practice Resources are now used by all of the other States. With permission, they have been translated into other languages and to my knowledge they are used internationally by 14 other countries. They are freely available on the internet. A copy of the 'Working with families where an adult is violent' resource is attached to this statement and marked '**RM-4**'.

68. There has been an explosion of knowledge in regard to the detrimental impact of neglect and child abuse trauma on the developing child, and particularly on the neurological development of infants. It is critical that all sectors that deal with

children impacted by family violence have a good working knowledge of this growing evidence base so that we can be more helpful to families and child focused.

69. The Best Interests Case Practice Model is underpinned by a multi theoretical perspective and has drawn on research and clinical literature from child abuse, sexual abuse, family violence and offender literature as well as the trauma, attachment and child development evidence base. It cuts through the unhelpful polarities that can occur between different parts of the system, seen as either 'child focussed' or 'parent focussed' and positions good practice as 'both/and'.

70. When assessing risk, the Best Interests Case Practice Model stresses that while we have a 'strengths based' approach, Child Protection and family services practitioners must remain forensically astute and not confuse strengths with protective factors. This approach takes into account offenders and trauma dynamics where there is intra-familial abuse, yet does not lose sight of the potential for change that could build upon the existing strengths of non-offending family members, and possibly with offending adults who engage in treatment and behaviour change.

71. Practitioners genuinely getting to know the child and family, beyond superficial judgement is critical, in order to work towards better outcomes for the child, rather than a narrow focus on the program compliance measures. Practice needs to be focussed on outcomes for the child.

72. The Best Interests Case Practice Model makes clear that case conferences, family engagement, partnership and shared communication with other involved services are basic and imperative to good practice. There have been excellent initiatives in recent years such as the development of the Multi-Disciplinary Centres for sexual assault and the piloting of the Risk Assessment Management Panel (**RAMP**) program in Broadmeadows and Geelong for extreme risk family violence cases, which in my view should be rolled out state wide with recurrent funding. Below I discuss the successful co-location of community based child protection practitioners in Family Services networks and recommend also co-locating family violence practitioners within child protection and family services.

The importance of integrated family violence service systems

73. There is a growing international trend towards developing integrated family violence service systems and common standards and practices among service providers (Day et al. 2009; Department of Human Services 2012).

74. Keeping children safe requires an effective partnership between police, courts, specialist family violence services, family services, and universal services, other secondary services such as mental health and disability services and child protection. A consistent approach to assessing and managing family violence to enhance the safety of victims across all services is critical.

75. In Victoria the family violence risk assessment and risk management framework (often referred to as the common risk assessment framework, 'the CRAF') has been developed to support coordinated and integrated work in the challenging area of family violence. In my view this is a very useful document however it requires an update and the development of consistent risk categories or ratings, based on an analysis of the risk indicators that is translatable and coherent, across sectors. There is also a need for a common and a renewed commitment to cross-sectorial training that is ongoing in local areas and inclusive of child protection.

76. The recovery process for children and young people is enhanced by the belief and support of non-offending family members and significant others. Mothers need to be made safe and given opportunities to integrate and make sense of their experiences. Frequently though, in the chaos and urgency regarding court, housing and other adult focussed needs, the issues for children can become secondary or even overlooked. Similarly supporting the relationship between the children and their mother which has too often been harmed by the violence, needs to be the basic orientation of an integrated service system.

77. It is important to acknowledge that parents can have the same post-traumatic responses and may need ongoing support. Practitioners and all professionals in the child's life need to support parents in managing their responses to their children's trauma. It is normal for parents to feel overwhelmed and suffer shock, anger, severe grief, sleep disturbances and other trauma related responses. Case practice needs to be child centred but also be practical and realistic about the need to work with the family issues that are driving the child's distress and developmental problems. If the mother or the children have a disability, or if English is not their first

language, then care needs to be taken to ensure interpreters and consultation with disability experts is sought if required. In practice there are significant difficulties in obtaining interpreter services and at times children are placed inappropriately in this role.

78. The family violence risk assessment and risk management framework helps keep perpetrator behaviour and risk assessment at the centre of analysis. There is evidence that historically child protection practice has unwittingly contributed to a process that has held women accountable for the safety of themselves and their children but left the perpetrator invisible (Burke 1999; Edleson 1998; Humphreys and Stanley 2006). Several Australian studies found that men were frequently not interviewed after a child protection report even when the concerns related to family violence (Frederico et al. 2014; Heward-Belle 1996 in Laing 2003).

79. This is sometimes referred to as the 'invisible man syndrome'. This is at times unavoidable because, through no fault of child protection, the perpetrator has made himself scarce and in some cases I've been involved with, has even been hidden by the woman because of her fear of his retribution. Skilled engagement is required so that women do not feel blamed and can be supported to reflect on the relationship, where they have been held captive emotionally, and sometimes physically. Notwithstanding these unavoidable situations, there are many situations where practice could be improved in terms of practitioners being supported to engage with men who use violence.

80. This has been targeted in training in recent years and there has been a state wide roll out of training to accompany the Specialist Practice Resources that I have been involved in delivering. However ongoing skill development is required as the work is difficult and extremely emotionally challenging for practitioners. Close liaison with police is required as there are a proportion of offenders who are so dangerous that a police led intervention is required not a child protection led intervention.

The importance of a differentiated system

81. There have been inroads in the past few years in terms of the family violence sector becoming more focussed on child maltreatment and the impact of intimate partner violence on children. However, this is a work in progress and needs to be systemically embedded, resourced and continually reinforced through the way we set up local networks, the way we train our professionals across sectors and the

way we supervise them and develop practice protocols on the ground. As I discuss further below, family services with enhanced resourcing and co-location of family violence experts could be considered as the appropriate triaging for the Victoria Police reports (L17s) where children have been present during family violence incidents. However, recurrent funding is imperative given these services are already overloaded and careful structuring of additional infrastructure, including IT systems, and close links to the Multi-Disciplinary Centres, RAMP teams and other services would need to be established.

82. One of the mistakes which can be made, is to refer all family violence reports to child protection. However, this is simplistic and unhelpful. To my knowledge it is estimated that less than 12 per cent of L17s referred to child protection result in an investigation. Whilst we acknowledge that experiencing family violence is traumatic for children, we also know that most mothers act protectively and require support, not a child protection investigation. Child protection resources are finite, and careful assessment is required so that only the most extreme cases where children are at significant risk and where other interventions have not mitigated that risk, are referred and dealt with by child protection.

83. Frequently perpetrators have threatened women into staying silent and not seeking help by scaring them with the possibility of child protection becoming involved and taking the children. Even if this hasn't occurred, women are naturally afraid of what might happen if child protection become involved. The practice in Victoria is clearly one of only removing children as a last resort and we have the lowest rated of removing children in the country and one of the lowest in the western world. Three out of four cases which are investigated by child protection do not result in court action, rather they receive a community based and supportive response. It is important that the myths about child protection are debunked and that all services understand that the practice of child protection, wherever possible, is one of empowering parents to care for their children safely.

84. As Chief Practitioner, I was very focussed on the knowledge from family violence services being well understood by child protection practitioners and trying to share the knowledge from child protection with the family violence sector and the family support sector. For example, in the Specialist Practice Resource developed in 2014 and co-authored by Dr Dwyer and I, we stressed that the time of leaving may in fact be the time of greatest danger for some women. There needs to be a firm safety plan in place if child protection is to close the case at that point. Frequently

what is required are Family Court and Magistrates' Court orders to protect the mother and the children and to hold the perpetrator accountable. The family violence services and men's behaviour change services are generally the most appropriate services in these matters, however, at times (particularly in high risk cases) there needs to be a carefully planned and joined up response which includes child protection.

85. A family support response is the preferred way of helping the family and preventing the child needing to be placed away from their parents. Removal from family may be a very traumatic experience for a child. Child protection need to balance the likely impact of this against the likelihood of harm if the child remains within the family where the violence continues.

86. In my view it would be a mistake to have a recommendation from the Royal Commission where any case of family violence which involves children is referred to child protection, as the system will simply become overwhelmed and valuable resources will be expended in administrative triaging that would be better allocated to the skilled and intensive work which is urgently required with the most at-risk cases. This may also have the unintended and damaging consequence of dissuading women from seeking help from police, family violence services and family support services because of the threat and potential feared consequence of child protection involvement.

87. In my view, child protection should be working with the very high risk cases and wherever possible, other services who can work with the whole family, supporting the mother and children and engaging the father in taking responsibility, are more appropriate.

88. Research has shown that women often leave through two typical pathways: one is the 'defining moment' where he has 'gone too far' and child protection is often part of this process. The second is where she has exhausted all possible pathways of making the relationship work. Child protection is sometimes part of this journey as well. In the resources for child protection practitioners, we have cautioned about the dangers of an over simplistic response where, 'separation equals safety' and also where couple counselling is seen as a solution. This may be an appropriate response, however, it is critical that any couple counselling is fully informed about the power dynamics of intimate partner violence and that violence can occur during and post separation. Risk is dynamic and any transition point can exacerbate the

perpetrator's likelihood of revenge and violence. Any couple counselling is contra-indicated where the violence is current. There should be a clear and demonstrated commitment that the physical violence has ceased and any couple counselling should engage the perpetrator in challenging his over-entitled beliefs and his right to dominate and control.

Cautions regarding individual, couple and family therapy

89. Couple counselling, mediation and family therapy may be very helpful for some couples who are safe following the cessation of the violence, however it is potentially dangerous in the context of continuing family and domestic violence, as they can increase the risk of further violence. A woman who participates in couples counselling might feel intimidated about speaking or might censor what she says to protect herself. This can reinforce her sense of powerlessness and the sense of secrecy about the violence she is experiencing.

90. Couple counselling can further enhance the perpetrator's power, especially if he has coerced his partner into participating or is allowed to dominate the agenda and discussion of the session. The perpetrator can use the couple's counselling or mediation session to make demands of his partner or use subtle threatening signals, coercing her compliance due to the fear of retaliation. Her reasons for not complying, based on the need to protect herself and her children, can therefore remain invisible in the couples counselling or family therapy context. This can enable the perpetrator to successfully draw the therapist into colluding with his view (Mederos 2004).

91. No To Violence's standard relating to couple counselling states: 'Program providers only provide couple therapy or relationship counselling if the woman:

91.1. is willing to participate

91.2. does not feel threatened in the counselling situation

91.3. feels safe at home.'

92. I have experienced many situations where the perpetrator of the violence had accessed mental health services preceding or during a crises, or where there has been an ongoing therapeutic relationship, and of concern, the violence was not privileged as the central concern. Rather the focus was on his depression or on other diagnoses. This has also been a feature of other counselling or mental health

services that are provided to children or the non-offending parents where, in my experience, there was a failure to position the violence as the central and organising feature of the family and child's life. Rather the violence was seen as a symptom of some other or deeper underlying issue and the focus became the depression, the mother's childhood or, for example, the substance misuse and 'the elephant in the room', that is the violence, was not directly addressed. It is critical in my view that adult and child mental health services and other counselling services are trained and accountable for ongoing professional development in regards to their understanding of the impact of trauma and the effective response to family violence. A shift is required that changes the focus of clinical formulation from the individual adult client to also seeing him through the lens of father and partner who in fact is causing harm to others.

Improving child protection practice

93. The Office of the Principal Practitioner was established in 2010. Over time, a further 12 clinically trained and experienced Principal Practitioner positions were introduced into child protection, so that, by October 2013, they were placed in all divisions of the Department and had a regular presence in every office around the state. The structure and operating model for the child protection program was significantly reformed at the end of 2012 when the practice stream was introduced, and more experienced practitioners were given carriage of the most complex cases and increased support was made available in each team for less experienced practitioners. Each team, generally consisting of 5-6 practitioners is now led by a team manager and a senior practitioner.

94. More child protection practitioners are now co-located within Child and Family Information Referral Support Teams (**Child FIRST**) family services across the state and with police and sexual assault counsellors in the Multi-Disciplinary Centres. Each of these provide excellent platforms for a more seamless and integrated response to family violence across sectors.

95. Amendments to family law legislation in June 2012 that widened the definition of family violence have resulted in significant increases in the filing of Form 4 notices of child abuse or family violence and the number of child protection reports to the Department under section 67Z of the *Family Law Act 1975* (Cth). The notice must be filed in the prescribed form and the Court must, in Victoria, notify the Department of Health and Human Services as the prescribed child welfare authority. Senior

child protection practitioners have been co-located within the Family Court in Melbourne and in Dandenong and their focus has frequently been on complex cases that involve multiple systems and reports of family violence in the context of child residency and contact disputes. This is currently being evaluated but in my view it is a highly successful initiative and should be strengthened. Family Court and state based child protection services sharing information and analysis, and the rapid and flexible cross agency response has been critical in preventing harm in many situations of which I have personal knowledge.

96. One key area for continuing improvement of child protection practice is engaging the perpetrator and holding him to account for changing his behaviour. This should include assessing the pattern of coercion and controlling behaviour as well as the physical violence. Skilling and supporting frontline practitioners and planning the engagement with police and other services (including men's behaviour change or other interventions) is critical to good outcomes.

97. Child protection practitioners have been trained since 2006 to understand the cumulative harm to children of family violence and also to be able to talk about this in ways with women that do not further diminish their self-esteem or make them feel blamed for the impact on their children. This also needs continued system wide resourcing. The unintended consequence of child protection intervention can result in women reacting loyally to the perpetrator and paradoxically, seeking comfort from him because she feels like a 'bad mother'. At this point, some perpetrators who are clearly the cause of the problem, also become 'the comfort' and can, at times, express remorse and promise not to do it again. As is well articulated in the literature, as part of the pattern of controlling behaviour, typically the woman becomes isolated from social supports and the perpetrator has become a central controlling figure in his partner's, often lonely, life. The woman is often overwhelmed by the financial, housing, social and other ramifications of having to separate from him, so she gives him another chance and remains stuck in the relationship. Sometimes child protection saying 'you need to separate from this man or we'll need to become involved' can also result in some women keeping the relationship secret and therefore diminishing her capacity to seek help where needed. This may have devastating consequences for children. I have worked with many cases where this complex dynamic is played out across years and sadly, in many cases, the children later can then blame their mother for not having left earlier.

98. As a consequence of the lack of focus on the perpetrator, women have often been blamed for not protecting their children or for not leaving violent relationships. The most commonly asked question is not 'why do men abuse?' but 'why don't women leave?' The importance of holding the perpetrator and his behaviour at the centre of the analysis cannot be overstated. The safety of children is unlikely to be achieved if their mother is still unsafe and there is no engagement with the person perpetrating the violence. However this requires careful assessment and planning and in some cases is not possible. The partnership with police is crucial in these cases as at times it is simply unsafe for child protection, family services or family violence practitioners to engage with the perpetrator. Worker safety issues are of critical concern and there are some cases where a social work response is not the answer and the perpetrator requires a targeted police response to manage the criminal behaviour and disrupt the likelihood of further harm.

Development and integration of family services and child protection

99. Over the past decade, the child protection, family services and out of home care sectors have been engaged in significant reform legislatively, operationally and within the practice culture.

100. A significant component of this reform was the establishment of a diversionary family support system known as Child FIRST. Child FIRST aims to establish a more integrated system and to reach families in need earlier.

101. 24 Child FIRST sites were introduced in sub-regional catchments throughout Victoria from 2007 to 2009. Child FIRST is a partnership of diverse community based family services from a range of non-government and local government support programs. Each Child FIRST site has a nominated lead agency which provides a visible point of contact, coordinated intake processes and joint professional training and reflective practice sessions.

102. In order to facilitate the effective operation of Child FIRST, Child and Family Service Alliances were established in each sub-region, comprising representatives from Integrated Family Services, Child FIRST, Child Protection, and Department central policy and partnership staff. Their role is to develop catchment plans, coordinate local services and foster local networks with all relevant universal, secondary and specialist services.

103. Child FIRST and Integrated Family Services built on the existing Victorian family support services delivered by non-government organisations and they were targeted at families that had traditionally cycled in and out of child protection, many of whom experienced family violence. In developing this family services system, there was a deliberate strategy to respect and utilize locally situation knowledge, where there was a local 'bottom up' service design with 'loose' prescriptions, but tight performance targets around preventing the escalation of harm to children and reducing child protection demand.

104. In 2006, the Department created a new role of Community Based Child Protection Practitioner that was co-located with family services workers at Child FIRST sites. The new role was created to improve ease of liaison and information sharing between child protection and family services, to enable ongoing consultation and joint assessment of children and families and to enable collaborative practice to occur in local areas with greater ease.

105. Community Based Child Protection Practitioners provide consultation on complex cases in Child FIRST and work collaboratively to facilitate referrals from and into child protection if needed. An evaluation conducted by KPMG in 2011 found that this co-location arrangement had seen a marked improvement in local communication processes. In my experience, the role is greatly valued by the family services sector and the Community Based Child Protection Practitioners are well respected. Child FIRST provides a less stigmatising, alternative referral pathway where previously the concerns may have escalated, requiring Child Protection Intervention. I also suggest that Family Violence practitioners and Child Development practitioners also be co-located within Child FIRST.

106. Prior to these reforms, the family services system existed in discrete silos with little or variable collaboration across community service agencies around the state, and with few formal coordinated arrangements with child protection locally.

107. The reform has had a significant impact on collaboration in the family services sector, improving practice outcomes and reaching vulnerable families. A review conducted by KPMG in 2011 found that with the introduction of Child FIRST and Integrated Family Services:

107.1. community-based services were generally more visible and accessible

107.2. many more facilities are now receiving services;

107.3. substantially more hours of services are being provided;

107.4. there is a demonstrated capacity to engage complex families;

107.5. a far more complex group is being supported;

107.6. more families are receiving intensive support (of 40 hours +) to address their complex needs; and

107.7. workforce capacity and practice to work in children's best interests has been enhanced.

108. In my view, continuing and further resourcing the embedding of a specialist child protection practitioner in family services platforms such as Child FIRST is crucial to early intervention and ensuring better outcomes for children. It would be further improved by bridging the knowledge and skill held in the family violence service sector by co-locating family violence specialists in the Child FIRST teams and family services alliances. Along with knowledge of the supports and systems needed by victims of family violence, I am aware that the family violence women's services hold valuable information on their data bases in relation to certain serial offenders and past behaviour patterns which has been invaluable in certain high risk cases. Co-location of professionals with deep knowledge of their own systems, and data systems that speak to one another and can be easily accessed, are invaluable in helping our most vulnerable families. Good risk assessment is dependent on quality information and good intelligent analysis; the more we can build multi-disciplinary eams that can respond flexibly to rapid and dynamic risk escalation, the better the outcomes for children.

109. In addition, reintroducing children's services early years child development specialists to Child FIRST teams would improve the outcomes for children. These positions, introduced some years ago in each Child FIRST catchment (but no longer funded), were very effective in helping family support services to navigate the early children services networks (i.e. for infants and pre-schoolers), such as child care and specialist children's services including speech therapy, occupational therapy, infant mental health, family therapy, physiotherapy and early parenting services. The knowledge of brain development and the critical importance of the early years has demonstrated the importance of early intervention and finding the right service for children for children who have been harmed at the most opportune time. Having early childhood experts embedded in family support services bridges the service

system silos. This helps frontline practitioners to navigate complex referral systems and to advocate for the youngest victims of family violence who often require a priority service. I strongly recommend that these positions be re-funded and structured within Child FIRST catchments.

Prevention and early intervention initiatives

110. The *Children, Youth and Families Act 2005* (Vic) enables pre-birth reports to be made to child protection which are typically triggered by drug and alcohol and family violence issues. These are usually case managed by family services and this is a key opportunity to prevent or interrupt dangerous patterns of violence. As stated earlier we know that violence can frequently begin during pregnancy and this time is a critical opportunity to intervene.

111. The 'unborn reports', as they are referred to, are mostly referred to family services. Only the extreme risk cases would result in child protection having an ongoing role during the pregnancy and potentially removing the baby. This is rare. Early parenting centres such as the Queen Elizabeth Centre and Tweddle provide a vital service in supporting the parents to develop the skills to care for the child and assessing the parenting capacity. Child protection is frequently partnering with early parenting services to prevent harm to children and to address the complex problems that exist, which often includes family violence. These services deal with a relatively small number of very high risk cases. In my view, there is a need for generalist ante-natal and primary health care services to be more skilled in engaging women in difficult conversations about the potential presence of family violence, and then to know how to respond appropriately. GPs need to be a particular target group. However, there needs to be more housing options developed that can meet the need of women during pregnancy who experience family violence.

112. The ante-natal period is also a very good time to engage the perpetrators as men may be more open to getting help and changing their behaviour because they want to be a good dad. I have worked with many men in this situation who find the motivation to change because they do not want to be like their own father and do not want their children to have the kind of childhood which they had. I am not suggesting that a criminal justice response is not part of this process, nor that all men can be engaged. However, many men, if they were engaged skilfully and we

had more options to connect them with services during this window of opportunity, would take it up.

113. I had the privilege of providing supervision to a range of maternal and child health nurse teams over 14 years as an independent practitioner. This universal service provides a key opportunity to intervene early where women experience violence and infants are at risk. It is important to skill and resource nurses to identify the indicators of abuse and to be able to have the difficult conversations with women in a non-blaming way about the violence. This requires that nurses are professionally supported in an on-going way. Like all professionals in this field, the emotional impact and the vicarious trauma experienced by professionals can be significant. Maternal and child health nurses provide an invaluable service across Victoria and are often the recipients of the first disclosures from women who are being violated. They often work in isolated clinics and with high case loads. They are often the frontline of key referrals to specialist services and are key advocates for the impact of the violence on the parenting relationship and the child's development. The enhanced maternal and child health program which enables more intensive home visiting support to the most vulnerable families, requires additional resourcing and a more structured support mechanism and bridging to other key services. This service system is well placed as a platform to further develop preventative and early intervention responses more systemically in Victoria.

114. Despite the name 'maternal and child health', our Victorian nurses are generally skilled at engaging with men and providing a family focussed service. However, this requires ongoing training, supervision and more resources to develop the services so that nurses can refer men for counselling and behaviour change work. We need to be more creative in having more flexible models such as where individual men can be targeted for an outreach service or where these issues may be discussed in new parents' groups run by nurses.

115. Different cultural groups require more creative engagement strategies and I have witnessed different programs do this very successfully. However, this is variable and too dependent on excellent practitioners using initiative rather than being systemically resourced and embedded.

116. Programs such as Cradle to Kinder and Stronger Families are having very positive outcomes and are currently being evaluated. In my view, they demonstrate the importance of early intervention and consistent, flexible support with brokerage

funding which provides practical, home-based support from a trusted professional who has continuity of care. Vulnerable families who have frequently experienced trans-generational trauma, frequently require a more intense and long-term response. The prevention and early intervention into family violence can be enhanced by growing these services. Although they may be seen as more expensive, when one sees the social, health and economic costs of a child who experiences family violence throughout their life trajectory, it is a small price to pay. If a child is removed into out-of-home care, the financial costs of the out-of-home care alone is an exorbitant cost to the State. We need to invest in prevention services more robustly and intelligently and not just 'the ambulance at the bottom of the cliff'. Culturally competent and sensitive programs such as Bumps to Babes and Beyond in Mildura are excellent examples of what can be achieved through partnership and strategic engagement during the ante-natal and critical early years.

117. These targeted family services can be circuit breakers for intergenerational patterns of violence and positively interrupt vicious cycles of abuse and neglect of children.

118. Early childhood services and education provide an opportunity for further improvement in prevention, early identification and intervention into family violence.

119. While the early years are critical periods of development, it is also important to ensure that there are early intervention services throughout the child's life. Adolescence is another critical time in terms of brain development, and is an important time for intervention. Intervening early with children and adolescents who experience family violence and who may use violence against others requires skilled practitioners who are well supervised and receiving evidence-based, ongoing professional development. They require family therapy knowledge and need to understand the systemic dynamics within families and the critical importance of engaging with the parents in achieving any successful behaviour change of the young person. Children frequently become symptomatic and act out the underlying family problems and parents' relationship problems. As a priority, any controlling or violent behaviour within the parents' relationship should be addressed. A child is unlikely to be helped through counselling if the violence at home has not stopped. This is not limited to physical violence but includes bullying and controlling parental behaviour, either directly towards the children or to the other parent.

120. Targeted interventions within the universal education curriculum about respectful behaviours and relationships should be strengthened. This includes anti-bullying

programs and programs about appropriate and respectful dating relationships. I have witnessed programs at some secondary schools who linked with the local government youth services to develop programs that targeted at-risk young people within the school in a non-stigmatising way. Just as women who attempt to leave violent relationships can be harassed through social media by their violent partners, this is a growing phenomenon for young women and the misuse of social media is a critical issue. Personal safety programs and programs which would provide child sexual abuse prevention education could also be embedded consistently across the Victorian education system which would improve outcomes for children. Programs that enable disclosure of family secrets are often the first time that children speak out.

121. The different practice models utilized within school based education in Victoria do not easily translate to collaborative work with child protection and family services. Joint work with education is required with a view to developing shared practice knowledge and models of intervention which adequately respond to risk and complex family distress. A family centred approach within education, rather than an individual focus on the child which is common in many schools, could engage many parents in change at an earlier stage.

122. The resilience literature informs us about the critical importance of connection and relationships that matter to young people. The families most at-risk are generally those who are socially isolated and transient. Children in these families are often lacking social connections to schools and community, and are therefore more vulnerable. The most resilient children are those who have a secure attachment to their primary carer (usually their mother) and who are well connected to their extended family, community and culture. For Aboriginal children, connection to culture is healing and needs to be part of our planning and ongoing work with the family. In Victoria, any child protection intervention needs to be informed by the cultural advice received from the Aboriginal Child Specialist Advice and Support Service (**ACSASS**).

123. Mentoring programs such as White Lion and Big Brother, Big Sister can help build the resilience of young people despite adverse family circumstances through the development of a trusting relationship with a volunteer who takes a personal interest in an ongoing way and provides an alternative role model. These programs are relatively cheap to run because they primarily rely upon volunteers but have been consistently underfunded in our service system.

124. Family to family mentoring programs, have also exemplified the positive effect in reducing family violence through enabling families to experience community support at a neighbourhood level. Funding Neighbourhood Houses which develop local community initiatives are also a way of building networks and enabling families to safely care for their children.

Systemic improvements

125. Many perpetrators of family violence avoid mental health services and the police who are trying to serve them with warrants. The need for swift and accurate police data systems to enable the recording of warrants has been well aired in the public space. Perpetrators can be notoriously intimidating and cunning, and holistic information sharing is critical. More importantly, strengthened capacity within Victoria Police and between other services for rapid intelligence gathering and analysis of the full picture of the perpetrator's escalation of offending or other forms of anti-social behaviour, are critical to good judgements about children's safety.

126. It is clearly problematic when the full picture is not held in mind because the information is scattered between civil matters, criminal charges, and family court matters, criminal breaches of the Intervention Order and the manipulative avoidance of the offender which results in further adjournments. A case management approach with such offenders and some assertive police visits to follow up on his recidivist breaches of the Intervention Order is highly desirable. Whilst the RAMP program with multi-disciplinary panels should be rolled out across each area of the state, it will only cope with the extreme cases, whereas there are many cases that require a police case management and disruptive policing approach.

127. The Victoria Police Family Violence Enhanced Service Delivery model introduced in 2012 dictates a concentration on complex family violence cases, recidivism and repeat victimisation. To my knowledge over 30 teams have been set up around the state and collaborative practice is improving on the ground in my view as a result. The new funding for increased workers at court is a positive step in using the window of opportunity when violent men present to court and are in obvious need of clear boundaries, behaviour change and mental health assistance.

128. I have read Victoria Police's submission to the Royal Commission into Family Violence. I support the Victoria Police suggestion that the police are given the

capacity to issue Intervention Orders which would avoid delays in them being served and in my view establish a more immediate and robust safety plan around the victims of the violence. I also endorse the information sharing initiatives that have occurred with Corrections Victoria and support legislative change to further enable information sharing across sectors.

129. Finally, my practice experience has increasingly made me aware of the need for legislative changes to enable the court process to be more victim centred and safer for women and children. The specialist family violence courts have been a highly effective development in my view and I have been closely involved in a number of cases in the Heidelberg and Ballarat Magistrates' Courts, however this approach is required state-wide. Furthermore, the daily occurrence of victims and perpetrators being in confined hallways of Magistrates' Courts around the state, awaiting their matters to be heard is in urgent need of intelligent reform. Victims need to have options to give evidence from other locations. Women's services do an excellent job in their support role in the court space but there is simply too much work for too few of them.

130. It is also imperative that the men's service system be strengthened and resourced. There is simply inadequate capacity within men's behaviour change services and there is a need to further develop the focus on family relationships and co-ordination with women's and children's services. There needs to be funding for more individual work and outreach to support the group work. Some local initiatives and programs on fathering after violence have been excellent, however they have not received ongoing support or funding. Men who have used violence in one relationship will find other partners and have other children, or become a step-parent to other children, and it is naive to believe that helping women to separate safely from the first relationship is going to keep other women and children safe. Resourcing and evaluating programs for men who use violence is an urgent need systemically in Victoria.

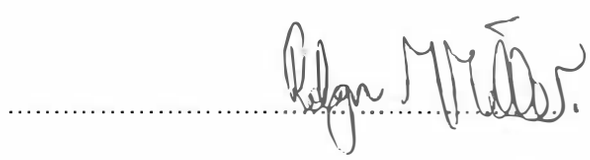
131. My following comments are not intended to be critical of the Magistrates who have been an excellent support to the professional development of child protection and family services, rather my comments are a reflection on the current constraints in the court system and the legislation. Magistrates daily are in the face of the suffering caused by family violence and are instrumental in protecting women and children and holding perpetrators accountable. I have jointly delivered training across the state in recent years with magistrates and other partners from police and

men's and women's services. However, it has become obvious to me, the more we have dialogued and reflected on the experience of women and children who have to navigate the court system, that it is in need of urgent reform.

132. It is not uncommon for women who are in shock and distressed having to negotiate systems that experienced professionals find stressful and confusing. The legal process itself is too complex and fragmented and can involve three jurisdictions in multiple locations: the Magistrates' Court for civil matters and for criminal matters; the Family Court for parenting orders, the Children's Court if child protection assess the children to be at serious risk. Depending on when and where the perpetrator committed the violent assault there are often multiple police units from different regions and units involved and different police prosecutors in different court locations. For example, a woman who has been harmed may have an Interim Intervention Order and be required to come back to a court at a certain location, on a certain date, as well as also being required on a different date in relation to the criminal charges regarding her partner's violence, which may be heard at a different court (and this hearing may have been adjourned several times). She may also be negotiating applications to the Family Court and trying to change the contact conditions for her children to stop the perpetrator having contact, particularly if he has made threats to kill, or after the intervention of child protection who have told her they have the power to take the matter to the Children's Court. If a parenting order under the *Family Law Act 1975* is inconsistent with a family violence order, the family violence order is invalid (s. 68Q). Copies of court orders can be mislaid, women can be misled about the current conditions and schools are often confused about the conditions for children. Perpetrators can take out Intervention Orders as a retaliatory response to women and they can become vexatious litigants in the Family Court.

133. However, in cases in which a parent seeks to make an Interim Intervention Order while a parenting order is in place, a Magistrates' Court can revive, vary or suspend a parenting order for a period of 21 days. It is not well understood though in practice, that at the end of the 21-day period or when the interim order ceases, the parenting order that is in place will resume and become valid. This often places children and women at risk as they must then resume contact with the perpetrator or they are in breach of the Family Court order. It is therefore important for any other professional to provide information and support to the woman in seeking to change the parenting order, to reflect consistency with the Interim Intervention

Order. This will require an application to the Family Court. All of this usually takes place when the victimised woman is trying to negotiate housing, is financially stressed, trying to mother distressed and behaviourally disturbed children, dealing with phone calls from schools who may be complaining about the children's behaviour, feeling ashamed and embarrassed, angry and let down, meeting new professionals she feels intimidated by, and dealing with her own post trauma response and terror that her ex-partner will follow through on his threats in the texts she is receiving. This is not a victim centred process and it is in urgent need of systemic, compassionate reforms.



Robyn Maree Miller

Dated: 14 July 2015