

Written Submission by Multicultural Youth South Australia Inc (MYSA)

In response to the call for written submissions by the National Children's Commissioner

May 2017

ATT: Megan Mitchell
National Children's Commissioner

Email submission: kids@humanrights.gov.au

About MYSA

Multicultural Youth South Australia Inc (MYSA) is the state representative advisory, advocacy and service delivery body for multicultural young people aged between 10 and 30 years, the only youth-specific multicultural agency in South Australia, and one of two leading youth-specific agencies in the country. MYSA is a multi-award winning youth service provider which is recognised locally and nationally for its leadership on youth issues.

MYSA has extensive experience in working with youth with high and complex needs from refugee, migrant and Aboriginal backgrounds, with a particular focus on those aged between 10 and 18 years and those experiencing multi-pronged disadvantage. Approximately 4000 young people access MYSA's services each year, including a significant proportion who experience unplanned teenage pregnancies and are in highly at-risk parenting situations.

MYSA's work with young people and families is informed by up-to-date research and needs analyses in keeping with its commitment to evidence based practice and continuous service improvement. Over the last 12 years, MYSA has partnered the three main universities in South Australia as well as universities in other states on a number of research projects seeking to improve understanding on the issues affecting young people and families. For example, MYSA is currently working in partnership with the University of South Australia on a project which is exploring the nature of intimate partner violence (IPV) among female refugee adolescents living in South Australia (outlined below).

This submission will outline the current issues facing MYSA's young parents with a particular focus on the issues faced by young women with children experiencing IPV. The submission will provide recommendations for interventions to decrease the risk profile and trajectory of young parents and young parents to be in violent relationships and their children from refugee backgrounds.

About the young people we support

Young people from culturally and linguistically diverse (CALD) backgrounds comprise approximately 30 percent of the youth population of South Australia, and of these, many are refugees or migrants, or the children of refugees or migrants. Young refugees are an important subgroup within the broader CALD population who have experienced certain conditions and circumstances that are known to increase the risk of vulnerability. All have been forced to leave their countries, leaving behind family, friends, and belongings and many have endured additional losses and trauma.

The process of cultural transition and resettlement brings with it additional difficulties including missing family and friends left behind; homesickness, difficulty understanding Australian culture and systems; school adjustment problems, often in a context of disrupted education; few friends, lack of peer acceptance, lack of a supportive network, and low social participation. Many have also experienced major changes in their family roles, responsibilities, and expectations with migration. Young people in the early stages of resettlement, and those from cultures significantly different to that of Australia, are often disproportionately affected.

Issues facing young parents from refugee backgrounds

MYSA has seen an increase in teenage pregnancy and early parenthood in recent years. Nearly all of these pregnancies and births are unplanned and occur outside of stable relationships. This issue is common at the national level. Some young women are being manipulated or forced to become pregnant by partners as a form of control and are then later abandoned and left to raise the children alone.

Young parents, particularly teenage parents, often lack the skills to adequately care for their children, with harmful parenting practices being passed down to the new generation of young parents. Many young parents have grown up in refugee camps with no positive parenting role models on which to base their own parenting. In some cases this is resulting in child abuse including violence, neglect and emotional abuse (e.g., physically and emotionally abusing children, not preparing nutritious meals, not dressing children appropriately for the weather, leaving them unattended and living in households that are not clean). The long-term consequences of child abuse and neglect are well documented.

About IPV in refugee youth relationships

The effects of Intimate Partner Violence (IPV) on refugee women in general, and adolescent girls in particular, have been slow to gain recognition as a policy and service delivery concern. In order to effectively plan for the needs of adolescents, policymakers, service planners, program managers, and service providers need a clear understanding of their experiences including their help-seeking patterns. Very little is known about how IPV is experienced by adolescent girls, particularly those from refugee communities. Presently national and international research on IPV focuses on adult women in the general population, often neglecting women from refugee and migrant backgrounds and excluding adolescents entirely.

Currently, domestic violence (DV) policy focuses exclusive attention on the needs of adults. Policy and associated funding allocations assume that IPV is an adult-only issue. For example, the National Plan to Reduce Violence against Women and their Children 2010 – 2022 and the 3rd action plan only consider minors in terms of being the children of women who experience violence. At the program level, IPV support for minors is currently non-existent. They cannot access DV services established for the general population or multicultural communities until they reach 18 years of age. This is despite the fact that the legal age of consent for sexual intercourse is 17 years of age. This service gap places young women and their children at considerable risk as they are unable to access supports.

In recent years, MYSA has seen a spike in the number of refugee adolescent girls and adolescent mothers experiencing IPV. In 2014-15, 85% of MYSA's female clients reported being in a violent relationship at some point in their lives and of these, 65% were minors who were exposed to violence from older partners. In response to this issue, MYSA commissioned the University of South Australia to undertake research into some of the key emerging issues affecting refugee minors in violent intimate relationships.

Preliminary findings of the study:

- IPV starts young, as young as 12 years of age, and the partners are generally much older than the minors (19-25 years)
- Most minors do not know about the cycle of violence because they were excluded from culturally distributed forms of knowledge that their Australian-born peers take for granted
- Many adolescents see IPV as confined to physical violence, for example, rape is not seen as IPV
- The violence experienced by minors is as serious as anything seen in the adult community
- Violence takes the form of:
 - Punching
 - Kicking
 - Slapping
 - Choking
 - Stomping on faces
 - Threatening with knives
 - Slamming girls against walls and floors
 - Dragging girls across floors
 - Reproductive violence (forcing girls to become pregnant)
 - Beatings while pregnant
- Many reported being hospitalised as a result of the violence
- Many were pregnant at the time of the violence
- Most reported that IPV is widespread in their communities – men were said to reproduce the violence they had observed in the family and broader community
- Many reported that IPV is linked to culture and religion, in particular the male’s “right” as the “head of the home” (or relationship) to “discipline” and “correct” women
- As with adult women, a desire for total control was said to be the main reason for the violence
- Some minors move from one violent relationship to the next
- Sometimes alcohol and other drugs (ice) are involved but not generally
- Many had left home due to violence and other problems in the family – many were homeless. In these cases, male partners become the replacement family so the loss of a partner (by leaving him or through his arrest or imprisonment) means the loss of all family
- Some minors are in family and culturally endorsed relationships with much older men, creating statutory rape situations (with legal implications). These adolescents are forced to keep their relationships with older men a secret from support services due to their status as minors
- Some young women are in forced marriages and cannot go home because their parents/caregivers have accepted a dowry for them
- Young girls are particularly vulnerable because they are easily manipulated into controlling relationships
- The young women often become pregnant, placing the unborn child at risk and attracting attention from child protection authorities
- If young pregnant women and mothers turn to the police or other support services for help, they are reported to child protection authorities and their children are often removed (everyone in the study had their children removed)
- Hospitals that try to intervene in the violence (by reporting it) are avoided by young mothers, which means neither they nor their unborn children get the health checks and treatment they need
- Leaving a violent relationship does not just mean leaving the man, it can also mean leaving all support systems that support the relationship

- Community elders and leaders are not aware of the extent of the problem because adolescents do not trust them enough to tell them
- In many communities, the elders pass the management of IPV to older women. These women often advise girls to return to violent relationships. They also advise girls about what they (not the men) need to do in order to make the violence stop (“obey him, he is your leader”)

Findings from the research also illustrate that this is not just a “DV problem”; there are flow on effects for children and families. Without exception, every young mother who participated in the research had her children removed for no other reason than remaining in a violent relationship, sometimes with a GOM18 order i.e., where the child is placed under the Guardianship of the Minister (Department for Child Protection) until he/she reaches the age of 18 years. Most of the young mothers received no support for the abuse and their children were removed without them understanding the process or implications.

Although the legal age of consent for sexual intercourse is 17 years of age, young women cannot access DV services established for the general population or CALD communities until they reach 18 years of age. Even if this were not the case, however, DV services do not have the skills, knowledge or experience to respond to the unique needs of minors, particularly those with high and complex needs. They work within adult-focussed models that have little relevance or applicability to adolescents.

What is needed?

In order to decrease the risk profile and trajectory of young parents and young parents to be in violent relationships and their children, minors need to be included in DV policy in their own right. Currently, DV policy focuses exclusive or near exclusive attention on the needs of adults. Policy and associated funding allocations assume that IPV is an adult-only issue. For example, the National Plan to Reduce Violence against Women and their Children 2010 – 2022 and the 2nd action plan only consider adolescents in terms of being the children of adult women who experience violence.

Yet while including minors in policy will be effective in raising awareness of their distinct needs, it will not improve service access issues unless it is accompanied by adequate resources to facilitate implementation. Service provision to minors in IPV relationships is currently non-existent. The only services minors are receiving have a child protection focus i.e., they treat the young women as children who need to be protected, and even then they do not intervene (except to remove their children) because they are already over-stretched and under-resourced. As IPV is not a child protection issue, a child protection response is not appropriate. Moreover, making the issue about child protection instead of IPV risks driving young mothers underground to protect their children, putting themselves and their children at greater risk.

Although adult services could be asked to relax their eligibility criteria to allow access to minors, they work within adult-focussed service models which would not be appropriate for this population group. Minors have different needs due to their relative cognitive, psychological, and social immaturity; their limited capacity to understand the consequences of their relationship choices; their unequal power position relative to the men in their lives and; their lack of access to youth-appropriate support services.

While it is often assumed that the best way to support young people is to build the capacity of their broader communities to effectively support them, the results of this and other research suggest that this is unlikely to be effective because many young people are disengaged from their communities, and of those who are not, most do not trust community members enough to disclose what is happening in their lives.

In light of the above, it is recommended that a fully resourced, youth-specific early intervention and prevention program be developed and trialled in partnership with young people, including young parents, affected by IPV, including perpetrators. The complex issues facing this population group require a multidimensional approach focussing on:

- Education and intervention for minors, with a focus on understanding IPV – its nature, causes and effects, Australian laws in relation to statutory rape and IPV, safety planning, consequences for young mothers with children, legal and other remedies, help-seeking, and individual capacity building
- Education and intervention for young perpetrators to help them stop violence and abuse, with a focus on Australian laws in relation to IPV and statutory rape, role modelling, anger management, maintaining respectful and healthy relationships, and help-seeking
- Community awareness raising in partnership with community leaders and members
- Sector development and training to build the capacity of mainstream services (and multicultural services which focus exclusive or near exclusive attention on adults) to respond to the needs of minors

MYSA welcomes this investigation focusing on young parents and their children and appreciates the opportunity to provide comment.

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