

Women's Legal Service

Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600

10th November 2014

Dear Sir/Madam,

Re: Follow-up information from Women's Legal Service Queensland (WLSQ)

We refer to the appearance of Ms Rosslyn Monro, coordinator WLSQ and Ms Angela Lynch, community legal education lawyer WLSQ at the Senate Committee public hearings in Brisbane on 6th November 2014 in relation to "Domestic Violence in Australia".

We would like to take this opportunity to follow-up and provide some clarification on two issues raised during our evidence at the public hearings, with those being risk assessment and children's access to domestic violence counselling in Australia.

In relation to the first issue, Mr Cory Bernadi questioned Ms Monro's response when she informed the committee that WLSQ do not question a woman's decisions around the issue of separation as women are the "experts in their own safety". He observed that this was in conflict with other evidence he had heard in the Inquiry that in fact women are not necessarily the experts in determining risk and safety. As we advised on the day, we agree with his point and the evidence of other witnesses on this issue, although it is complex.

To clarify, WLSQ is a legal service and provides legal advice, information and assistance. We work with women in a way that is respectful and treats them as the experts in their own life and that includes in relation to their own safety. However, we would also almost always (when a woman has advised us that she has experienced domestic violence) make a referral to another agency such as a domestic violence service or within house to one of our domestic violence social workers, who are experts in risk assessment, to assess the woman's risk and undertake safety planning with her.

As lawyers, who work in the area of domestic violence, we are aware of some of the risk indicators, however it is outside our professional area of expertise to undertake a domestic violence risk assessment. This is why the referral is made. We hope this clarifies this issue.

On the second point, we made the point that traumatised children who have experienced domestic violence in Australia are not getting the counselling and therapeutic interventions they require. We would like to take this opportunity to draw the committee's attention to some research that supports our concerns. Please see attached a copy of a paper by Karen Wilcox prepared for the Australian Domestic and Family Violence Clearinghouse in 2007 called "*Supporting Children Living with Violence At Home - the Need for Nationwide Good Practice*" that



Women's Legal Service Inc. www.wlsq.org.au

Address: 387 Ipswich Road (cnr Ponsonby Street) Annerley Qld 4103 | PO Box 119, Annerley Qld 4103

Administration Line: 07 3392 0644 | Fax: 07 3392 0658

Legal Advice Line: 07 3392 0670 - 1800 677 278 | Email: admin@wlsq.org.au

makes the following observations:

"Australian practitioners are aware of the extent of the need and have guidelines for good practice and effective intervention, yet most children in Australia who are affected by violence are unable to access the support they required to meet their needs. Where programs do exist, they are available only to families referred to , or in contact with, these agencies, In addition, these agencies have limited capacity and can only respond to a small group of children at a time, who fall within specified and limited geographical areas and possibly also need to fit a stringent set of criteria for acceptance into any particular program."

"Our knowledge of the serious impacts of violence on children means little, if their needs in this regard are not addressed as a national priority. When this occurs, we will be in a position to talk of effective practice in the provision of services to children exposed to violence".

Our submission related to the limited nature of funding for children's domestic violence programs. The family law system can invariably make it unsafe for any such counselling to be undertaken because of the child's ongoing contact with the perpetrator and that this may make it unsafe (emotionally and/or physically) for the child to participate in a therapeutic intervention.

Once again, we thank you for the opportunity to appear at the public hearings and to provide this clarification. Please do not hesitate to contact us if you require further information.

Yours faithfully,

Angela Lynch
Community Legal Education Lawyer
WLSQ



Australian Domestic & Family Violence Clearinghouse

Newsletter No. 28 – Autumn 2007

ISSUES IN GOOD PRACTICE

Supporting Children Living with Violence At Home – the Need for Nationwide ‘Good Practice’

By Karen Wilcox

Introduction

The effects on children of living with domestic violence have been well recognised within the sector. Children and adolescents require a range of supports from agencies and the community, in response to their needs. These needs are developmentally and culturally varied but can also be understood in reference to the passage of time from their exposure to incidents of violence.

In this article, I will outline children’s differing counselling and support needs within a framework of responses and argue for greater government responsibility in resourcing these. This framework will be based on understanding these needs in relation to childrens’ exposure to domestic violence. For example, effective support at initial disclosure is vital and the agencies in contact with children at this point require training and protocols to ensure that these responses are appropriate at this ‘frontline’ of work (Point of Contact 2004). Children also require protection, including legal protection and mandatory reporting, support and counselling around ongoing exposure to violence. Finally, children who are no longer exposed to violence may often require specialised therapy to recover from the effects of trauma.

In each of these areas, there have been exciting practice developments in Australia and some excellent benchmark programs. Research in child psychology, as well as work in the refuge movement, domestic violence/family support services and the mental health sector, has inspired the development of programs responding to children’s needs. However, there has not been a national commitment to resourcing the therapeutic and support needs of children. Apart from Tasmania, states have also failed to take the lead in ensuring adequate service provision. NGOs and shelters have had to develop counselling programs, often in isolation and without adequate, ongoing funding.

For this reason, reliance on locally directed and funded service provision must be rethought if the range of needs which are identified and brought together in the framework below are to be addressed fully.

Addressing Children’s Needs – Background

The Clearinghouse Issues Paper 2 outlined the needs of children exposed to violence (Laing 2000), and workers in the sector had already been concerned about “witnessing children” for many years. These impacts have been well documented (see literature reviews in Humphreys 2006, pp. 19-21; Laing 2000; Tucci 2005) but it is worth noting, as Jenny McIntosh has argued, that even where there are no apparent trauma reactions, for many children, ‘adjusted behaviour’ belies compliance, dissociation and depression – ‘... (b)eyond a doubt, research tells us that

bearing witness to spousal violence poses a significant threat to any child's emotional, cognitive and social development' (McIntosh 2000, p. 8). If we accept the findings of this extensive and well-founded research, then this places a responsibility on the community to take seriously children's resultant needs for support and therapeutically led recovery, and to provide the services that may assist this.

Practice Standards

A number of locally based support and therapeutic responses have been developed based on evidence from studies from Australia and overseas (Point of Contact 2004; Tucci 2005). Practice guidelines for services have also been developed by Leslie Gevers (Gevers and Goddard-Jones 2003) and Cathy Humphreys (Humphreys 2000), for example, and these provide useful starting points for policy makers and planners interested in program development for children exposed to violence.

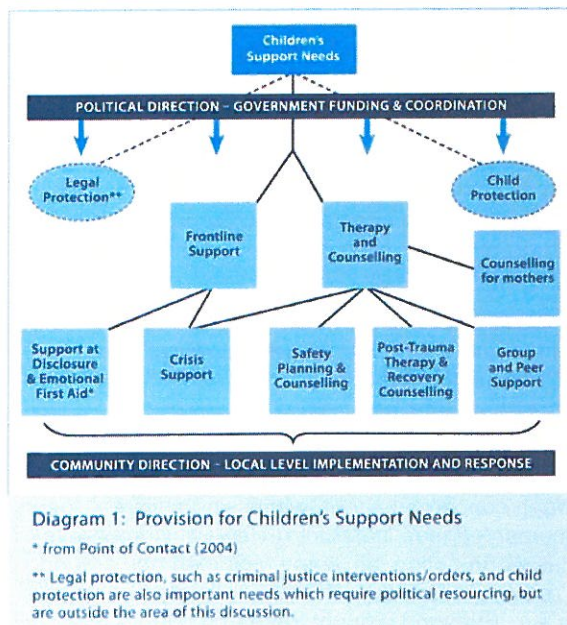
The need for separate services to address children's needs has been well supported in the literature (Gevers and Goddard-Jones 2003, p. 21; McIntosh 2000). Provision of counselling and therapy services for children acknowledges the specific mental health needs of children and assists in the prevention of future developmental and behavioural problems. Children also have a right to be heard and to have adults respond to them. As Libby Hyland has argued, fundamental to service provision is the need to give voice to children who are oppressed by their experience of the adults in their lives (Hyland 2005).

Services

Current responses to children's needs can be broken down as shown below, with existing services addressing one or sometimes more of these.

Frontline Support Responses

The term 'frontline response' used here arises from the Point of Contact project and refers to the non-therapeutic responses to domestic violence by workers, such as police, teachers, child care workers, family centre staff, health professionals and contact centre workers (2004)¹. These professionals are often the first point of disclosure for children exposed to violence, so it is vital that they respond in a manner that does not exacerbate the trauma and which assists children appropriately.



The Point of Contact project refers to the administering of emotional or psychological 'first-aid' as an appropriate response to this need. It considers professionals working with children to be ideally placed to:

- reconnect children with their 'protective cocoon' (McIntosh and Coburn, in Point of Contact 2004);
- provide emotional relief and validate feelings; as well as
- screen for therapeutic referral (ibid, p. 54-55). Both this program and the Seen But Not Heard training program assist frontline workers to develop appropriate response frameworks for supporting these specific needs of children.

Responses to crisis support needs include child protection and criminal justice system interventions and prioritising safety for children. The literature suggests that it is also essential that children's crisis needs be addressed separately to those of adults and that their emotional and mental health be part of the response focus (McIntosh 2000; Tucci 2005). Children's programs within some refuges and shelters have developed models of intervention to address children's crisis needs and many therapeutic programs have a crisis intervention component built into their assessment processes. Psychological or emotional first-aid is also critical here (Macintosh and Coburn, in Point of Contact 2004), so frontline agencies also have an important role to play in the crisis period immediately following violence.

Safety and Recovery Counselling

Therapeutic work with children can be divided into 'safety counselling', which is offered when they are still living with the perpetrator, and 'recovery counselling', which refers to counselling after the relationship between the protective and abusive parent has ended (Humphreys 2000, p. 46).

Safety work with children recognises the therapeutic and support interventions needed by children who are still in contact with the perpetrator.

Literature on therapeutic interventions suggests that effective work in post-trauma recovery for children is made difficult if they are continually re-traumatised by exposure to ongoing abuse (Gevers and Goddard-Jones 2003). Therefore, some programs and services, such as the Tasmanian Family Violence Counselling & Support Service (FVCSS) and the Parramatta Children's Domestic Violence Support Group, limit their counselling to children who are in post-separation families, with protection orders in place.

Concurrent work with mothers is a feature of most therapeutic interventions, based on:

- recognition of the impacts on mothering caused by the woman's own experiences of trauma (and the effect of this on her mental health)
- the undermining of the mother-child relationship as an abuse tactic
- the mother's central role in supporting children
- and the need for the re-establishment of attachments (Humphreys 2000, p. 40; Laing 2000, p. 7).

The Parkas and Peekaboo programs from the Royal Children's Hospital in Melbourne, for example, include mothers in their group work programs, recognising that their participation is vital to the children's counselling programs.

As the diagram above suggests, if children's needs are to be addressed and adequately serviced, then funding and coordination needs to be secured from the 'top down'; ie through government commitment to service provision so that services are available to all children, regardless of their location. Sufficient research exists to support the need for state and federal government commitment to address the neglected area of children's therapeutic and support programs.

Australian practitioners are aware of the extent of the need and have guidelines for good practice and effective intervention, yet most children in Australia who are affected by violence are unable to access the support required to meet their needs. Where programs do exist, they are available

only to families referred to, or in contact with, these agencies. In addition, these agencies have limited capacity and can only respond to a small group of children at a time, who fall within specified and limited geographical areas and possibly also need to fit a stringent set of criteria for acceptance into any particular program.

Mainstream services may not feel accessible for women and children from Indigenous or other communities, without extensive and coordinated program planning and resourcing. Provision of appropriate support for children in rural and remote areas is also an issue of concern. In addition, effective program development includes recognition of children's rights to cultural safety as well as personal safety, therefore programs need to provide an array of complex and varied interventions within an integrated system. Ideally, any coordinated framework meeting all these differing needs would be based on responsiveness to local and diverse community needs and would be implemented from the ground level.

Although the onus is on governments to make therapeutic interventions a priority, the sector also has a responsibility to coordinate and lobby for prioritising of the funding and development of therapeutic programs and interventions. It should be noted that the commitment of key political leaders, combined with the background work of an organised, coordinated and articulate domestic violence support sector was fundamental to the development of the only state-wide children's program in the country, in Tasmania.

Conclusion

The framework which has been outlined here demonstrates the range of service responses which are required if the impacts of violence on children are to be addressed in a meaningful way. Examples of 'good practice' have been developed and, as I have noted, there are many excellent local initiatives in Australia, as well as a state-wide counselling service in Tasmania. However, governments have been slow to resource and coordinate services to ensure that each of the categories of needs outlined above is met by service provision. Most children traumatised by family violence in Australia have no access to support at all. Yet current practice knowledge and research highlights the importance of specific services for children, in recognition of their compelling needs for support and counselling in the face of trauma.

Our knowledge of the serious impacts of violence on children means little, if their needs in this regard are not addressed as a national priority. When this occurs, we will be in a position to talk of effective practice in the provision of services to children exposed to violence.

Table 1: Children's Therapeutic Support Programs on the Good Practice Database

Australian Good Practice Examples	
FVCSS Children's Program	Tasmania
PeekaBoo Club & PARKAS	Victoria
Berry St Young Women's Program	Victoria
Children's Domestic Violence Support Group, Parramatta	NSW
Breaking Free	NSW
Waratah Support Centre	WA
STAR for Children	Victoria

References

2004, 'Point of Contact: Responding to children living with family and domestic violence', Partnerships Against Domestic Violence, Relationships Australia, South Australia; Centre for Gender-Related Violence Studies, UNSW; Family Transitions

Gevers, L & Goddard-Jones, M 2003, 'Working with children and young people living with domestic violence', Partnerships Against Domestic Violence, Office of the Status of Women (Commonwealth) and Gevers Goddard Jones

Humphreys, C 2006, 'Relevant Evidence for Practice', in Stanley, N (ed.), Domestic Violence and Child Protection: Directions For Good Practice, Jessica Kingsley Publishers, London, pp. 19-35

Humphreys, C 2000, From Good Intentions to Good Practice: Mapping services working with families where there is domestic violence, The Policy Press, Bristol

Hyland, L 2005, 'Working With Children', Home Truths, Melbourne, September 15-17, 2004

Laing, L 2000, 'Children, young people and domestic violence', Issues Paper 2, Australian Domestic and Family Violence Clearinghouse, Melbourne

McIntosh, J 2000, 'Thought in the Face of Violence: A Child's Needs', Proceedings of The Way Forward: Children, Young People and Domestic Violence, Melbourne

Tucci, J 2005, 'Safe & Sound', Australian Childhood Foundation, Melbourne

1 This project was funded by the Australian Government's Partnerships Against Domestic Violence Initiative through the Office for Women.