

# The Deli Women & Children's Centre Inc.

*Family Support ~ Serving the Community Since 1979*

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## **Australian Human Rights Commission: Examination of children affected by family and domestic violence**

This submission is made by The Deli Women & Children's Centre.

The Deli Women and Children's Centre is a trauma informed family support service, specialising in domestic violence service provision. We provide counselling, casework, groups and family support services to women and children, particularly those who have experienced domestic violence. We also provide parenting support and programs to families, including supported playgroups for children 0-5 years.

In this submission we will respond to Questions 4, 5 and 6, on the experiences of children and families who have been impacted by domestic and family violence. We apologise for the brevity of our responses, due to time and staff resource issues, but we wanted to share the most significant of our ideas.

- 4 What are the outcomes for children engaging with services, programs and support?

Our service offers playgroups, parenting programs and support, and some group programs for children, usually with their parents participating. We also host a therapist working under the ATAPS for Kids program managed by Medicare Local.

Children usually attend our services as a result of their mothers seeking assistance with child behavioural issues. Where possible, we try to support the children by supporting and educating the mother, so she is in a better position to protect and support her children. In certain cases, women are in the depths of their own trauma as survivors of domestic violence and are struggling to cope. These families are referred to the child therapist for individual support of the mother and child.

In general terms, families report that the parenting support and programs greatly assist mothers in understanding their child's behaviour and the impact of domestic violence on children, which then informs their relationship with their children. In cases where the children are clearly suffering, we refer the family to the child therapist. Families engaging with this service report positive outcomes as the child receives support and structured therapy depending on their current circumstances, in conjunction with the mother's involvement in the process. Clients report that their children become more resilient and able to cope with their home situations and behavioural issues decrease as a result of this engagement. Often the mothers will engage simultaneously with our domestic violence Counsellors to undertake their own therapy alongside this process.

5 What are the outcomes for children of public policy approaches and educational campaigns targeting family and domestic violence?

In our area, public health services that provide services to children, particularly mental health services both within the mental health unit and child protection unit of the local hospital district, have a policy not to provide services to children who are currently living in a domestic violence environment. The premise behind this policy is that it is not appropriate to explore the child's experience during the abuse experience, then send them back into the abusive environment. Local NGO services have been criticised by health services for delivering programs such as Protective Behaviours as health staff believe this program places the responsibility for safety on the child and their belief is that children should be unsupported at this time and deal with the impact of the trauma when they are adults.

It is our view that children need to be offered some support while they are experiencing trauma and that their mother is often unable to be fully present in this sense when she is the direct target of domestic violence. We believe that carefully structured support for these children is important, not necessarily to unpack their trauma experience, but to allow them some outlet for the stress and other impacts they may be experiencing. This may be through programs like Safe From the Start or Protective Behaviours, which seek to give children the language to speak about what they are feeling and identify trusted adults they may be able to speak to; or alternatively a variety of art or play therapies to allow them to expressively de-stress in a safe place. The effects of living in a traumatic and highly stressed environment can have far reaching impacts on children and this risk needs to be mitigated as much as possible in safe ways, to help them avoid long term health and social issues.

With regard to educational campaigns, our service has been involved in the delivery of the Love Bites respectful relationship program at local high schools for some years. This program is very effective in not only educating young people about domestic violence and sexual assault, but also demonstrating what respectful relationships look like. Students eagerly participate in the program and schools often report changes in the culture of the school over time, regarding the use of violence and bullying in the school, after several years of participation. Evaluations and student disclosures reveal that many young people are living with domestic violence in the home and express relief at the issue being opened for discussion. They report that we have just described their lives at home at the end of the one day workshop. Some young people are unable to remain for the duration due to the seriousness and recency of their experiences. These programs seem to provide positive outcomes for young people in terms of understanding these issues, knowing how to have a healthy relationship, being assertive in conducting healthy relationships and knowing where to go for help if necessary.

6 What are the surveillance and data gaps/needs in relation to children affected by family and domestic violence?

Recent Australian Early Development Index data for our area indicates issues with social and emotional development for children. Local schools also report issues with children starting school without relevant health checks and being unprepared to start school. This is particularly an issue with CALD families. These are the types of issues that are exacerbated by domestic violence. Often, due to social isolation, mothers are

prevented from taking their children for usual health checks, or in cases of CALD families, information is withheld from the mothers, including health information for families.

Given the public health services policy and in general the lack of sufficient resources to meet demand, there is a lack of adequate support services for children and families experiencing domestic violence. The public health system is overwhelmed and their criteria exclude many families as discussed. Alternative services are few and this leaves many children unsupported. Services such as ours are experiencing increasing demand, particularly further to NSW Government reforms implemented in late 2014, and have received no additional funding to increase our capacity to respond to this demand. There is a desperate need to adequately resource services to meet the needs of their local community. We are the only domestic violence specialist family support service over two large local government areas and we operate a unique holistic model that provides great benefits for families in particular.

It is anticipated that many submissions will be received detailing responses to these and the other questions. It is hoped that the information provided in this submission is useful to inform your report. Please contact the author should you require more detail or further information.



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