



Commission for Children
and Young People

improving young lives



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CCYP/15/371

Royal Commission into Family Violence
PO Box 535
Flinders Lane
Melbourne VIC 8009

Dear Commission Officer

Re: Submission regarding Family Violence Issues

The Commission for Children and Young People (CCYP) is pleased to have the opportunity to contribute this submission to the important work of the Royal Commission into Family Violence. The Commission recognizes the complexity of the task in addressing factors that have an impact upon family violence, both in terms of prevention and early intervention, and response, and the many inter-related systems that are involved. The Commission acknowledges that there has been a great deal of work done in the area of family violence prevention and response over decades and it is timely for a review of the broader service system to be undertaken. The Commission accepts the necessity for a gendered analysis of family violence, acknowledging that men may also be victims of family violence, whilst recognizing that the majority of victims are female and the majority of offenders are male. Individuals who engage in violent behaviour towards family members may offend against the same partner, or a series of partners, impacting upon their children, which may later manifest as adolescent violence in the home by some adolescents, with family violence impacting upon the whole community.

The role of the Commission is to focus on providing a strong voice for promoting the safety and wellbeing of children. The core themes of this submission are the voice of the child and promoting an understanding of family violence from a child's perspective across the life cycle, and the role of transmission of intergenerational trauma. It is not intended to be an exhaustive discussion of family violence prevention and response initiatives, but rather a broader discussion of the impact on children, with examples of various programs for purposes of illustration. The submission commences by clarifying the definition of relevant terms and a brief discussion of the scope of family violence in terms of prevalence and incidence, followed by an illustration of family violence throughout the life cycle of a child. A range of considerations must also be embedded to ensure an inclusive response to family violence is provided, including LGBTIQ (Lesbian Gay Bisexual Transgender Intersex Queer) communities, disability, rural and remote communities, Aboriginal communities, CALD (Culturally and Linguistically Diverse) communities, MBC (Men's Behaviour Change) Programs and children and the personal values and beliefs of professionals.

Definition

The Commission acknowledges that a wide range of terms are used to describe the behaviour under discussion, but in this submission the term 'family violence' will be used for a range of reasons. This term will be used because it is seen as more inclusive, describing various forms of abuse including economic, emotional, social and financial abuse, in addition to sexual and physical violence. Family violence also refers to behaviour directed towards the range of family members, not simply intimate partners, and includes the impacts on children. Family violence is also a term that has been preferred by Aboriginal and Torres Strait Islander communities as

it includes extended family members and reflects the impact of the violence on the whole community. The term 'domestic violence' is seen as inappropriate, as it reinforces a view that the problem belongs purely in the private sphere, and has a history of usage by police to downplay the importance of the violence.

The term 'offender' will be used to describe those who engage in abusive behaviour, regardless of whether the person has been charged with an offence or not. The term 'survivor' will also be used in preference to 'victim' to describe those who have been subjected to abusive behaviour, as it is not felt to be respectful or appropriate to define individuals according to their experience and undermines their efforts to prevent the violence and protect themselves and their children. Perhaps an individual only truly becomes a 'victim' when they ultimately succumb to severe violence and are killed. At the other end of the spectrum, family violence may not be reported simply because it has become so normalized that survivors, children and offenders may not recognize or define their experience as being family violence. This then constitutes a barrier to the identification of family violence and to seeking help (Stanley, 2011, cited in EIF Report; Landscapes of Violence, 2014) and an obstacle to accurate data collection.

Prevalence and Incidence

When discussing the issue of family violence, it is critical to understand how widely it is spread across all sectors of the community. Yet community awareness of the extent of family violence has been slow in building to the current state, largely because there has been such a high rate of under-reporting. Therefore, it is important to distinguish between what is meant by the terms prevalence and incidence, given these terms have been used interchangeably.

Prevalence refers to the rate at which family violence is said to have been experienced by a representative portion of the population across their lifetimes. In contrast, incidence refers to the number of individual incidents that are reported to police. The most recent ABS Personal Safety Survey of 2012 indicates that approximately one in six women has been subjected to physical or sexual violence by a current or former intimate partner since the age of 15 years, compared to one in 19 men. In addition, one in four women has been subjected to emotional abuse, compared with one in seven men. In 2014, more than 68,000 family violence incidents were reported to Victoria Police (Doherty, 2015).

Life Cycle of a Child

When we consider the role of family violence in the life cycle of a child, it is important to commence at the very beginning with the issue of conception resulting from sexual assault as a form of family violence. The next stage to be considered is termination of pregnancy, which may occur repeatedly, or there may be pre-birth trauma and injuries or pre-term labour associated with family violence. The presence of family violence may also have a negative impact upon parent-child attachment and bonding during the crucial early years, highlighting the importance of maternal and early childhood services providing a support and monitoring role during this period. Some children will experience child abuse and neglect, as well as family violence, resulting in their placement in out of home care in its various forms, and associated poorer long term outcomes. Children attending primary school may experience an age specific, targeted, or whole of school program addressing family violence. At secondary school, the emphasis will change to programs that are focussed on respectful relationships and delivered using a range of modalities. For some young people, there may be involvement in adolescent violence in the home, which may lead to a pathway of criminalization of behaviour, disengagement from education and possible homelessness. For those who form relationships, this may start at an early age and lead to early parenting, highlighting the importance of prenatal programs to intervene in intergenerational transmission.

An inclusive response must also take into account a range of considerations that have an impact upon the child's journey, such as their membership of the LGBTIQ community, and/or CALD Community, whether they live in a regional, rural or remote community, within an Aboriginal community, or whether the child and/or parent has a disability. The child's

DIAGRAM

Please see **Appendix 1** for a diagram of the role of family violence in the life cycle of a child.

Conception and Pregnancy

It would be very difficult to assess how many pregnancies may occur as a result of sexual assault, when this is being used as a form of family violence within an intimate partner relationship, given the highly sensitive nature of such information and the strong likelihood that women would be too embarrassed and ashamed to make such a disclosure. The social assumption that any pregnancy occurring within a relationship is desired by both parties is also very strong. Furthermore, women may be very concerned to protect their unborn child from the stigma of being a product of sexual assault, regardless of what their own feelings about the pregnancy might be.

Research has also suggested an association between family violence and termination of pregnancy (TOP), as demonstrated by a systematic review of 74 studies by Hall, Chappell, Parnell, Seed and Bewley (2014). Overall, there was support for the concept that family violence can lead to pregnancy and to subsequent TOP, and that there may be a repetitive cycle of TOP and pregnancy. The findings also indicated that the women's partner not knowing about the termination, 'concealment', is a risk factor for family violence among women seeking TOP, as it is linked to higher rates of murder and suicide. The researchers suggested there is a need to look at what male-related factors contribute to increased likelihood of TOP, rather than simply focussing on the women seeking TOP. The findings suggested that a novel public health approach is needed to prevent family violence, especially for repeat TOP. However, if health care professionals simply focus on preventing conception to reduce TOP, this may not reduce vulnerability to family violence itself. Instead, it is concluded that termination services may provide an appropriate setting in which to test interventions at an individual level. Such interventions may involve assessment screening or giving information about family violence, either before or after TOP, and offering referral to specialist family violence services as part of a 'one stop' approach, especially given that there is a low rate of return to clinics for follow-up (Hall et al, 2014).

Research has shown that women experiencing family violence, both prior to and during pregnancy, are at risk of multiple poor maternal and infant health outcomes, suggesting prenatal risks to children from mothers' abusive partners. Women who reported intimate partner violence first occurring during pregnancy experienced a higher rate of a subset of physical health problems (Silverman, Decker, Reed and Raj, 2006). The EIF (Early Intervention Foundation) Report (2014) suggests that 30% of family violence may start during pregnancy, which can have significant implications for both the mothers and babies in terms of their physical and psychological health. The potential consequences of experiencing family violence during pregnancy include risks of poor accessing of prenatal care, low birth weight, miscarriage and premature labour, stillbirth, foetal trauma and unhealthy maternal behaviours including tobacco, alcohol and other drug use, and related health issues. Whilst it might be expected that the rates of foetal trauma may be lower in Australia, than in countries like the US, where direct injuries through shooting and stabbing may be more likely, professionals are aware of kicks and blows to the abdomen, which may cause placental abruption and preterm labour. It has also been observed that offenders are likely to inflict injuries in body areas that are more difficult for others to detect. Women are more vulnerable during pregnancy, with this being a period in their lives when they are least able to leave an abusive partner, due to being physically, emotionally and financially dependent, they may also have other children to care for and protect, and be socially isolated and not in a physical state able to manage this.

When family violence occurs during pregnancy, we know that babies *in utero* are at risk of harm from prolonged exposure to high cortisol levels (a chemical within the brain that is associated with heightened levels of stress and fear) which will be produced by their mothers who are subjected to or threatened with violence (Bunston and Sketchley, 2012). A West

Australian study of adolescent pregnancy and family violence demonstrated that infants were born with low birth weight (which was linked to their continual high exposure to cortisol), significantly smaller head size and that their thymus (an organ in the chest cavity that assists in the development of an effective immune system) was affected, reducing the infants' ability to fight infection (Quinlivan and Evans, 2001).

Health professionals such as obstetricians and midwives caring for a woman during her pregnancy and the baby's birth will be aware that some women have experienced family violence, but there may be a lack of disclosure if women feel embarrassed, ashamed or unsafe to do so. If the health professional believes family violence may be an issue, they are likely to monitor the mother and baby more closely. Baird and Creedy (2015) discuss the need for midwives to provide continuity of care to assist with building the engagement necessary to improve disclosure. However, their research found two-thirds of midwives surveyed were unsure of the risk factors and indicators for family violence, including one third that did not know that younger women were at higher risk. Furthermore, a quarter of the midwives believed that the offender was violent due to alcohol or drug use. Although the midwives felt it was important that women should be routinely screened for the presence of family violence, they felt there was a lack of ongoing training and education programs, which made the midwives unsure how to respond when women disclosed. When such training and support was provided, there was a seven-fold increase in knowledge and willingness to screen for family violence and increased disclosure rates (Baird and Creedy, 2015).

These findings align with the recommendation of the Queensland Domestic Violence Task Force, that services be improved for pregnant women and their families, including that all midwives receive appropriate training. It also recommended that all women attending ante-natal clinics be asked about their exposure to family violence, and be provided with appropriate referrals if a disclosure is made. It was recognized that better training, screening tools and practice protocols, with development of appropriate inter-agency pathways, which take into account the needs of diverse groups, is required. The same recommendations should be made in relation to resourcing of obstetricians.

There is also limited information for women to assist them to self-identify that they may be experiencing family violence from a partner during pregnancy. The US March of Dimes Foundation provides a useful fact sheet (October, 2008) for pregnant women experiencing abuse during pregnancy that will assist women to self-identify as experiencing family violence and practical steps to take, including further information online and a national hotline (**Appendix 2**). It would seem most beneficial if similar material was made available, which is suitable for an Australian context.

Recommendations:

- 1. That Australian research be undertaken to better establish the rate of pregnancy and termination resulting from family violence, perhaps through additional questions in the ABS Personal Safety Survey.**
- 2. That consideration be given to trialling family violence prevention health care interventions at an individual level in the health care setting responsible for termination of pregnancy (TOP) services.**
- 3. That obstetricians and midwives be provided with ongoing training and support to conduct family violence screening assessments for all pregnant women, ensuring appropriate intervention and referral.**
- 4. That a fact sheet modelled on that of the March of Dimes Foundation be produced to empower women to self-identify and take practical steps to address their experiencing of family violence whilst pregnant.**

Infancy

Maternal and child health nurses (MCHNs) are recognized as the key professional having contact with new mothers and their babies, and thus may offer a platform for universal access to provide supports. The *Maternal and Child Health Service: Practice Guidelines 2009* which contain the Maternal Key Ages and Stages (KAS) Framework has listed Family Violence as one of the key aspects of child health and wellbeing, that are known as Outcomes for Children, being 'Free from child exposure to conflict or family violence'. The measurable indicators associated with this outcome are:

- Proportion of mothers exposed to family violence
- Proportion of family violence incidents witnessed by children and young people

MCHNs are encouraged to develop a Family Violence Safety Plan with the mother at the infant's 4 week assessment visit. However, it is acknowledged that this is not the only time for assessing the experience of family violence when indicators are present, an approach supported by research demonstrating that the highest rate of first occurrence of family violence is during pregnancy and a process of continual assessment may be more appropriate to detect onset when it occurs. The document itself has little detail to guide MCHN's about how to approach this issue comprehensively and it is understood that this document is in the process of being updated.

A further consideration for amendment concerns how our understanding has improved that children are not only harmed directly by physical violence. Direct witnessing of incidents is not the only form of exposure that professionals should be concerned about, as there are a multitude of ways that children may experience family violence. Children may be just as traumatized, or even more, by incidents that they did not witness, but are aware have occurred due to physical injuries or threats to a family member or pet, or property damage or the psychological damage to others (Meltzer, Doos, Vostanis, Ford and Goodman, 2009). We know from horror films that when the imagination 'fills in the gaps', the experience may be more terrifying.

The Victorian MCH Line (24 hours) is staffed by qualified MCHNs to provide support, information and advice for families with children from birth to school age. Those families from culturally and linguistically diverse backgrounds can be connected to a female interpreter. The service is also able to respond to callers with a speech or hearing impairment who have access to the National Relay Service (NRS). MCHN's also have access to the very comprehensive Family Violence Risk Assessment and Risk Management's *Identifying Family Violence: Maternal and Child Health Nurses Training Handbook (2007)*, which provides sample questions to guide the risk assessment and it is understood that this resource is being updated. Presentations on family violence are conducted at the bi-annual MCHN State Conference and are now incorporated into the MCH course in relation to obtaining qualification.

Researchers have also found that women exposed to violence during pregnancy are more likely to develop depression in the postnatal period (Bacchus, Mezey and Bewley, 2003; Mezey, Bacchus and Bewley, 2005), which is known to affect the mother-child bond. More directly, it has been suggested that the experience of family violence can function to undermine the development of attachment and bonding of an infant with their mother. The pressing need to achieve external stability and physical safety means that it can be very difficult for women (and services working with them), to devote attention to their internal landscape and the 'psychological avalanche' that befalls women and infants attempting to escape family violence. But emergency services staff also require support and training from early childhood specialists and mental health clinicians to feel confident in doing this work, and assessing and referring those for further work who require it. Thus, in recognition of the importance of addressing the impact of family violence on infants, the **BuBs (Building up Bonds) On Board** early intervention program was piloted with infants and their mothers accessing crisis/emergency accommodation in Tasmania in 2008 (Bunston, 2008).

Early intervention and prevention with mums at risk, including those who have had previous child protection intervention or grown up in a family with violence is necessary to break the intergenerational cycle of trauma. Mildura and District Aboriginal Services and the Queen Elizabeth Centre in Melbourne formed a unique partnership to deliver a program to teenage mothers called **Bumps to Babes and Beyond**. The program works intensively with pregnant women and their partners/family through a Maternal and Child Health service within an Aboriginal organisation. From 26 weeks of gestation until babies are 18 months of age, parents are supported to develop skills around positive interactions with their babies and connectedness to services. The outcomes for the 14 families in the pilot included a high proportion of breastfeeding, fully immunised children, regular maternal visits, no children involved with Child Protection, mothers and fathers networked with other parents and community groups.

Women's shelters were seen as the first place of refuge and were usually a very influential place for women and infants and children who had experienced the significant trauma of family violence, especially given many may not have contact with other services. These services were seen to provide a great opportunity to undertake important relational repair and rebuilding work with mother-infant bonds. It was vital in being able to create time and space to sit with and reflect on these relationships within families who had been displaced by family violence. Women escaping violence are robbed of time and opportunities to 'think, reflect and relate'. These opportunities are also robbed from their children during their formative years, when skill acquisition in these areas is crucial to their ongoing development (Bunston, 2008).

The BuBs on Board program was derived from the work of the Addressing Family Violence Programs (AFVP) which began in 1996 and ceased to operate in 2011, but for which resources remain available. The AFVP focussed on developing and delivering specialist mental health group work interventions for mothers and infants/toddlers/children affected by family violence. The basis was the **Peek a Boo Club (PABC)**, which was developed in 2005, and uses an experiential, activity based and interactive format which aims to create a therapeutic space for the infant and mother to form and consolidate a healthy attachment. It was founded on a belief that exposure to family violence can prevent a mother's ability to focus on her infant's attachment needs. This is because the ability to form healthy attachments is largely created during the first few years of the child's life, which makes this a critical period for early intervention for infants exposed to significant trauma and relational disruption. The aim of the PABC was to address the consequences of family violence and provide early intervention to prevent the intergenerational transmission of a cycle of family violence, by engaging women and children in a pathway that challenges family violence and provides linkage with a comprehensive service support system.

Dads on Board was another of the AFVP's, and is an infant led group work intervention for infants and their fathers, where the father has been identified as a perpetrator of family violence and had successfully participated in a Men's Behaviour Change (MBC) program. The aim of the intervention is to engage the infant and the father in a therapeutic and experientially based positive and supported relational encounter. The goal of the intervention is to enable the fathers to develop healthy, safe and developmentally appropriate relational skills when interacting with their infants (AFVP website).

Recommendations:

- 1. That in the process of updating of the Key Ages and Stages (KAS) in the Maternal and Child Health Service: Practice Guidelines, that more comprehensive detail is provided to MCHN's to confidently undertake the assessment for experience of family violence.**
- 2. Consideration be given to redefining what is meant by children's exposure to family violence beyond being physically present or in the vicinity.**
- 3. That updating of the MCHN Training Handbook include the most current research and concepts in relation to children's experience of family violence.**

4. *That consideration be given to renewed provision of infant programs from the AFVP suite on a statewide basis.*
5. *That a new focus be placed upon statewide implementation of Dads on Board programs for infants in conjunction with MBC programs.*

Early Childhood

Early childhood services, such as long day care and preschools or kindergartens, do not appear to have any specific guidelines or resources for staff in relation to family violence. This is quite concerning given the young age of children being cared for, the likelihood of a high prevalence of family violence occurring, and an apparent lack of training and guidance for staff in being able to recognize indicators of family violence and implement appropriate intervention including referral.

There is a customized family violence program, ***Out of the Dark***, that is provided to women who are in each of the two women's prisons in Victoria, the Dame Phyllis Frost Centre (DPFC) and Tarrengower Prison. Of the women participating in this program, it is known that 90% have children. The women participating in this psycho-educational program may have their under school age children domiciled with them in the prison, or their children are residing outside prison. Melbourne City Mission (MCM) has delivered this program since 2009, four times per year at DPFC and three times per year at Tarrengower, with a total of 72 women commencing the program in 2014, with a completion rate of 52 women across both prisons. Women may not complete the program due to early release from custody, movement to a management unit, or not feeling comfortable within it. This program was originally developed by the NSW Department of Corrective Services, with the addition of four sessions developed by MCM based upon the knowledge and experience gained from the work of the Family Support Service at DPFC. These sessions aim to empower women and give them the tools to manage when they are released back into the community (For more detail please see **Appendix 2**).

The sessions provided in *Out of the Dark* provide a good summary of topics integral to understanding and managing family violence in practical ways:

- Introduction – What is Abuse/Family Violence
- Cycle of Abuse
- Effect of Violence on Children
- Healthy and Unhealthy Relationships
- Myths and Facts
- The Law – Your Rights
- Family Violence and the Law
- The Law in Relation to Children
- The Importance of Play and Communication between Children and their Parents
- Managing Stress and Self Care

The Australian Childhood Foundation provides trauma counselling to children, which will often be addressing the impacts of family violence. It is recognized that interspousal violence is very traumatic for children and can impact not only on their wellbeing, but their developing sense of self. In addition to physical injuries, there may be PTSD and symptoms such as anxiety, trauma, developmental delay, depression and grief related issues (Weller, 2015).

The impact of family violence will be influenced by factors such as:

- the severity and duration
- the child's exposure to and perception of violence
- the unique developmental meaning of family violence to the child
- the age and gender of the child
- the child's coping strategies
- the capacity of adults to repair and protect the child from further trauma
- the mother-child relationship
- access to additional social supports

- exposure to additional diversities (Weller, 2015).

It is important to consider that the trauma caused by family violence can result in damage to the child's brain development and reduce their capacity to self-regulate, leaving the child in an elevated arousal state or shut down. Children learn adaptive responses to trauma which over time can become reinforced patterns of emotional and behavioural responses, including specific impacts upon arousal, attention, memory, identity and relationships. It is proposed that what children need to recover is a service response that promotes an understanding and assessment of risk of current and future violence, parent/carer resources and restraints in managing risk, promoting safety and supporting the child. In addition, the parent/carer capacity to engage, the nature and conditions of legal orders in place and the support systems' capacity to provide a co-ordinated safety plan is seen as vital. Children also need to feel supported to connect with important networks in their care and community context, to feel resourced to engage with care giving relationships that offer predictability attunement, nurturing regulation and validation, which is generally provided through the mother-child relationship (Weller, 2015).

Because the mother-child relationship may have been subjected to direct and indirect undermining during years of experiencing family violence, professionals have a responsibility to ensure they do not continue this and make arrangements for working with women and children together. Thus the emphasis must be on strengthening the communication between the mother and child and addressing their interconnected needs as part of recovery planning. Intervention should be focussed on supporting the mother and child to move from crisis and trauma to greater stability, and establish a trauma narrative to make meaning out of their individual and joint experiences, look at their identity in the future, and develop a hope based narrative (Weller, 2015).

The Eastern Metropolitan Region Regional Family Violence Partnership (EMR FVP) has funded the Australian Childhood Foundation to develop a resource for professionals in this field, ***Safe and Secure: A trauma informed practice guide for understanding and responding to children and young people affected by family violence***, with the accompanying training package being delivered in the region over the next three years. Reparative outcomes for children are seen to have been achieved when the child:

- can make meaning of their experience
- express greater confidence in their relationship with a supportive parent/carer and/or significant others
- engage in opportunities to experience
- tolerate and integrate feelings
- be safe, develop, and experience a sense of childhood in their world (Weller, 2015).

Recommendations:

- 1. There would appear to be a need for the development of suitable practice guidelines, training, support and other resources, and referral pathways relating to family violence for early childhood service professionals.***
- 2. Consideration could be given to implementing the Out of the Dark program in other custodial institutions with appropriate adaptations.***
- 3. That consideration be given to expansion of the Australian Children Foundation model of provision of trauma counselling support to children and parent/carers who have experienced family violence associated trauma for an extended period.***
- 4. That the training package accompanying the Safe and Secure resource be extended to cover areas beyond the Eastern Metropolitan Region.***

Primary School Years

Various programs have been developed to address a range of issues for primary school students, which can be seen as addressing the issue of family violence more broadly. These programs range from those designed for younger age groups, to those which incorporate it as part of a whole school approach, to brief intervention programs and those that work with parents, and developing empowerment of children more generally.

There has been some debate about the age at which schools should implement teaching regarding respectful relationships, however, it would seem that there is no minimum age at which these skills are being developed. The ***Seeing Red: Girls, Boys and Anger*** prevention-based program is designed for use with 5 to 12 year old children, a rarity in providing for this younger age group. The aim of the program is to assist girls and boys to gain a greater understanding of the warning signals and emotional triggers of anger, gender-based stereotypes in expressing anger, and how to develop a range of strategies to manage their anger in appropriate ways, including acting assertively and developing problem solving skills. This program is designed to be integrated into the school year curriculum, either as part of a weekly social skills program, or as part of an integrated unit, divided into three age levels (AGCA website; KidsMatter website).

Alternatively, the ***Tribes Learning Communities*** is a whole school approach promotion, prevention and early intervention program designed to enhance children's social and academic learning by creating a positive learning environment. Children's social and emotional skills and resilience are developed and they are assisted to form positive relationships. Children are taught to honour four principles when interacting with others: attentive listening, appreciation/ no put downs, mutual respect and the right to choose the extent of participation in activities. Children also learn a set of skills to enable them to work in groups (known as 'tribes') long term, including collaborative learning skills, goal setting and problem solving skills, self-monitoring and progress assessment skills and how to celebrate achievements. The program is designed as a classroom learning process for children aged from 6 to 18 years and requires the whole school to commit to implement the program (KidsMatter website).

The ***Feeling is Thinking (FIST)*** program utilizes group work conducted over eight weeks, for children aged from 8 to 11 years, who have difficulty managing strong emotions and their interpersonal relationships. The children may have difficulty with over internalizing (withdrawn) or over externalizing (aggressive) their emotions, demonstrate a limited range of emotional expression and comprehension, and struggle to resolve conflict successfully. The program aims to create a safe environment for the children to understand, express and manage their strong feelings and develop skills to establish and maintain positive interpersonal relationships, through understanding how their behaviour impacts upon others. The program is run predominantly in school settings and uses a 'train the trainer' model, collaboratively running the program alongside school welfare staff. Evaluation over a 12 month period found several important symptomatic and behavioural improvements in the children who participated in the program (AFVP website; KidsMatter website).

The ***Parents Accepting Responsibility – Kids Are Safe (PARKAS)*** program was also amongst the suite developed as part of the AFVP. PARKAS is a two tiered group work intervention for children aged 8 to 12 years and their mothers. Children and their parent/carer attend separate groups, coming together for some joint sessions throughout the program. The final session is a joint celebration and farewell, with a reunion being held two months following completion of the group. Activities in the group for children include talking, drawing and games, with some of the same activities repeated in the parent/carer group (PARKAS Flyer). The aim is to provide children who have experienced violence within their family with a psychologically safe space to begin to acknowledge their grief, loss and pain. An opportunity is created for the child to reconnect with their parent/carer around what has often been a shared experience of trauma. Children are given an opportunity to acknowledge and articulate their own personal experience of family violence which can be validated. Positive shared experiences

can be shared by the child and parent/carer and parents' awareness can be raised regarding the impact that violence has on their children and themselves as carers (AFVP website).

The [*Solving the Jigsaw*](#) program was originally developed at EASE (Emergency Accommodation and Support Enterprise, now known as the Centre for Non-Violence) in Bendigo in 1997. The experiential program is primarily aimed at students in the upper primary and lower secondary levels of schooling and can be conducted using a whole school approach, for whole classes or for targeted groups of 'at risk' students. The sessions are conducted by a trained facilitator and a classroom teacher also participates and there is a nationally accredited facilitator training course. Solving the Jigsaw is a school based violence prevention and early intervention program that seeks to enhance the wellbeing of the whole school community by working with students, teachers and parents to build supportive and inclusive schools where children experience connection and belonging with peers and others, and teachers and parents are resourced to be significant, trusted, responsive and reliable adults in their lives. Bullying is identified as a form of violence and is linked to violence in the wider society, as the program seeks to bridge the worlds between home and school (KidsMatter website). The way this program works with children at risk is illustrated well by a promotional clip made for the documentary *Kid's Business*.

There are also more general programs which seek to promote resilience in children, such as ***Protective Behaviours***, which began as a personal safety program to prevent child abuse and came to have a wider application. This program uses empowerment strategies, clear communication and awareness of 'safe' behaviours, with the aim of preventing violence in the community and child abuse. The program encourages children to assert their right to feel safe, listen to what their body tells them and follow up by taking action to either solve problems on their own or to seek assistance from other people through developing trusted people networks that are constantly reviewed (KidsMatter website, Protective Behaviours website).

There has recently been some concern about the lack of focus on the importance of the period of the middle years of childhood, when the transition between primary and secondary school represents a time when children experiencing adversity may disengage from education and/or engage in risk-taking behaviour (Inner Metro Youth and Community Partnership, 2014). For some children, this period of particular vulnerability may be added to a history of trauma and family disruption, and they may begin to experience mental health issues, which are all more likely if they have experienced family violence.

It has been the Commission's experience through a range of inquiries that the signs of trauma displayed by a child at school have been overlooked or seen as difficult behaviour. As a child remains experiencing this trauma, it is likely that their challenging behaviour may escalate and their academic success wane. It is critically important that teachers are aware that children are likely to 'act out' trauma through behaviour. Rather than placing a child in regular time out, suspending or expelling them, teachers need to look at the underlying reasons for challenging behaviour, rather than simply reacting to it. In fact, school may be the only place that provides a sanctuary from the unpredictability and trauma of family violence, and where children feel safe to act out their feelings. The risk is that such children continue on a pathway likely to lead to involvement with Child Protection or Youth Justice. Teachers and schools require more information, training and support to better able to identify children who are living in a family where violence is taking place. There also a need for a strong connection and communication between Child Protection and schools, for their school is often a stable place for a child experiencing multiple and complex challenges at home.

Recommendations:

- 1. That broader recognition be given by education professionals to the concept that there is no minimum age at which children are too young to learn about managing their emotions and developing social skills including conflict resolution.***

2. *That the broad suite of programs can be applied in a range of different settings according to their appropriateness to the population being considered.*
3. *That it is critical to support children experiencing family violence in their educational setting (or a mental health setting) using well trained facilitators to foster peer support.*
4. *That there is a specific focus on the middle years of childhood, given the greater vulnerability during this period of transition from primary to secondary schooling, when the experience of family violence may act as part of a cumulative harm.*

Secondary School Years

At the secondary school level, students are able to participate in what are called 'respectful relationships' programs which often form part of violence prevention strategies, which also incorporate a focus on prevention of sexual assault by peers. These programs have a very wide variety of formats and are designed to fit with curriculum requirements. One of these programs is the **No Means No Show** which was developed by the Royal Women's Hospital, CASA House and comedian Nelly Thomas in 2006. It is a gender-specific health promotion initiative for 14 to 18 year olds which uses role plays, songs and stand-up comedy to address consent, sex and relationship issues including myth busting (CASA House website). The principal aim of the show is to raise awareness of rights and responsibilities in sexual encounters and to empower young people to have happy and healthy sexual relationships when they are ready and old enough (Nelly Thomas website).

This show is based on the Sexual Assault Prevention Program for Secondary Schools (SAPPSS) and consists of a one hour interactive comedy/theatre performance, followed with a Question and Answer session with a panel of experts. It concludes with de-briefing support for students from qualified counsellors, resources for staff and students on what they could do and where to get help. It was found that the use of an interactive theatre production was an important modality for engaging young people and a powerful way to convey key messages about sex, relationships and sexual assault as a form of relationship violence (SAPPSS Report, 2008). The show is presented separately for male and female students and there is an Indigenous version (Nelly Thomas website).

The **Respect, Protect, Connect (RPC)** program uses interactive workshops in secondary schools, with specially trained young facilitators to broaden young people's definitions of violent behaviour and raise awareness about the impact on their health and that of others. Young people are able to draw upon their own life experiences to explore the complex issues surrounding violence and take ownership of their own health. Each workshop is able to focus on a variety of topics including anti-violence strategies, anger management, positive relationships, sexual consent and harassment, sexting, homophobia, dealing with violence, masculinity, assertive communication and safe partying, with separate workshops for young women and young men (Respect, Protect, Connect Program Brochure).

The workshops for young women define violence and the various forms and impacts it can have on women's health, and strategies for how to deal with violence. Injury prevention education gives young women the skills and knowledge to recognize violent behaviours and how to feel more confident about personal safety, building healthy relationships and increasing self-respect. The workshops for young men focus on developing a broader understanding of masculinity and the need for respectful and non-violent ways to relate to self and others. Young men are encouraged to find new ways of dealing with confrontation, and healthy and respectful ways of interacting with women. The workshops can be conducted as a single session or a multiple week program according to the needs of the school. There is also an avenue for follow up in that students who have completed the program can contact RPC workers via a Facebook page to discuss issues that have arisen from the workshop (SECASA website). An evaluation of the program in 2006 by Fergus found students identified changes in their behaviour and attitudes which corresponded with the program's objectives.

The Phunktional Dance Theatre Group also produced a show called *Love Drunk*, a theatre in education production which presents issues contemporary to students including sexual assault and violence, designed for older students in Years 9 to 12. The student audience members are encouraged to consider the decisions made by the characters and to become involved in the development of the story, which focusses on male and female gender stereotypes, roles and empowering behavioural decision making. In 2009, it was agreed that the Commission (when formerly known as the OCSC), would conduct an evaluation study of the Love Drunk performance and the Respect, Protect, Connect program. It was found that each program was successful in engaging with young people and stimulating thought and discussion about issues relating to personal safety and respectful relationships. The combination of both programs was found to provide a greater opportunity for young people to engage with and access relationships education and consolidate their understanding of the issues (OCSC, 2010).

Recommendations:

- 1. That consideration be given to ensuring that Respectful Relationships programs are incorporated into the annual program at every secondary school and that innovative suggestions are made to address funding and other issues that act as a barrier to their provision, ensuring equity in access is addressed for schools.**

Adolescent Violence in the Home (AVITH)

Although it is not a new issue, the challenges presented by adolescents with violent behaviour who direct this at their siblings, parents and other family members have been slow to be recognized. It was not until February 2013, that an inaugural conference examining the issue was arranged in Melbourne, where the scope and severity of AVITH was explored. It was acknowledged that data collection was very patchy, but Victoria Legal Aid (VLA) suggested there had been 800 applications for Intervention Orders against young people in 2013 in relation to family violence, and of these young people, half had accessed mental health services at some point. These figures are indicative of a trend in which the number of incidents doubled in the period from 2006-2007 to 2011-2012 with females consistently being responsible for a third all incidents (Howard presentation).

In February 2014, a research report, *The Last Resort: Pathways to Justice: Adolescent violence in the home*, was launched, along with a website outlining available supports.

The report identified a number of important themes:

- Childhood exposure to family violence can increase the risk that a child will use violence in the home.
- Abusive behaviours that are present in a child aged under 10 may escalate to physical violence without effective intervention
- The service system has limited understanding of the impact of AVITH on parents and carers and how to address the adolescent's abusive behaviour.
- Availability of advice for parents and carers for their adolescent's violence in the home is limited.
- Adolescents' abusive behaviours are often present for years before parents/carers contact the police.
- The effectiveness of a police intervention was dependent upon the response of the police (with the best outcomes achieved with temporary removal from home, obtaining of an Intervention Order and referral of the family for support).
- The best outcomes are achieved by both police intervention and adolescent engagement in support.
- Current referral options available to police responding to cases of AVITH are limited.
- Where Intervention Orders are in place, parents/carers are more reluctant to call the police for fear of the consequences for their child.

The original support program for AVITH was known as the *Keeping Families Safe Program* and set up at Peninsula Health, later followed by the AVITH program at Kildonan Uniting Care. Professionals acknowledge that the extent of the issue has largely been unknown, as parents feel embarrassed and afraid that they will be blamed for not having control over their child. Police acknowledge that they find the situations they are called to very difficult to resolve, with parents not wanting to press charges given the impact upon their child's future (7.30 Report, 19.05.15).

Under current legislation there is some complexity, as the *Family Violence Protection Act 2008*, s 146(2) states that if the respondent is a child aged under 18 years, the matter should be dealt with in the Children's Court rather than the Magistrate's Court. When an Exclusion Order is made for the child to reside outside the home, it becomes the responsibility of Child Protection to conduct an assessment report and provide supports. If the young person is aged over 17 years, and not already involved with Child Protection, they become the responsibility of Youth Justice, which may become complex if they do not have a Youth Justice Order. There would not appear to be data publically available about how many children may be subject to these orders and receiving appropriate support services, given the acknowledged paucity of services in the field (7.30 Report, 19.05.15).

Overall, the service sector required to provide prevention and early intervention in relation to AVITH would seem to be very under-developed, perpetuating the intergenerational transmission of family violence. In comparison, the legislation, therapeutic intervention services and potential accommodation options are much greater for those young people who sexually abuse others, as part of a well-coordinated service sector, compared to those who engage in AVITH.

Recommendations:

- 1. That comprehensive data collection be established in relation to AVITH.**
- 2. That a review of the relevant legislation be undertaken to assess whether it best meets the needs of those who engage in AVITH, perhaps using the current legislation relating to Therapeutic Treatment Orders as a model for comparison.**
- 3. That a scoping exercise be completed to assess the service system requirements to effectively address the needs of families impacted by AVITH, perhaps using the model developed for the SABTS (Sexually Abusive Treatment Services) service system.**

Young Parenthood

In Australia, there is concern and controversy in relation to the rate of teenage pregnancy, terminations and births to teenagers, and although the number of births has decreased over the past couple of decades, the fertility rate has remained much higher, indicating the difference reflects the number of terminations. It is not possible to accurately assess the termination rate trends as this data is not publically available, and there is no detail about the factors associated with terminations amongst these young women (Taft and Watson, 2007).

However, a strong association has been found between partner violence and high rates of pregnancy, miscarriages and terminations for young women aged between 18 and 23 years (Taft, Watson and Lee, 2004). This may be because women experiencing violence and abuse may be subject to coercive sex and unprotected sex, leading to a higher rate of unwanted and unplanned pregnancies (Bacchus, Bewley and Mezey, 2001), which might be expected to be higher for younger women due to their greater vulnerability. This is supported by research findings that young women seeking termination were more likely to be from a lower socio-demographic group (Taft and Watson, 2007) and to travel more than 100 kilometres to seek a termination (Nickson, Smith and Shelley, 2006). A strong association between termination and a low level of education amongst teenagers experiencing partner violence also promotes the view that education can have a protective effect. To reduce unwanted pregnancy and

termination for this age group, it is concluded that health promotion and teaching about beneficial relationships free from violence is essential (Taft and Watson, 2007).

We know that family violence is a major causative factor for women and their children approaching homelessness services, and risking becoming chronically homeless associated with poverty. But less is known about the cohort of younger women, although it would seem that many may also be pregnant and some may have young children. Others may have children in care, whom they are seeking to have restored to their care, but lack a safe environment that is required for this to occur. Many of these young women may have complex issues such as substance abuse, difficulties with responding to authority and a lack of parenting and life skills. This may be a consequence of experiencing lifelong abuse and neglect, firstly from their parental family and then from abusive partners (FIHURR Synthesis Report, 2008). This continuous experience of trauma may lead some young women to think they should remain in their current relationship, simply because this abusive partner is not as abusive as the last one. Many such young women are unable to stay at a parent's home due to past family abuse, or perhaps the parent's partner does not want them there, or their residence may negatively impact a parent's income support. It is suggested that a large proportion of these young women have few reliable family networks and so they and their children are forced to 'couch surf' at friends' homes (FIHURR Synthesis Report, 2008).

The housing and support options available to these young women are very limited, with Coolock House in Adelaide being a notable exception in providing a holistic approach to support and community connection (Centacare website). Youth refuges are only an option for those who do not have children, whereas they can only go into a family refuge if they have children accompanying them. Those women seeking to regain custody of their children and restore their families face significant issues in gaining suitable accommodation. They need a flexible and responsive accommodation option that will allow them to prove that they can house their children adequately whilst fighting to regain custody, and that is suitable to adequately house the children after they have regained custody of them. Young women may also be suffering under 'sexually transmitted debt', which has been inherited from a partner or previous relationship. Young women may need a range of support services including child care, which will allow them to deal with crisis needs and over the longer term to improve their future wellbeing. This support is also crucial to ensure the same cycle of abusive behaviour is not transmitted to the next generation of children of these young women (FIHURR Synthesis Report, 2008).

Yet there would appear to be very little research about or support programs that seek to address this violent behaviour in young men who may become parents. The **Baby Makes 3** program is a short duration program aimed at providing respectful relationships education sessions for those becoming new parents, to explore gender norms around parenting and communication and conflict resolution (Carrington Health website; Flynn, 2011), which is being trialled at a number of community sites. As mentioned previously, the **Dads on Board** program was a group work intervention for infants and toddlers aged up to 4 years and their fathers, but was consequent upon the dad having successfully completed a Men's Behaviour Change (MBC) program. In Queensland, **Safe Dads** is also a short duration program designed to explore what it means to be a father and the negative impacts on children of experiencing family violence. Participants must be aged over 18 years and it is not an eligibility requirement that the father have engaged with an MBC program. For teenage young men who may be involved in transitory relationships characterized by violence against partners and their very young children, there would seem to be an absence of appropriate interventions, enabling them to continue upon a trajectory of being a serial abuser.

Recommendations:

1. *That access be provided to relevant Medicare data to research trends for termination of pregnancy, including a break down by maternal age.*
2. *That further research be conducted, with teenagers in particular, regarding factors associated with termination of pregnancy, and especially the experience of family violence.*
3. *That further research be conducted regarding the protective effect of education on reducing the likelihood of unwanted pregnancy and termination.*
4. *That a flexible accommodation option including therapeutic support be trialled for pregnant young women or young mothers experiencing family violence, modelled on Centacare's Coolock House in Adelaide.*
5. *That a Safe Dads program customized for teenage fathers be trialled in Victoria.*

Care Outside the Home

Within Victoria there has been a move towards mothers and their children remaining within the family home and the perpetrator of family violence being excluded from the home through a process of seeking a Family Violence Intervention Order (FVIO), or police may issue a Family Violence Safety Notice (FVSN) if it is after hours. This may result in the offender being excluded from the family home for up to five days, but the practical issue arises that the individual may not have any alternative accommodation options. Although police are tasked with considering the accommodation needs of the respondent, in addition to those of the applicant and any dependent children, the current housing shortage would make this very challenging, unless the parties have substantial financial means. The added difficulty with this approach is that the whereabouts of the offender may become unknown, preventing monitoring of any future risk that he may present to the mother and children. There is also no requirement that the offender participate in a MBC program, unless he chooses to do this voluntarily, or it is ordered as part of a court process.

In situations where it is not safe for the mother and children to remain in the family home, they may go to a refuge. As discussed previously, it is very important that the refuge provides therapeutic work with the mother and children to ensure both receive the care, nurturing, support and reassurance they need to recover. For example, the infant's sense of security may be impacted by the physical objects in their environment having changed, but most crucial is the relationship with their primary caregiver and primary attachment figure (Bunston and Sketchley, 2012). In those situations where infants and children are left behind with the offenders, the immediate and longer term concerns for their physical and psychological safety need to be recognized and investigated by statutory bodies (Bunston and Sketchley, 2012).

Although family violence is seen as a form of child abuse, societal responses to family violence and child protection have historically developed separately. Despite the presence of one form of violence being strongly predictive of the other, addressing only one form does not protect the child from harm, either in the short or long term (Queensland Government, 2012). It was sought to improve the historically distant relationship between the Child Protection system and the family violence service system in Victoria through the development of *Towards Collaboration: A resource guide for Child Protection and family violence services* in 2004. Yet there is still much to be done, with these service systems still not working in an integrated way, despite such attempts to achieve this, which included joint training.

Family violence is not one of the specific grounds for intervention by Child Protection under the *Children, Youth and Families Act 2005*, although risks of physical or emotional harm are included. In situations where one parent (or other family member) is an offender, Child Protection will not remain involved with the children and family if there is deemed to be a protective adult present. However, this overlooks the fact that this adult (usually the mother) may be struggling to protect the children from abuse by the offender when they may be unable to protect themselves and are traumatized by their experiences and requiring support. Child

Protection may demand that the mother leave the relationship and remove the children from contact with the offender, for there is a risk that the children will be removed. This can create a very complex set of dynamics, with women reticent to report violence for fear of losing their children, or family violence and Child Protection services working at cross purposes as each seeks to advocate for the best interests of their primary client.

There would not appear to be an integration of data regarding families for which there have been recorded incidents of family violence and reports of child abuse, despite knowledge that there is a strong correlation between these factors in family dysfunction. Thus child protection investigations proceed without this knowledge, which would seem quite crucial in understanding the role of family violence in contributing to cumulative harm of the child. A practical solution may lie in the approach and model employed by the Multi Disciplinary Centres (MDCs) where Child Protection practitioners are co-located with Victoria Police Sexual Offences and Child Abuse Investigation Teams (SOCITs) and staff from Centres Against Sexual Assault (CASAs). The aim of these centres is to provide a sexual assault survivor centred, integrated and holistic response from a single location.

Following investigation by Child Protection, including screening for family violence, if a family is identified as having experienced this, a referral should always be made to specialist family violence services for appropriate intervention. If Child Protection intend to remain involved with the family, specialist family violence services should be seen as a key stakeholder for participating in functions such as case planning. If children are to be placed in out of home care, the potential for added trauma needs to be considered. If a kinship care placement is to occur, the family dynamics should be explored and sufficient protection from the offender ensured. This must also be the case when a fostercare placement is being proposed. In the event that placement in residential care is the only option available, careful consideration should be given to how to ameliorate the impact of placing a traumatized child amongst others with similar difficulties. It would seem very important that such children are provided with therapeutic trauma counselling, as described previously.

Recommendations:

- 1. That consideration be given to trialling a residential therapeutic care service for men.**
- 2. That practice guidelines be developed for a range of services who may become aware that children have been left in the care of a family violence offender.**
- 3. That consideration be given to co-location of Child Protection and family violence services, utilizing the model developed for the MDCs.**
- 4. That in all cases investigated by Child Protection, screening for family violence is completed and referrals to specialist family violence services made accordingly.**
- 5. That specialist family violence services be involved as a key stakeholder in case planning and other functions undertaken by Child Protection.**
- 6. That Child Protection fully explore the family dynamics and potential intergenerational violence when a kinship care placement is being proposed and a family violence offender has been identified within the family.**
- 7. That Child Protection ensure the safety of a fostercare placement when a family violence offender has been identified within the child's family.**
- 8. That consideration be given to providing therapeutic trauma counselling for any child placed in residential care, where it has been established that family violence is one of their abuse factors.**

Court Orders

The *Family Violence Protection Act 2008* is quite explicit that children who witness violence are experiencing family violence. However, in practice it seems there is reluctance on the part of magistrates to include children on Family Violence Intervention Orders (FVIOs), although it is more likely to occur if the police are the applicants and they include the children (George and

Harris, 2014). It has also been suggested that rather than having a tick box on the form about the children witnessing violence, an opportunity to put further details on the application would support any evidence the mother gave to the court. It would seem that many parties, including magistrates, have the erroneous belief that if an FVIO stops violence against the mother, it will also stop children experiencing the violence as witnesses. However, this view does not take into consideration that children experience violence in their own right and fathers (or others) need to understand that the violence is also being perpetrated directly against the children (George and Harris, 2014).

It is understood that women can also experience pressure from legal representatives for both parties to not include children on FVIOs, arguing that the respondent will consent to the making of the order if the children are removed from the application, and that magistrates did not question this excision. In other situations, a direct threat to the mother was not deemed to include the children and so the magistrate would not put them on the order. This failure to view the children as being impacted if their primary attachment figure is incapacitated again does not take into consideration the child's perspective and rights (George and Harris, 2014).

The availability of dedicated support at court is also seen as crucial for Aboriginal women, who may often have little trust in the system and face complex layers of disadvantage and need (George and Harris, 2014). It has also been observed that magistrates will usually include Aboriginal children on orders, when women are legally represented. Yet it was seen as more difficult to get children included on FVIOs when Aboriginal women were not legally represented and experience complex and compounded socio-legal disadvantage, highlighting the importance of legal representation for this group (George and Harris, 2014). Given the history of the Stolen Generations and the currently extremely high rate of child removal, Aboriginal women are understandably apprehensive about having Child Protection practitioners involved in their lives (George and Harris, 2014). However, once they have an FVIO, the women may be afraid to report any breaches due to a belief that Child Protection would then remove their children because they had been unable to protect them.

Issues can also arise as many parties to FVIOs do not have family law agreements or orders in place, meaning that child contact issues have not been resolved. This can mean that even though an FVIO may be in place which restricts contact, s.92 of the *Family Violence Protection Act 2008* creates an exemption and permits communication between the parties to organize contact times or communicate with children. The exemption thus leaves open the potential for continued abuse, such as messages about contact that are also abusive, which police are reluctant to address, seeing it as a family law matter (George and Harris, 2014).

Difficulties are also experienced when a lack of access to legal representation means that it is only through the FVIO process that parties can address family law matters simultaneously. Most parties do not have family law agreements in place, especially as FVIOs will usually be taken out at the end of a relationship. This can be very difficult for women and complicates the proceedings. Although the *Family Violence Protection Act 2008* gives magistrates the power to suspend and vary family court orders and agreements in relation to children, many seem very reluctant to do this. Yet unresolved family law proceedings can have a negative impact on women and children as abusive contact continues (George and Harris, 2014).

Recommendations:

- 1. That the Family Violence Intervention Order (FVIO) application form be amended to include a mandatory section to explain the family violence the children have witnessed and the impact upon them.**
- 2. That all children who have witnessed family violence be placed on the relevant FVIO, unless special circumstances exist.**
- 3. That ongoing funding of specialist services to provide support and legal representation at court for Aboriginal women who are survivors of family violence be committed.**

- 4. That police be directed to regard abusive communication conducted under the guise of s.92 of the Family Violence Protection Act as not exempt from prosecution as a breach of the FVIO.**

An Inclusive Response

There are a number of other considerations that need to be embedded into early intervention, prevention and system responses to family violence as it impacts upon children. For some children, there may be more than one of these factors operating, making the challenges they experience more difficult again.

LGBTIQ (Lesbian Gay Bisexual Transgender Intersex Queer) Community

When the issue of family violence is considered in relation to the LGBTIQ (Lesbian Gay Bisexual Intersex Queer) community, it can be seen that a range of issues arise or are exacerbated. For this community, the threat of 'outing' to their family, friends and work community can be a potent one. Associated with this, is a threat to announce the individual's HIV status. For those with a lack of permanent residency, they may fear their immigration status will be undermined if they speak up about experiencing family violence. In this situation, the basis of their relationship and the ability to apply for permanent residency status in their own right must be confirmed. These difficulties can be compounded by agencies being unaware of family violence in same sex and other relationships, making it challenging to achieve service eligibility when mainstream services are designed using a gendered approach (Another Closet, 2009).

When LGBTIQ community members have children, upon the break down of a relationship, their rights to have custody or access are dependent upon what is noted on the birth certificate, or court orders such as a FVIO or a family court order. Non biological parents and donors, regardless of their relationship with the child, have no automatic legal rights over a child unless there exists a Parenting Order through the family court. Any financial settlement is dependent upon the couple having lived together for at least two years, or contributing to the property, or having a child from the relationship. Because one or both of the parties may have experienced discrimination during their lives, they may understandably be anxious about the treatment they might expect from an agency. This makes it very stressful also for the children within such relationships, who may be left without support and guidance about what to expect and where to seek assistance (Another Closet, 2009). The ***Out of the Dark*** program run within the women's prisons, which was discussed previously, has a specific session on family violence in homosexual relationships and the added pressures that can be present (see **Appendix 3**).

Recommendations:

- 1. That a specialist family violence service be funded to provide advice and support to LGBTIQ community members.**
- 2. That the therapeutic trauma counselling program for children be adapted to provide for the needs of LGBTIQ community members.**

Disability

Those children or mothers with a disability who are subjected to family violence may have a range of additional needs. In January of 2015, the Disability and Family Violence Crisis Response initiative commenced operation through the Victorian Department of Health and Human Services. This service aims to assist women or their children with a disability and who have experienced family violence. This response might include immediate disability support to access family violence crisis accommodation, while exploring longer term housing and support options, or immediate disability support to remain safe in their own home (DHS website).

Short term funds are also available whilst the woman and her family violence worker develop a longer term plan. The woman or her child/ren become eligible for this crisis response funding

through the family violence worker determining that they have a disability under the *Disability Act 2006*. A referral is made to the Disability and Family Violence Liaison officer during business hours, or to the Safe Steps Family Violence Response Centre after hours. The liaison officer determines whether it is likely that the woman or her child/ren has a disability and where appropriate approves short term funds for disability related support, such as attendant care, hire of equipment, sign/Auslan interpreting or transport costs (DHS website).

Rural and Remote Communities

There are a range of factors in rural and remote communities that make it more difficult for service systems to be responsive to the needs of all family members experiencing family violence, many of which are related to small communities and large distances contributing to limited resources and isolation. George and Harris (2014) conducted a comprehensive study of the experiences of women and children surviving family violence in regional and rural Victoria. They found that although the *Family Violence Protection Act 2008* states that children should not generally be present in court, to protect them from harm, many were present because family violence cases form a very substantial part of the court list. Thus, children were being exposed to hearing about family violence, potentially making it more challenging for their mothers to complete applications. Children did not have access to dedicated children's spaces and so might run around or play with toys, possibly for the whole day. Occasional childcare may not be affordable or available in the area, the mother and child may be unfamiliar with the centre, and mothers may not know or trust anyone to look after their children given the trauma they have already experienced. This can lead to support workers at court caring for children, possibly compromising their ability to fully support the court application process.

George and Harris (2014) also observed that children would often have informal contact with the offender in the court waiting area, making it more difficult for women to put family law issues on hold. Women reported that they felt stressed as the offender's good behaviour in the public space could be perceived to undermine their case regarding his violence in the home. This is also very confusing for the children, especially for those who witness this behaviour and then go into the courtroom and are exposed to more discussion about violence in their home. It is proposed that the capital expenditure to improve court facilities would be prohibitive and possibly not very effective. So George and Harris (2014) suggest instead that provision of offsite remote witness facilities would be a much more effective investment. This would be particularly useful in small communities to assist in preserving the family's privacy.

The 'tyranny of distance' is also evident when the challenges encountered with exclusion orders are considered. George and Harris (2014) found that because of a severe lack of housing, very few exclusion orders were made in rural and regional Victoria. Women understood that if such an order was made, they would be pressured to accept their partner back into the family home which might consist of a property that also had other family members there and may have been in the family for many years, and women did not feel entitled to stay there. Forcing respondents to move hundreds of kilometres to access affordable housing might also result in loss of work and contact with children is difficult or prohibitively expensive, causing further financial stress on the family. However, if exclusion orders were not made, women and children may be forced to relocate and children 'are far more disrupted because the police have to go back with the women to retrieve belongings and they can't get many things' (George and Harris, 2014, p. 102). It was argued that it was more appropriate for men to be removed and for the children to stay in the home, so that children's lives are not disrupted, such as the men giving their pets away – which is really important to children.

Recommendations:

- 1. That consideration be given to the provision of a statewide network of remote witness facilities for use in court matters involving family violence.**
- 2. That greater consideration is given to the impact upon children in the making of exclusion orders in regional and rural areas.**

Aboriginal Communities

As discussed in the Definition section, in the context of Aboriginal communities, family violence includes a wide range of physical, emotional, sexual, social, spiritual, cultural and economic abuses that can occur within families, extended families, kinship networks and communities (Strong Culture, Strong People, Strong Communities, 2008).

However many service systems and mainstream services lack an understanding of Aboriginal familial structures and kinship networks. As a result of colonisation, dispossession of land, separation of communities and children being removed from families, Aboriginal communities carry great trauma experiences that are transferred from one generation to the next. When the cumulative trauma of intergenerational poverty and marginalisation by society are untreated, other complexities such as drug and alcohol abuse and the violence experienced by the community escalate. These issues create particular challenges for addressing family violence in Aboriginal communities, which is further compounded by the extraordinarily high rate of removal of children by Child Protection, expected to reach 1400 children in Victoria in 2015.

Specialist services for Aboriginal people are required that have an understanding of the definition of family violence in the context of the Aboriginal community and which Aboriginal people feel culturally safe to access. An example is the Aboriginal Family Violence Prevention Legal Service (AFVPLS) which provides support to family violence survivors who do not access mainstream services and who cannot access Aboriginal Legal Services due to conflict issues. The AFVPLS provides critical, culturally safe and appropriate legal assistance, casework, counselling, outreach and court support to Aboriginal adult and child survivors of family violence. The agency is a stand-alone service structured according to a collaborative, referral-based model, and maintains close links with Aboriginal family violence workers and refuges, and housing, counselling, drug and alcohol, and allied health services. Those programs run by and for Aboriginal people, built on a foundation of culture, show the most successful outcomes for Aboriginal people.

The Commissioner for Aboriginal Children and Young People is co-chairing Taskforce 1000 with the Secretary of the Department of Health and Human Services (DHHS). The project involves a case review and critical discussion of every Aboriginal child in out of home care in Victoria. To date, approximately 300 children have been reviewed. A key theme of the discussion is that more effort and investment must be made to prevent Aboriginal children entering care. There is a direct correlation between family violence within families and children entering out of home care. Specific data on the drivers has been collected by DHHS, but at this stage has not been made publically available. As an illustrative figure, approximately eighty per cent of children reviewed have experienced family violence, and this is often aligned with other key factors such as alcohol and drug misuse, parental mental illness and neglect.

It is clear from the over representation of Aboriginal children in out of home care and the enormous growth in this number, that not enough is being done in early intervention and prevention of the known drivers. To better work with families of children at risk we need to understand more fully and forecast demand for services for vulnerable Aboriginal children. We need to understand the unmet needs of vulnerable families for services and also improve access of Aboriginal peoples to services. Serious long term workforce planning is needed to attract and retain Aboriginal staff. An effort must be made to monitor the cultural competency of government funded family services and for any new funding such competency must be a key criteria that is met prior to funding. Long term investment in Aboriginal community controlled services, or equal partnerships with mainstream and Aboriginal services should be explored as models of service.

The Victorian Government is currently evaluating the 10 year *Indigenous Family Violence Strategy*. The Strategy is in its sixth year and this is the first evaluation. Eleven Indigenous Family Violence Regional Action Groups annually distribute funds through the Community Initiatives Fund annually. The outcomes of the strategy are not known. There is no agreed indicator of success for Aboriginal family violence. The *Victorian Aboriginal Affairs Framework 2013-18* committed to 'reducing the incidence of Aboriginal family violence'. To do this a commitment was made to developing an appropriate target. A target has not been established and the measure of the rate of family violence incident reporting from Victoria Police is used in lieu of this. In order to develop an effective response to Aboriginal family violence, more work needs to be done to better understand the context, prevalence and impact on families, men, women, children and the community.

Recommendations:

- 1. That ongoing cultural competency training be provided to all components of the family violence service system.**
- 2. That a long term strategy be developed to increase the Aboriginal workforce in the family violence service system.**
- 3. That ongoing funding of specialist services to provide support and legal representation at court for Aboriginal women who are survivors of family violence be committed.**
- 4. That an outcomes framework for Aboriginal family violence be developed, as part of any ongoing strategy, and data be collected and published that identifies the use of services and the unmet demand.**

CALD (Culturally and Linguistically Diverse) Communities

Although we know that in Victoria, the population includes 46.8% who were either born overseas or have at least one parent born overseas, there is only one dedicated multicultural family violence service to provide support to all CALD women experiencing family violence, the InTouch Multicultural Centre Against Family Violence. There is not an accurate data collection regarding how many CALD background women access family violence services, precluding effective service planning. However, it would appear that the rates of family violence in many communities are very high due to a range of exacerbating factors including social isolation, language barriers, cultural and religious differences and expectations related to traditional gender roles. However, it seems likely that family and community pressures, combined with lack of knowledge and shame are likely to create strong incentives for under reporting of family violence. These factors may compound the difficulties of children of CALD backgrounds exposed to family violence, yet there appears to be very little research about the experiences of such children.

In a study assessing non-professional mentor support to reduce intimate partner violence and depression in mothers, known as MOSAIC (Mothers' Advocates in the Community), mothers from a CALD background were referred for support. The intervention consisted of a year of weekly home visiting from trained and supervised local mothers who were both English and Vietnamese speaking and provided non-professional befriending, advocacy, parenting support and referrals. The majority of mentored women stated they would recommend the program and it was found that their safety appeared to have improved and their physical and mental wellbeing was enhanced.

In an effort to explore the experiences of CALD background children who had exposure to family violence, in 2008 the *What about the Children?* resource was produced through reflective work with groups of children from Vietnamese, Turkish and Chinese backgrounds. There were a range of circumstances which were perceived to contribute to the personal trauma for CALD children:

- Children can be further traumatized if they are relied upon as an interpreter for a mother who has been subjected to family violence and is accessing support services.
- Children may have witnessed other violence in their country of origin.

- Children may have been forced to flee from their country of origin, risking dangerous journeys and uncertain futures in the hope of finding a safe home.
- Children may have lost their family networks, extended family, friends and all that is familiar to them.
- Children may have spent time in a refugee camp or detention centre and the uncertainty about the future that this brings.
- Children may have become separated from parents or other family members when being accepted as a refugee.

This trauma can add to the personal challenges that CALD children may already be experiencing such as being in a new country with no or very limited friendships, learning a new language, learning a new set of cultural norms and behaviour and adjusting to formal schooling. A lack of culturally appropriate services and lack of understanding of culture and history, and uncertain immigration status may make children even more unsettled. However, there are also some positive aspects to being from a CALD background, including an emphasis on extended family and community ties resulting in a network of caring adults to provide nurturing and support, assistance to develop a strong cultural identity, connection to a faith community and developed skills in resourcefulness and resiliency.

Forced marriage is also an issue that arises in CALD communities, and especially for those that are new arrivals in Australia. Forced marriage can be seen as representing the intersection between family violence, sexual exploitation and child protection. A forced marriage is defined as occurring when the person gets married without freely and fully consenting, because they have been coerced, threatened or deceived. Forced marriages can occur in Australia (including where a person was brought to Australia to get married), as well as where a person is taken from Australia to get married overseas. It is illegal for any person aged below 16 years to get married under the Commonwealth *Marriage Act 1961*. A marriage can only occur if one of the parties is aged between 16 and 18 years if a court order authorizes this, and parental consent is also required, unless exceptional circumstances exist and parental consent is dispensed with. It is believed forced marriage is underreported in Australia, with 42 cases being referred to the AFP between 8 March 2013 and May 2015 (Forced Marriage Workshop, 2015). The Red Cross has received some funding to address this issues and a Forced Marriage Network (FMN) has been established in Victoria, with three working groups on Community Education and Awareness Raising, Service Provision and Advocacy and Research.

There are also initiatives aimed at changing attitudes and behaviour of CALD background men. For example, the 360 Turn Around project run by Moonee Valley City Council was a place based project to reduce violence against women on the Flemington estate. The Cohealth community health centre led the youth component which involved young men from the Horn of Africa in leadership training culminating in the 'You the Man' production which took a forum theatre approach. The staff involved were aware of the cultural lens being brought to the project and saw it as an opportunity for two-way learning. In addition, there are two CALD MBC programs including the Vietnamese MBC program through Sunshine RAV (Relationships Australia Victoria) which has been subject to evaluation (InTouch, 2011) and an Arabic MBC program through Kildonan Family Services. In these programs, men discuss their pre-immigration values and culture and then their immigration experience. These programs are essential as CALD men with limited proficiency in English do not know about or understand MBC programs and what they are for. The recruitment and training of bicultural workers is critical for sustaining the group and increasing understanding of family violence and MBC within CALD communities more generally.

Recommendations:

- 1. That comprehensive data collection be conducted regarding the CALD background of families experiencing family violence and utilizing the formal service system.**
- 2. That consideration be given to expanding a trial of the MOSAIC program to a range of CALD background communities.**
- 3. That further research be undertaken into the experiences of CALD children exposed to family violence.**
- 4. That mainstream family violence services receive specialist training to enable detection and support for those involved in forced marriage.**
- 5. That consideration be given to establishing a greater number of CALD MBC groups with training and support for bicultural facilitators.**

MBC (Men's Behaviour Change) Programs and Children

In looking to the future, NTV (No To Violence) has identified that one of the challenges is to hear children's voices and needs (Vlais, 2014). Project Mirabel in the UK investigated what counts as success by speaking with family violence service workers and found there were three main dimensions through which men's participation in offender programs would benefit their children. The first related to changes in the father himself, with cessation of violence and controlling tactics providing increased safety and wellbeing, and the man understanding what it is like for his children to live under a regime of his control and reduced alcohol and drug use. Secondly, there were changes in the father-child relationship through men's enhanced communication and listening skills and emotional awareness, creating more opportunities for children to feel listened to and understood, and for their voice to be valued. Thirdly, there would be changes in the child's functioning, including increased stability flowing through to improved relationships, social competence and school performance (Alderson, Westmarland and Kelly, 2013).

In an extension of the study which combined the data with interviews with a small group of children receiving support from a children's worker, it was found that around half the offenders had not told their children they were participating in the program. This concerned the researchers, as a core principle of the programs is to hold men accountable for their behaviour and that this should also extend to their children. It was suggested it may be important for program sessions to cover the right language for being able to talk with children about violence and abuse, and about positive, healthy relationships (Alderson, Westmarland and Kelly, 2013). This may also have the important consequence of reducing the burden on the mother to be the one having this discussion and providing support for children on top of her own trauma. It is suggested that more openness with children and direct support for children, may also help manage their expectations about the program and change in their parent, especially if things are not going well and where program participation is linked to child contact (Vlais, 2014).

One innovation that has been suggested is the formalization of risk assessment and risk management approaches in relation to the effects of men's violence on children and young people, based on existing knowledge of indicators about the nature and degree of risk to children posed by offenders (Bancroft and Silverman, 2002). The Victorian DHS (2013) has already developed a comprehensive framework for use by specialist women's advocacy and men's offender services, known as the CRAF (Common Risk Assessment Framework), which includes a suite of risk assessment templates and tools. Although it is important to involve children's perspectives in risk assessment and safety planning (Alderson et al, 2013), the DHS framework and tools can be used even in situations where no direct contact with children occurs, by relying upon assessing risk through one or more parents and other sources. The framework proposes that each child be considered in their own right and for the programs to engage in an ongoing assessment of the risk to each child throughout the course of work with the man and his (ex)partner. These tools are also designed to support assessment of the broader impact of violence on the child's safety, stability and development (Vlais, 2014). However, it has been the Commission's experience in conducting Child Death Inquiries (CDIs)

that the CRAF has a number of shortcomings, principally being that it does not include basic demographic data in relation to the child (see **Appendix 4**), which would assist in making a comprehensive psychosocial assessment leading to a more accurate assessment of risk for the child.

A second innovation is the establishment of work involving child contact, which is offered in only a few MBC programs in Australia (Vlais, 2014). The Scottish Caledonian system has used their experience to outline a range of complexities that can arise, including:

- The mother's lack of awareness of, or defensiveness about, the effects of their partner's violence on their children.
- The possibility of the children experiencing forms of violence, such as sexual abuse, from the partner that the mother is unaware of.
- The fact that children might have different wishes and needs than their mother, but with less power to express or advocate for them.
- Adolescent use of violence in the home, potentially against the mother, related to the father's use of violence.
- Recruitment of the children by the offender into patterns of abuse against the mother.
- The possibility that in some situations the mother is abusing the children (Macrae, 2014).

Those children who received an integrated children's support service were reported to have been helped to rebuild their self-esteem, express their feelings about the violence in a safe environment and receive reassurance that the violence was not their fault. Children indicated that they were feeling a greater sense of stability in their lives (Alderson et al, 2013). Many current program providers do not have the resources or internal expertise to provide a child contact service, but they should have close relationships with family service providers and Child Protection in any case (Vlais, 2014). Within the Scottish Caledonian System, the children's services worker's role is to advocate for the child's needs through all the service systems that the child might have contact with (Macrae, 2014). Over time, child-centred community sector agencies and government authorities are becoming more actively involved in information sharing and collaborative work with offender programs (Vlais, 2014). Offender programs are also training and supporting, such as through secondary consultations, family services and Child Protection practitioners, to strengthen the visibility of offenders in their casework. This strategy avoids a 'failure to protect' approach that places responsibility upon the non-offending parent (Mederos, 2004).

The Safe and Together model developed by David Mandel seeks to increase the focus on high standards for fathers and the nexus between the offender's behaviour and the harm to children. The model is described as taking a 'perpetrator pattern based, child centred, survivor strengths approach to domestic violence'. A whole family approach is seen to provide a more comprehensive assessment of risk, safety and protective factors and increase the effectiveness of the system in engaging men to become better fathers. The model applies a behavioural focus upon both the offender and the survivor as the basis for assessment and intervention. The approach is also gender and sexual orientation neutral, enabling focus on the behaviours that represent risk and safety issues for children. Case planning with measurable goals is also possible given the assessment focus is on what each parent has responsibility for and can change (Mandel, 2014).

Recommendations:

- 1. That the development of a child contact service be trialled based upon the Scottish Caledonian System model.**
- 2. That the Safe and Together model be trialled and resultant case planning goal outcomes evaluated.**

Child Death Inquiries

The Commission conducts Child Death Inquiries (CDIs) in accordance with s.34 of the *Commission for Children and Young People Act 2012*. This section provides that the Commission must conduct an inquiry in relation to a child who has died and who was a child protection client at the time, or within 12 months of their death. Of the 54 inquiries conducted during 2013 – 2014, family violence is noted as a theme in 32 inquiries, highlighting the nexus between family violence and child abuse and neglect. The Commission would like to highlight the importance of child and family participation in family violence assessments and reflect upon what the inquiries have demonstrated:

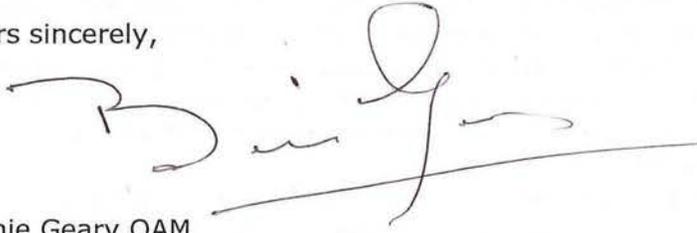
- That language is important, with the commonly used terms of 'witnessing' or 'exposed' to family violence implying that children are passive observers of family violence, when research shows that children *experience* family violence (Bromfield, Lamont, Parker and Horsfell, 2010).
- Many children whose death was reported to the Commission had experienced family violence *in utero* and by hearing it, being used as a part of it and lived in the aftermath (Kantor and Little, 2003, in Goddard and Bedi, 2010).
- Children are affected by family violence directly, living with family violence causes harm to children developmentally, emotionally, psychologically and physically. It impacts on their relationships, it isolates them and traumatizes them, which may occur accidentally or intentionally. Children living with family violence are in a perpetual state of alert which can damage the developing brain (Perry, 2001).
- Children experience family violence differently, from each other, at different ages and to their parents and other adults.
- The opportunity to be heard is therapeutic in itself.
- Children who experience, and are affected by, family violence need to be understood, have their experiences acknowledged, validated and have the violence and its impacts addressed.
- Listening to children's perspectives and insights on their experience of family violence improves professionals' and parents' understanding of its impact.
- That the assessments focus upon the mother being 'protective' rather than the cycle of violence and what is being experienced. 'Protective' mothers are considered to not require support as they have sought an FVIO, whilst mothers who have not, are perceived as a risk, and may have their children removed.
- Fathers are routinely not interviewed and are not engaged with, which means their violence is not addressed and their role as a father is not acknowledged.

Personal Values and Beliefs of Professionals

There has been a great deal of focus in the media on the issue of family violence, leading up to and since the announcement of the Royal Commission. But there has been less emphasis on the underlying causes that have allowed family violence to remain an 'epidemic' within our society over decades, it is not a new phenomenon. Whilst the answer may lie partly with the results of various community attitude surveys which show alarming degrees of acceptance of violent behaviour, there would seem to be more to the question as to why. Perhaps all community members and professions need to reflect upon their own attitudes towards family violence and ask themselves what they would do when faced with signs that someone they come into contact with may be experiencing family violence. Until each individual can honestly answer that they would respond to an instance of family violence in the same way that they would respond to a stranger behaving in a similar way towards the person, we are destined to continue grappling with the effects of this violence within our society.

If you would like clarification of any of the issues raised in this submission, or to discuss the matters in further detail, please contact me on (03) 8601 5886 or at Bernie.Geary@ccyp.vic.gov.au.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Bernie Geary', with a long horizontal line extending from the end of the signature.

Bernie Geary OAM
Principal Commissioner

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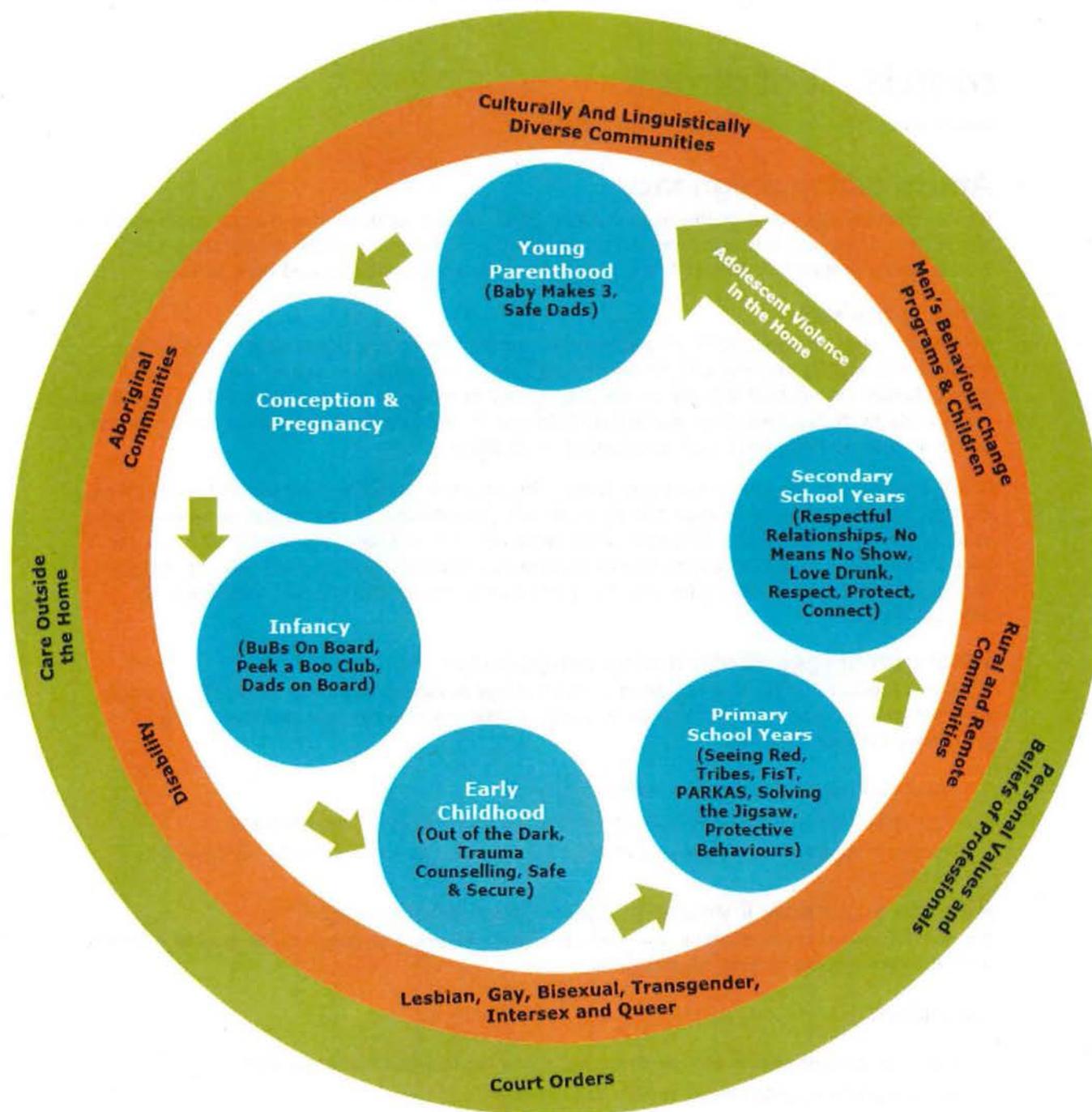
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Appendix 1: Life Cycle of a Child



Appendix 2: March of Dimes Abuse During Pregnancy Checklist

12/05/2015

Abuse during pregnancy | March of Dimes



Abuse during pregnancy

Abuse, whether emotional or physical, is never okay. Unfortunately, some women experience abuse from a partner. Abuse crosses all racial, ethnic and economic lines. Abuse often gets worse during pregnancy. Almost 1 in 6 pregnant women have been abused by a partner.

What is abuse?

Abuse can come in many forms. An abusive partner may cause emotional pain by calling you names or constantly blaming you for something you haven't done. An abuser may try to control your behavior by not allowing you to see your family and friends, or by always telling you what you should be doing. Emotional abuse may lead you to feel scared or depressed, eat unhealthy foods, or pick up bad habits such as smoking or drinking.

An abusive partner may try to hurt your body. This physical abuse can include hitting, slapping, kicking, choking, pushing or even pulling your hair. Sometimes, an abuser will aim these blows at a pregnant woman's belly. This kind of violence not only can harm you, but it also can put your unborn baby in grave danger. During pregnancy, physical abuse can lead to miscarriage and vaginal bleeding. It can cause your baby to be born too soon, have low birthweight or physical injuries.

What can trigger abuse during pregnancy?

For many families, pregnancy can bring about feelings of stress, which is normal. But it's not okay for your partner to react violently to stress. Some partners become abusive during pregnancy because they feel:

- Upset because this was an unplanned pregnancy
- Stressed at the thought of financially supporting a first baby or another baby
- Jealous that your attention may shift from your partner to your new baby, or to a new relationship

How do you know if you're in an abusive relationship?

It's common for couples to argue now and then. But violence and emotional abuse are different from the minor conflicts that couples have.

Ask yourself:

- Does my partner always put me down and make me feel bad about myself?
- Has my partner caused harm or pain to my body?
- Does my partner threaten me, the baby, my other children or himself?
- Does my partner blame me for his actions? Does he tell me it's my own fault he hit me?
- Is my partner becoming more violent as time goes on?
- Has my partner promised never to hurt me again, but still does?

If you answered "Yes" to any of these questions, you may be in an unhealthy relationship.

What can you do?

Recognize that you are in an abusive relationship. Once you realize this, you've made the first

<http://www.marchofdimes.org/pregnancy/abuse-during-pregnancy.aspx>

1/2

12/05/2015

Abuse during pregnancy | March of Dimes

step towards help. There are lots of things you can do.

Tell someone you trust. This can be a friend, a clergy member, a health care provider or counselor. Once you've confided in them, they might be able to put you in touch with a crisis hotline, domestic violence program, legal-aid service, or a shelter or safe haven for abused women.

Have a plan for your safety. This can include:

- **Learn the phone number of your local police department and health care provider's office in case your partner hurts you.** Call 911 if you need immediate medical attention. Be sure to obtain a copy of the police or medical record should you choose to file charges against the abuser.
- **Find a safe place.** Talk to a trusted friend, neighbor or family member that you can stay with, no matter what time of day or night, to ensure your safety.
- **Put together some extra cash and any important documents or items** you might need, such as a driver's license, health insurance cards, a checkbook, bank account information, Social Security cards and prescription medications. Have these items in one safe place so you can take them with you quickly.
- **Pack a suitcase** with toiletries, an extra change of clothes for you and your children, and an extra set of house and car keys. Give the suitcase to someone you trust who can hold it for you safely.

Remember: No one deserves to be physically or emotionally abused. Recognize the signs of abuse and seek help. You might feel very scared at the thought of leaving, but you've got to do it. You and your baby's life depends on it.

For more information

Georgetown University's Maternal and Child Health Library - [domestic violence and abuse](#) information.

National domestic violence hotline: (800) 799-SAFE (7233), (800) 787-3224 TTY

Last reviewed October 2008

Appendix 3: Out of the Dark Summary



Out of the Dark- Family Violence Program

Aligned with the Better Pathways Strategy and the Department of Justice's Family violence strategic plan, the **Out of the Dark** program is a psycho-educational group program developed by the NSW Department of Corrective Services to address family violence issues for women in custody. In addition to the program structure MCM delivers four additional sessions.

The primary goals of the program are for [voluntary] participants to:

- Be able to define domestic abuse/family violence
- Be able to identify how domestic abuse/family violence impacts on participants lives
- Be able to identify different types of domestic abuse/family violence in participants lives and lives of others
- Be able to identify an escape plan and identify supports and services in the community that participants can access

MCM has delivered the Out of the Dark Family Violence Program at the Dame Phyllis Frost Centre (DPFC) since 2009. MCM is currently waiting for formal confirmation of the program extension

The **Out of the Dark** program is currently delivered at DPFC prison four times per financial year (twice per week over 5 weeks, 2 hours per session). The program is delivered at Tarrengower prison three times per financial year.

Session Outline

Session One: Introduction- What is Abuse/ Family Violence

This introduction session covers group rules, expectations and feeling safe through the program. It covers the definitions of abuse and violence and case studies are presented to the women.

Session Two: Cycle of Abuse

This session covers the abuse cycle by addressing the model of power and control. The session covers profiles of the victims and of the abusers.

Session Three: Effect of Violence on Children

This session identifies the many and varied effects of domestic abuse on children at different ages/stages. The session covers domestic abuse and Pregnancy as well as domestic abuse in homosexual partnerships. There may be additional pressures to consider in relation to domestic abuse within homosexual partnerships.

Session Four: Healthy & Unhealthy Relationships

This session identifies who is involved in Domestic abuse relationships, types of abuse, use of power and control and the Cycles of Abuse. A Canadian DVD is shown called "A Love That Kills". This session also looks at healthy and unhealthy relationships.

Session Five: Myths & Facts

This session addresses the myths and facts about family violence. The aim of this session is to acknowledge domestic abuse issues are surrounded by myths and stereotypes and to dispel the accepted views pertaining to the abuse of women.

Session Six: The law- Your rights

This session focus on the understanding Apprehended Violence Orders (AVO's) and understanding domestic abuse and the laws which protect victims. The session focuses on availability of supports and services in the community. Guest speakers are invited to this session.

Sessions developed by Melbourne City Mission

The following four sessions are those additional sessions developed by MCM based on the knowledge and experienced gained through its work with women exiting prison over many years in particular the Family Support Service at the Dame Phyllis Frost Centre. MCM focused the sessions on giving women the tools to manage when they are back in the community, enabling them to feel that they are empowered and teach them that they have the tools to take action if a violence situation arises.

Session Seven: Family Violence & the Law

MCM acknowledges that violence against women and children is a breach of international, national and state law and violates fundamental human rights. Topics that are discussed in this session relate to the Family Violence Protection Act 2008, including the key features of the Act, new terminology, its purpose, police roles and power within the Act. It also looks at types of court action and proceedings and how to access resources as well as implications for women in prison. MCM felt it was important for women to have and understand the necessary information to take action if needed.

In this session MCM focus is on empowering women with knowledge of the system and the processes that can protect them and their children from violence. This session is delivered in conjunction with a Victorian Legal Aid solicitor to provide the specialised information, answer questions and seek advice if necessary.

Session Eight: The law in relation to children

This session focuses particularly on the law in relation to children. The session also looks at supports services available in the community. It covers changes to the system, the Family Law Act and how these changes deal with Family Violence. The session looks at how family law protects children, the range of services that are available and the types of resources available to families –

e.g. Family Relationship Advice Line and Family Relationship Centres and the impact and the implications on the children when a woman is in prison. Part of the session also reviews earlier learning in the course. This session is presented in conjunction with a worker from a refuge and a survivor who now works in this refuge.

Session Nine: The Importance of Play and Communication between children and their parents

After the NSW session on the effects of children, MCM felt it was necessary to resource women with knowledge and tools to improve or enhance their relationships with their children and generally to improve their lives.

This session focuses on the value of supportive communication between parents and children. The session focuses on expression through play, creating an environment that is safe for children to talk about feeling. It also covers understanding the value of play in relationships between parents and children. This is seen to be vital in the development of positive nurturing of children.

The session teaches women about creating the opportunities to discuss ways of developing positive family relationships through play; understanding that children "learn what they live". It also provides women with ideas about how to engage play and nurture and foster positive relationships with their children.

Session Ten: Managing Stress and Self Care

This session explores the value of self care. The session focuses on the importance of having time out for relaxation and how to develop individual techniques that work for you. It demonstrates an understanding of the link between family violence and stress and the compounding effects. The session focuses on identifying stress and stressors, the symptoms of stress and strategies to reduce stress.

Practise exercises to control tension and enhance relaxation of mind and body are practiced and resources /services available to client group in community in preparation for release. Once again this session is about providing women with the tools to improve their lives in some way. Part of this session was delivered by a yoga instructor who conducted a short session then demonstrates a number of self care, self soothing techniques.

Appendix 4: Common Risk Assessment Framework (CRAF)

Aide memoire

| Risk factors for victims | YES | NO | Comment |
|--|-----|----|---------|
| Pregnancy/new birth* | | | |
| Depression/mental health issues | | | |
| Drug and/or alcohol misuse/abuse | | | |
| Has ever verbalised or had suicidal ideas or tried to commit suicide | | | |
| Risk factors for perpetrator | | | |
| Use of weapons in most recent event* | | | |
| Access to weapons* | | | |
| Has ever harmed or threatened to harm victim | | | |
| Has ever tried to choke the victim* | | | |
| Has ever harmed or threatened to harm or kill children* | | | |
| Has ever harmed or threatened harm or kill other family members | | | |
| Has ever harmed or threatened to harm or kill pets or other animals. | | | |
| Has ever threatened to tried to commit suicide* | | | |
| Stalking the victim* | | | |
| Sexual assault of the victim | | | |
| Previous or current breach of Intervention Order | | | |
| Drug and/or alcohol misuse/abuse | | | |
| Obsession/jealous behaviour towards victim* | | | |
| Controlling behaviours* | | | |
| Unemployed* | | | |
| Depression/mental health issues | | | |
| History of violent behaviour (not family violence) | | | |
| Relationship factors | | | |
| Recent separation* | | | |
| Escalation – increase in severity and/or frequency of violence* | | | |
| Financial difficulty | | | |

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