Domestic Violence Crisis Service

Legislative Assembly for the ACT
Standing Committee on Health and Disability
committees@parliament.act.gov.au

Nobody' Children – Inquiry into the early intervention and care of vulnerable infants in the ACT

Dear Committee Members,

Thank you for providing the opportunity, and timely reminder, for DVCS to provide a submission to the Standing Committee on Health and Disability on '*Nobody' Children – Inquiry into the early intervention and care of vulnerable infants in the ACT.'*

DVCS also welcomes the opportunity for Kylie Cocking, our Children and Young People Focus Worker and I to appear before the Standing Committee at the Public Hearings at 2.30PM on Wednesday 14 May 2008.

The issue of the vulnerability of infants and children living with domestic violence is one that is close to the heart of DVCS. We hope that the combination of our submission and our address to the Standing Committee will influence the Committee's deliberations and lead to positive change in the future.

Yours sincerely,

Dennise Simpson
Manager
DVCS
9 May 2008

ph (02) 62 806 999 fx (02) 6280 9777 www.dvcs.org.au PO Box 1922, Fyshwick ACT 2609

Introduction:

DVCS Service Ethos

As a service DVCS has evolved significantly over the past decade and pioneered innovative, evidence-based and holistic ethical practices for working with people whose lives are affected by domestic violence. As a domestic violence crisis service, the primary emphasis of these practices has been to promote the safety of those people subjected to domestic violence and to locate the responsibility for violence and abuse with those people who use it.

These practices have both informed and been supported by an evolving and grounded service philosophy. Some key aspects of this philosophy are: (i) the recognition of the need for collaboration with a range of relevant services and stake-holders in order to better address the complexity of problems typically implicated in domestic violence crisis situations, and; (ii) the need for inclusiveness, respect and accountability to those we aim to assist. In this context of broader collaboration and accountability DVCS aims to provide conditions conducive to the further development of innovative but rigorous professional and ethical practices.

Objectives

DVCS operates within a framework that emphasises human rights and social justice and gives priority to personal safety.

The key objectives are to address violence and abuse in personal relationships and to promote respect and fairness in personal relationships.

The overwhelming majority of people subjected to violence and abuse in personal relationships are women and children[1]. In recent years, DVCS has been at the forefront of recognising and responding to the independent rights and special vulnerability of children in domestic violence situations.

The Domestic Violence Crisis Service:

(a) provides crisis intervention, advocacy, referral, information, support and practical assistance for people subjected to, or using, violence and abuse in relationships, giving priority to those subjected to violence;

[1]While studies vary, estimates concerned with the gendered nature of domestic violence suggest women are subjected to domestic violence in 93% – 96% of all reported cases. See: Kimmell, M. S (2002) Gender symmetry in Domestic Violence: A substantive and methodological Research Review. Violence against women, 8, (11), pp.1332-1363.

(b) encourages those who use violence and abuse in relationships to take responsibility for, and cease, this behaviour;

(c) addresses the problem of violence and abuse in personal relationships, and associated issues by-

(i) working collaboratively with other agencies;

(ii) providing education and information;

(iii) promoting and being the embodiment of leading practice policy and programs; and,

(iv) initiating and participating in data collection and research.

Domestic violence – definition and overview:

Domestic violence is more than conflict or arguments in a relationship. It includes, fear, control, harm and occurs when:

- Any family/partner relationship includes violence and threats of harm (including sexual)
- A family member uses violent and abusive behaviour to control other family members.

Domestic violence typically involves a range of behaviours to control, intimidate or do harm to another person, including: emotional, verbal and psychological abuse, bullying, withholding and controlling finances, harassment, intimidation, damage to property, cruelty to pets, threats, stalking and coercion.

<u>The extent of the problem:</u>

Domestic violence exacts a considerable toll across a range of social, personal and economic fronts[2].

While more women are prepared to engage with a range of support and legal/policing services to better promote their safety, reporting rates both nationally and internationally continue to reflect the 'hidden' nature of domestic violence[3]. Figures from around the world suggest it may take years or anywhere from 10 - 35 separate incidents of domestic

[2] For a brief overview of the economic costs associated with domestic violence, see: Relationships Australia (2002-03) who estimate domestic violence costs the Australian community around $8.1 billion with the largest component made up of pain and suffering costs – including premature mortality – estimated at around $3.5 billion. For an overview of the health costs associated with domestic violence, see: The health cost of violence: measuring the burden of disease by intimate partner violence – VicHealth, June 2004. The report found that this form of violence is responsible for more ill-health and premature death among Victorian women under the age of 45 than any other well-known risk factors including high blood pressure, obesity and smoking.

[3] See: Women's Safety Survey 1996 – only 18% of women who had experienced physical or sexual assault in the previous 12 month period sought professional help after the last incident.

violence before the issue comes to the attention of police or other support services[4]. Other studies suggest one in five women seek medical assistance for injuries sustained as a result of domestic violence[5], while figures from around the world reflect a reluctance on the part of women to report instances of domestic violence – with some studies suggesting the report rate can vary from anywhere between 2% and 50% (depending on nation/state)[6].

There are two Australian Bureau of Statistics (ABS) national surveys on the incidence of violence against women, they include:

- Women's Safety Survey 1996[7].

- Personal Safety Survey 2006[8].

Data collected from the 2006 survey estimated that in the previous 12 months:

- 363 000 women (4.7 % of all women) experienced physical violence,
- 126 100 women (1.6 %) experienced sexual violence,
- 2.56 million (33% of all women) have experienced physical violence since the age of 15,
- 1.47 million (19%) have experienced sexual violence since the age of 15.

A 2005 report released by the Australian Institute of Criminology (AIC), *Homicide in Australia: 2003–2004 National Homicide Monitoring Program (NHMP) Annual Report*[9] found that:

- 36% of homicide victims were female and;
- 49% of female victims were killed as a result of a domestic altercation (as compared to 15% of male victims).

---

[4] See for instance: Amnesty International: http://www.amnesty.org/; http://www.manchestereveningnews.co.uk/news/s/1036521_abuse_calls_tip_of_iceberg; http://www.guardian.co.uk/uk/2003/may/29/ukcrime.prisonsandprobation; Lawrence, A. Greenfeld et al. (1998) Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends

[5] See: J. Phillips and M. Park (2006) Measuring domestic violence and sexual assault against women: a review of the literature and statistics. E-Brief for the Australian Parliament – Parliamentary Library at http://www.aph.gov.au/Library/intguide/SP/ViolenceAgainstWomen.htm

[6] See for instance figures cited in: Holder, R. (2007) Police and Domestic Violence: an analysis of domestic violence incidents attended by police in the ACT and subsequent actions. Australian Domestic Violence and Family Violence Clearinghouse. See also: Australian Bureau of Statistics (ABS) Personal Safety Survey 2006 – whose findings estimate only 36% of women report physical assault to police.

[7] Australian Bureau of Statistics 1996, Women's Safety Survey, cat. no. 4128.0, Australian Government Publisher, Canberra.

[8] Australian Bureau of Statistics 2006, Personal Safety Survey, Australia, 2005 (re-issue), cat. no. 4906.0, Australian Government Publisher, Canberra.

[9] See: http://www.aic.gov.au/publications/rpp/66/

Another AIC report released in 2003, *Family Homicide in Australia*[10], found that three-quarters of intimate partner homicide involves males killing their female partners and that the most common type of family homicide over the 13-year period was intimate partner homicide (60% per cent).

Children and young people also strongly feature in survey figures. The Personal Safety Survey by the Australian Bureau of Statistics 2006 indicate:

- 61% (822,500) of persons who experienced violence by a previous partner reported they had children in their care at some time during the relationship and 36% (489,400) said that these children had witnessed the violence.

- 49% (111,700) of men and women who experienced violence by a current partner reported that they had children in their care at some time during the relationship. An estimated 27% (60,700) said these children witnessed the violence.

For the period 2006-07, the ACT Domestic Violence Crisis Service

- responded to 8,977 incoming calls to the crisis phone lines
- responded to 938 requests for 'on site' crisis support
- provided court support to 344 clients

Children featured in 68% of crisis visits[11].

Women with children age 0-2 and women who are pregnant:

For the purposes of our submission, DVCS is concerned to draw attention to the experiences of women living with domestic violence who are pregnant and/or with children aged from 0-2 – with a particular focus on early intervention and care.

While anyone subjected to domestic violence is confronted with a range of concerns and vulnerabilities, it is widely understood that women with children aged 0-2 and women who are pregnant face particular and heightened vulnerabilities on account of domestic violence. It is well recognised for instance, that many women with children and/or infants living with domestic violence are isolated, (often) have limited financial independence or available resources and are typically the primary carer of children with high dependency needs attributable to their 0-2 age (including physical needs such as breast-feeding).

[10] See: http://www.aic.gov.au/publications/tandi2/tandi255.html

[11] For further information concerned with rates of children present at domestic violence incidents across the ACT, see: 'Children present in family violence incidents', *Australian Institute of Criminology* 2006. This report analyses data collected by the Australian Capital Territory arm of the Australian Federal Police as part of the Family Violence Intervention Program (FVIP). For the year 2003–04, a total of 1625 children were recorded as being present at 44% of family violence incidents

Figures taken from the ABS 1996 Women's Safety Survey found that pregnancy is a time when women may be vulnerable to abuse. Of those women who experienced violence by a previous partner:

- 667 900 had been pregnant at some time during their relationship;
- 35.9 % of these women (239 800) experienced violence during the pregnancy; and
- 112 000 women (16.8%) experienced violence for the first time during the pregnancy.

The situation for many women pregnant and/or with young children is further heightened by a complex of factors that contribute to situations of violence and abuse. These are structural/social and interpersonal in nature and typically intersect across a range of fronts including those associated with: mental health and well-being, substance abuse, post-partum and maternal health needs, unemployment, poverty, housing, community supports and so on. The complexity of issues – particularly where they intersect – can contribute to situations of further risk, harm, injury or homicide and are commonly referred to in the literature as 'volatile combinations'.

Impacts to children:

While no one story can accurately describe the impact of domestic violence on the lives of children and young people, the evidence suggests the impacts to children can be immediate and cumulative. Here factors to do with chronicity, severity, other supports and so on, all play a part in the overall impact to any particular child or young person.

Trauma studies and findings from cognitive neuroscience strongly suggest that domestic violence can negatively impact upon children across a range of key social, psychological and developmental fronts. Some of the impacts to children and young people include:

- physical injury,
- poor health,
- school absenteeism and drop-out,
- drug and alcohol misuse,
- criminal activity and recidivism,
- behavioural/emotional problems including violence, aggression, anxiety, depression
- poor social/peer relationships
- learning/developmental delays e.g. speech, reading, comprehension.

Domestic violence is also strongly correlated with other forms of child abuse e.g. neglect, physical abuse, sexual abuse - with studies suggesting that anywhere from 30-40% of all domestic violence situations *also* feature other forms of child abuse.[12]

[12] Further information concerned with the 'co-occurrence' of domestic violence with other forms of child abuse see: A. M. Tominson (2000) Exploring family violence: links between child maltreatment and

Early Intervention, Collaboration, and Dual Focus in Care and Support:

Here we draw attention to three key and related initiatives that together significantly characterise current best practise approaches to supporting women with children in domestic violence situations: Early Intervention, Collaboration, and Dual Focus in Care and Support. We explain the nature and importance of these initiatives and some significant relations between them. We then provide some consideration of how well these features are currently understood and applied, and some suggestion for improvement in the promotion/design of current best practise programs.

Early Intervention:

Domestic violence often comprises more than 50 per cent of child protection notifications[13]– (making domestic violence the core business of Child Protection Services across a range of jurisdictions in Australia – including the ACT) and is one of the leading causes of female homicide in Australia. As indicated above, domestic violence is significantly under-reported and indeed, it is likely that reported rates are closer to the 'tip of the ice-berg' than to the real extent of the problem.

Early intervention and care then (in the pregnant and 0 – 2 age range) is especially important if infants and young children are to be protected from a range of potentially damaging impacts associated with exposure to domestic violence. Early intervention has a strong evidence base that supports the efficacy of such initiatives across a range of social issues.

So how are we to best develop early intervention practises? While early intervention, given the typical histories of well-established problems, is clearly necessary, what sort of early interventions should be considered? It is clear that the priority is to *engage* women in domestic violence situations – not an easy task given the hidden/complex nature of the problem and the overall reluctance to report situations of domestic violence. A priority then, must be to better understand (and so address) this general reluctance.

Indeed, the reluctance on the part of women to engage with support services presents a significant challenge to the design and application of early intervention programs.

---

domestic violence. Issues in child abuse prevention, (13), *National Child Protection Clearinghouse* – available at http://www.aifs.gov.au/nch/pubs/issues/issues13/issues13.html; W. S. Folsom et al (2003) The Co-Occurrence of Child Abuse and Domestic Violence: An issue of service delivery for social service professionals: *Child and Adolescent Social Work Journal*, October, 20, (5), pp.375-387.

[13] See for example: Australian Institute of Health and Welfare (AIHW) 2005. Child protection Australia 2003–04. AIHW cat. no. CWS 24. Canberra: AIHW (Child Welfare Series no. 36) at: http://www.asca.org.au/pdf_public/report_cpa03-04.pdf; Department of Human Services (DHS) (2002) *An Integrated Strategy for Child Protection and Placement Services*. Victoria: Victorian Government Department of Human Services.

Central to this challenge is consideration of how such programs can better meet the complex needs of women with children living with domestic violence and actively engage more women to take up support early in the life of the problem e.g. with respect to domestic violence.

The reluctance to report or seek (external) support for situations concerning domestic violence is typically informed by:

- threats,
- fear of reprisal and harm (we also include here fear of service involvement such as e.g. Child Protection, police etc),
- lack of supports/alternatives,
- family and societal/cultural pressures,
- uncertain, inconsistent etc legal/policing responses,
- lack of resources,
- personal beliefs and values e.g. to do with children, family, marriage etc,
- hostile/judgemental community attitudes.

It is also crucial therefore that early intervention initiatives reflect awareness of these issues (including) how they contribute to the hidden nature of domestic violence (and) consider the particular dilemmas services/workers will encounter in their support to women with children.

Collaboration:

Given the complexity of the issues typically attached to domestic violence situations – particularly where young children are involved – and how such complexity can lead to misunderstanding and dilemmas across the sector - we believe collaborative practices are highly compatible with, and offer crucial support to, the design and application of early intervention (domestic violence)[14] programs and initiatives.

As we have indicated, domestic violence cannot be thought of (or addressed) as a singular issue. It is multi-faceted, situated within social and intimate relationships and typically complex, often involving quite varied concerns, e.g., parental substance abuse, mental illness or relationship problems, and sometimes conflicting concerns, e.g., between the interests of the parent(s) and their children.

Developing better practise in the area therefore, clearly implicates the need for better inter-agency collaboration so that a diverse but relevant expertise may be jointly marshalled to particular cases.

Services acting alone, or with minimal collaborative approaches with other relevant services will be limited in how they might improve their own practise and better address

[14] We note here also that collaborative approaches are compatible across a range of early intervention initiatives targeted at say: drug and alcohol, mental health, housing, income, health, youth, children etc.

client needs and supports. Typical problems in human and child welfare services *are* complex and varied so that addressing specific concerns, such as child protection or domestic violence, often requires the marshalling of a range of relevant or discrete expertise to better manage and inform practice and supports.

The point of inter-agency collaboration then is to deliver on the recognition, and understanding, that properly addressing many cases will require developing a holistic approach between services.

Moreover, such collaborative practises, operating well, ought to serve a notable regulative and accountability function, i.e., with respect to the promotion of ethical and consistent practices between services, while also presenting the opportunity of an educative mechanism that promotes cross-sector knowledge and common understandings of key sector issues.

For example, with input from say, mental health, drug and alcohol and housing services to a particular individual or family circumstance (where appropriate), the knowledge base and practice of each discrete service may be developed beyond its singular expertise. Indeed, given the typical complexity of cases, such a collaborative development that provides a common understanding and practise that is greater than the sum of its parts is precisely what one would expect and hope for.

Collaboration can highlight poor sector responses, work to promote consistency across services/sectors, identify and weed out unethical practices, promote cross sector knowledge, and generate innovative approaches on account of the broader participation of relevant stake-holders.

Across the ACT, greater commitment to collaborative practices (in a number of recent initiatives) and the introduction of a suite of early intervention programs and services has seen an improvement (related to those initiatives) in sector responsiveness to the needs of women and children living with domestic violence. In particular, Gungahlin and Tuggeranong Child and Family Centres have developed collaborative, early intervention programs aimed at supporting women with children in the ACT e.g. Learn, Giggle and Grow and Paint and Play – including the on-going implementation of other parent and infant relationship programs. Such initiatives are to be applauded and encouraged.

DVCS acknowledge also however, that there is sufficient scope for improvement and greater consistency in collaborative practices across the sector. For instance, collaborative practices can be (in DVCS experience) – nebulous, consistent in some areas/inconsistent in others and difficult to sustain.

Ways in which collaboration can be promoted by the sector include:

- Developing Memorandums of Understanding (MOU's) between relevant sectors/services that promote a useful and constructive exchange of information and communication. MOU's formalise working relationships by developing

protocols for joint working. DVCS for instance, has developed a range of MOU's to better facilitate and promote the exchange of information and communication with services such as: the AFP, Child Protection, Housing and a range of SAAP funded services – including refuges and key community agencies/services across the ACT,

- Developing more joint partnerships and projects between services and sectors that contribute opportunities for cross-sector training and development of collaborative approaches,

- Developing systems of case-management that give consideration to and build in collaborative practices,

- Designing early intervention programs and policies that give consideration to and build in collaborative practices,

- Creating opportunities for flexible cross-service responsiveness to client needs and the (often) complex issues attached,

- Inviting opportunities for cross-sector communication such as the development of inter-agency networks and meetings.

- Cross sector representation/inclusion on a range of community and government committees, working parties and social planning initiatives.

- Incorporating collaborative practices that reflect cultural awareness and sensitivity and where appropriate contribute to the development of cultural plans for clients with Indigenous/Torres Strait Islander backgrounds.

Care, Support and Dual Focus:

As argued above, early intervention programs require (often) collaborative practices to better promote a range of complex client and service outcomes.

And as we have indicated, domestic violence not only overwhelmingly affects women, but often children. Developing an appropriate *'dual focus'* for the many cases involving parent and child interests and rights therefore, is crucial to the promotion of improved sector awareness and so, responsiveness, to the often complex problems presented by balancing these interests and rights.

While the interests and rights of parents and their children can be independent and conflict, it is typically most important that a dual focus considers the needs, preferences, rights and interests of women (in domestic violence situations) *alongside* those of her

children and considers how sector/service support or actions might best assist or hinder the woman to support her children.

Often however, an appropriate conception of this '*dual focus*' is frequently missing in the management of complex parent/child family relationships. This can and does result in ill-advised, convoluted and unworkable service support and can contribute to negative outcomes for both children and their parents. Thus, we suggest the sector needs to move forward understanding and practise in this crucial area of care and support so as to better capture the complexity of the dual focus presented by the independent, but related, interests and rights of women and children in domestic violence situations.

Respectful working practices also form a key component of engagement and support. Respectful working practices – underpinned by core practice and interpersonal values to do with - transparency, consultation, participation, communication, empowerment, collaboration and support – are crucial to the care, support and promotion of safety to vulnerable women and children. Moreover respectful practices work to promote engagement with support services, while extending dignity, integrity and respect to clients in situations where such interpersonal features are typically lacking or absent. Respectful practices however, do not begin and end with the client. Respectful practices between professionals and services are essential to the delivery of support and care and to the facilitation of communication and collaboration between professionals.

Early intervention programs need therefore to promote features of care, respect and support to vulnerable parents and their children that better reflect the complex and often changing needs presented by domestic violence circumstances.

Key areas that may promote features of care and support across early intervention programs for vulnerable children may include for instance:

- Service flexibility - service flexibility is crucial to the delivery of any early intervention programs/services to vulnerable women and children. This is particularly so in situations of domestic violence where the family environment is prone to unpredictability and women and children's needs may be better supported in flexible ways – outside say normal operating or business hours,

- Outreach - including outreach practices attached to early intervention programs for women and children living with domestic violence. Outreach services can offer on site and/or personal support to women and children in safe, flexible and pre-arranged contexts/visits,

- Dual Focus - developing a dual focus (in relation to parents and vulnerable children) across early intervention programs designed to better support, balance and respond to the mutual and individual support needs of parents and children,

- Safety and Support - early intervention programs that build on parental efforts to promote safety and support to children and prioritise safety to all parties – with a particular focus on the safety needs of children in such situations,

- Partnerships of Support - early intervention programs that encourage partnerships of support between workers/clients and other community networks,

- Transparency - transparent practices work to promote conditions of trust for clients in their contact with services/supports. Trust is a key issue for women living in uncertain and fearful circumstances. Early intervention programs therefore, should consider ways to embed respectful and consistent practices/responses that clients can come to rely on and trust. This is especially important in relation to duty of care issues re: children and (at times) the need to report duty of care concerns to relevant care and protection authorities. Programs that seek to include dialogue of duty of care obligations and the inclusion of parents (where safe/appropriate) in discussion concerned with the need/reasons to make such reports, can create opportunities for joint dialogue around client concerns and prompt further support to assist parents in these concerns.

- Social Isolation - early intervention programs should actively seek to combat issues of social isolation. Isolation is a common feature that cuts across a range of situations concerned with vulnerable children and contributes to further situations of vulnerability. Early intervention programs should seek opportunities to promote social connectedness for vulnerable clients and their children. In particular, early intervention programs can be guided by the research that suggests most women in domestic violence turn to family and friends for support. Programs should accordingly target and build on family and friendship networks/supports and seek to develop opportunities for community connectedness and inclusion i.e. with schools, community groups, clubs etc.

- Interagency connectedness – early intervention programs should seek opportunities to promote sector connectivity for vulnerable clients and their children. Active referrals (whereby worker's assist clients with referral, support options and contact with other services) is especially important for those in domestic violence situations – particularly where domestic violence impacts on a client's sense of agency/autonomy and so ability to manage/follow-up on other contacts or commitments.

To conclude our submission, DVCS would like to restate the importance of two key points we strongly believe need to be embedded across all practices and initiatives addressed in our submission.

The first key point – respect – is crucial to any initiative that aims to engage vulnerable clients and children. The absence of respectful practices between professionals and to clients can contribute to further situations of abuse (i.e. systems abuse), disadvantage,

isolation and disengagement from supports. Respectful practices then, must be actively encouraged and built into programs with opportunities for staff/professional development in relation to the exercise and practice of respect practices.

The second point we would like to reiterate is concerned with the need to develop shared (sector) understandings of key sector practices – particularly as these relate to collaborative and respectful practices. Here on-going initiatives/policies designed to promote cross-sector training in collaborative and respectful practices can play a crucial role in the development and promotion of sector awareness across these key issues. At the 'coal-face', professionals and services can develop greater opportunities for collaboration and generate greater sector awareness and common understanding of key issues associated with client support and care.

Here the function of collaborative practices can facilitate the development of greater common understandings and work to promote practices of respect and support. DVCS is committed to on-going reflective practices and processes – in line with current best practice and research standards. This commitment is evidenced by our continued drive to promote practices of support and care to women and children living with domestic violence. DVCS also acknowledge the many barriers to women and children's engagement with support services and welcome the opportunity to lodge our submission to the inquiry. DVCS look forward to the results of the inquiry and to continuing our work with women, children and broader Government and Community sectors across the ACT.