



Queen Elizabeth Centre
 53 Thomas Street, Noble Park 3174
 T +61 3 9549 2777 F +61 3 9549 2779
 E theqec@qec.org.au W www.qec.org.au

ABN 23 237 300 347

27 May 2015

PO Box 535
 Flinders Lane VIC 8009

To the Royal Commission into Family Violence

Thank you for the opportunity to respond to the Royal Commission into Family Violence by accepting our written submission based on the terms of reference and guided by the issues paper (released 31st March 2015). The Queen Elizabeth Centre (QEC), a state wide government funded organization, recognises and acknowledges the profound impact of family violence on the unborn child, and infants through the early years and the effect of cumulative harm and ongoing trauma caused. Family violence impacts on all areas of early development and there is strong evidence that concludes exposure is detrimental to the psychological, social, emotional and physical wellbeing of the developing child.

Children are influenced by the relationships and environments around them, beginning at conception. Research indicates what happens during the prenatal period, infancy, and early childhood affects a child's life forever. These early experiences influence later learning, behaviour and health. A strong relationship between a mother and her child appears to be the best safeguard against child abuse and neglect. These foundations of attachment, are vital in ensuring optimal outcomes for children.

Family violence occurs in many forms from witnessing, fear, yelling, controlling and a tense environment, sexual, and physical abuse, all impact on children's physical, emotional, psychological, social, educational and behavioural wellbeing and the impact can be seen across all ages and stages of development antenatally to adulthood.

At QEC, we work with families who are vulnerable and at risk and/or court ordered to attend programs offered within residential and community settings who are affected by family violence. The organisation's vision and practice model underpins a commitment to give children the best start in life. Many of the families referred experience trauma such as family violence in all of its forms, along with alcohol and drug abuse. In addition, mental health problems, intellectual disability, parental history of abuse and family neglect and situational stress, challenges a parent or caregivers ability to care for their child in a safe and supportive environment.

The following facts are worth noting:

- 1) Research shows the more serious the partner's level of violence, the higher the likelihood of insecure and disorganized attachment between the infant and the caregiver. The attachment figure (in these instances, the mother) is a source of both fear and comfort and babies are both afraid of, and in need of, their mothers.
- 2) Infants maybe directly involved in family violence incidents either directly or indirectly. They may be used as a shield, hit by thrown objects or directly injured in order to terrify the mother. Even when they are apparently lying passively in their cots, they are extremely sensitive to their surroundings and especially the emotional state of their caregiver. This is also relevant to the unborn child who too experiences the emotional state of their mother.

- 3) Pregnant mothers and mothers and infants in the post birth period can be can experience an intensity and increase in family violence due to the changes in the family dynamics.

QEC works closely with Child Protection, Child First, the Children's Court, Maternal and Child Health services and communities across Victoria supporting vulnerable families and enables the organisation to give a voice to the unborn and children up to the age of 4 years.

The Child Protection system often fails children as it considers social and emotion disturbance and the cumulative effect, too difficult to prove and tends to consider violence in terms of physical abuse where the result is seen in the form of 'physical evidence'. As a result children experience cumulative harm, through being exposed to family violence on a daily basis.

Included is a case study for your reference to show the persistent family violence that infants and young children experience and their experience of cumulative harm whilst awaiting for intervention. This family was referred to QEC for a parenting capacity assessment.

FAMILY HISTORY

- **The family comprised of mother, father and two children under the age of 2.**
- **Both parents identified significant family violence in their family of origin.**
- **Family violence and drug use was evident during pregnancy with an unborn child protection report.**
- **Two further child protection reports of family violence were made, two days apart. Child 1 was three months old at this time.**
- **A further child protection report was made when child 1 was 8 months old.**
- **The child was not sighted during the two DHHS reports despite several child protection attempts to locate the child.**
- **A referral to QEC was made when child 1 was 8 months old.**

The family was referred to QEC after 4 child protection reports of family violence and neglect of the children, aged 8 months (child 1) and a newborn baby (child 2). The child protection reports indicated significant family violence, drug abuse and neglect, both during pregnancy and post birth.

The family attended QEC Parenting and Skills Development Service residential. During the assessment Ms X was observed to roughly handle child 1, yell and threaten the child, and was alleged to have physically hurt the child. Ms X had limited capacity to regulate her emotions.

QEC recommended Ms X should be supervised in her care of the children and the children to be placed with a suitable adult who could meet their needs. DHHS determined that the children were safe to return home with their parents, with ongoing assessment and support from the QEC home based program.

Within a week of being discharged from the QEC residential program the children were residing in shared care arrangements with extended family members and were spending 3 days a week with the parents due to another family violence episode.

On receipt of the referral DHHS confirmed the family violence and drug use was historical. However, QEC assessed the family violence as current due to the ongoing themes of intimidation, fear, verbal abuse, physical abuse and emotional abuse that was occurring between family members in the home.

At the home based intake the mother was hostile and defensive. The father presented as substance affected. The parents disagreed with the earlier QEC residential assessment and denied family violence. However, agreed to participate in the QEC home based program.

Observations on the first visit of child 1 concluded he was quite disorganised, having difficulty with regulating his emotions, mood and challenged by the inconsistent responses of his mother. It was also noted his language was delayed. These behaviours are consistent with ongoing exposure to family violence.

The parents stated the children were presenting with behavioural issues. Child 1 was having sleeping and eating difficulties whilst visiting the family home and had difficulty regulating his behaviour whilst on visits. He would head bang and act out physically.

Neither parent were able to link their behaviours and abusive relationship to the behaviours and emotional disturbances being identified and displayed in child 1. Neither parent, with support, had the ability to reflect on the impact of their behaviour.

The duration of the program was 3 months and the children were continually exposed to ongoing cumulative harm whilst QEC was visiting the home environment. QEC continued to provide the Department with reports of risk and advocate for the children's social and emotional wellbeing, highlighting the risk of potential physical harm.

The parents continued to engage with QEC screening for social and emotional wellbeing was conducted on child 1, along with use of other clinical tools, which confirmed the initial observations. QEC advocated that child 1 required a referral to early intervention services and would benefit from spending more time with the extended carers due to his behavioural deregulation and features of family violence in the home. The parents agreed to the referral to early intervention but not to the extended time in out of home care.

Ongoing observations during the program suggested that family violence continued throughout, with evidence and observation of property damage, a tense and hostile environment was experienced when home visiting. The violence escalated between the couple toward the end of the program.

It was noted that child 2 was not the focus, however was the most reliant on his caregivers to meet his needs due to his age. He was withdrawn, passive and non-responsive and referred to as a "good baby".

The home based program was closed early as the children were placed in out of home care following the final episode of family violence.

The signs of family violence were evident, prior to the birth of the first child, however, it took nine months before intervention occurred and the violence and environment were linked to the development and behaviour of the children's wellbeing.

The gap or deficiencies in current responses to family violence include responses post event, once the harm has occurred. Families, particularly pregnant mothers and mother's post-partum should universally be provided with services to support them if family violence has occurred historically or is current. Presently, pregnant mothers are screened for family violence, however, universal screening on its own is not an adequate response. A possible solution to close the gap would be to tailor services to meet the complex psychosocial issues presented with family violence. This type of response would require an economical commitment to enable it to occur.

