

Examination of children affected by family and domestic violence

Submission to the Human Rights Commission

The work of Relationships Australia

This submission is written on behalf of Relationships Australia's eight member organisations.

We are a federation of community-based, not-for-profit Australian organisations with no religious affiliation. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

Relationships Australia has provided a range of family support services to families for more than 60 years. These include counselling, dispute resolution, children's services, relationship and professional education, and specialist services targeted at reducing family violence. Relationships Australia State and Territory organisations, along with our consortium partners, operate around one third of the 65 Family Relationship Centres across the country. In addition, Relationships Australia Queensland is funded to operate the Family Relationships Advice Line, work previously undertaken by Centrelink.

We respect the rights of all people in all their diversity to live life fully within their families and communities with dignity and safety. We aim to help people to achieve positive, healthy and respectful relationships with members of their families, whether or not the family is together, and with friends, colleagues, and the communities they live in.

Relationships Australia responds to victims and perpetrators of domestic violence through the services it provides. We believe that, with the right support, people have the capacity to change their behaviour and how they relate to others.

Our organisations support people affected by family violence based on the principle that violence in family relationships is unacceptable and contravenes basic human rights. As such, Relationships Australia believes that effective prevention strategies require a legal framework in combination with broad community education to respond to inequality, coercion and control, and the use of violence

in families. In addition, there must be tailored service responses for individuals and families affected by violence.

Relationships Australia also supports integrated, cross sector, multi-disciplinary responses to family violence which focus foremost on the safety of the victim. Underpinning all of our services are the principles of child and family centred practice and keeping children and families safe.

Relationships Australia is committed to:

- Transparency with clients. Our services name violence for what it is and we do not tolerate excuses for it. Our practitioners make reports of concern to child protection agencies. Unless there is a safety concern, clients are informed about what is happening, encouraged to self-report, given explanations and supported through the reporting process.
- Supporting children affected by family and domestic violence. We recognise the harm family violence does to children, regardless of whether they are the direct or indirect victims.
- Working with people who have experienced violence to ensure they are safe, and supporting them to take control of their lives.
- Working with people who have been violent in their family relationships to keep their family members safe and with the belief that they can change existing patterns of behaviour.
- Respecting cultural differences, but not accepting them as an excuse for family violence.
- Working in rural and remote areas, recognising that there are fewer resources available to people in these areas, and that they live with pressures, complexities and uncertainties not experienced by those living in cities and regional centres.
- Working collectively with local and peak body organisations to deliver a spectrum of prevention, early intervention and tertiary intervention programs with men, women, children and young people. Often a range of agencies (for example, drug and alcohol services, family support programs, mental health services and public housing) are needed by people affected by family violence.
- Enriching family relationships and encouraging good and respectful communication.
- Ensuring that social and financial disadvantages are not barriers to accessing services.
- Contributing its practice evidence and skills to research projects, the development of public policy and the provision of effective programs.

Specific Responses to the Inquiry Terms of Reference

In preparing this response we have drawn upon:

- our direct service delivery experience across urban, regional, rural and remote locations;
- our experience in delivering programs in diverse communities, including culturally and linguistically diverse and Indigenous communities;
- evidence-based programs and research;
- our leadership and policy development experience;
- the voices of our practitioners; and
- the experiences and voices of women and children to bring to attention to a range of issues affecting the adequacy of policy and community responses to family violence.

In this response the term “father” does not strictly represent the biological father of the child, but the male who in the family context has fathering responsibilities within a married, defacto or separated relationship context. This response represents the context from which we work whereby (in most cases) the male is the perpetrator of violence and the mother and child(ren) are the victims of violence.

1. What are the definitional issues in relation to family and domestic violence affecting children?

- There are a plethora of terms used to describe violence in the family, such as domestic violence, intimate partner violence and family violence. All these terms highlight the intimate nature of the relationships in which violence occurs. We prefer the use of the term family violence because this refers to violence perpetrated by any family member and is therefore relevant to the breadth of our programs. Family violence also tends to be the term used within the family law system.
- While terminology is one part of the picture, what is more concerning are the types of behaviour captured (or not captured) by, and implications of, contemporary definitions and how this relates to legal, policy and service delivery frameworks.
- It is common to reference children at state and international levels as “witnesses” of and as being “exposed to” violence and abuse. These terms inadequately describe the child’s personal experience of family violence. We consider that if a child has seen or heard any form of abuse, then they have directly experienced that abuse.

The term “witness” and “exposed to” also has the effect of minimising the child’s experience and furthermore plays into what we often hear as men’s justification and rationalisation of abuse. For example, “the (child) was in the other room so didn’t hear it” and “I would never hurt my kids” (but is violent to their mother).

This minimisation through language positions the child separately from abuse being perpetrated within the family, and therefore the child is not considered impacted by the abuse of their mother. Research confirms that to abuse a child's mother is to abuse the childⁱ.

- We would also call for acknowledgement, in definitional terms, of men's use of violence as a father, as a choice to be an abusive father. There should be a shift in focus that recognises men's choice to use violence towards women and children as a fathering and parenting choice. This would focus attention on the father's responsibilities as a parent.

In our work with mother's experiencing violence we note with concerning regularity that, as a result of her experiencing violence, a judgmental, blaming and fixed gaze is cast on her mothering ability and capacity. We strongly contend that a woman/mother's experience of violence does not equate with being a poor or "un-protective" mother. Rather it is the impact of her partner's violence that interferes and constrains her mothering of her children.

A shift in recognising men's use of violence as a fathering and parenting choice also acts to place the responsibility and accountability with the perpetrator, and not the victim of, violence. This change would recognise men perpetrating violence as 'unsafe fathers' rather than women as 'non-protective mothers.'

- In 2005, among Australian women who had ever experienced violence by a previous partner, 36 per cent reported that this occurred when they were pregnant and 17 per cent experienced violence for the first time when they were pregnantⁱⁱ. The abuse of children by definition should also be recognised in the prenatal (pre-birth) context as these statistics and many of our own clients report that their partner began to be violent or escalated their violence towards them during pregnancy.

- The definition should capture the emotional manipulation of children. This change should also recognise that family violence can be perpetrated after separation covertly through contact with children. The current definitions and associated processes do not acknowledge the child's experience of coercive control by the father both pre and post separation. Whilst we acknowledge that resources are stretched, we strongly demand greater response to children who are being emotionally abused, but are deemed by services (including Child Protection) as not at risk of harm. Current system responses do not fit with current and state and national definitions that recognise emotional abuse as family violence.

- We also see other examples of father's coercive control of children pre and post separation that should be captured by the family violence definition. This may involve children being intentionally isolated from other family members and friends (eg mother's family and friends) as well as not being able to socialise with their school friends, because of their father's controlling behaviour.

- We would also like to note that changes to the definition will not necessarily result in changes to legislation, processes or actions. For example, while psychological, verbal, emotional and financial abuse are already captured in mainstream definitions of family violence when we talk

about women's safety, these behaviours are unlikely to be investigated and are difficult for authorities to respond to. Therefore policy development needs to also consider how enhancements to the definition of family violence will be translated into processes that will decrease the prevalence of family violence, and correspondingly the safety of women and children.

2. What do we know about the prevalence and incidence of family and domestic violence affecting children, including who is involved in family and domestic violence events?

- According to the Australian Bureau of Statistics, approximately 20% of Australian women have experienced violence at the hands of an intimate partner. A large proportion of affected women have children in their care, and domestic violence is known to negatively impact these children, whether through witnessing the violence and abuse, or through being themselves victimised. In line with National statistics, in our services we continue to see domestic violence as a gender issue, with 95 per cent of victims being female, and a large proportion having children in their care.
- There are few Australian studies of the prevalence and incidence of family and domestic violence affecting children. A few national statistics exist, such as the Australian Bureau of Statistics' (2005) Personal Safety Surveyⁱⁱⁱ that found that of all women who had experienced partner violence since the age of 15 years and had children in their care during the relationship, 59 per cent reported that the violence had been witnessed by children, 37 per cent that the violence had not been witnessed by children and four per cent that they did not know whether the violence had been witnessed by children in their care. A 2001 study of 5,000 young Australians showed that one quarter of young people (aged 12–20 years) have witnessed an incident of physical violence against their mother or stepmother, and witnessing family violence is the strongest predictor of perpetration of violence in young people's own intimate relationships (Indermaur 2001).

Of concern is that prevalence statistics for children are rarely the focus of major studies and they do not often report on how children are affected. This may be due to children's representation as a smaller target group or the difficulty in surveying them. The problem of collecting national statistics is also compounded by a lower recognition by parents and police of the impacts of family violence on children, under-reporting of family violence in general, and mother's fear of child removal by authorities.

- Based on our own experience in delivering services to families affected by family violence, contemporary statistics are considered to be under-reports of the incidence of family violence affecting children. The rates of family violence for women with children accessing services at Relationships Australia continue to exceed general population estimates. Consistent with other research, evaluation of our services report rates of family violence of 60 per cent^{iv}.

In Victoria, for example, data indicates over 45 per cent of family violence incidents had one or more children present (VCCAV 2002: 12). Family violence is present in more than half of all notifications made to Child Protection and, for children less than two years of age, family violence is reported in 57 per cent of cases^v. In the 2013/14 financial year there were 7473 client sessions conducted by Relationships Australia Victoria where addressing family violence was a major part of the work.

- Some insight into the prevalence of family violence can also be ascertained by the demand for our services. Our programs consistently have lengthy waitlists and high demand which is constrained by existing budgets. Each year we are providing service to increasing numbers of clients across our men's, women's and children's programs, with no increase in budget to expand our services to meet this demand.

- Current prevalence statistics do also not allow us to report on rates of family violence for vulnerable groups. For example, it is our experience that the incidence of family violence can continue or grow following relationship breakdown.

Evaluation of family-law cases has shown that approximately 40-55% contain child abuse and intimate partner violence^{vi}. Couple separation and formal family court proceedings create additional safety risks such as abduction, particularly for children under five years of age and increased risk of abuse, including lethality^{vii}.

Separated parents can be exposed to higher risk due to the need for contact for legal and financial settlements and child custody arrangements. The family law system processes and outcomes (eg. contact orders) often require victims (including children) to engage repeatedly with perpetrators of violence. In addition, perpetrators of violence may use contact with children as an opportunity to continue to intimidate, harass or abuse their former partners, and often children are caught in the middle.

For example when separated parents have shared custody, following a decision of the Family Court and on visitation with the father, the father chooses to denigrate the mother to the child. The father asks the child who visits them at home and tells the child that "Dad is depressed" because Mum stops me from seeing you." The physical abuse may have stopped; however, there is ongoing emotional abuse of the child by denigrating the mother. This behaviour undermines the child's relationship with, and respect for, their mother. Children report they feel embroiled in family conflict, unsafe in expressing their own feelings, and feel a sense of responsibility for managing the influence of their father's behaviour on the wider family unit^{viii}.

- We challenge the proposition of "one-off incidences of abuse". In our experience domestic violence is perpetrated along a continuum and pattern of physical, emotional, financial, spiritual, sexualised, verbal abuse and coercive control.

- In relation to who is involved in "domestic violence events" , this ranges from the immediate women and children victims themselves and extends broadly to extended family, friends, to local unrelated community members such as neighbours who may be directly abused or may be involved

by way of offering assistance to the family as emergency support. We also have witnessed situations where members of a perpetrator's extended family have supported him to continue the abuse.

3. What are the impacts on children of family and domestic violence?

- The impact of violence on children has been well studied, with a useful summary prepared provided by the Australian Domestic Violence Clearing house in 2011. Children affected by family violence experience a range of serious emotional, psychological, behavioural and developmental consequences. Children raised in abusive households are also at increased risk of perpetuating the cycle of violence in their own adult relationships as they learn from their environment to believe that violence is acceptable.
- Children's development optimally occurs in a nurturing environment. When the environment is insecure and frightening for a child, the normal tasks of development may be adversely affected. Children involved in a situation of family violence are likely to experience high levels of terror and anxiety about their own and/or their mother's safety.

"Complex trauma" is a term that has been adopted by the field of traumatic stress to describe the experience of developmentally adverse events, such as family violence and anti-social environments in childhood that are chronic, prolonged and often terrifying (van der Kolk; 2013).

There is increasing evidence that physical, sexual and emotional abuse of children is more likely to occur in a home where one adult is violent towards the other than in non-violent homes (Edleson 2006). When different forms of abuse are co-occurring, such experiences are severe and pervasive. These experiences usually begin early in life and can disrupt many aspects of the child's development, with a profound impact on their sense of self. As they often occur in the context of the child's relationship with a caregiver, they interfere with the child's ability to form a secure attachment relationship. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

Complex trauma can have devastating effects on a child's physiology, emotions, ability to think, learn, and concentrate, impulse control, self-image, and relationships with others. Across the life span, complex trauma is linked to a wide range of problems, including addiction, chronic physical conditions, depression and anxiety, self-harming behaviours, and other psychiatric disorders (van der Kolk; 2014, ASCA; 2015)

There is widespread consensus that complex trauma has the potential to interfere with neuro-biological development impacting on both daily functioning and the developmental trajectory (Schore; 1994, Seigel; 2010). Children who have been impacted by complex trauma become increasingly responsive to relatively minor stimuli as a result of decreased frontal lobe functioning (learning and problem solving) and increased limbic system (amygdala) sensitivity (impulsiveness) (Streeck-Fischer & van der Kolk, 2000). Complex developmental trauma can establish unfocused

responses to stress, and breaks down the capacity for a child to process, integrate and make sense of what is happening (van der Kolk; 2013).

In addition to this, children develop coping mechanisms or patterns of relating that may be resourceful in the context of living in a dangerous environment, but eventually become harmful to a child's future health and wellbeing. Without the ability to know what they are feeling and regulate their emotional states, some children experience high levels of distressing feelings such as rage, aggression, panic and anxiety. Children may develop patterns where they become hyper aroused or spaced out (dissociative) in order to cope with these distressing feelings. Furthermore, children learn patterns of thinking and behaving through observing, modelling and responding to the adults in their life. Children with severe behavioural disturbances have often absorbed a culture of aggression, fear, mistrust, defiance, rule breaking, dishonesty, lack of attention and unreliability in their family of origin. Adults have often been unsafe and the child's basic needs have not been met. This can result in the development of antisocial attitudes, criminal behaviour and poor socialisation.

It is extremely challenging for a child to feel safe in an environment where they are aware that their mother or care-giver may be in danger. Family violence has a significant impact on the mother/child relationship, which in turn can affect a child's physical, emotional and intellectual development.

The ability to manage stress is built in early childhood through secure attachment relationships, where the parent/caregiver provides the child with consistent, sensitive care and meets their needs for food, shelter, warmth and emotional connection in an ongoing and consistent, patterned way. This meeting of needs that leads to security also helps the child regulate their emotions and reactions, which leads to a greater ability to manage stress later in life. Being able to manage stress leads to a stronger set of relationship skills, and so the child develops their ability to regulate and manage emotions as they are developing the capacity to relate well to others.

The emotional and psychological impact of family violence on a child's developing self-worth and self-esteem need to be addressed in a context that acknowledges the family violence they have lived with. More recently recognition has been given to the ways in which the tactics of abuse directly and indirectly undermines the relationship between mothers and their children (Humphreys; 2008).

Socialisation is also integral to understanding human development, and is deeply integrated with security of attachments and the ability to manage stress. Early socialisation, where caregivers assist young children to learn right from wrong, avoid danger and develop social skills also has the advantage of assisting children to develop better regulation of emotions and reactions, accept discipline and develop empathy and a moral compass.

Children who grow up with family and domestic violence are more likely to a lower capacity to regulate and manage emotions and mood, less secure relationships, reduced ability to cope with rules, discipline and boundaries, and more problems with values, morality, empathy and other social *skills*.

Health is also an important factor in human development, including mental and physical illness, dental, eyesight and hearing, nutrition, growth and skin health, which are all major areas of difficulty for children who are living with pervasive and prolonged experiences of family and domestic violence. Poor health affects other areas of development, as it is difficult for a child to feel safe, manage stress, develop relationships, learn, play and grow when they are ill, anxious, depressed or in pain, or suffering from other health issues.

Other factors involved in family and domestic violence situations may also affect children, such as interruptions to their learning; having to change schools or move away from their friends, or adjusting to living in a refuge situation (Gevers, 1999:16).

Clearly, the ability to manage stress results in better concentration and attention, having security in primary relationships at home makes it easier for children to form relationships with teachers and other students, good socialisation means that the child will accept rules and discipline, resolve conflicts and manage peer relationships, and freedom from health issues reduces all the other stressors and leaves a child free to play and learn.

- Although each child is unique and individual in their presentation, there are a number of 'themes' apparent in those who have witnessed family violence who access services at Relationships Australia.

We note no difference in impact between children who have witnessed or have heard family violence. Whilst the list below is not exhaustive, it does outline thematically the top 10 presentations of these children:

- Delays in reaching social and emotional developmental milestones. For example, children may continue parallel play and have an inability to identify facial expressions well past three years of age, lack social capability (unable to share or negotiate with peers) well past five years of age, and have an inability to develop a sense of independence well past five and a half years of age.
- Generalised and specified anxiety. For example, the child may experience constant general anxiety about things over which they have no control and things that would not usually cause anxiety in another child of the same age, such as a fan squeaking, a spoon not being put away properly, worrying about car accidents and so on. A child may also present with more specific fears such as inability to function when a door is left open, a window is unlocked or a light is turned off. They may also constantly feel anxious that the abuse may begin again.
- Nightmares and inability to sleep soundly. Nightmares are reported by most children and may be general in nature or specific to the abuse they have witnessed. Children (or parents, on their behalf) also report an inability to sleep soundly. Further investigation with the children reveals this is often as a result of hyper-arousal (as mentioned later), generalised or

specified anxiety or fear to sleep in case something happens and the child is not awake to protect themselves, or sometimes, their mother and/or siblings.

- Nocturnal enuresis. Generally well past the development age at which this may be considered appropriate. We also often find that children revert to nocturnal enuresis despite having dry nights for a number of years prior. This bed wetting is often associated with nightmares (as reported by the children) and often becomes more common after the child has been removed from the violent environment.
- Hyper-vigilance and/or hyper-arousal. For example, children become increasingly sensitive to potential harm in their environment. They often note danger where it is not actually present but they respond emotionally and physiologically as though the danger is real (increased heartbeat, increased sweat, sick in the tummy and fear).
- Post Traumatic Stress Disorder (PTSD). Although we do not diagnose the children with whom we work, we note many do present with a number of symptoms as outlined in the DSM-5 as indicative of PTSD. In particular, they present with intrusion symptoms, such as younger children engaging in repetitive play representing one or two specific highly traumatic events, older children reporting repetitive thoughts about one or two specific highly traumatic events, nightmares, and intense or prolonged distress.
 - These children also tend to present highly in Criterion D: negative alterations in cognitions and mood, often reporting they are to blame for particularly violent events, have persistent negative beliefs such as “I am bad” and continue to report feeling negative emotions such as fear, horror and shame, often long after the abuse has ended.
 - The duration of these events, in conjunction with other presenting behavioural issues, thoughts and general presentation identified in other Criterion, support the presence of PTSD in many of our children.
- Self-harming. Although this is generally a hallmark of adolescence, we are finding children as young as 10 years engaging in self harm.
- Aggression and anger regulation issues. Anger is a normal feeling, however a high number of children, in particular our boys, present as highly aggressive in times of anger and frustration. We also find this aggression is often aimed at the mother.
- Fear. As indicated previously, children report feeling generally fearful that the abuse will return, the abuser will kidnap them during a visit, their mother will abandon them as previously threatened by the abuser, or that they will be hurt by anyone they love (or have never met, depending on the individual fears of each child). These children present as hyper-vigilant and hyper-aroused and cannot sleep, do not concentrate at school or do well in school, and are easily distracted by noises during counselling sessions. These children are

also often constantly listening for their mother's voice during sessions or may ask to leave the session for whatever reason that allows them to walk past her, just to check she is there.

- Schooling issues. Many children present with issues at school as a result of their delayed or regressed emotional and social development, high levels of fear and associated inability to concentrate and the high level of exhaustion as a result of lack of sleep, often coupled with hyper-vigilance or arousal.
- Mothers with children who present at our services also often report issues that can impact negatively on child outcomes, including:
 - Fear at parenting appropriately. Many mothers report problems with disciplining children in fear that child will misinterpret the discipline as abuse. These mother's also report fearing their child in general as they are scared the child blames them for the abuse, or believes what the abuser has told them in the past about mum being 'bad'. They also commonly report fear that a child, in particular, a male child, will hit them if they use discipline.
 - Attachment issues. Mothers report unhealthy attachment styles between them and their children, in particular styles that would be considered anxious/avoidant and anxious/reactive. A majority of mothers and children also present with a disorganised attachment style as a result of inconsistent messages. That is, the child seeing the mother as both the protector and as a danger at the same time. This is generally demonstrated through the child showing fear at the mother without reason, with this fear passing quickly, or acting irrationally and 'out of character' for brief moments in time without reason or solution. Research suggests this is the most common form of attachment between mothers and children who have experienced high levels of abuse and trauma. Anecdotal evidence of those presenting at this service support this hypothesis.
 - Inability to parent appropriately. Many mother's report they were often the person who dealt out the 'physical punishment' to children in a violent relationship. This is most often done as a form of protection from the perpetrator. For example, a woman will hit the child, believing her hit is not as physically harmful as that of the perpetrator. They may do it in a desperate attempt to quieten the child who may be at risk of further harm if the noise escalates or they may do it as a result of demands made on them by their partner, thus decreasing potential worse harm to them both. As a result of this, once the woman has removed herself from the relationship, she no longer has the ability or confidence to parent effectively without the use of physical punishment. The children also react to this with confusion, ongoing fear and defiance at the removal of the physical threat.
- It is important to note that we see a variety of the presentations listed above in all children who visit this service, regardless of whether they witnessed the abuse or were away from the home during times of physical violence. Family violence is rarely, if at all, just physical violence. It is

coupled with the use of power, control and coercion, which most often results in high levels of tension in the home. Children who were, reportedly, away from the home at the time of the abuse still suffer the consequences of ongoing family violence. These children most often present with disorganised attachment, generalised or specified anxiety and/or delays in reaching emotional and/or social developmental milestones. This is most often as a result of the high levels of anxiety the mother continues to feel during times of emotional intimidation and prior to and after physical abuse, in particular, when the abuse involves major physical 'explosions' that build up over a period of time. Even when the mother sends the child to another family member in order to protect them, this does not protect that child from inconsistent parenting, misuse of physical punishment by mum as a protective factor, a highly anxious parent, an emotionally charged environment or fear in response to the tension building in the home.

- There is a comprehensive list of professionals who could, at differing points in time, be engaged with the child and mother including but not restricted to child protection services, police, domestic violence advocates, legal services, family court consultants, independent children's lawyers, hospital and medical staff, child health services, counsellors, school teachers, day care staff, school and private psychologists, chaplains, child contact services, financial services such as Centrelink. All the skills and resources of these professionals could be better utilised to reduce the impact of family violence on children.

For example, we know from our work with children and mothers, that in terms of clinical history and risk assessment, specific focus can be directed towards ascertaining the physical and sexualised abuse of children, particularly by Child Protection services. However, under the current fragmented system, this extensive list of potential contacts represents an exhaustive list of assessments and correspondingly represents an exhaustive amount of time that a mother and/or her child have to tell and re-tell their history and experience of violence and abuse. In our experience, this retelling of domestic violence has a further negative impact and can also deter people from reporting.

- We would also like to draw attention to the impacts on children that are less appreciated in the literature, namely the basic activities and relationships of daily living. By this we mean the mother and child's basic daily needs including sleep, play, adequate nutrition, social activities, transport, schooling, healthcare and financial stability.
- If we acknowledge that violating and abusing the mother of a child interferes with her mothering by not only reducing her emotional and physical energy, her available resources and financial capacity from which to parent, and the mother-child bond and relationship, then it can be appreciated that the child's sense of loss can extend from not only the separation of parents, but also to the 'loss of their mother'.

The child's loss of their mother can be through her emotional distress (she has difficulty responding to and mothering her children the way she wants to as a result of the distress caused by violence) or the physical loss of mother (if children are taken into care by child protection /foster care, or if their mother loses custody of the children through family court, or is incarcerated for defending herself from the perpetrator).

- From our work with children, we are acutely aware that children experience different types and forms of abuse across different contexts within families and the child responds to each form of abuse in different ways; Finkelhor^{ix} refers to this as the “poly victimisation of children.” This multivariate impact needs to be appreciated for support and intervention to be effective and to address each of the varying forms of domestic violence the child has experienced. For example, from an Aboriginal perspective, recognition of children experiences of the transgenerational effects of loss, their own experiences of family violence and their own experiences of trauma will result in a more holistic approach when working with the child and correspondingly better outcomes.

- Children affected by family violence are also negatively impacted when they are prescribed “labels” from professionals. For example a teacher may describe or label a child as “distracted in class and not concentrating” or regard the student as a “truant”. However, what the child is experiencing is a response to the violence they have experienced. Not going to school should be recognised as a protective measure in the case of a teenage boy who refuses to go to school because if he stays home then he can be sure that his mother is safe; not concentrating can be a response to concerns about his own, or his mother’s safety.

For example, through attending conferences we have become aware that there is a term used by clinical psychologists that names the child as “the rejecting child” when a child does not want to see a parent. In the case of domestic violence this is highly inaccurate, blaming, misinformed and pathologising language to ascribe to a child. From our experience we see that children do not reject the parent, but rather take a stand for the safety of themselves and their family, in the face of ongoing abuse from the father. Children do not make these decisions lightly.

The pathologising of the child’s experience of domestic violence is not helpful to the child in any way as it minimises and reduces the child’s lived experience of violence as psychopathology and ignores their many responses and resistances to violence.

We also find at times that the same woman who is trying her best to protect her children is referred to as a ‘non-protective parent’ by child protection agencies because she cannot protect her children despite her best efforts, and as an ‘alienating parent’ in the Family Court.

4. What are the outcomes for children engaging with services, programs and support?

Relationships Australia believes that isolating family violence from the matrix of behaviours and stressors that contribute to, and result from, family violence significantly limits the effectiveness of prevention strategies. Family violence prevention and service responses, we believe, are often limited by (1) the failure to identify the patterns of risk that co-exist with and often amplify family violence, (2) a reluctance to engage with perpetrators of violence because offering support for change is often seen as collusion rather than an opportunity to enable de-escalation of violence, and

(3) the tendency to overlook the developmental harm to children resulting from parenting that is compromised by relationship conflict, including violence and other stressors.

In our experience, many perpetrators of violence have experienced historical incidences of violence themselves and relationships difficulties are a context of loss that can trigger historical shame and trauma. This does not justify or excuse violent behaviour but nonetheless these experiences require acknowledgement if behaviour change is to occur and be maintained. De-escalating stress and offering support can be a crucial step in preventing future harm^x. Research suggests that timely interventions can create opportunities for behaviour change. This includes fathers' desires to maintain and improve relationships with their children which can be a significant leverage point through which the impact of their violent behaviour can be realised and confronted^{xi}.

Factors contributing to positive outcomes

- Firstly we would like to acknowledge the care, efforts and extraordinary energy that mother's direct into protecting, supporting and shielding their children from domestic violence from fathers. We acknowledge and call to attention the multiple times women have had to tell and retell their history of violence and recognise the severe impact this has on mothers and children.

- In the face of ongoing abuse from the perpetrator, we see on a daily basis, mothers and children continuing to seek help, advice, protection and support. So in speaking of outcomes, it is from this foundation of women and children's resistance and strength that the positive outcome of a child's and family's safety and physical and emotional wellbeing can be attributed and any service intervention is additive to that foundation.

- Family violence services that lead to good outcomes are likely to have the following features:
 - The safety of women and children is paramount.
 - Children are protected from harm.
 - Men who use violence are held accountable and challenged to take responsibility for their actions.
 - Individuals affected by family violence are viewed in a holistic context, noting that their cultural, environmental and family background impacts on their experience of violence and capacity to recover.
 - A family or systemic approach; acknowledging that the family system as a whole needs to be addressed, not simply the individual client presenting.
 - Unequal power relationships within a family violence situation is acknowledged. Responses to family violence must recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children).
 - Women are empowered. Services for women and children should build strengths and enhance their capacity to make informed decisions and exercise their right to self-determination without coercion and free from judgement (DHS 2008)

- Flexibility. Although there are commonalities in how most women and children experience family and domestic violence, service systems needs to be designed to recognise and make room for diversity of experiences.
- Within our own programs we see a range of positive outcomes for children. For example, in an evaluation of one of our Men’s Behavioural Change Program (MBCP), among other positive findings, a significant number of men (80%) reported an improvement in their relationships with their children, and (almost 90%) reported that members of their family were safer.
- Outcomes for children engaged in the our programs are also high if other services and authorities engaged with the family are supportive of the child and mother and those services are aware of the nuances of domestic violence.
- Early intervention programs delivered in schools can promote healthy relationships and reduce future family violence. For example, in addition to one-on-one counselling with children affected by family violence, Relationships Australia delivers education programs to children and adolescents in schools to raise awareness of family violence, increase children’s capacity to report and seek help, and to teach them about healthy relationships, the nuances of family violence, sexual assault and what would be considered inappropriate behaviours.

One example includes Relationships Australia co-presenting ‘LoveBites’, a Queensland Police Service initiative, to approximately 300 year nine students per year. In addition, we work with individual schools to meet their unique needs which includes delivering programs that range from one hour to half a day to children ranging from 11 to 17 years.

- We have seen good outcomes from programs that support mothers to maintain stability for their children in the family home. One such example included funding for emergency accommodation for men who are using family violence in Victoria. Such funding allows for the separation of the perpetrator and victim(s) – without women and children having to leave the familial home. It is often crucial that women and children are able to safely remain in the family home without the burdens of dislocation adding to financial and social disadvantage.

The operationalisation of this funding has, however has been inconsistent across Victoria and it is more difficult to manage in rural or isolated areas where inadequate alternate accommodation options for men (and women) exist.

In situations where women and children need to leave the family home, accessible and affordable emergency accommodation is equally vitally important for women and children to prevent homelessness occurring, or further economic strain being placed on the family.

Factors contributing to negative outcomes

- Outcomes for children and their mothers are poor if their lived experience of abuse and violence is minimised, not believed, ignored or not responded to in a timely and consistent manner, and most importantly if the perpetrator of abuse is not held to account legally for their violence towards the family.

- Family violence should be transparent in court processes. In Family Court processes we often see that the child's and mother's current and historical experience of family is rendered invisible. Family court consultants, independent children's lawyers and single expert witnesses are responsible for taking the history of domestic violence into account when they deliberate over custody decisions and arrangements. Too often we find that decisions made in the Family Court that allow unsupervised visits and handovers of children are a court mandated gateway for ongoing abuse of the children and the mother. This is a significant area of concern and requires immediate review to ensure the safety of children.

- A history of family violence should have greater weight when determining unsupervised access with the perpetrator. The Family Court may order children to attend unsupervised visits with the father, when risk assessment deems them to be at high risk. This also interferes with the mother-child relationship whereby the child has trusted the mother by telling her that they feel unsafe with their father and/or that their father has hurt them emotionally or physically.

When unsupervised visits are granted, understandably the child often feels let down and a sense of hopelessness in that by speaking out, safety has not been increased or preserved. Rather they feel more isolated and at risk and often blame their mother for "forcing them to go and see Dad." The mother is placed in a difficult and untenable position of, on one hand showing the child that she is advocating for their safety, but is then bound by law (as she can be charged for breaching the order) to present her child to the father for visitation. The mother is empathic to the child but then has to force the child to have contact with the father; this can result in the child losing trust in the mother.

The courts should turn to the research on the impacts on children who have witnessed family violence spending time with the perpetrator. Further, perpetrator assessment should be made for the risks to the child of this access at the time of access being granted, and it should not automatically be granted when a family violence order expires; the expiry of an order does not mean the behaviour of the perpetrator has changed.

- Family violence court processes are often not child-focussed and this leads to poor outcomes for children. For example, children are too often not placed on Violence Restraining Orders (VRO), as if they didn't experience or were not impacted by the violence. If a mother has taken out a VRO she is often deemed as "protective" so no further action by way of support is taken by child protection. We understand this to be a resource issue, but it also reflects a flawed ideological frame in which domestic violence is only taken seriously if it results in physical abuse.

- Men's intentional failure to present at court also needs to be recognised as an ongoing form of abuse and subsequent risk to the safety of children. Court adjournments lengthen the period that the child is at risk of harm. Further, men who choose to use violence towards mothers and children are often referred to men's domestic violence programs and other court mandated assessments such as urinalysis. Very often these men do not attend the counselling/group, do not attend urinalysis, do not attend the court ordered parenting group and are not legally held to account for their non-attendance and despite non-attendance and non-compliance with court orders are granted custody and visitation with their children.

The allowance of sustained and lengthy periods by men engaging child protection services, legal and Family Court systems needs to be recognised as ongoing abuse in the form of harassment, emotional abuse, control and the financial disadvantage of women and children (due to the legal costs for women to engage lawyers resulting in less money to provide for children and often leading to poverty).

We have also observed a failure of courts to take adequate assessment measures and action to protect children. For example if a child is considered to be “ambivalent” about contact with the father it is often not recognised as a response to a history of the child feeling unheard, that they do not feel safe and that they feel pressure to comply with orders made by the court. Court assessment needs to consider whether the child is experiencing a form of disenchantment relating to the process. Ambivalence does not equate to acceptance of the conditions imposed upon them.

The history of the child’s lived experience of violence gets lost and is not considered fully in mediation, criminal court and family court involvement due to, not only misunderstandings of domestic violence, but also to privileging the rights of the father over the safety of the child, ie sufficient shift has occurred so that he just has to be “good enough” to be awarded access to the child.

- Mandated program attendance and program outcomes can be disconnected. For example, while the courts, government and legal practitioners frequently request attendance and participation reports for men who attend MBCPs, this information is often an inadequate indication of whether the perpetrator has made significant changes in both his attitude and behaviour toward his partner and children. However, by attending the services he can be deemed as having fulfilled his court ordered service.

Clearer guidelines and systems must be established to demonstrate what constitutes adequate change by the perpetrator, and who is responsible for assessing this change, to adequately ensure the safety of the victims.

- The situation of the family can negatively impact on the success of the service and consequently outcomes of the child. For example, in one of our services delivered to children, on average, children engage in eight sessions with a Counsellor. It has been our experience that those who stay for less than six weeks tend to leave prematurely and without discussion with the counsellor. This is be due to the highly unpredictable nature of family violence, the need for women and children to move quickly and the difficulty some families have engaging in support services for the longer term.

- The service must treat mother and child holistically. For example, where resources allow in our services, at the time of a children’s counselling sessions, their mother attends a concurrent session with a different counsellor during which time she works on her own priorities relating to the family violence. The child’s mother also attends additional sessions with the child’s counsellor to discuss progress, learn new parenting techniques and talk about the most appropriate manner in which to engage with their children and form healthy attachments following family violence.

At times, we also work with children who are living in a home in which family violence occurred in the past but is no longer present. We only see these children once both parents have engaged as individuals in separate counselling and later, together, to assess ongoing safety and the likelihood of violence occurring again.

- The mother and child(ren) must be properly and thoroughly assessed at presentation and continuously over time. In working towards positive outcomes for children, services must cover: eliminating/reducing risk of harm to the mother and child; increasing child mental wellbeing; and expanding and restoring the space for action in the mother and child's daily life. The potential for improved outcomes is affected if there is inattention to some forms of abuse as it results in inaccurate risk assessments and interventions being formulated that do not address the full range of harm and distress the child has experienced and the resistances that the child has taken in response to that abuse.
- The service must engage with children and their parents depending on their situation, but be child focussed. For example, in delivering services to children affected by family violence our child counsellors may use a number of different therapeutic approaches with each child depending on that child's age, presentation and developmental capacity. Play therapy is most common, followed by sand play, narrative therapy, and cognitive behavioural therapy. If developmentally appropriate, we use a combination of narrative and dialectical behaviour therapy with our adolescents who are engaging in unsafe behaviours such as binge drinking, drug use, unsafe (generally much older) friends or self-harming.

The safety and wellbeing of the child is paramount and all outcomes are based on the needs of the child. Our work with parents is specific to the needs of the children and this engagement tends to be focussed on psycho-education around developmental stages, parenting, meeting the needs of children and engaging in homework with the child. Therapy based on the emotional needs of the parent is done outside of this context, with a separate counsellor who has regular case management meetings with the child counsellor/s to ensure messages are consistent, responses are appropriate and all relevant information, in particular, that which may affect the safety of the child, is shared.

Any engagement with departmental agencies such as Child Safety is done in conjunction with the mother, with her consent, with her knowledge and always accompanied with a genuine offer of support to join her when she speaks with them herself to report child safety concerns.

- Outcomes for children can be affected by the ideology of the services involved and from which their intervention and relationship with the child is based.

If a mother and child are engaged with multiple services and within each service she is treated from a conflicting ideological perspective, then confusion with the service, non-attendance, poor engagement and a poor outcome for the child is seen and to be expected. This is often interpreted as a reflection on the mother rather than being seen as a systemic problem.

We believe the domestic violence sector has unfortunately become very good at giving mothers and children, and men who use violence mixed messages and responses. On one hand as a sector it has

insisted that women leave the relationship with her partner because of the abuse (even if it is not yet safe to do so), children are encouraged to report abuse to police (and then they are later court ordered by the Family Court to have un-supervised visits with the father who was violent to them), women/mothers are encouraged and expected to take out a Violence Restraining Order, (despite them having knowledge that if they do so it will put them at more risk). Women are sent to parenting programs by child protection services for no other reason other than that they have experienced family violence - hence the mother gets a message that she is to blame for the violence that was perpetrated against her, the same message she may have received from the perpetrator.

- There can be significant negative impact on child outcomes due to the siloing or separation of domestic violence services and sanctions for children, mothers and fathers.

Child development and parenting research in the domestic violence context strongly cautions on the disadvantages of counselling and advocacy services working separately with mothers and children and that positive outcomes for mother and child can be achieved by working with them together to restore and repair the mother/child relationship that has been disrupted by the father's abuse, denigration of the mother and control over the mother-child relationship^{xii}. Keeping mother and child domestic violence services separate in fact replicates the separation and distancing and divisive effect of the father's abuse to the family. There must also be parallel services to support men's behavioural change.

One common example we experience is where children may have received support on how to manage in a violent situation, but parents, in particular perpetrators, have not engaged with services. This may leave children feeling that they have to 'manage' parental behaviour rather than parents being mandated to manage their own behaviour.

Our clinicians also identify disconnection between government and community based services. There is need for greater collaboration, information sharing and knowledge of processes between different organisations who are involved with supporting the family affected by violence.

- Children and mothers escaping family violence must receive ongoing support. Women stay and return to abusive relationships for a number of reasons. Common reasons include that they have nowhere else to go; they believe that it is better for their children to stay in a stable home; lack of financial resources; and commonly fear of the perpetrator. Adequate services should exist to assist women to address these concerns and support them to provide their children with a safe and stable environment for as long as is necessary.

Outcomes for children will be poor where services support them to leave a violent family home, but then there are insufficient services to address their ongoing needs for safety, accommodation, financial support, legal fees, and disruption due to changes in housing and schools.

- Programs and interventions need to be culturally appropriate and responsive. Culturally specific services and education campaigns, including involving local Aboriginal communities in the design of supports for families will be required if we are to successfully address family violence in Aboriginal communities. For example, several Family Law Council reports have found Aboriginal and

Torres Strait Islanders to under-utilise the family law system because of a lack of understanding about the system and a resistance to engagement with, and even fear of, family law system services. This resistance stems from forced removal of Aboriginal children and the contemporary extent of non-voluntary engagement with criminal justice and child protection agencies.

Relationships Australia has been involved in some programs that have been established to improve support services to Aboriginal offenders. For example, under the Tasmanian Government's 'Safe at Home' program, funding was provided to establish the Ya Pulingina Kani Aboriginal Advisory Group. This group provides ongoing advice to 'Safe at Home' community service providers in the most culturally appropriate ways to manage Aboriginal offenders and provide support to Aboriginal adult and child victims.

- Current funding for direct and indirect services to support people affected by family violence are inadequate. For example, in some of our Family Relationship Centres (FRCs) we see waiting periods of up to 12 weeks, with funding not having kept pace with population growth and demand in some locations. It is unacceptable for children living in families living with violence, a common presenting issue for FRC clients, to wait for 3 months before being able to access these services.

It is well known in the literature that relationship breakdown is the highest risk time for women and children who are, or have recently been living in violent households. Of the total domestic violence homicides, about 75% of the victims were killed as they attempted to leave the relationship or after the relationship had ended. As such, during this long waiting period the safety of children is significantly compromised.

In our MBCPs we have observed up to 200 men on a waiting list for a single program. Many of the men on these waiting lists are still living in households where they are continuing to abuse and control their families. Crisis support and housing services are similarly under-funded.

- There are also emerging service gaps. For example, we are seeing a trend of an increasing number of children aged 15-17 years who are seeking support through our domestic violence programs. Older adolescent males are either mandated or voluntarily seeking support to stop using abuse in their relationships with women. Older adolescent women are seeking support as the victim of domestic violence from relationships with young men at school and in the community. At present we do not have sufficient resources to tailor additional services for this age group.
- Innovative and responsive family violence funding models are pivotal to realising an effective family violence strategy. For example, the cost modelling project recently undertaken by No To Violence (2015)^{xiii} indicated that different funding models are required for specific groups, such as those in rural areas (where Men's Behavioural Change Programs are historically more costly to run than in metropolitan areas) or for clients presenting with complex needs (mental health, disability or language/ socio-cultural needs can require complex case management approaches and greater inter-agency collaboration).

5. What are the outcomes for children of public policy approaches and educational campaigns targeting family and domestic violence?

- It is difficult to capture whether outcomes for children improve as a result of public policy approaches or whether there has been a significant reduction or increase in family violence, or outcomes for children affected by family violence over time. It is also challenging to ascertain whether any positive outcomes are specifically related to educational campaigns at school or increased community awareness through the current featuring of domestic violence in the media.

Similarly, these difficulties in assessing impact of education programs exist at the community level. Funding rarely includes a component for evaluation, and service delivery experts do not have the resources or skills to conduct rigorous evaluation and research and this has resulted in an incomplete evidence base on which to inform future campaigns.

- It is our view that family violence policy and education strategies need to include both prevention and response approaches. Policy and practice at all levels of Government, and changes in legislation need to lead and promote changes in community attitudes, to move Australia to a place where there is no acceptance of any form of family violence, where gender equity is the norm and where there is recognition of the power imbalance between those who perpetrate family violence, (primarily men) and those experiencing family violence (primarily women and children).

Furthermore, the normalisation of violence in society as a result of media needs to be addressed not only from an educational, but health and community perspective.

- There are many good examples of public policy approaches, particularly in the health sector, and these could assist in shifting unhelpful community attitudes that are evident in contemporary public perceptions of family violence. One such community attitude that could be influenced is the role of fathers in terms of parenting responsibility. This needs to be reflected and upheld in public policy by reinforcing that when a man chooses to perpetrate domestic violence in the home and children are present, or his partner is pregnant, that he is making a poor fathering choice and a poor parenting choice. To view men's violence from this perspective would work to connect men to their role and responsibilities as a father (and these do not end post separation). It would also address the over responsibility imposed upon mothers experiencing family violence to protect children from the violence of their fathers.

Public policy approaches should be clear about the behaviours they are aspiring to change and the outcomes they are seeking to achieve. For example, general public awareness campaigns that feature women successfully leaving violent relationships may place victims still living in these relationships in greater danger, especially when delivered without links to appropriate support services.

- There must also be consistency between different policy settings and sector approaches. Public policy approaches and educational campaigns are of little use if primary prevention programs teach that family violence is unacceptable and criminal behaviour and then children do not see

consistent consequences for those perpetrating abuse in the family. For example it is not uncommon for State child protection services to refer children to Relationships Australia and one of the service requirements is “teaching the child protective behaviours” on the basis that at some point the child is going to be reunited with the abusive father. The child should not need ‘protective behaviours’.

- There are a collection of education/prevention programs delivered to young people that been shown to result in significant positive outcomes when evaluated. Good outcomes include substantial improvement in adolescent’s knowledge of domestic and family violence and sexual assault, an increase in supportive behaviour among beneficiaries, and a positive change in adolescents’ attitudes. Others indicate the potential benefits of children’s protective behaviours programs when used appropriately by early childhood educators with sound expertise and experience of working with young children and their families. Not all findings have been positive, but rigorous program evaluations have allowed for learnings to be translated into program improvements^{xiv}.
- Relationships Australia has also been involved in both prevention, through education and schools programs, and response, primarily through a range of MBCPs and other specialist programs.

Relationships Australia’s education programs are predominantly delivered in schools, community centres and local communities. Current successful approaches to violence prevention emphasise early intervention to encourage respectful and equitable relationships and promote non-violent and non-coercive strategies when dealing with difficulties in intimate relationships.

Cashmore (2000) argues that preventative initiatives targeting early adolescence are crucial, as this is a time when a young person is at increased risk of movement into “harmful pathways” or ways of conducting themselves that may be destructive to themselves and their relationships.

In Victoria, Relationships Australia have been involved in family violence prevention and education in schools through our ‘I like, like you’ program (ILLY). This program has been delivered in 12 secondary schools across Victoria with strong positive reviews from school staff and students. Intensive evaluation on ILLY is currently being undertaken. ILLY is now being broadened to be offered in primary schools, within headspace centres, for Aboriginal and Torres Strait Islander children and young people, for students with disability, adults with disability and for students living in out of home care.

One example of a specialist program focussed on children is delivered in South Australia. Together 4 Kids (T4K) works with children aged up to 12 years providing specialist interventions that aim to reduce both the immediate and long-term impacts of family violence. The program supports children to overcome trauma, manage transitions and build resilience. T4K focuses on strengthening the parent-child relationship through responding to attachment difficulties between parent and child.

Example of programs targeted towards adolescence violence are the *Walking on Eggshells* and *Step Up* programs. The *Walking on Eggshells* Project evolved from a partnership between Relationships Australia and five non-government organisations (Junction Australia, Reconnect-Port Adelaide-

Enfield, Woodcroft/Morphett Vale Neighbourhood Centre, Calvary Community Care, and Junction-Centacare) working with Flinders University. This partnership combines formal research evidence with practice expertise in the design and development of education resources for families and community organisations about adolescent violence. This partnership was recognised as an SA State winner for the 2013 Australian Crime and Violence Prevention Award and has distributed 18,000 resource booklets to South Australian community members. The program has also trained 200 SA Police and over 100 community workers.

The project team responsible for Walking on Eggshells has also developed and piloted Step Up for SA, based on the American program by the same name. Step Up for SA offers parents and adolescents a 13 week joint-program in family safety, communication, respectful behaviours, emotion regulation and shared problem-solving. Step Up for SA blends cognitive behavioural as well as restorative justice models to promote safety, accountability and respect between adolescents and parents.

As indicated earlier in this submission, Relationships Australia also delivers a range of MBCPs across Australia as part of our specialised tertiary response services. Selected findings from evaluation of our MBCPs include:

- All men believed their violence has reduced (65% considerably, 23% moderately)
- Some 22 per cent reported cessation of all violence in the broadest sense; all the rest reductions in frequency and modes
- Areas of greatest improvement reported were : physical violence with injury, making partner afraid, controlling money, criticising sexual behaviours, breaking furniture, stopping partner seeing friends and family
- Physical violence with injury and making partner afraid showed change with greatest statistical reliability
- Little differences in changes in violent behaviour between court ordered men and non-court ordered men ,except initially more court ordered men reported making their partner afraid for their children and more reported improvement in this area
- One additional problem was reported as improved: substance abuse
- Non- court ordered men report greater improvements in additional problems
- Some additional problems were reported as worse: physical health, mental health, finance, employment, housing and gambling
- Some additional problems worsened more for court ordered men: mental health, employment, physical health
- Men in 2009 study showed little understanding of the impact their violence had on their own or their partner's parenting
- 36 per cent of men reported severity of impact of their behaviour on their children as not serious; court ordered men a little less (7%) likely to report any serious impact^{xv}.

Note that services offered by Relationships Australia vary between locations depending on funding streams. Some funding that is used to provide family and relationship counselling for victims and perpetrators of domestic violence is provided to all member States and Territories, such as through

the Families and Communities Programme (DSS), while other Commonwealth funding is provided to particular Relationships Australia organisations to provide services in specific locations, for example children's contact services and family mediation and dispute resolution. A range of services are also funded through State and Territory governments and therefore these services are specific to the particular State.

6. What are the surveillance and data gaps/needs in relation to children affected by family and domestic violence?

- What is needed is a set of robust evaluation and assessment tools, more greatly aligned services and collaboration between stakeholders, and a comprehensive case management approach to service provision (integrating for example women's and children's programs, counselling, drug and alcohol services), embedded within a family violence system of wider support pathways for women and men to seek ongoing support. Data and information is one necessary component of an ideal integrated system.
 - There needs to be a comprehensive mapping of Federal and State legislation and funding to identify service gaps and demand
 - Examination of current suite of services, their appropriateness and efficacy
 - Increase in information exchange systems between services and agencies
 - Alignment of policy, processes and legislation between sectors and jurisdictions
 - Examination of current courts processes
 - Funding for evaluation of programs

Evaluation of programs to support children affected by family violence also need to include an examination of long- term outcomes for men, women and children. For example, in our work with children who have experienced family violence we have found that there are long-term social, emotional and developmental impacts on their lives that cannot be dealt with a short-term intervention.

- One effective screening tool used in Relationships Australia is Family Law Detection Of Overall Risk Screen (DOORS) tools, which Relationships Australia South Australia has implemented and evaluated. The DOORS has enabled family service practitioners to identify patterns of risk, not just family violence.

The DOORS is an evidence-based risk screen that identifies parenting stress, developmental risks for children, substance misuse, psychological distress, social isolation and family violence. The DOORS uniquely screens for perpetration as well as victimisation making it a universal family violence and wellbeing risk screening process^{xvi}.

The structure of the DOORS provides a holistic and whole-of-family process that guides a straightforward yet sophisticated approach for identifying and responding to patterns of risk. By

focusing on the patterns of risk, and not isolating family violence from its associated and contributing risk factors, it is possible to come alongside perpetrators as well as victims, with realistic and relevant de-escalation strategies including safety planning. The DOORS has created a platform for engagement with perpetrators and victims that has allowed us to be active participants in de-escalating current and future violence.

However, while universal screening processes and tools for community services such as DOORS are of value in assessing risk, they also have limitations. On their own and without opportunities for services to collaborate on strategies to manage identified risks of harm they will not be sufficient to identify all cases of domestic violence or be accurate enough to predict the reoccurrence or severity of violence. Benchmarks for quality practice should be used to inform a national approach.

Standardised and recognised assessment tools for determining whether sufficient (behaviour) change has taken place, in particular for a man to have contact, supervised contact or no contact with his partner and children are urgently required.

Such an assessment needs to be made or mandated by the service that is monitoring the man's change – that is the court or Department. Reunification of families requires greater consideration against the safety of all family members, and such evaluation mechanisms are integral to the process. Careful consideration of the New Zealand Guardianship Amendment Act (1995) is warranted, which introduced the presumption against unsupervised child contact with a non-residential parent who had been violent, unless such contact could be shown to be safe.^{xvii}

More robust evaluation and assessment tools will also support the provision of aligned specialist services under a case management model of service delivery – which would see MBCPs operate alongside respondent programs at Court.

- Information sharing is the foundation for cooperative and coordinated action between practitioners and across organisations. That said, practitioners are understandably conservative about sharing information because protecting the privacy and confidentiality of clients is crucial within support services. Clients are informed about these processes at intake. On the occasions when we need to share information to protect a client or a child's safety we have defined protocols for doing so. Knowledge about, and working relationships with, other practitioners and organisations are very important in these moments.
- Coordinated and timely service responses rely on effective networks and partnerships. One of the important South Australian networks is the Family Law Pathways, funded by the Commonwealth Attorney General's Department. The partnerships cultivated and coordinated through Pathways are highly regarded. The Pathways network meets regularly for information sharing and has developed innovative collaborations such as the Family Court Kiosk, which advises self-litigants, lawyers and judges about available services. It has also had a significant role in the organisation of education forums that have contributed to the development of strong collaborative relationships.

- Legislative changes are also required to enable effective information sharing between agencies, in order to prevent clients from slipping through ‘the cracks’ in the service system. This is pivotal to ensuring that perpetrators of violence are provided a seamless support network that fully recognises and addresses the inter-related nature of causal factors, and also to prevent women and children being placed at risk of further harm from those perpetrators who may be linked to one or more services, but not fully accountable to any.

Moreover, State and Federal Acts are, at times, at odds with each other in relation to information sharing for clients attending family violence services. Currently where there is serious imminent risk, the practice of information sharing between services is clear. However, the presence of family violence does not always coincide with serious imminent risk. This is particularly common when a client has been referred to, or presents for a service other than family violence, with the risk of a failure to escalate concerns while the client attends the service. This is particularly difficult when service providers have access to information that is protected under the Family Law Act 1975 and cannot be disclosed to other services.

Such ambiguity is further heightened by the wording of Family Violence Intervention Orders, with service providers having difficulty interpreting clauses and an uncertainty existing around how to provide services such as Family Dispute Resolution against a background of family violence.

In conclusion we would like to ask that Commonwealth and State policies promote integrated, coordinated and accessible direct service responses that include primary prevention, early intervention and tertiary specialised services.

Some states, such as Tasmania, have developed truly integrated service models. For example the Safe at Home Legislation is often held up as model legislation in terms of scope and application with the incidence of family violence and assaults being reported to police in Tasmania showing a decrease in recent years. The Safe at Home legislation enables perpetrators to be removed and affords some protection for victims and families, even though in reality, women and children in violent family situations are more likely to be the ones who leave. The Tasmanian Government also has clear policies and processes for supporting Tasmanian government employees impacted by family violence.

Further actions could include:

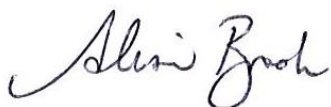
- Continued focus on raising community awareness through community education and setting community standards (including definitions) that clearly define family violence in any form as unacceptable.
- Improvement in co-ordination and collaboration across sectors in line with good practice models that already exist in some States.

- Programs for perpetrators are few and far between, and specific programs for men using violence are required to bring about behavioural change. There also needs to be improvement in the availability and awareness of services for victims and perpetrators.
- Continue to improve legal processes to support victims of violence and to pursue prosecutions.
- Continue to support and resource the Second National Action Plan to Reduce Violence against Families and Children
- Continue to ensure State and Federal governments give housing priority to women and children impacted by family violence
- Improved income support arrangements for women and children impacted by family violence.
- Implement early intervention and education programs targeted at young people, including school-based programs.
- Focus on effective screening and risk assessment across all family services as has occurred for the family law sector.
- Ensuring workers are capable of responding and are appropriately trained.
- Promotion of safety as a human right.

Thank you for the opportunity to provide a submission to the Human Rights Commission's examination of children affected by family and domestic violence.

Should you require any further clarification of any aspect of this submission or need information about the services Relationships Australia provides, please contact myself or Paula Mance, National Policy Manager, Relationships Australia.

Yours sincerely,



Alison Brook
National Executive Officer

11 June 2015

CASE STUDY 1

A man was violent to his partner and physically assaults her. They have four children and she was pregnant. She called police and they advised her to take out a Violence Restraining Order. He was issued a 72 hour police Order and left the home, taking the one family car, the family computer and her purse.

The mother worked part time and the two younger children attended childcare and the older two attended school. Since the father had left the home he had not contributed any financial assistance. The mother had no car therefore had great difficulty in getting the children to day care and school and she was unable to get to work, knowing she was unsafe on public transport. He had taken her money and credit cards and she was not due a family payment for a week. She had limited food at home.

The children were frightened as they had seen Dad hurt Mum and as a result had difficulty sleeping. Exhausted the mother called in sick numerous times to work and her job was at risk. The children also were too tired to do their homework. She was unable to attend pre-natal appointments due to lack of transport and found it difficult and worrisome to go to the local shops to get food as she was aware her partner was in the local area and angry at her for calling police.

She sought support from child protection who completed a home visit, but as she had taken out a VRO they deemed that she was a “protective mother” and did not open a case, therefore no other support was offered to the mother.

The children’s teacher contacted the mother and advised her that her child had not completed homework (an online Maths assignment – no computer) and “was distracted and not concentrating in class” and had given the child a detention for misbehaviour. The child was distressed because the mother couldn’t afford to pay for a class excursion, as all her money was directed to paying for food and the rent, as the father had not paid any bills or rent since the night he left. She was now facing eviction.

The mother was becoming increasingly distressed, not knowing how she would continue to financially support the home, but also had received threats to harm from her partner and that he would come and take the children. She worried that she could not afford a lawyer. The new baby would be born in 6 weeks and she had no-one to care for the children while she gave birth and the hospital social worker was stretched to capacity in terms of resources for home support.

She considered not applying for the VRO as it was so very difficult to provide the basics for their children. She felt guilty that they had colds and she had been unable to get them to a doctor’s appointment because she was scared of running into him. She also kept them off school for fear that he may take them from school.

In the face of ongoing abuse she continued to care for her children taking full responsibility for the care of them and all household and financial matters. The father continued to not pay child

support, or provide any care of the children. When he left the home he ceased his responsibility, as a father, for the basic needs of his family and to date no-one is holding him to account for this.

CASE STUDY 2

In the past, due to her partner's violence, the mother applied for a Violence Restraining Order. Child protection at this stage made an enquiry only and did not open the case for further action.

Mother and father have a 3 year old daughter.

The mother and father separated shortly after the birth of the child.

The father came to the mother's home and took the child at 6 months of age.

The mother applied for a recovery order and this initiated Family Court involvement.

The father had been physically violent and had a substance abuse history and as such the mother had serious concerns for the father's capacity to care for their daughter.

The mother took out a second Violence Restraining Order.

The mother attended Family Court and her experience of domestic violence was raised.

The father was ordered to a men's domestic violence program and urinalysis testing in relation to his substance abuse.

The father did not attend the men's program and did not comply with urinalysis testing yet there were no consequences for his non-compliance.

The Family Court awarded supervised visits for the father with the child and the father's mother was granted appointed as the supervisor.

The mother raised her concerns with the court that the appointment of the paternal grandmother as the supervisor was not appropriate. This was not changed.

An Independent Children's lawyer was appointed.

The mother requested that overnight visits of the child with the father should not proceed due to the age of the child and safety concerns.

When the child was 3 years of age the decision regarding overnight visits was reversed, at the father's request, and unsupervised overnight visits commenced despite the mother repeatedly highlighting her concerns in terms of risk to their child.

The father's requirement to attend urinalysis testing ceased.

The child told her mother that she had a “sore vagina”

The mother took her child to the doctor for assessment.

Child made repeated complaints of a sore vagina to her mother.

Mother asked child if anyone had touched her vagina.

Child responded “Daddy does at night when I am asleep” “I don’t want to go back there”

Mother called police to report and seek advice. Police advised the mother to not handover the child to the father for visitation if she was concerned for the child’s safety.

Police took child to children’s hospital.

Child was examined at the hospital by doctor and the mother was not informed of outcome.

Mother called child protection for support and advice. Child protection respond by saying “this is a police matter”

At the request of the mother a service provider called child protection for support and advice. Child protection responded by saying “this is a police matter”

Mother was then deemed as in breach of Family Court order.

Mother sought assistance from a Legal Aid lawyer.

The lawyer blamed mother for asking child if anyone touched her and the mother reported that she was treated with blame and suspicion.

To date the mother is still awaiting a response from the medical examination performed on her child and there is no open case with child protection.

The mother identified risk and as a protective parent repeatedly reported her concerns and risks to her child and is treated with suspicion as “she has no proof” of sexualised abuse.

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