



Submission on the Roadmap for Reform: Strong Families, Safe Children

12 November 2015

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Introduction

safe steps welcomes the opportunity to provide input to the Victorian Government's *Roadmap for Reform: Strong Families, Safe Children*. We look forward to strengthening the response to children at risk of harm from family violence through this process.

About safe steps Family Violence Response Centre

safe steps Family Violence Response Centre is the Victorian 24 hour, 7 day per week service for women and children experiencing family violence. **safe steps** provides a critical service intervention, including risk assessment, safety planning, support, accommodation, referral and advocacy. **safe steps** supports women and children throughout metropolitan and rural Victoria, and collaborates with services across Australia to ensure women and children are safe. **safe steps** ensures that women and children experiencing family violence, including those early in their experience of violence and those at the highest risk of harm, receive an immediate response to keep them safe.

- 51% of clients provided with accommodation by **safe steps** are under the age of 18 years
- 37% of women placed in emergency accommodation by **safe steps** in 2014 had children accompanying them
- 20% of **safe steps** clients in 2014 reported that the perpetrator had threatened to harm or kill her children
- 23% of **safe steps** clients in 2014 had some involvement with Child Protection

As such, **safe steps** considers children's safety from violence to be our core business. **safe steps** is also developing a framework of child and youth focused practice within the specialist family violence service sector.

About this submission

Family violence is most likely to be perpetrated by men towards women and children¹ – this makes family violence a gendered form of violence. For this reason this submission will focus on women and children as those experiencing family violence, and men as perpetrators of family violence.

References to *specialist family violence services* in this submission refer to services that work from a gendered understanding of family violence, in accordance with Codes of Practice for Victoria. These services include **safe steps**, the state-wide immediate response service, women's refuges, outreach services, legal and counselling services, as well as men's behaviour change programs.

safe steps understands that the Child Protection, ChildFIRST and the Child and Family Services systems are under consideration and likely to be remodelled. This submission will therefore refer to the range of initial intake and assessment functions as '*child assessment services*'. It is uncertain at this stage where these functions will be held and what their exact specifications will be. **safe steps** recommends that intake and assessment requires specialist family violence consultation given the high correlation between vulnerable children and families, and the presence of family violence.

Responses to children affected by family violence

Consultation questions:

What makes Victoria unique and must be factored into design?

What are the current barriers?

Why have the previous reforms and changes failed?

Family violence changes the trajectory of children's lives – emotionally, socially, cognitively and practically

Of all risks to Australian children, the family violence is the most critical and prevalent.

- 1 in 4 young people has witnessed violence against their mother²
- More than half of reports to the Child Protection Service in Victoria involve family violence identified as a risk factor³; many more have not been identified because of stigma, fear of statutory services, and/or fear of the perpetrator
- 64 per cent of child deaths involve prior family violence⁴
- Over 90 per cent of Aboriginal children in out-of-home care are removed due to family violence perpetrated by men.⁵

What is family violence?

Family violence involves an ongoing pattern of threatening, coercive and violent behaviour in a current or former domestic, intimate or family relationship. This not only includes physical assault, but also threats, verbal abuse, emotional and psychological abuse, abuse of institutional and administrative systems, economic abuse and control, social abuse and isolation, cultural or spiritual abuse, all of which cause a person to live in fear. An escalation in violence perpetrated by adolescents has also recently been recorded by a number of agencies, including Victoria Police and Child Protection.

Reports of family violence to all agencies are increasing:

- The number of family violence incidents attended by Victoria Police increased by 17% between July 2013 and June 2015.⁶ Children were identified in only 34% of family incidents attended by police⁷, although most women subjected to intimate partner violence have children in their care⁸. This infers that children are going unidentified by non child and youth focused services.
- Child FIRST and Family Services providers also saw an increase of 52% in new referrals involving family violence between July 2007 and June 2014, the highest among all recorded issues for new referrals in that period.⁹
- **safe steps'** data shows an even greater increase in reporting: from July 2013 to June 2015 **safe steps** experienced a 58% increase in the number of calls, but a 130% increase in demand for crisis accommodation. During the same period, clients reported a 29% increase in the number of risk factors they experienced.

Support systems for vulnerable children and families require additional expertise to manage the unmet need for support for children affected by family violence.

How family violence affects children

It is often assumed that children experience domestic and family violence passively as ‘witnesses’. In fact, there are children in the majority of households where family violence occurs¹⁰ and there is a strong relationship between family violence and child abuse¹¹. Perpetrators seek to control children as well as women through fear and threats, often using children as tools of violence, control and intimidation. Family violence must therefore be understood as implicating the dynamic relationships between all family members.

Risk to children is bound up with risk to their mothers, which affects all aspects of children’s development and their life trajectories.

[E]xposure to violence activates a set of threat-responses in the child’s developing brain; in turn, excess activation of the neural systems involved in the threat responses can alter the developing brain; finally, these alterations may manifest as functional changes in emotional, behavioral and cognitive functioning. The roots of violence-related problems, therefore, can be found in the adaptive responses to threat present during the violent experiences.¹²

Violence and risk to children often continue, or increase, long after a woman has separated from the perpetrator. Gaps in the Family Law system also result in greater opportunities for perpetrators to implicate children in abuse, increasing the risk of children being abducted, and emotionally and physically abused.¹³ Some perpetrators are at greater risk of killing their children at these points.¹⁴ These risks are not addressed on a systemic level within the Child and Family Services system, and managing them requires specialist family violence expertise.

Family violence inexorably disrupts healthy emotional development, attachment and bonding between mother and child, as well as the capacity of women to protect their children.¹⁵ This was clearly demonstrated in the recommendations of the Victorian State Coroner into the death of Luke Batty. The Coroner recommended that the Child Protection Service should amend its practice to be more responsive to family violence dynamics by “provid[ing] support to the protective parent, including in court proceedings, to manage the risk posed by the non-protective parent”.¹⁶

Rosie Batty echoed this, saying:

"I was hoping someone was going to step in and help me protect Luke and take some weight off my shoulders. I wanted support, I wanted other people to step in to make some decisions so it wasn't just me facing Greg."

To do this effectively the Child Protection Service will need to partner with specialists in family violence who manage these risks on a daily basis.

The basis for practice in the family violence specialist sector is the difference between men’s and women’s relationship to risk and harm to children. This specialist knowledge is absent from current responses to family violence by the Child and Family Service system. The additional expertise of family violence specialists is required to manage these gendered risk factors for children from family violence.

How the system currently responds

Despite the prevalence of family violence among risks to children, **safe steps’** experience is that Child Protection responses to family violence are inconsistent and insufficient. This is due to a lack

of specialist expertise in appropriate identification and response to family violence by Child Protection practitioners. Child Protection systems and processes are not designed to meet the needs of children and families affected by family violence.

Current Child Protection response options are often not well suited for families affected by family violence. Service interventions can affect the dynamics of violence in an abusive relationship – intervention can therefore be risky and must be informed by specialist knowledge. Without family violence specialist knowledge informing Child Protection responses, women and children are left at risk and sometimes placed at increased risk.

Examples include:

- Child Protection data does not record the presence of family violence. This indicates a lack of family violence identification by Child Protection.
- Assessments omit family violence risk indicators.
- Perpetrators' need for power and control is threatened by a statutory body investigating the family, and therefore increase their use of violence, placing women children at potentially greater risk.
- Children injured because Child Protection did not identify the subtle, and in some cases overt, risk indicators of family violence.
- Child Protection is not able to adequately identify protective factors from a family violence lens. Some of the recommendations made by Child Protection and/or children and family services place women and children at risk. It is common practice for Child Protection to recommend a woman leave a violent relationship in order to "protect" the child despite evidence by police and family violence services that leaving a violent relationship heightens risk for both mother and child.
- Intervention by Child Protection ceases because a 'protective parent' is identified, yet the capacity of the protective parent to act protectively is diminished because she is being abused.
- Child Protection often recommend that women and children should leave a violent relationship as a "protective" measure despite this recommendation leading to the further vulnerabilities such as homelessness or insecure housing, increased risk of violence and abuse from the perpetrator and even from other adults in emergency accommodation.
- Protective efforts from Child Protection and family violence specialist services are also often hampered by other systems. Even though a woman is identified as a protective parent by the Child Protection Service, her protective actions may be construed by the Family Court as alienating the father from his children.

A proactive partnership approach to managing risk would prevent future harm to the child in such situations. A bridge between Child Protection and specialist family violence service practice is needed to truly take a whole-of-family approach to managing the risk to children from family violence perpetrated against their mothers. Recommendations for how the Victorian Government can do this are discussed in the section below.

Addressing family violence risk to children

Consultation questions:

1. What changes are required to reorient how the system currently delivers?
2. What changes are required to how we currently work?
3. What changes are required in how the system is currently structured, governed and funded?

Strengthening protection in systems that engage vulnerable children

Risk to children is most likely to be identified by universal and generalist service systems. Effective support for vulnerable children that comes from services that engage children on a regular basis can intervene early and strengthen the protective factors in their lives.

However universal service systems such as health and education require additional capacity to respond to children affected by family violence. Identification, assessment and response to children affected by family violence should be informed by specialist knowledge and skill. **safe steps** proposes that universal services should be supported by on-site family violence specialist consultants.

These consultants would mitigate risk for children by providing support to practitioners with triaging, and providing advice to manage children and families at risk. They would not hold a specific case load of their own, but provide expert secondary consultation and act as a contact point and conduit between universal service systems, Child and Family Services, and specialist family violence services. These consultants should be supported through a partnership with **safe steps** to provide 24-hour support. Unlike other family violence services, **safe steps** is available to provide a specialist crisis response at all times, not only business hours.

Identification and assessment of risk to children from family violence

safe steps and the broader family violence sector have identified a significant gap in that the Child and Family Services system is not able to accurately identify or respond to family violence, placing children and families at risk. The Royal Commission into Family Violence has demonstrated these limitations, with many written submissions and community consultations providing examples of inadequacies. The Child and Family Services system will need an effective, trusted statewide service model to operationalise the Royal Commission's recommendations for effective family violence risk mitigation within the Child and Family Services system.

As discussed above, family violence is a major source of increased demand for Child and Family Services. Professor Cathy Humphreys has suggested to the Royal Commission into Family Violence that managing the demand for Child Protection responses created by family violence requires dedicated intake and assessment processes.¹⁷ The service model for *child assessment services* proposed below will provide system-wide capacity to meet the demand with appropriately skilled specialist responses.

Centrally managed family violence specialist response to children at risk

It is critical to risk mitigation for children, and their mothers and families, to have a centrally managed team of family violence consultants to inform all intake and assessment teams so they can identify, respond to and manage family violence risk. Centrally managed practitioners would provide face to face consultation to *child assessment service* workers for any families who have

current or relevant historical family violence threats. This approach would provide a higher degree of family violence specific risk mitigation and more appropriate family violence response for children and mothers.

A consistent model across the state would be easier to understand and navigate. It would complement the current Child Protection and ChildFIRST Best Interests framework as it would be statewide. It would be a bridge between child and adult focused services, providing for a whole-of-family approach to assessing risks, needs and protective factors. This would be a basis for a more holistic response to vulnerable children and families.

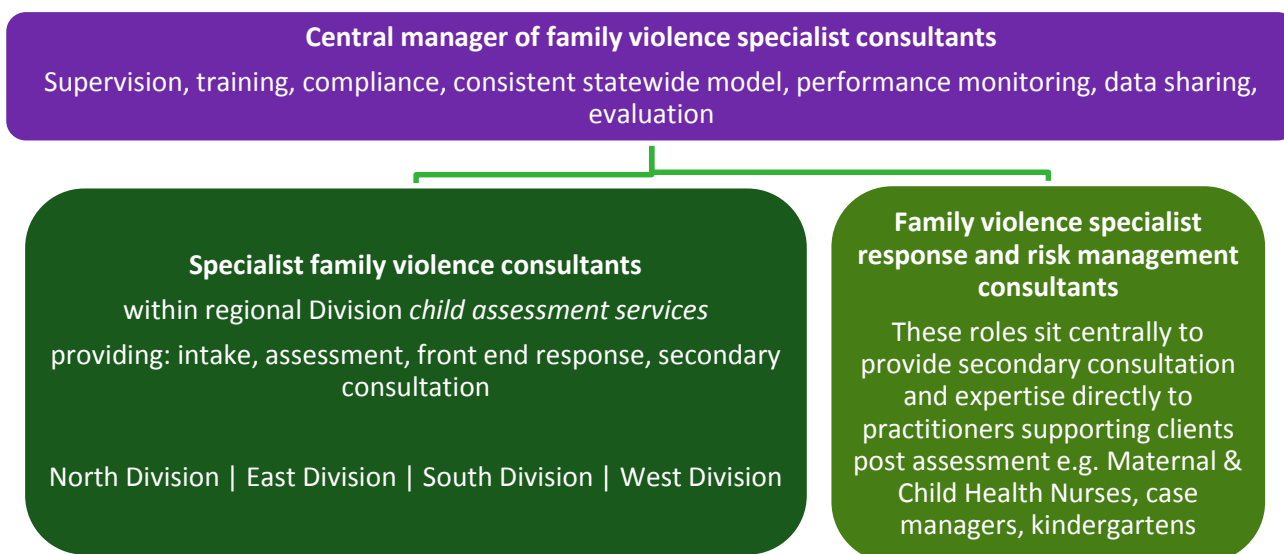
A centrally managed family violence specialist response would benefit the service system as there would be a single service agreement/protocol/MOU with a central service provider, which would provide statewide standards and consistency of support to transient clients.

This model would also allow one set of practices consistent across the state to interface with the *child assessment services*, as opposed to up to 30 various family violence service responses as exist across the state.

The centrally managed family violence practitioners would be similar to Community Based Child Protection Practitioner model previously part of ChildFIRST. These consultants would not hold caseloads but rather provide expert advice and recommendations where family violence is identified in *child assessment services*. They would also not supervise other practitioners or staff.

The roles would be employed by a family violence specialist service, which would provide all training, supervision and compliance for the program. The centrally managed family violence practitioner roles would promote incidental learning among Child and Family Services. This would be supplemented by additional training delivered by the central agency. Furthermore, the central agency would be able to promote system development in the Child and Family Services system by collecting data, monitoring performance, evaluating and researching responses to family violence. The central agency would also provide training to Child and Family Services where needed, and secondary consultation to ongoing case management practitioners.

Figure 1: Proposed model of centrally managed child protection practitioners



The model would be especially useful to implement reform, as it would provide a consistent statewide platform to drive change. The model is also scalable and replicable across different settings in which *child assessment services* operate.

Working with the whole family

safe steps recommends that the Department of Health and Human Services recognises that domestic and family violence fundamentally disrupts the relationship between a mother and her children, including her capacity to protect them from violence. This was emphasised in the Inquest by the Victorian State Coroner into the death of Luke Batty. The Coroner recommended that the Child Protection system amends practice in order to work with protective parents to hold perpetrators accountable for family violence risks.

Specialist family violence consultants within the model proposed above would be able to assist the system to do this effectively. This would mitigate risk in the long term by being able to provide expert recommendations to work with children, mothers and fathers.

This would include:

- Assessing the non-protective parent before closing a file
- Assessment of the pattern and severity of harm perpetrated against the child, including cumulative harm
- Participation in Risk Assessment and Management Panels (RAMPs)
- Assisting the protective parent in court proceedings, including recommendations that the non-protective parent has no contact with the child within the Family Law system
- Making recommendations for perpetrators to participate in Men's Behaviour Change Programs as a precondition of child contact
- Providing safe contact options and supervised visits for children who have court mandated contact with fathers who use violence
- Working in a co-case management capacity with family violence specialist services and police to manage risk and support women and children to remain safely in their own homes. Where there is high risk family violence, the specialist family violence service would be the lead agency. This would enable Child Protection to remain involved while the specialist family violence service maintains engagement with the family.
- Providing alternative accommodation when it is unsafe for the woman and her children to remain at home, and aiming for the mother and her children to remain together, diverting children from out-of-home care
- Advocating with Victoria Police to hold perpetrators accountable by ensuring Intervention Orders have been served, to follow up breaches, and assist in court.

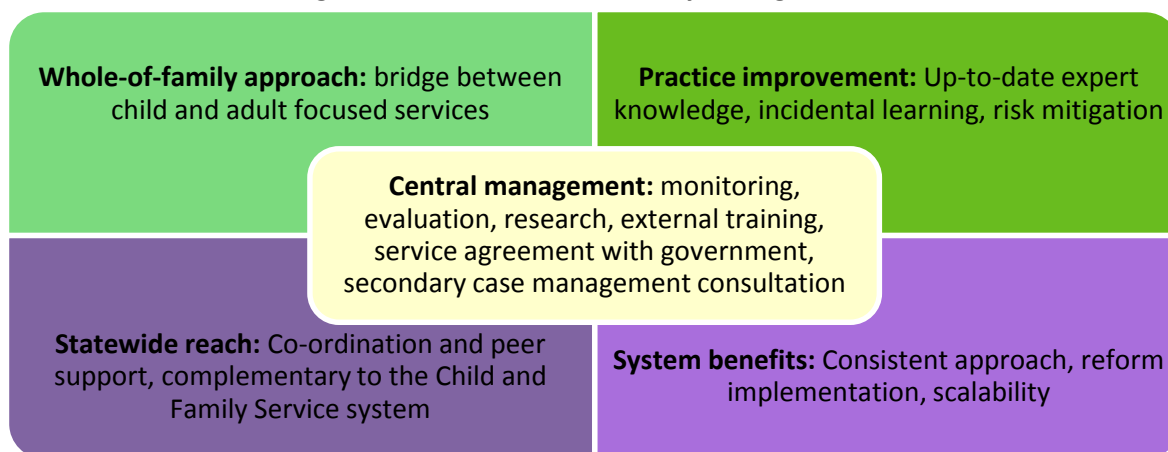
Benefits of the centrally managed family violence consultant model

A centrally managed family violence consultant model provides a greater level of certainty for *child assessment services*, as well as children and women. This model would bridge the gaps in the current system that increase risk to children and provide system-wide capacity to address the needs of children affected by family violence.

The model provides:

- Risk mitigation for children, their mothers and families
- Consistent statewide family violence information informing Child and Family Services
- Complementarity with Child and Family Services system
- A bridge between differing practice frameworks for *child assessment services* and family violence services
- Scalability for consistent, sustainable and planned growth when and where it is needed
- A strong platform to drive reform and system improvement
- Effective risk assessment and mitigation
- Expert knowledge available across the system
- Responses to the whole family

Figure 2: Benefits of the centrally managed model



Regional responses

Regional family violence service providers are well placed to provide ‘back end’ responses by developing creative local solutions. Regionally based specialist family violence services have robust relationships with local agencies and communities, such as schools and Maternal and Child Health Nurses. This places them in a strong position to undertake more localised responses.

Conclusion

safe steps appreciates the opportunity to provide feedback on the *Roadmap for Reform: Strong Families, Safe Children*, and looks forward to the release of the final report.

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