8th September, 09

To House of Representations Standing Committee on Family Community Housing and Youth

fchy.reps@aph.gov.au by October 23

Dear Committee,

Please find attached a submission from the National Council of Single Mothers and their Children to *the Inquiry into the impact of violence on young Australians*.

The submission has been prepared by Principle Policy Advisor Dr Elspeth McInnes AM and addresses the following terms of reference
• perceptions of violence and community safety among young Australians;
• links between illicit drug use, alcohol abuse and violence among young Australians;
• the relationship between bullying and violence on the wellbeing of young Australians;
• social and economic factors that contribute to violence by young Australians; and
• strategies to reduce violence and its impact among young Australians.

NCSMC recommends the following actions:
1. Violence prevention and reduction programs continue to be developed and implemented in schools, workplaces, family support and parenting services and community organisations targeted to age groups, gender groups, cultural and language groups and religious groups.

2. The use of physical assault by parents to control children's behaviour be made illegal and accompanied by a roll-out of universal access to parenting education programs.

3. Family law reform to require decision-makers to place safety as the first and highest value in determining a child's best interests, and a presumption of no contact where there is evidence of a history of family violence and abuse.

4. The voice, experience and perspective of the child and or young person are central to informing policy responses and future planning

5. Therapeutic services to children and young people affected by family violence be significantly expanded with universal access for victims.

6. Establish a University Chair and research program in child trauma

7. Additional support and assistance provided to children and young people affected by family violence to remain connected with their peers, social networks and education.

8. All human service providers working with young people and other vulnerable populations should be required to undertake training in respectful relationships and their responsibilities to support the human rights of the people with whom they work.

NCSMC would be pleased to provide further oral submission if required.

Yours Faithfully

Elspeth McInnes

Dr Elspeth McInnes AM
Principle Policy Advisor

The National Council of Single Mothers and their Children incorporated (NCSMC Inc.) is the peak body actively lobbying for the rights of single mothers and their children Australia wide, and was formed to act as a national voice for the existing network of state based councils in Australia.

NCSMC Aims & Objectives

- To ensure that children of single mothers have a fair start in life;
- To recognise single mothers and their children as a viable and positive family unit;
- To promote the understanding and acceptance of single mothers and their children in the community so that they may be free from prejudice;
- To work for improvements in the social, economic and legal status of single mothers and their children;
- To advocate for the interests of single mother families in the government, legal and community sectors;
- To act as a central focus for those concerned with single mother issues and to facilitate discussion and co-operation between relevant government and non-government agencies;
- To promote and facilitate positive parent/child relationships where appropriate to the safety and well-being of the child;
- To conduct, promote and participate in research on matters affecting single mother headed families;
- To encourage and support existing organisations and the formation of member organisations in any State or Territory in which they do not already exist.

Perceptions of violence and community safety among young Australians;

Young Australians have a high rate of exposure to violence. By far the greatest exposures to violence for children and young people arise from violence within the home. Family violence affects all members of the household in which it occurs (Bancroft and Silverman 2002) and children and young people living in these households are at high risk of traumatisation and developmental of Post Traumatic Stress Disorder (Streeck-Fischer and van der Kolk 2000). Chronic traumatization during the early childhood years affects children's behaviour and ability to learn and increases the risks of social, emotional and physical health problems over their life-span, including, for some children, a propensity to use violence (Perry 1997, 2001).

Research by Indermaur (2001) reports that one in four young people had witnessed violence against their mother by a father or father figure. The distribution of children's exposure to violence is not even across Australian society. Indigenous children, children whose parents had separated and children from low socio-economic backgrounds were more likely to have witnessed violence against their mother by a father or father figure (Indermaur 2001.) Indermaur's research found that 14% of 12-20 year olds living with both parents reported witnessing such violence, compared to 41% where the parents had separated and the child lived with mum and a new partner. Young people living in low socio-economic households were one and a half times more likely to have witnessed violence against their mother. Forty-two percent of Indigenous children had witnessed such violence compared to 23 percent for all respondents.

The Personal Safety Survey (2006) identified that 49% (111,700) of people who had experienced violence by a current partner had children in their care at sometime during the relationship, and an estimated 27% (60,700) said these children had witnessed the violence. Children also experience violence in the womb. 59% (667,900) of women who experienced violence by a previous partner had been pregnant during that relationship; of these 36% (239,800) said violence occurred during pregnancy, and 17% (112,000) experienced violence for the first time when they were pregnant.61% (822,500) of those who experienced violence by a previous partner had children in their care during the relationship and 36% (489,400) said the children had witnessed the violence (ABS 2006, p.11).

The Personal Safety Survey also identified that 10% of women (779,500) and 9.4% of men experienced physical abuse before the age of 15. 12% of women (956,600) and 4.5% (337,400) reported sexual abuse before the age of 15 (ABS 2006,p.12).

Domestic violence has been identified as the single largest contributing factor to illness, injury and premature death amongst Victorian women aged 15 to 45 (Heenan et al 2004). Children experience domestic violence as direct targets of assault; accidental targets of assaults on the mother; being used to distress mother by injuring or threatening the child; or by the perpetrator refusing to allow mother to attend to the child; or by recruiting the child to join in abuse of the mother (Bancroft and Silverman 2002).

Children also experience the loss of a healthy, happy, relaxed mother and have to cope with their mother's illnesses and injuries arising from the violence, her stress and alarm reactions to the violence and her distraction from their needs due to the violence. The family will also often face financial hardship due either to financial abuse of the mother, and/or the perpetrator's incapacity to maintain employment. Children living in violent households also experience the gendered role modelling of men as abusive and women as victims of abuse, raising the risks for them of recreating abusive relationships later in life.

Incest and sexual abuse from fathers, father-figures, other family members, family friends and neighbours is primarily, but not exclusively, a problem for girls, whereas boys are most at risk of sexual violence from those outside the home such as neighbours, family friends and community members whose activity brings them into contact with children (Smallbone and Wortley 2001). Children who experience extra-familial sexual abuse are more likely to have a smaller number of episodes of offending against them, to be believed and to be supported by family members. Child sexual abuse by family members is much more likely to be repetitive, due to ease of access, and the child victim is at much greater risk of being disbelieved or blamed for the abuse (Morris 2003). Child sexual abuse is linked to serious mental health, behavioural and relationship problems in later life (Beitchman et al 1991; Yellowlees and Kaushik 1994;Zlotnick et al 1996). The outcomes for children become more adverse according to the age of onset, frequency, invasiveness and whether the young person was able to get supportive help and stop the abuse.

Children and young people also experience risks of violence outside the home from their neighbourhoods, school communities and at recreation events. Girls tend to experience physical and sexual violence from boyfriends and physical and emotional violence from peer groups. Boys are at greatest risk of physical violence from their peers and older males in neighbourhood and school settings. Many boys living in low socio-economic areas with

perceived high rates of physical violence carry knives or other weapons to protect themselves in the event of an attempted assault.

The General Social Survey (ABS 2007) includes a variable 'victim of physical or threatened violence in the past 12 months' and provides an analysis across a range of different characteristics. According to this data 10.8% of adult Australians have had such an experience. The following table provides frequencies across a range of household and social characteristics.

Table 1 : % victims of physical or threatened violence in the past 12 months. (ABS General Social Survey 2007)

Income Quintiles					
Average	**Lowest**	**2nd lowest**	**3rd**	**4th**	**Highest**
10.8	11.4	9.5	11.0	9.6	12.4

Housing Tenure					
	Owner	**Mortgagee**	**Public Rental**	**Private Rental**	**Other**
Average					
10.8	5.8	10.8	17.9	17.8	13.8

Employment Status				
Average	**Employed Full timeT**	**Employed Part Time**	**Unemployed**	**Retired**
10.8	12.8	9.6	18.4	4.3

Location			
Average	**Cities**	**Inner Regions**	**Other**
10.8	10.3	11.3	12.6

Selected Household types						
Average	**Couple no children U35**	**Couple no Children 65+**	**Couple with Children**	**One Parent with Children**	**Single U35**	**Single 65+**
10.8	11.7	2.9	9.5	25.2	24.5	2.4

One Family Households with Children Under 15				
One Family Average	**Jobless Couple**	**Jobless One Parent**	**Couple with at least one person employed**	**Employed One Parent**
9.6	11.2	42.4	8.7	18.6

The data in Table 1 show that children and adults living in one parent households and who relied on income support payments were at significantly higher risk of physical or threatened violence, reporting exposures four times higher than the national average. Single people under 35 and people living in rental housing were also at relatively higher risk of exposure to violence.

The high exposures to violence for members of one parent families living on low incomes can be linked to a number of factors. The primary contributing factor is where parents have left abusive or violent relationships – estimated to be a factor in around half of all separations where there are dependent children (McInnes 2002). Personal Safety Survey (2006) data indicate that previous partners were the most common source of violence for women (1,135,500 or 15%) since the age of 15. In contrast, 367,300 or 4.9% of men reported experiencing previous partner violence since the age of 15. Examining the most recent experience of physical assault since the age of 15, men were most likely to have been assaulted b y a male stranger (1,488,300 or 71% of men reporting a physical assault), while women who were physically assaulted were most commonly assaulted by a previous partner (674,700 or 44% of women who were physically assaulted) (ABS 2006 P.10).
Mothers who remain on income support have had much higher rates of exposures to violence and consequent mental illness (Taft 2003) compared to those who have been able to support themselves through paid work (Butterworth 2003). Children of these mothers commonly have had to contend with family violence affecting them and their mother, parental separation, housing disruption and an increased risk of homelessness, as well as disrupted education, family court disputes and forced contact with their perpetrator father and exposure to continuing abuse, extreme poverty constraining access to private transport, education, health care, housing, nutrition, recreation AND a mother who is often herself struggling with the mental health legacy of family violence (McInnes 2001). These children and young people have little or no access to emotional, physical and economic safety.

Mothers who leave violent or abusive fathers are commonly forced to have regular interaction with them as part of the contact arrangements for children. Moloney et al (2007) examined what happened in family law cases where violence or abuse was alleged and they identified that the most common orders were for regular unsupervised father-child contact regardless of the severity of violence or the amount of evidence provided. This means that children of violent fathers will ordinarily be required to have a continuing relationship with their perpetrator, thereby exposing them regularly to abusive interactions. This means that separation from a violent parent is not a successful strategy to stop children's exposures to continuing violence under the current family law system.

Another contributing factor is where mothers who have left violent partners enter a new relationship with another man who uses violence. This is not uncommon where girls have grown up in a violent family and misrecognise controlling and abusive interactions as 'love'. Equally, single mothers can be targeted by men when they are seen to be 'unprotected' by another man, and by paedophiles targeting their children.

A further contributing risk of exposure to violence for one parent families is their reduced choice of residence due to their low incomes. Mothers who have before separation relied on the father as the main breadwinner, can find that they have few viable workplace skills and

limited time to engage in paid work due to care demands after separation. With limited resources, mothers are forced to live in areas where they can afford to rent a property and this can mean moving into low-rent neighbourhoods characterised by high crime. Low income earners also have less capacity to build high fences and install security alarms. Low income earners have less access to private transport and a higher reliance on walking and public transport. This means that they are more exposed to acts of violence and crimes on the street. Furthermore, Australia allows parents to physically assault their children in the name of discipline. The use of physical assault by parents to manage children's behaviour models to children that the use of force, including interpersonal violence, is a viable tactic to achieve control.

Young Australians' perceptions of violence and community safety begin from their experiences of home and family. Where home and family have been characterised by physical, sexual and/or emotional abuse, young people are much less likely to feel safe either at home or in their communities.

Links between illicit drug use, alcohol abuse and violence among young Australians;
Engagement in substance abuse is directly and causally correlated with exposures to traumatising events (Chilcoat and Breslau 1998). Victimization by violence increases risks of both addictive behaviours and mental illness (Taft 2003). Physiological responses to trauma range from extreme arousal (fight or flight) to extreme dissociation (Perry 1999). Dissociative responses range from distraction through to compulsive activity – such as gambling, through to daydreaming, 'leaving the body,' forming another identity and fainting. Use of substances is one way to manage anxiety and distress arising from traumatic events. Substance abuse can form part of the dissociation continuum when distressing and intrusive feelings and thoughts are triggered.

Cannabis and alcohol are the most commonly used substances amongst young people. According to Holt (2005), the National Drug Strategy Household Use Survey in 2002 of 14 to 19 year olds found that cannabis was the most widely used illicit drug with 34% of young people who had used cannabis, 8% had used amphetamines, 7% had used ecstasy and 1% had used opiates.

The Australian Clearinghouse for Youth Studies (2006) cites an International Youth Development Study which drew 3000 participants from Victoria. 30.1% of 15-year-old males and 31.1% of 15-year-old females reported binge drinking (having five or more drinks on any one occasion) within the past two weeks.
The use of alcohol is more closely related to violence for young people than cannabis. Use of cannabis has not been identified as contributing to violent behaviour by the user. In contrast, alcohol users, particularly males, are identified as being more prone to use violence when drunk. Drinkers are also more vulnerable to attack, as they are less alert and able to defend themselves.

The use of amphetamines is linked to violent behaviour. Some users become highly irritable and aggressive. 'Crystal meth' users reportedly experience high levels of agitation and may feel compulsively sexual. Scratching of skin, compulsive masturbation and paranoid agitation are some of the observed behaviours associated with this drug. Cocaine use is also

linked to heightened arousal, anxiety and paranoid delusions and outbreaks of violent behaviour. Cocaine is not easily or cheaply available in Australia compared to amphetamines. Ecstasy, heroin and methadone are not linked to violent behaviour by users.

Therefore anti-violence measures should logically target alcohol and amphetamines. Amphetamine is a drug of choice for many young people because it is readily available, cheap, easily hidden and able to be used discreetly in contrast, for example to cannabis which, whilst readily available and cheap, is bulky, smelly to use and attracts the same penalties as more addictive and toxic drugs.

One of the difficulties of drug and alcohol policies is that restricting supply of one drug or form of supply can lead users to change to more harmful substances which may be cheaper or more readily available. The 'alcopop' tax, for example, lead many young people to purchase spirits to mix themselves, rather than use the more expensive, but dosage controlled, pre-mixed drink. Policymakers in this area need to research the views and behaviours of substance abusers to identify the impacts of proposed policies and ensure that the planned policy will not shift users to more harmful behaviour.

The relationship between bullying and violence on the wellbeing of young Australians;
Bullying and violence are common experiences for Australian children, particularly those living in communities with high rates of family violence. The use of violence in the home is a strong predictor of children's persistent use of violence in relationships outside the home. This is because children are regularly exposed to violence as a viable strategy to gain control over others and try these tactics on others. Abused children who become chronically hyper-aroused commonly misperceive threats in others' behaviour and strike or retaliate to protect themselves from these threats (Streeck-Fischer and Van der Kolk 2000). Chronically traumatized children also find it difficult to learn as their brain responses are focused on identifying and surviving threats. These children are at greater risk of being excluded from school as their behavioural problems and learning difficulties lead to suspension, exclusion and expulsion. The age at which children are being excluded from learning and care environments is trending downwards, with pre-schoolers now being excluded from services. Around one in four Australian school students report being bullied at least once a week. Children with disabilities and children from minority cultural and religious backgrounds are more likely to be bullied because they are in some way different from the majority group. Racism, social exclusion, threats and harassment, false rumours, name-calling, physical assault and sexual assault are the range of behaviours children and young people name as bullying behaviours. Cyber-bullying, where targets are attacked online or through their mobile phone, has been an emergent area of bullying behaviour. Bullying has serious adverse effects on victims and can affect their self-esteem and willingness to participate in school and social activities. Depression and anxiety are outcomes of serious and extended bullying. Teachers who use bullying strategies against their students, including name-calling, put-downs, humiliations and public abuse, can also contribute to a culture of bullying at schools. Schools need to implement respectful relationship programs which require all members of the school community, including parents, children and teachers, to conform to respectful conduct expectations.

Social and economic factors that contribute to violence by young Australians;
As previously noted the prevalence of family violence in Australian society is a significant driver of violent behaviour by young Australians. Young people who have grown up being assaulted and verbally abused by their parents bring that behaviour to their peer relationships and wider society.

There are inadequate responses to domestic and family violence. When the police and the legal system do not act effectively to stop the violence and punish the perpetrator, children continue to be exposed to the violence but they also learn that violence within families is not actually regarded as criminal conduct. If the perpetrator is removed and the violence stops, there are minimal therapeutic resources to assist victim mothers and children to recover from domestic violence. Without effective trauma recovery and therapeutic support, the impacts of the violence they have experienced is unmediated as they grow older.

Although there are higher rates of exposures to violence reported in low socio-economic communities, violence can affect all types of family's, there are a number of reasons for this. There is no predictable wealth status of perpetrators of violence, they may be rich or poor. In fact, like crime gangs, violence may be used as a means of enrichment and personal gain. Every target of violence is in some way impoverished by that experience - loss of well-being, self-esteem, a sense of safety, medical costs, loss of learning or earning, legal costs – are all flow-on effects of being a target of violence (McInnes 2001). The impacts of violence are cumulative. The impacts grow exponentially according to the age of onset of violence, the frequency of violence, the severity of violence and the degree of support to achieve safety and recovery.

Children who grow up in violent households are less likely to achieve their full potential at school and in the workplace as adults (Streeck-Fischer and van der Kolk 2000). They are more likely to have poor health. They are more likely to be criminalized. They are more likely to find it difficult to sustain relationships. Increased risks of school failure, imprisonment, mental illness and divorce and separation translate into reduced lifetime earnings and a greater likelihood of living in a low socio-economic area, where others in similar circumstances are also concentrated. When violence is pervasive across the whole community, and the majority of adults and children have experienced repeated violations, as in some Indigenous communities, the capacity for individuals, families and communities to heal and recover is seriously impaired (Atkinson 2002).

Some young Australians from minority groups are at greater risk of racial and cultural vilification, bullying and violence. New arrivals from Africa, Muslims and Indigenous people report being attacked for the colour of their skin, or their beliefs or cultural practices. Children and young people with disabilities face higher rates of bullying based around their difference and their vulnerability. Children and young people with intellectual disabilities and speech impairments are particularly vulnerable as they are less able to speak about what has happened to them, or to take effective action to protect themselves.

Young people are often bullied by authority figures who are able to impose their views or conduct on young people due to their job or social position. Young people from low socio-economic backgrounds, traumatised young people, those from minority cultures and children with disabilities are at increased risk of this type of bullying. Protective factors for children and young people include being a member of the dominant culture and having educated and employed parents who are willing and able to advocate on their behalf. Teachers, Police, juvenile justice system workers, health workers and Centrelink staff are common sources of bullying for young people. Such bullying includes discounting or disbelieving the young person's experiences, providing misinformation or withholding information about the young person's rights and responsibilities, using humiliation and put-downs to describe the young person, wrongfully preventing the young person's access to support, punishing the young person wrongfully or excessively, recording false or misleading information about the young person and imposing unfair conditions on the young person. All human service providers working with young people and other vulnerable populations should be required to undertake training in respectful relationships and their responsibilities to support the human rights of the people with whom they work.

• strategies to reduce violence and its impact among young Australians.

NCSMC considers that violence reduction and prevention should be a national priority. School based programs, such as SOLVING THE JIGSAW http://www.solvingthejigsaw.org.au/school_based_programs.htm which assist young people to talk about what is happening in their lives, connect them with help where needed, and support them to examine and change their own violent behaviour, should be funded across the nation. Programs to support respectful relationships should also be rolled out in workplaces and community centres.

Every school should be resourced with access to a professional with access to expertise in child abuse, family violence, child trauma and recovery.
The use of physical assault by parents to control children's behaviour should be banned. Physical assault is a precursor to injury and death for children whose parents use violence. Sweden's rate of fatal child assault has fallen dramatically since smacking was banned. Smacking bans should be accompanied by a roll-out of universal parenting support programs to enable parents to develop alternative methods of managing their child's behaviour.
All human services providers working with young people and other vulnerable populations should be required to undertake training in respectful relationships and their responsibilities to support the human rights of the people with whom they work.

Violent computer-games which simulate violence to people should be subject to R ratings. Pro-social media production for young people which promote and validate co-operative peaceful social interactions should attract annual awards.
Family violence reduction and prevention should be regarded as the most significant contributor to family well-being alongside basic needs of food, clothing, shelter, health care and education.

The current family law system needs to be changed to support the safety of mothers and children leaving violent and abusive fathers. Current laws provide outcomes of children

being placed in the regular care of their perpetrators of abuse. Mothers are unable to leave violent men because the family law system will require them to place their children alone in the care of these men. The law needs to assert an unequivocal and inescapable commitment to safety. Where there is evidence of a risk of violence or abuse, all decisions should be directed toward preventing the risk of abuse.

Currently there are very few services for children who have experienced serious trauma. State government services for children with mental health and behavioural problems – both of which are consequences of serious traumatisation – are typically over-subscribed, with long waiting lists and a minority of clinical staff have expertise in child trauma. Private services are also scarce, expensive and come with waiting lists. All children who have lived with family violence need access to therapeutic support.

Children's human rights to access safety and therapeutic support need to be protected in law. Currently the family law system can issue orders preventing parents from seeking care for their children in cases where the judge has decided the child has not been abused. Such orders require abused children to be exposed to continuing abuse with no safety and no access to health care.

The Australian Government should, as a matter of urgency, establish a University Chair in child trauma and fund a clinical services and research program to skill Australian health practitioners in responding appropriately to child trauma. The United States has a couple of leading institutions which have developed much of the current knowledge of the neurobiology of child trauma. Australia needs to also develop expertise in this vitally important area for the well-being of young people and Australia's future. These are Dr Bruce Perry's Child Trauma Academy http://www.childtrauma.org/ and Dr Bessell van der Kolk's Trauma Centre http://www.traumacenter.org/
Articles by Dr Bruce Perry can be found at the following website
http://www.traumacentral.net/TC_brucedperry.htm
Articles by Dr Bessel Van Der Kolk can be found at the following website
http://www.traumacentral.net/TC_Bessel_van_der_Kolk.htm
Once policy-makers comprehend the significance of exposures to traumatizing violence in childhood we create the possibility that anti-violence measures might become a national priority.

References

Atkinson, Judy (2002) *Trauma Trails, recreating song lines: the transgenerational effects of trauma in Indigenous Australia* North Melbourne, Spinifex Press.

Australian Bureau of Statistics, (2006) *Personal Safety Survey*, Catalogue Number 4906.0, Canberra, AGPS.

Australian Bureau of Statistics, (2007) *General Social Survey Australia*, Catalogue Number 4155.0, Canberra, AGPS.

Australian Clearinghouse for Youth Studies 2006*, Underage Aussies Drink More than their US Counterparts,* ACYS University of Tasmania, Hobart. Viewed 26 August 2009.

http://www.acys.info/youth_facts_and_stats/drugs2/alcohol2/2001-2007/1

Bancroft, L. and Silverman J. (2002) '*The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics'* London, Sage.

Beitchman, J. H., Zucker, K. J., Hood, J. E., da Costa, G. A. and Akman, D. (1991) 'A review of the short-term effects of child sexual abuse', *Child Abuse and Neglect*, vol. 15, pp. 537 - 556.

Butterworth, P. 2003 'Multiple and Severe Disadvantage among Lone Mothers Receiving Income Support', *Family Matters* No. 64, Autumn pp. 22-29.

Chilcoat, H. and Breslau, N., (1998)   'Investigations of Causal Pathways between PTSD and Drug Use Disorders', *Addictive Behaviours*, 23 (6): 827-840.

Heenan, M., Astbury, J. Vos, T., Magnus, A. and Piers, L. (2004*), The Health Costs of Violence: Measuring the Burden if disease caused by Intimate Partner Violence*, VicHealth, Victoria Department of Human Services*,* Melbourne.

Holt, M 2005 Young People and Illicit Drug Use in Australia, Social Research Issues Paper Number 3,National Centre HIV Social Research, UNSW, Sydney, February.

Indermaur, D., (2001) Young *Australians and Domestic Violence*, Trends and Issues Paper No. 195, Canberra, Australian Institute of Criminology.

McInnes, E., (2001) '*Public Policy and Private Lives: Single Mothers, Social Policy and Gendered Violence'*, Thesis Collection, Flinders University of SA. McInnes, E., (2002) Single Mothers, Social Policy and Gendered Violence, *Women against Violence,* Issue 13, pp. 18-24.

Moloney, L., Smyth, B., Weston, R., Richardson, N., Qu, L., and Gray, M., (2007), *Allegations of Family Violence and Child Abuse in Family Law Children's Proceedings*, Research Report No. 15, Melbourne, Australian Institute of Family Studies.

Morris, A. (2003) The mother of the victim as potential supporter and protector: Considerations and challenges. Paper presented at *Child Sexual Abuse: Justice response or alternative resolution* Conference Australian Institute of Criminology, Adelaide May 1-2.

Perry, B., (1997) 'Incubated in Terror: Neurodevelopmental factors in the 'cycle of violence'', in J. Osofsky, (ed.) Children *in a Violent Society*, New York, Guildford.

Perry B 1999 *Memories of Fear: How the Brain Stores and retrieves Physiologic States, Feelings, Behaviors and Thoughts from Traumatic Events* The Child Trauma Academy From a chapter originally appearing in "Splintered Reflections: Images of the Body in Trauma" (Edited by J. Goodwin and R. Attias) Basic Books.

Perry, B. (2001) 'The neurodevelopmental impact of violence in childhood', in D. Schetky and E. Benedek, *Textbook of Child and Adolescent Forensic Psychiatry*, American Psychiatric Press, Washington, pp. 221-238.

Slee, P. (2006) *Bullying Prevention and Intervention Programs in Australia: A Community Approach*, Paper presented at the 17th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions.

Smallbone, S. and Wortley, R., (2001) *Child Sexual Abuse: Offender Characteristics and Modus Operandi*, Trends and Issues in Crime and Criminal Justice Paper No. 193, Canberra, Australian Institute of Criminology.

Streeck-Fischer, Andrew, and Van der Kolk, Bessell. (2000). Down will come baby, cradle and all: Diagnostic and Therapeutic Implications of trauma on child development. *Australian and New Zealand Journal of Psychiatry,* 34 (6): 903-18.

Taft, A. (2003) *Promoting Women's Mental Health: The Challenges of Intimate/Domestic Violence Against Women*, Issues Paper No. 8, Australian Domestic and Family Violence Clearinghouse, Sydney, UNSW.

Yellowlees, P. and Kaushik, A., (1994) 'A case-control study of the sequelae of childhood sexual assault in adult psychiatric patients', *Medical Journal of Australia,* 160 (4): 408-411.

Zlotnick, C., Zakriski, A., Shea, M., Costello, E., Begin, A., Pearlstein, T., and Simpson, E., (1996) 'The Long-Term Sequelae of Sexual Abuse: Support for a Complex Post-traumatic Stress Disorder', *Journal of Traumatic Stress,* 9 (2):195-213.