Melbourne Research Alliance to End Violence Against Women and their Children:
Submission from Professor Cathy Humphreys and research team to the Australian Children's Commissioner

Supporting the consultation into the needs of children living with domestic and family violence.

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About the submitters

Professor Cathy Humphreys and Professor Kelsey Hegarty co-chair the Melbourne Research Alliance to End Violence Against Women and Their Children. The research alliance brings together researchers from across University of Melbourne who are engaged with research and policy development in the area of violence against women and their children.

This submission specifically draws on research led by Cathy Humphreys from the team based within the Department of Social Work in which Dr Kristin Diemer, Dr Lucy Healey (both Senior Research Fellows) and David Gallant (Research Fellow) who are also supported by Shawana Andrews (Lecturer in Aboriginal Health) from the School of Health Sciences. Their research contributes to the applied evidence base designed to strengthen practice and support the research-practice nexus and work with agencies in the field of domestic and family violence. The utilisation of research knowledge to strengthen evidence-informed practice is therefore a priority in our work. Cathy Humphreys is a well published author and researcher. Her publications provides a body of work contributing significantly to the research, policy and practice discourse in the domestic and family violence area in Australia and internationally. Three papers have been attached to support this submission.

Introduction

This submission to the Children's Commissioner has also been provided to the Victorian Royal Commission on Family Violence. While this submission is focused on the specific issues which relate to children living with DFV, there are three more general issues which are critical to children's safety and well being.

Firstly, the impact of the family violence intervention system which includes courts, police, child protection, specialist family violence services, other family support services, maternal and child health, corrections, disability, mental health and health services is limited by the broader context in which the lives of children, women and men are imbedded. The availability of affordable housing, access to legal aid and the ability to access Centrelink payments (even temporarily) which are set at a sufficient level for people to live on are crucial. These elements are foundational to an effective response to family violence. There are few choices that are available to victims of family violence when these pillars of social support are not in place.

Secondly, we will not treat our way out of the wicked problem of family violence. The primary prevention strategies which support respectful and equal relationships between men and women and their children are central to family violence intervention. We recognise that this work is of primary importance and foundational to an effective response to family violence.

Thirdly, the Family Law arena which operates largely in the Federal jurisdiction continues to be siloed from the state based family violence intervention. This is profoundly problematic and circumscribes the lives of children, many of whom continue to live with post-separation violence and abuse. We would urge the Children's Commission to use her powers to address this 'Achilles heel' in family violence intervention and specifically as it relates to perpetrator accountability.

Responding to Children: Strengthening statutory (Child Protection) and non-statutory work with victims (women and children) and perpetrators in the context of domestic and family violence

Introduction
The negative impact of domestic and family violence (DFV) on children is now well established. The heightened risks of physical and sexual abuse are recognised, and the impact on the relationship between women and their children is beginning to be acknowledged. Attention is also being given to the long-term effects on the emotional (Holt et al, 2008) and physical wellbeing (Riviara et al, 2007) of children and the ways in which children living with family violence are also more vulnerable to other forms of abuse, outside as well as inside the home. In short, the needs of children of all ages from infants to adolescents who are living with family violence are now well articulated. However, effective ways of responding to their needs are far less developed. The response to the needs of children living with DFV rather than the knowledge base about children and DFDV is the focus of this paper.

This submission draws from 20 years of training, writing, researching in the area of children and domestic violence. Relevant research includes: '*Talking to My Mum: An action research program to strengthen the mother-child relationship in the aftermath of domestic violence*; a UK project contracted by the Lord Chancellor's Department*, Identifying thresholds: arrangements for contact in the context of domestic violence and child welfare concerns*; *The L17 Triage demonstration project*; the ARC linkage grant: *Fathering Challenges: Promoting responsive, reparative, responsible fathering in the context of domestic and family violence*. Three articles are attached.

Key messages:
Many children are currently referred to child protection as the pathway for the assessment of risk and access to services. The majority receive neither an investigation nor a service. A differential pathway which routes most children and their mothers to community based services is required, with child protection as a referral in only the more complex cases. The pathway to children's safety through separation is currently marred by the Family Law response which is frequently unresponsive to the on-going dangers and threats to the well-being of children who are continuing to live with post-separation violence.

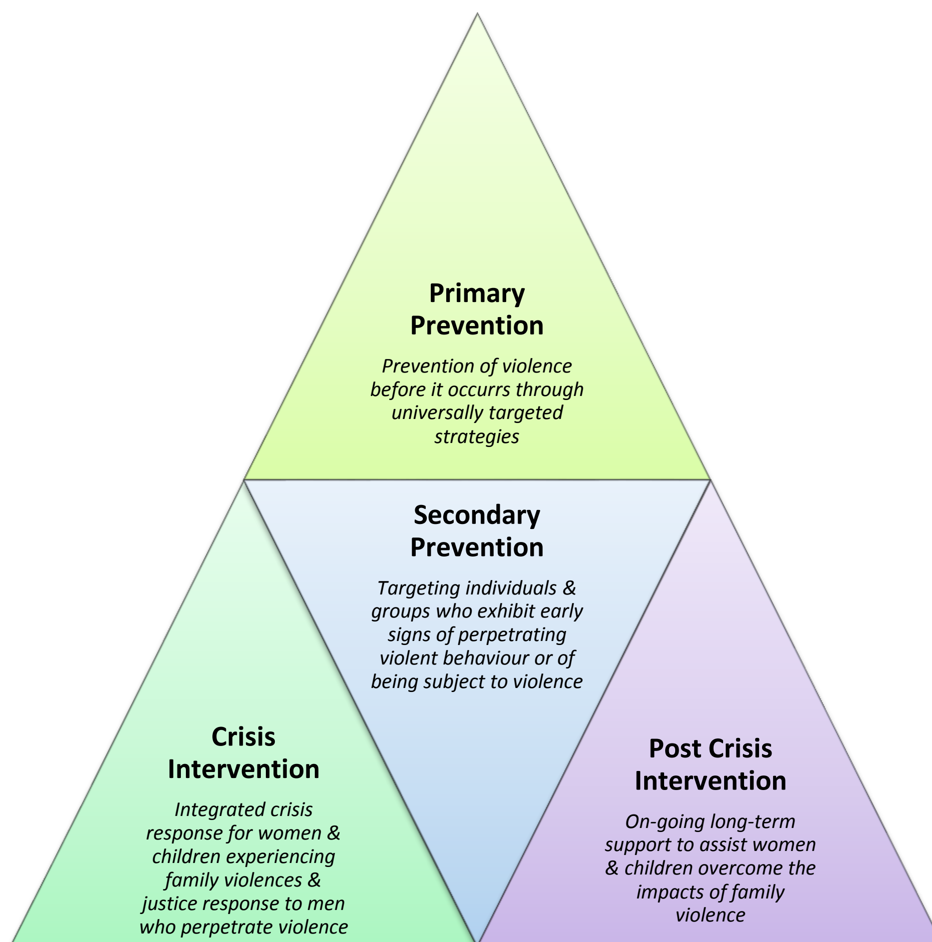
Challenges include:

- Ensuring that FDV intervention addresses primary, secondary prevention as well as providing crisis and post-crisis services for children living with FDV.
- Responding to the volume of children in families involved in FDV and providing a differential response to Child Protection intervention.
- Responding to both adult and child victims: not only responding to the woman survivor as a mother but also addressing her needs as a victim.
- Engaging children in relation to their individual issues but also strengthening the mother-child relationship.
- An ability to focus intervention on the perpetrator of violence, usually (though not exclusively) the child's father or step-father.
- Recognition of FDV as a primary issue and not only as background to other adult issues such as substance use and mental health problems.

- Reaching out to minority ethnic and indigenous families, and mothers with disabilities in ways that leave them with a sense of empowerment rather than fear.
- Addressing the problems which occur when the Family Law response is disconnected from the family violence intervention for children, women and men.

Addressing both prevention and the response to children living with DFV is an essential framing for intervention. A model specific to the DFV sector has been developed by a group of community service organisations to illustrate the different levels at which service provision is needed (Desmond, 2011).

Figure 1: Family Violence Intervention Pyramid (Desmond, 2011 p.7)



Primary Prevention

Currently, most of the resources for children living with DFV are directed to crisis intervention. While important, the long term answers to the 'wicked problem' of DFV lie in the primary prevention area. In relation to children and young people, child care centres, youth clubs, primary and secondary schools are critical to the development and the implementation of respectful relationship programs. These programs need to be part of curriculum and programing across these organisations. At this stage, programs are ad hoc and not necessarily a mainstream aspect of the curriculum. At the secondary school level, they need to address the issues of sex education in the context of respectful relationships, addressing the issues of pornography, sexting and internet bullying.

Given the devastating impact of DFV on health, well being, the economy and the ability to learn, it cannot be argued that this aspect of curriculum is marginal and should be the domain of parents and families. The fact is that one in four children (Indermaur, 2001) will be exposed to FDV across their childhood and they therefore require strong value messages about relationships which are respectful of women and which eschew violence supportive attitudes and behaviour. Our Watch is leading the way in this area and the programs and priorities suggested by that organisation will need to be resourced and supported.

Secondary Prevention: pregnant women and women with infants

Many groups within the community have been identified as more vulnerable than others and hence could be the subject of targeted resourcing. I have chosen to raise concerns for pregnant women and women with infants. In a secondary prevention strategy, this also would engage with men in their role as fathers.

The risks for infants living with family violence are critical. Fear and trauma directly affect the infant's brain development and the mother's fear of violence may affect her ability to tune in appropriately to the needs of her baby (Jordan and Sketchley, 2009). The more comprehensive research studies show that children of mothers with a history of DFV have significantly greater use of mental health, primary care, specialty care, pharmaceutical services than those who do not live with family violence – including children where the violence ended before the child was born (Rivara et al 2007). Intervention early in the child's life course has measurable cost benefits (National Research Council and Institute for Medicine, 2000), not only in terms of dollars invested early but in terms of the long term well-being of children. Evidence suggests that the prime time for engagement lies in pregnancy and following the birth of the baby (Wulczyn, and Barth, 2005).

Victoria has developed the Cradle to Kinder program (http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/cradle-to-kinder-program) targeted at vulnerable pregnant women under 25. Vulnerability specifically includes young women with disabilities, teenage mothers, aboriginal women and those women with an out of home care background. Many of these women will be living with DFV. This has been an important development and one which needs to be retained as an integrated and long term aspect of the service system. It has taken Victoria beyond short term pilots into the provision of an infrastructure of support provided through the Child First Catchments and Family Alliances, and driven by multi-agency advisory groups, quality standards and detailed guidance.

The provision is still in the process of being 'rolled out' across Victoria. My view is that this is the infrastructure for work with vulnerable pregnant women and their infants and that further services in this area need to be linked or embedded in this program of work. To address the issues for pregnant women living with FDV further developments will be required. These could include:

- Further funding to allow services to be provided for pregnant women and women with infants who are subject to DFV, but who do not currently meet the specific criteria for this program. This would include women referred from Maternal and Child Health where DFV has been identified.
- Funding to support co-working between Cradle to Kinder and the specialist DFV service in the area to ensure that the women's needs in relation to DFV are addressed alongside her needs as a mother (housing, financial, legal, medical).
- The provision of specialist DFV support programs which have been trialled or evaluated and which provide intensive support for those women living with DFV. For example: a) The MOVE project to support maternal and child health nurses to identify and respond to family violence based developed by Professor Angela Taft (Taft et al, 2012; Hooker et al, 2015); b) The

Mentoring Mums project provided by Children's Protection Society (Mitchell, Absler and Humphreys, 2015) and the MOSAIC project, a mentoring program developed for pregnant women and young mothers; c) The 'Peek a Boo' program for infants and their mothers affected by family violence developed by Wendy Bunston http://www.waimh.org/Files/Signal/Signal_2006_14_1.pdf

- The development of alcohol and drug programs which support pregnant and new mothers to engage closely with the FDV sector through support workers with specific community liaison roles (e.g. the Women's Alcohol and Drug Service). Currently, this program confines its service to the women while in hospital. However, research indicated that the critical referrals to community sector organisations (including DFV organisations) which followed discharge from hospital needed much greater support and liaison to be effective. Only those women referred to statutory child protection continued to be connected to the service system (Tsanfeski, Humphreys & Jackson, 2014).

The work with new fathers is under-developed in Victoria. Even the universal service system is named 'Maternal and Child Health', a name which immediately excludes fathers as central to the lives of their infants. Emerging research on the effectiveness of using fatherhood to engage men in preventing violence indicates that engaging men as fathers through parenting programs shows some promise in preventing child maltreatment (see Pfitzner, Humphreys and Hegarty forthcoming 2015). This mirrors work on interventions for male perpetrators of domestic violence that highlights the effectiveness of strategies that engage men as fathers in motivating behaviour change and preventing further acts of violence (Featherstone & Fraser, 2012; Stanley, Graham-Kevan, & Borthwick, 2012). This approach is now being explored in domestic violence primary prevention (; Flynn, 2011; Tiwari, 2012).

Early intervention programs such as 'Baby Makes 3' are being trialled in specific regions of Victoria and the issues of engaging men as an early intervention strategy are being explored (Pfitzner, Humphreys & Hegarty forthcoming, 2015). While this is an important step, three group work sessions directed towards fathers within a 'respectful and equal relationship' model provides only one spoke in what should be a complex wheel of inter-connected parenting services. This is a specific area for further service development in Victoria.

Responding to children living with DFV

The challenges listed at the front of this submission point to a range of issues that need to be solved to strengthen the family violence intervention for children living with DFV. The issues are particularly relevant for the statutory child protection response but apply more broadly to other services engaged in responding to women and their children.

- *The development of a differential response to children living with DFV*

A particularly difficult issue to grapple with in family violence intervention is the need for a differential response to children and their mothers (see Humphreys, 2007). Not all children are equally affected by the violence and abuse they live with. At the extreme end, we have the tragic deaths of a number of children who were living with domestic violence. However at least a third of children do as well as those not identified as living with family violence (Laing and Humphreys, 2013). Protective factors will be in place. Family violence, while debilitating and destructive, varies in severity and impact (both physical and emotional). Separation is not necessarily a panacea as so many children are exposed to ongoing post-

separation violence via child contact arrangements and the process of separation holds heightened dangers (Stanley et al, 2011; Thiara and Humphreys, 2015).

The default position in Australia, the United Kingdom (UK) and North America has tended to be to refer all children living with family violence to statutory child protection. Sometimes this is through legislation on mandatory notification, at other times through practice guidance. Hitching children who are living with family violence to 'the child protection juggernaut' (Featherstone and Trinder, 1997) fails to acknowledge the differential response that may be needed and more appropriate.

While some children undoubtedly are at risk of significant harm and require a referral to child protection, there are problems with routing *all* affected children through this pathway. Evidence from our research on the L17 Triage Project in Melbourne's northern metropolitan area drawing on data collected from November 2012 to November 2013 (total cases vary according to collecting agency's data) showed the following:

- The rate of closure of police family violence incident referrals at CP intake requiring no further action was 79% (L17 Triage Project).
- Of 1,960 police referrals to CP, only 13.9% resulted in a CP investigation (L17 Triage Project).

The data mirrors that of a case tracking study in the UK of cases referred by police to child protection (Stanley et al., 2011). Their study concluded that of 251 cases only a small percentage resulted in an investigation and only 5% of children were assessed for a service to provide for their needs. Interestingly, more than 50% of referrals involved post-separation violence much of this around child contact. The statutory net was widened but little effective action taken. A similar picture emerged in NSW. Data generated for the Wood Inquiry in NSW (Wood, 2008, p699) showed that of 76,000 reports where a risk of harm from domestic violence was the primary reported issue, only 5000 (6.5%) cases were substantiated and this did not necessarily result in the family receiving a service. NSW and WA have now moved towards a differential response which diverts most cases of children living with DFV to community sector organisations.

Infrastructure is needed to support a differential response. In NSW this has been provided by an electronic structured decision-making tool across the whole system of statutory child protection; in WA triage teams which include child protection, police and the specialist family violence sector provide the initial confidential information sharing and decisions about service pathways. In Victoria, initial work has been undertaken in the North Metro Region and the basis for the development of a confidential triage between police, child protection and specialist domestic violence services is in place. An agreed risk assessment is in the process of development but further work is required to agree the thresholds for child protection intervention. Funding is required to support a demonstration project.

A further infrastructure measure needs to be an increase in funding to ensure that many children diverted from child protection gain some form of service; and that workers in either women's services or family support services are trained to intervene with women and their children.

- *Addressing the issues of children living with post-separation violence*

Currently, the child protection system is not designed to intervene effectively where there is a protective mother (or father), but the child and often the mother are continuing to be subjected to post-separation violence and stalking. Much of the abuse occurs when the child moves from time with their father to time with their mother. Under these circumstances, children are not safer and their well being not protected when abuse occurs at 'handover'. However, on-going stalking and on-going control through texting, threats

and the use of social media means that the child's mother can continue to be abused and her mothering undermined. The absent presence of the perpetrator of violence and abuse is often experienced many years after separation (Thiara and Humphreys, 2015).

In the past, 'separation' from an abusive relationship has been used as a marker of 'the protective parent'. However, separation is a time of heightened risk, danger and fear for women and their children. While all Intimate Partner Violence risk assessments recognise that separation creates a heightening of risk, the child protection intervention has been slow to consistently recognise this fact (Humphreys and Absler, 2011; Douglas and Walsh, 2010). Women are still urged to separate but without the necessary supports to keep themselves and their children safe. Support would need to include: extensive discussion to assess 'readiness', potentially including motivational interviewing; the evidence to demonstrate that the child's father is a danger to the child; proactive links to the family violence support services; and leverage provided with housing services, Centrelink and legal proceedings to ensure that there is accommodation (beyond a couple of nights in a refuge), money to live on and legal protection which is enforceable. Children are no safer if they are homeless and immediately subject to contact arrangements with an abusive father. This is an area for practice development and more effective working between Family Court services (including organisations providing Family Dispute Resolution services), and child protection, RAMPS, and the family violence sector.

- *Focusing on the perpetrator of DFV*

A particular source of criticism of child protection intervention, but one which also relates to other services has been the tendency to focus on the adult victim (usually mother) and her ability to protect her children, rather than intervention which effectively targets the perpetrator of the abuse who is the source of the risk (Stanley et al, 2011; Laing and Humphreys, 2013).

There are significant policy and practice developments which are attempting to shift the focus on child protection workers and their practice. These developments need to be fully supported and enhanced. DHS in Victoria published a specialist practice resource, *Working with families where an adult is violent* (DHS, 2014) and provided training across the state to support the launch of the new resource in 2014. This is an excellent start, but a rolling program of training and development is needed.

Several state child protection departments and No To Violence (Victoria) have engaged David Mandel from the US who has developed work with child protection which focusses on the perpetrator of violence and support for both adult and child victims through the use of the 'Safe and Together' resources. http://endingviolence.com/ Subsequent training with No To Violence has capacity built the child protection response (http://ntv.org.au/resources/ Continuing to support this professional development will begin to address the shift in 'culture' which is required to change the focus of child protection work.

Other states have developed work within the family violence and family services areas to work with perpetrators of domestic violence. For example, Burnside Uniting Care in conjunction with the Parenting Resource Centre and NSW Department of Family and Community Services are developing practice and resources to work with a 'harm reduction model' of domestic violence focused on those families where the perpetrator is currently remaining in the home http://www.parentingrc.org.au/index.php/sharing-

knowledge/advancing-the-science-and-practice-of-implementation/unitingcare-burnside-supporting-the-implementation-of-a-domestic-violence-practice-framework The work is at a relatively early stage. However, it is an important development for family services working where there is DFV. Many women are unable to leave (no residency status; remaining committed to the perpetrator of abuse; no available housing; unfavourable Parenting Orders which provide the perpetrator of abuse with extensive time, unsupervised with the children; a desire to stay in their own home, but ineffective FV Intervention Orders etc.). In these circumstances it is important to develop strategies for working with some (not all!) perpetrators of abuse and their families. It is an important area for exploration.

It may also present greater clarity for the service pathways where there is DFV. The specialist DFV organisations are primarily women's services which are also developing skills in working with children. Their core business is not with men. On the other hand, the family support services are designed to work with families with complex needs, including where there is DFV. The work with perpetrators of DFV is currently under-developed. Potential lies in the work being developed by the Parenting Research Centre, closer alignment with MBC programs (including tight feedback loops), and the development of work with perpetrators through David Mandel's *Safe and Together* resources. NTV is advocating that each perpetrator of abuse have a customised individual plan which provides the basis of intervention with the Courts, MBC programs, Corrections, Child Protection, mental health services and family services. This is a recommendation which should be supported.

- *Strengthening the mother-child relationship*

Strengthening the mother-child relationship in the aftermath of family violence is a key point of intervention. A significant aspect of family violence is the systematic attack on the mother-child relationship as one of the major tactics of abuse. This may be a direct attack – coercing children to insult their mothers, undermining the woman's mothering through criticism and actions which make it difficult for her to parent, ensuring that women are 'punished' for spending time with children particularly if it takes attention away from the man's needs. It also can be an indirect attack which disables the mother physically or emotionally so that she is unable to parent appropriately. Interventions which work to actively strengthen the mother-child relationship in the aftermath of abuse are still in the early stages of development, although it is an area gaining traction (See Special Edition of *Child Abuse Review*, September, 2015). The *Talking to My Mum* activities developed through an action research project with women and their children (Humphreys et al, 2006 a & b) are but one of a number of supports for this work.

Evidence is emerging that the most effective intervention response in the post-crisis period for both women and children is for them to work together, either in parallel children's and women's groups (see Bunston, 2008; Humphreys et al, 2015) and joint mother-child rather than individual counselling (Liebermann et al, 2006).

Currently, the post-crisis work for women and their children is marginalised in the DFV intervention. An audit of different programs for children living with FV in 2011 undertaken by Tracy Castellino and myself showed a wide range of group work and individual programs throughout Victoria. However, none of these programs had on-going funding and by the end of 2012 most programs had either been de-funded, were projected not

to move beyond the pilot phase or were under threat. The sector clearly sees the need for this work with children, but long term funding streams have not been forthcoming.

Opportunities for policy and/or practice

- The development of DFV prevention programs (respectful relationships programs) which are part of mainstream activities within schools, child care centres and youth facilities are an essential arm of the DFV strategy. Recommendations derived from Our Watch consultations will require resourcing and support.
- The value of early intervention programs for infants is recognised and effective programs are provided with ongoing funding and the potential for further extension of programs to develop work with fathers and with a wider range of new, but vulnerable mothers.
- Developing the policy to manage a differential response that diverts most children and their families to community-based services rather than into child protection intervention where most are never provided with a service. Initial rapid risk screening (triage) of all police family violence incident reports (L17 reports) for victims (adults and victims) and perpetrators needs to be developed. This would take place within defined geographic areas and maximise referral pathways.
- Developing nuanced risk assessment and risk management tools, which are agreed across the multi-agencies and support a differential response. This includes police, judges and magistrates (particularly in the family law and children's court jurisdictions) alongside CP and FDV agencies.
- Responding to post-separation violence and specifically developing an alignment between concerns for the harm to children identified through child protection, family support services the specialist family violence sector and decisions made in the Family Law arena. This is currently the weakest point in family violence intervention.
- Recognising that FDV represents an attack on the mother-child relationship, and that it is crucial to look at the *perpetrator's behaviour* (not the relationship or the survivor's behaviour as the source of the risks to the child). This means ensuring CP with the requisite skills and knowledge to work with perpetrator-fathers as well as professional development work with family support services. The development of individual plans for perpetrators of DFV which can be used to align work across organisations and courts.
- Training workers in the foundational concepts relevant to children living with FDV, including their important role in documentation of the violence and abuse. This means CP workers documenting what the mother is doing to support her child and accurately documenting the harm the father is doing and has done to the family.
- Providing resourcing for the post-crisis response for children and their mothers living with and separating from family violence.

Summary

To date, we have been better at identifying than resourcing and responding appropriately to the needs of children living with family violence. The area has been characterised by innovation but problems lie in sustaining a strong and ongoing response in all parts of the service system from primary prevention to post-crisis services. The issues for children living with DFV are critical but frequently marginalised in our current response.

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