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Royal Commission into Family Violence

Submission in Response to Issues Paper, Released 31 March 2015

Introduction

The Gatehouse Centre Welcomes the opportunity to respond to the Issues Paper into Family Violence and hopes to add a particular focus to its impact on children and young people.

The Gatehouse Centre is a department of the Royal Children's Hospital in Melbourne. We Provide Counselling, advocacy and 24 hour crisis care to children and young people who have experienced sexual abuse, either as victims, as children displaying problematic sexualised behaviour or as young people who have experienced severe family violence.

Reponses to Issues raised

1. ***Are there other goals that the Royal Commission Should Consider?***

   There are a number of other goals that the Royal Commission may find valuable to consider, including:

   - A focus on the integration of systems, for example: the integration of different court responses to family violence
   - An examination of the role that confidentiality plays in constraining responses and in services sharing information
   - Developing a service system that is funded in a manner that allows for co-ordinated, and timely responses to Family Violence
   - To look at improving specific specialists services for children and young people

2. ***Recent reforms and improved responses to Family Violence***

The increased media profile regarding family violence, together with reforms that have raised the issue of family violence as a community concern rather than an individual, private family matter has been a positive development.

Gaps still inherent in the response to family violence, however include:

- Inadequate focus on children and impact of Family Violence on children
- Services specific to children who have experienced/witnessed Family Violence
- Services that work specifically with trauma in children

- Development of preventative services/programs that identify and develop positive family relational dynamics and behaviours

Whilst there has been some identification/acknowledgement of children being part of families where family violence occurs, there has been little focus on the impact of such violence on children and young people. Australian and overseas research indicates that adverse childhood experiences, including exposure to family violence has significant impact on the development of children and young people (CDC, 2010; Frederico, Jackson & Black, 2008; Gilbert, Spatz-Widom, Browne, Fergusson, Web & Janson, 2009; Keane, Magee & Lee, 2015; Perry 1997, 1999; Price-Robertson, Smart & Bromfield, 2010; Rich 2006; Rutter, Kim-Cohen & Maughan, 2006; Schilling, Aseltine Jr & Gore, 2007; Shonkoff, 2012; UNICEF, 2010), including poor interpersonal relationships, homelessness, alcohol and drug abuse, poor physical and mental health outcomes and the perpetuation of the cycle of violence. All aspects of a child's development: physical, emotional, psychological and social, are potentially effected by chronic exposure to family violence and interpersonal chaos.

It is generally accepted that the family context is that within which children and young people mainly develop their sense of self and their understanding of/templates for relating with others. It is critical that a focus on children and young people, particularly using both a developmental and a trauma informed framework (Browne, 2014; Paull, 2015) be developed/. Such a framework should have the aim of not just understanding the impact of living with family violence, but of also understanding factors that are related to positive adult outcomes (Price-Robertson et al, 2010) and of developing services that work specifically with children and young people. Such services should encompass the provision of both preventative and reactive intervention strategies and include community education strategies.

- A co-ordinated systemic approach to issues related to the experience of family violence, e.g. Understanding the relationship between family violence and how this is conceptualised and acted upon through statutory bodies (e.g. Department of Human Services – Child Protection [DHS-CP]) and non-statutory bodies (e.g. Family support agencies) including the interventions provided.

Campo, Kaspiew, Moore & Taynton, (2014) in particular noted that there is a need for a multi-dimensional approach to understanding and responding to family violence. The response to family violence would be significantly enhanced by a systemic and service framework that understands and applies trauma and attachment theories in its strategies and promotes healthy interpersonal/family relationships.

Campo, et al. (2014) and Richards (2011) stressed the importance of the integration of services for children, as well good communication between family violence services, child protection, state-based justice systems, and family support systems including Maternal and Child Health and education systems. Ultimately, best practice in regards to family violence services should be child-centred, tailored to the child's individual need and family context, and inclusive of the child's mother/family, school and broader community.

Inadequate Funding:

- It is understood that funding is a perennial concern for many services. This said, however, adequate funding to develop a co-ordinated, multi-dimensional service system must be a priority. When compared to the impact on the economy of: potential extra spend on Child protection, health care (including drug & alcohol treatment services), welfare (including

housing and other living supports), criminal justice, and the loss of productive capacity through premature death, morbidity, low educational attainment, failure of individuals to reach their potential/destruction of potential, reduced quality of life, lower GDP, less tax revenue and lower productivity (Segal, 2014), adequately funded preventative and early intervention strategies in particular cannot be underestimated. Family Violence Reforms have raised expectations but services have not been adequately resourced to cope with increased demands e.g. Family Violence counselling for women and children

Evaluation:

- The evaluation of the Reforms do not have a common risk assessment or framework that includes DHHS Child Protection

CRAF Training:

- Has been most beneficial but its impact would be improved if it was rolled out to more front line service workers.

The RAMP

- Projects and their evaluation have been most informative. However the first evaluation report (not sure if this has been altered since then) did not include children and young people at all. The focus was again only on adults. If RAMP are to be rolled out across the State then children and young people's needs and how these needs were met in the first projects must be evaluated.

The Police Response:

- The Courts now recognize that children and young people may have separate requirements from the adults before the court. However as seen in 2006 with Sexual Assault Reforms significant changes were implemented that have made a huge impact on providing a much improved integrated response to sexual assault with initiatives These included specialist judges, child witness program . Similar initiatives should be examined as possible improvements for the family Violence field

After hours Crisis Service:

- There are some facilities for crisis services in hours for children and families. After hours crisis services that are specialist should be available. There is already an infrastructure to work with health services, crisis intervention risk assessment services and crisis counselling for children and young people who are sexual assaulted. These services should extend to family violence also

3. Which of the reforms to Family Violence are most effective?

Interventions/services that are matched to the target population and their theory of change have been found to be the most effective (Segal, 2014). Segal (2014) cites a Western Australian maternity hospital program that targets young families and provides prenatal and midwife visitor services to families that have experienced family violence as a successful intervention (Quinlivan,

et al). Other successful interventions have also included intensive early intervention, guided interaction strategies and home visits (e.g. Special Families Care Project, Minnesota; Child & Youth Program Module, Baltimore; Nurse Family Partnership, Denver; Safe Care home based services, Oklahoma, etc.). Currently the police response and code of conduct, the RAMP the CRAF training are the most successful reforms for the children and young people.

4 & 5. Has your organisation been involved in observing or assessing programs, campaigns or initiatives about family violence?

The Gatehouse (together with other CASAs and sexual assault services) provides services to young people who have engaged in sexually abusive behaviours through the Sexually Abusive Treatment Services (SABTS), including young people who are directed into treatment through a Therapeutic Treatment Order (TTO). From the Children's Court.

This program, while not specific to family violence, has successfully treated young people presenting with these concerns, many of whom have acted out either in the context of family violence or with a history of exposure to family violence. Quinton (2012) in a study that developed a profile of the young people who presented to SABTS found that family violence was a common theme in the lived experience of these young people.

Gatehouse Centre at Royal Children's Hospital is part of a multidisciplinary response to the extreme cases of family violence i.e. murder and provide counselling, crisis services, risk assessments and treatment.

6. What circumstances, conditions, situations or events within relationships, families, institutions and whole communities are associated with the persistence of Family Violence?

The persistence of family violence is most likely for those who are marginalised by gender, sexuality, race, beliefs, culture, economic status, age, health both physical and mental, any disability including intellectual, and impoverished or traumatic previous life experiences.

Further to this, growth corridors with little infrastructure and limited access to support services, high levels of unemployment and increasing substance abuse issues, represent significant vulnerability for families to be experience family violence.

Experiences of physical and sexual abuse, neglect and other forms of relational/attachment trauma are also associated with the persistence of family violence. Individuals who have developed a template/pattern of relating to others that is driven by fear, anger, mistrust and characterised by a sense of unworthiness, shame and disconnection are likely to lack the relational and self-regulatory skills that would enable them to deal adaptively with stressful life events and to develop and maintain healthy family relationships. It is not to say that such adaptive skills and relationships cannot be developed, but without a multi-layered, developmentally and trauma informed service system to assist, such skill development becomes much harder

7. What circumstances and conditions are associated with the reduction of Family Violence?

A number of circumstances and conditions would be associated with the reduction of family violence, including: preventative & early intervention strategies, mandatory reporting of Family Violence, programs which address issues for the whole family (including children & young people), the strengthening and integration of support services, enhancement of the role of the DHS-CP and their interventions, gender equality, a zero tolerance stance, improved

economic status, employment initiatives, and specific services that address adverse conditions such as drug and alcohol and homelessness concerns as well as those that promote positive skills such as parenting, relational and self-regulatory skills.

8. Gaps and deficiencies in current responses to Family Violence

There are a number of gaps and deficiencies in current responses:

- There is a limited focus on children and young people in regards to both the impact of their experience of family violence and their needs in recovering from such experiences
- Legal responses are slow, cumbersome and inconsistent. Ability to access legal counsel should not be based on economic status
- Educational opportunities for magistrates and judges to develop their understanding of this complex issue are varied.
- Access to services is dependent on the capacity of a particular family/individual/victim/perpetrator to get to the service as well as on the region in which they live. Rural and isolated communities or growth corridors with poor infrastructure are further marginalised.
- There is a paucity of specialised services which have expertise in working with children and trauma.
- There is a scarcity of appropriate substitute care options, including culturally appropriate options, in particular for children e.g. foster care. There is a need for further development of alternative care options for children and young people which also provides thorough training, support and remuneration to persons who are in a position to provide alternative care.
- There is a significant need for the development of preventative and early intervention programs as well as further development of men's behaviour change programs
- Services to young people 15–18yrs displaying sexually abusive behaviours.

9. Does the insufficient integration and co-ordination between the various bodies who come into contact with those affected by Family Violence hinder the assessment of risk or effectiveness of support provided?

There are a number of systemic issues related to the lack of integration and co-ordination of family violence responses and services:

- The interface between DHHS-Child Protection and Family Violence services is hampered through the use of differing language, understanding, theoretical conceptualisation and ultimately interventions.
- Responses from all levels within the legal and justice systems are often inconsistent and can potentially be unhelpful or leave victims with little faith, and therefore little motivation, to engage with these systems.
- Enforcing legislation such as IVO's and the roles of the police and judiciary systems remains a difficult process that frequently leaves those who have experienced family violence at risk of further harm.
- Multiple agency involvement without co-ordination and communication, crossovers of service provision and the absence of services that are trauma focused and work with children creates an often unhelpful and difficult to negotiate service system for people who are already stressed and distressed.

- A lack of accessible services, particularly for those in regional/remote areas or the marginalised leaves many at risk of continuing harm, as do limited re-housing opportunities for families and limited options for alternative or substitute care of children and young people.
- There is also an urgent need for review of the residential care system across the State particularly staffing models, training and supervision of staff and management structures.
- Risk assessment using a trauma focused, developmental model should be used to direct service provision to children and young people and their carers as well as to inform placement of young people in residential care and the subsequent staff to client ratios.
- There remains unacceptable long waiting lists for clients in need of a service in almost all areas that different systems might be involved.
- Joint training for all the service sector including DHHS Child Protection and Disability specific services and this training needs to be trauma informed.

10. What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?

Changes that focus on developing shared language and meaning around family violence, as well as a shared understanding of preventative and early intervention strategies are needed. This would form the basis of a more collaborative, responsive service system. Similarly a further focus on removing gender biases and a clear focus on the voice of children and young people is required.

In addition, a well-developed education and training strategy across the family violence sector that is based on a trauma informed framework and which incorporates developmental theories (in particular attachment theory) is essential.

Barriers to integration and co-ordination include:

- Confidentiality issues that compromise information sharing between services.
- Increased education and awareness leads to increased demand on services without the matching funding to roll out timely service delivery.
- Splits between funding bodies and services.

No Response to questions 11, 12, 13, 14, 15 & 16

17. Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Vic which tend to make Family Violence more likely to occur or to exacerbate its effects? If so what are they?

As noted above, financial stress, homelessness, drug & alcohol problems, disengagement from school, young pregnant women, family dysfunction, young women in violent intimate partner relationships, disadvantaged communities isolation, inaccessibility/unavailability of services and care options, inconsistent and poorly informed responses are likely to exacerbate the impacts of family violence.

18. ***Barriers that prevent people in particular groups and communities in Vic from engaging with or benefiting from Family Violence services. How can the Family Violence system be improved to reflect the diversity of people's experiences?***

- Age represents a specific barrier. Children and, in many cases, young people have no agency to alter their circumstances or access services independent from a protective adult.
- Gender. Despite increased awareness of gender biases and attempts to address these in regards to family violence, there is still a need to educate the both the professional and general community about continuing subtle gender biases. Such bias is particularly insidious and perpetuates a culture of blame of those who are victims of family violence as well as an enduring sense of shame and lack of self-worth. The consequences of this include victims feeling alone, not worthy of seeking and accessing help and at risk of further family violence.
- Those that are marginalised either by age, social, economic, or cultural factors
- A poor previous experience with statutory services including DHHS-Child Protection, Police, the judiciary system, and other services that may be involved.
- Fear of poverty and constraints around accessing an income flow through Centrelink.
- Fear of homelessness and responsiveness of the housing sector to this issue.
- Gaps in Mental Health funding and services to 15 – 23 year olds

19. ***How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?***

Responses can be improved through the development of a co-ordinated, multi-layered approach to family violence and its prevention that is characterised by a trauma and developmentally informed framework for children and young people including specific services to young men who are perpetrators of Family Violence

More specifically, Improvement may be achieved through:

- A more rigorous response from statutory services where Family Violence has been reported, particularly in response to children.
- Tracking perpetrators of Family violence
- Sharing information across services regarding both victims and perpetrators of Family Violence.
- Education and training across the sector.
- A consistent understanding across the sector of what constitutes Family Violence and best practice models of intervention.
- Greater access to services particularly in growth corridors and regional and remote communities.
- An improved capacity to respond in a timely way to reports of Family Violence in particular within the courts and from housing and treatment services, with housing options and treatment services more readily available.
- Education and training within child care centres and schools to increase awareness so that children subject to Family Violence can be more readily identified and advocated for. Such training and education in regards to physical and sexual abuse of children has been highly successful.
- Diverse substitute care options for children who have been exposed to Family Violence.
- Review of the residential care program for our vulnerable young people

- Develop an attitude of zero tolerance to DV including towards young men who are violent.

Again, programs that are matched to the target population, particularly those that target already identified vulnerable populations and which fit with that population's theory of change have been found to be effective (Segal, 2014).

20. Are there any other suggestions that you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?

- After hours Crisis response services to include risk assessment and safety plan. CASAs already have an infrastructure to provide these services.
- Counselling available to women and children who have experienced family violence

21. The Royal Commission will be considering both short and longer term responses to Family Violence. Tell us about the changes which you think could produce the greatest impact in the short and longer term?

Short term strategies:

- Consistent and timely responses from DHHS-Child Protection, the legal system, housing, and specialist counselling services need to be developed in the short term.
- There is an urgent need for an increase in funding in order to not only meet demand but to enhance and support service delivery. An enhanced, responsive, trauma & developmentally informed service system will be better placed to maximise individuals' and families' experiences of services and to increase the likelihood of their re-engagement with services should they need to.
- Develop a culture whereby the voice of children and young people impacted on by Family Violence is heard. Despite the sometimes fatal outcomes for children and young people as a result of family outcomes, the focus remains on a response for adults. Whilst there is clearly a need to maintain a focus on improving the system for adults – who effectively have the responsibility for the care of the children and young people – to continue to do this alone will be to the detriment of children and young people, potentially leaving them to be drawn back into the cycle of violence.
- Provide services that work specifically with children and young people who have experienced Family Violence, including counselling
- Clear processes for sharing information across the sector regarding both perpetrators and victims of Family Violence
- Expediency regarding obtaining IVO's
- Capacity to properly enforce Intervention Orders.
- Developing a culture in which children's needs are placed before the needs of adults.
- Develop a consistent understanding of what constitutes Family Violence across the sector and evidence based practice responses, interventions and treatment.

Long term strategies:

- Develop a treatment service program that is akin to the current SABTS model (see questions 4 and 5) where people with sexually harmful behaviours who are considered

safe enough to continue to reside in the community, are required through the Children's Court to attend at minimum one year of therapy with a registered accredited service provider such as a Centre Against Sexual Assault (CASA). If they engage successfully the charges are stood down because young person has had an opportunity to minimise their risk of further harmful behaviours. However if they do not successfully engage or participate in treatment, the matter is returned to court for further consideration. A model such as this should be developed for perpetrators of violence for young people between the ages of 10 and 18 as a tool for early intervention. This would require a collaborative approach between Police, Child Protection, The Department of Youth Justice, the therapeutic service and the family or care providers and offer an early intervention service that can assist young people to develop new, adaptive and connected relational patterns and ways of interacting with others rather than continuing to engage in violent behaviour.

- Review of the residential care system and how much scope staff have to intervene with young people who are violent in residential care settings. This would involve developing a coordinated and consistent response from the police across the state, the legal system and Child Protection.
- Develop services that redress the lack of programs for those young adults between the ages of 16 and 18, with a history of violence, particularly in relation to statutory care, accommodation mental health services and services and funding to those young people exhibiting sexually abusive behaviours
- Developing an intra-organisational culture in which mental health services can be utilised in the treatment and management of Family Violence, particularly in relation to the 15 to 23 year age group, where there is an identifiable gap in service provision.

Effective interventions need to be planned, purposeful, staged to meet needs and resources and based on a thorough assessment (Campo et al. 2014). It is important not to further overwhelm families who are already under significant stress. Campo et al. (2014) suggest using Maslow's hierarchy of needs as a guiding principle in designing interventions. Survival, safety and security needs need to be addressed – through referral to another service where necessary – before interventions that focus on relationships, self-development and broader goals can be attended to effectively.

Developing parenting or self-care skills, for example are interventions that might be relevant later rather than sooner in any overall intervention plan.

Further to this, Humphreys & Thiara (2010) note that in addressing the parent-child relationship as part of interventions following family violence, it is also critical to prepare and support parents and children to be ready for such intervention. This may include integrating effective strategies for responding to trauma in adults and children.

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