Examination of children affected by family and domestic violence

Submission made to the National Children's Commissioner of the Australian Human Rights Commission

June 2015

The work of Relationships Australia New South Wales

Relationships Australia is a federated, community-based, not-for-profit organisation with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. Relationships Australia provides a range of family support services to Australian families, including counselling, dispute resolution, children's services and relationship and professional education. We aim to support all people in Australia to achieve positive and respectful relationships. We also believe that people have the capacity to change their behaviour and how they relate to others.

Relationships Australia has been a provider of family relationships support services for more than 60 years. Our State and Territory organisations, along with our consortium partners, operate around one third of the 65 Family Relationship Centres across the country. In New South Wales, Relationships Australia has more than 400 staff in 30 locations across the state. The core of our work centres on family relationships. This involves working with individual family members, couples and family groups. We provide services which respect differences and are socially inclusive, recognizing that individuals' backgrounds, values,

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family circumstances and connections are very diverse. These services draw on expertise in counselling, mediation and dispute resolution, relationship education, and information and referral. More broadly Relationships Australia NSW works to strengthen community connections which sustain positive relationships. We advance knowledge and professional practice through accredited education programs and research. Our endeavours are supported by strong collaboration within the national Relationships Australia network and with other partners.

Relationships Australia believes that violence, coercion, control and inequality are unacceptable in family relationships. We respect the rights of all people, in all their diversity, to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. These principles underpin our work. Relationships Australia supports integrated cross sector, multi-disciplinary responses to family and domestic violence which focus foremost on the safety of the victim. Violence in the family is a human rights issue and Relationships Australia supports a legal framework to respond to inequality, coercion and control, and the use of violence in families.

This submission has been prepared by Relationships Australia New South Wales (RANSW). RANSW developed and facilitated Taking Responsibility, a Men's Behaviour Change Program, over the past twenty years. Taking Responsibility is one of the leading programs in this state, with robust referral pathways in place via judges and magistrates, police professionals, family law professionals, and clinical service providers. Significantly, a large proportion of our clients self-direct to this program, and our clients are therefore made up of both voluntary and mandated clients. The program is guided by nearly ten years of research based evaluations, and this activity has helped us develop the clinical objectives and expertise for our Family Safety Programs. The men's program is one part of a multi-faceted response, thus complemented by counselling, individual support, and two aligned group programs which target the women and children affected by family and domestic violence, these are: Women, Choice and Change and Kidspace. Through publishing our research findings, we have increasingly contributed to what is known about responses to family and domestic violence at both a sector and an academic level, both in Australia and internationally.

In preparing this submission we focus on findings from our New South Wales based research projects, and, where relevant, findings from our state and national partners. Additional information has been drawn from our experiences in reviewing research based reports, gathering client data, and information from clinicians who provide extensive feedback at research forums, and help to verify findings and generate recommendations. In what follows, we address each of the six key questions posed by the National Children's Commissioner for the Sydney Roundtable event, in May 2015, with a focus on recurring themes discussed at that event.

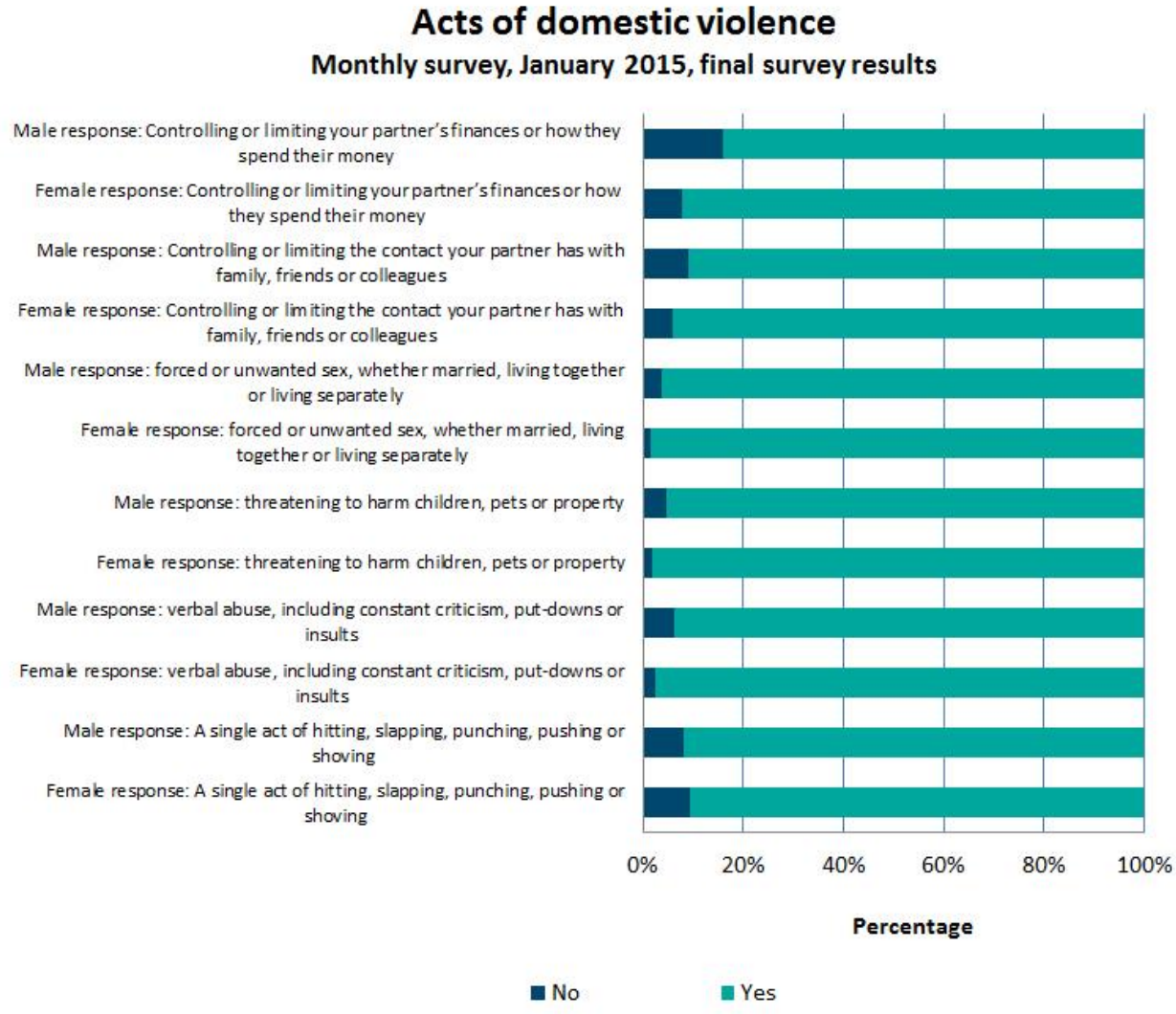
What is family violence and who is affected?

This section explores the definitional issues relating to family violence and how these affect reporting and help-seeking by clients, not least the particular challenges associated with undertaking effective client screening for domestic and family violence. Significantly, ongoing workforce and program development are recommended to address some of the definitional issues which potentially affect the tone and style of service provision, and as such we highlight the importance of the focus on staff perceptions and attitudes towards domestic and family violence, particularly the role of gender. Finally, we complement the extensive evidence for the detrimental impact of family violence on children with information drawn from a recent secondary analysis of our clients' interview data.

1. What are the definitional issues in relation to family and domestic violence affecting children?

While there are a number of definitions for domestic violence, a common theme is the importance of emphasizing the various types of violence and abuse, and that a focus on physical assault is inadequate. Indeed, screening tools and surveys designed to ascertain the type and degree of abuse incorporate a wide range of behaviours including: psychological, verbal, financial, and sexual abuse (Thompson, Basile, Hertz & Sitterle 2006; Laing 2003), as well as a range of behaviours which seek to intimidate and isolate the victim, such as, threatening suicide, assaulting the family pet, and harassment (Strauchler et al. 2004). Domestic violence is complex, as is the aetiology of this behaviour.

Of particular concern is the effect that community members hold, and the criteria individuals use in defining what constitutes domestic violence (Relationships Australia, 2015). For example, a 2014 Australian study found that acts of physical abuse, sexual assault and verbal threats towards one's partner or child were identified as family or domestic violence by over 96% of respondents. Only 64% of respondents, however, recognised other common attempts to establish power and control over a partner or family member as domestic violence. These forms of control include monitoring a partners' communication or extreme financial restrictions (Anglicare WA, 2014). In light of this, Relationships Australia conducted a web-based survey in January 2015. The aim was to find out whether visitors to the website consider a broad range of behaviours to be acts of domestic violence. The graph below shows the level of agreement that respondents indicated towards the six key concepts of domestic violence.



More than 2,100 people responded to the online survey throughout January 2015. Around three-quarters of the survey respondents identified as female, and more than 90% were aged between 20-59 years, while almost 43% comprised women between 30-49 years (inclusive). There was a high degree of agreement to the survey questions, with 84-98% agreeing that they considered the six identified behaviours to be acts of domestic violence. In five of the six questions, however, women were more likely than men to indicate that they thought the behaviour an act of domestic violence. Just over 90% of men and women agreed that a single act of hitting, slapping, punching, pushing or shoving was domestic violence, while more women (94%) than men (91%) thought that controlling or limiting the contact your partner has with family, friends or colleagues was domestic violence. Almost all women (98%) reported that they considered verbal abuse, threatening to harm children, pets or property, and forced or unwanted sex to be acts of domestic violence. Men also reported high levels of agreement to these three questions (94-96%), but at lower rates than women. Male and female respondents were less likely to agree when asked whether controlling or limiting your partner's finances or how they spend their money was an act of domestic violence. While around 92% of women thought financial abuse constitutes domestic violence, only 84% of men agreed, the lowest level of agreement recorded for the six survey questions.

Once clients enter the service setting, definitions potentially affect the direction and tone of the clinical work. As such, mandatory staff training is required to ensure that clinical and intake professionals do not harbour inaccurate perceptions of domestic violence which affect their role in helping victims/survivors who enter relationships services. For example, an Australian report found that a poor response to domestic violence not only leads to inadequate support for affected clients, but can exacerbate the their distress, or worse, put them at greater risk (Seeley & Plunkett, 2011). Further, definitional differences, or inconsistencies, tend to negatively affect the collaborative practice of professionals working across agencies and services (Dobinson and Gray, forthcoming).

Definitional barriers can also impact on client access to targeted programs. For example, terms used to describe violence and abuse can be perceived as stigmatising and clients report a sense of shame at program titles or terms used in therapy (Gray, Lewis, Mokany, O'Neill, 2014). Another primary challenge is that some definitions exclude or obfuscate key

issues, for example "domestic violence" fails to account for gender based dynamics. And while the term "family violence" is inclusive of children's experiences, and arguably more appropriate for Aboriginal client communities, it hinders clients who are not parents from accessing targeted programs. We use definitions sparingly so as not to mislead or put-off potential clients. To this end, clinical staff at RANSW undertake pre-program screening to prevent clients accessing inappropriate groups, such as Managing Anger, which is not appropriate for addressing domestic and family violence issues.

2. Who is involved in family and domestic violence events?

International studies reveal domestic violence to be a prevalent issue in numerous populations and cultures (World Health Organisation, 2005). However, unless a client has been referred to our service due to family safety issues, and flagged as such, ascertaining who is involved in family and domestic violence events requires ongoing and multifaceted screening (Caplan, Gray, Codrington and Douglas, 2014). Screening for domestic and family violence is hampered by the clients' lack of knowledge as to what it is. An entry level process of psycho-education is required to facilitate clients understanding of the nature of family and domestic violence and how it affects them (Caplan, Gray, Codrington and Douglas, 2014; Gray, Broady, Gaffney and Lewis, forthcoming). Therefore, knowing exactly who is affected by family and domestic violence is hindered by a lack of knowledge, and a lack of willingness to admit that they are the victim or perpetrator of violence and abuse.

Internal surveys and case study evaluation suggest that between 40-70% of our clients are affected (Relationships Australia 2015). Given that a large proportion of clients accessing targeted programs are parents, it is sensible to assume that many children are affected by family and domestic violence, whether through exposure to parental and family violence or as direct victims themselves. Indeed, the majority of participants in our research based evaluation of Taking Responsibility identified as parents, and this is consistent with intake data drawn from our client information system (Gray, Broady, Gaffney and Lewis, 2014).

Targeted research conducted by Relationships Australia organisations adheres to longstanding recommendations made by the broader research field, that overcoming domestic and family violence requires both prevention and response programs. In research

that examined Australian cases in relation to family law proceedings (Harris Johnson 2005), men who use violence and abuse have been shown to harbor certain attitudes towards their former partners and children, including a sense of ownership or an entitlement to visit them on their own terms (see also MacKenzie & Woodlock 2012). Indeed, in cases where fathers are perpetrators of filicide, it is commonly believed that these men used violence against the children in order to cause harm to the mother or gain revenge for initiating the separation (Harris Johson 2005). As such, the need to engage with both the people affected by domestic violence, and the men who use violence, has become increasingly recognized (Campbell, Neil, Jaffe, & Kelly, 2010; Day, O'Leary, Chung & Justo 2009).

Other research indicates that the majority of post-separation parenting disputes involve family violence, and that many of these cases undergo Family Dispute Resolution (FDR). There is a danger, then, that victims/survivors of violence are at risk of being exposed to safety risks during FDR and may be intimidated into accepting parenting agreements that are unsafe and unworkable, both for themselves and their children (Cleak, Schofield and Bickerdike, 2014). Given the prevalence of domestic and family violence, however, screening out all of these cases would be unfeasible. In our experience as a service provider, Relationships Australia NSW continues to see some cases involving family violence undergoing FDR. These cases are complex, and we have initiated review projects focused on exploring the best ways to meet these clients' needs (Wheeler, Gray and Hewlett, forthcoming; Dobinson and Gray, forthcoming). Indeed, systematic review of available research literature is required periodically so that service providers can stay abreast of the information on best practice to improve our own service delivery, and prevent unnecessary threats to women and children. Findings from our recent literature review indicate that while there is agreement on several aspects of the provision of FDR in these cases—such as the importance of a collaborative, interagency approach; the need for specialist screening and risk assessment; and the use of safety measures to address power imbalances—there remain numerous hurdles that prevent best practice from being implemented effectively. These include: disagreement about which mediation style to employ; differing approaches between professional backgrounds; and a lack of adequate funding (see Dobinson and Gray, forthcoming). More research is needed to generate new collaborative models to overcome these barriers.

3. What are the impacts on children of domestic and family violence?

Alongside the widely reported detrimental impacts of domestic violence for women themselves, further implications exist for any children in their care. Women who have experienced domestic violence are at a heightened risk of decreased parenting sensitivity, particularly in light of mental health concerns related to domestic violence. The risk of maladaptive parenting is just one example of many potential impacts children may experience through living in the context of violence – including becoming a victim of violence themselves, and a range of social, emotional, and behavioural problems. Children can also come to believe that violence is acceptable within the family unit, which is a particularly strong predictor of their own behaviour in adult relationships and can perpetuate an intergenerational cycle of violence and abuse (see Broady, Gray, Gaffney and Lewis, 2015). Recent research conducted by RANSW highlights the importance of father-child relationships in helping men realise the need to change their behaviour within the family unit. Participants reported that through participating in the Taking Responsibility program, they had come to realise the impact that their behaviour had had on their children. Several men had previously believed that their partners were the only victims of their violent behaviour, but had come to realise that their children were also impacted, often blaming themselves for the conflict witnesses between their parents. The realisation of the example that was being set was identified as a strong motivator for changing patterns of behaviour (Broady, Gray, Gaffney & Lewis, 2015).

Given that an emerging body of work has shown domestic violence to be associated with cases of filicide, particularly where the man who uses violence has a history of depression, or undergoing separation with the other parent (MacKenzie & Woodlock, 2012; Harris Johnson, 2005), programs which address family violence in the post separation sector have the potential to make a significant impact on the risks to affected children. In men's behaviour change programs it is common for services to incorporate telephone follow up with the clients' partners and former partners. Women and children affected by domestic violence are also encouraged to attend counselling and survivor groups. These programs sit within a number of complementary strategies including legal interventions and community awareness programs. Working with men who use violence and abuse in their interpersonal

and family relationships, however, is a contentious area. Such programs have been criticized because the resources required lead to the re-direction of much needed funds from services that support victims and survivors of violence and abuse (Justo, Lucas, Salazzo & McCartney, 2009). These services, however, aim to prioritise the safety of women and children involved, and maintain contact with them both during and after the program has finished. As such, they are understood as vital for increasing access to ongoing help and interventions as they are required. Indeed, some commentators have argued that even in situations where change has not occurred, behaviour change programs increases the visibility of at risk women and children through connections made and referrals offered providing a greater level of surveillance on the man's behaviour and a greater level of safety for the affected women and children (Scott 2004).

What are the outcomes and data gaps for children affected by family violence?

The focus of this section is on the challenges that clinicians and researchers face in gathering data about children. This includes primary data provided by children, secondary data provided about them but by their parents, and narratives and surveys at long term follow up. Young people are considered particularly vulnerable as research participants and require specific ethical considerations during evaluation design. While there are significant gaps in our knowledge about the impact of interventions on our child-clients, our findings hint at their outcomes. For example, men who have participated in our qualitative studies tend to place high value on their role as fathers, and this has the potential for improving their relationship with their children, and ultimately the wellbeing of their family.

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

At present, it is difficult to know the direct outcomes for children-clients. This is due to a range of reasons: a) children are not the direct clients and are recruited to our services via their parents and carers; b) empirical, longitudinal outcomes studies are a challenge as recruitment to studies is hindered by ethical concerns, such as the need to avoid coercive sampling dynamics; c) follow up surveys with parents, which would provide secondary

information about children's outcomes, is difficult to collect due high rates of attrition from longer term research projects, and the likelihood that parents give an overly positive account due to their awareness of RANSW as mandatory reporters or working in a family law context.

Direct service provision with children is currently undertaken in large groups in school or sports contexts. This setting does not lend itself to surveying at pre, post and follow up time points. Thus, to better understand the impact of our services on children we need to undertake research in contexts where direct services are provided to children. Attention should also be given to the complex human research ethics considerations. At present, we tend to explore outcomes for children through secondary measures via research with their parents and carers, and worker observation methods.

Reports from men who have completed the Taking Responsibility program suggest that their children become secondary beneficiaries of this intervention. Our research strongly indicates that the most personally meaningful changes the men had made, and those that they were most proud of, related to improved relationships with their own children. Further, those men who had experienced forced separation from their children (either due to separating from their partners or statutory removal) expressed an incredibly strong motivation to prove themselves as being capable of making any necessary changes and improving their parenting abilities in order to have the opportunity to develop and maintain positive relationships with their children (Broady, Gray, Gaffney and Lewis, 2015). The engagement of men in behaviour change programs therefore appears to have flow-on benefits for their children, not only in terms of improved father-child relationships, but also the motivation to continually invest in these relationships and maintain positive interactions.

Significantly, every year in NSW, a growing number of children are removed from their families, and placed in the care of the Department of Community Services (Zhou, 2010; The Boston Consulting Group, 2009). The circumstances faced by these families, and which contribute to their involvement with child protection services, are well documented: poverty, social disadvantage, problematic drug and alcohol use, mental health issues and domestic and family violence (Bromfield, Lamont, Parker & Horsfall, 2010; Burgheim, 2002; Thompson and Thorpe, 2003). Understandably, the focus for child protection in NSW has been on risk assessment to ascertain the safety of a child deemed at risk of harm; supportive measures

to help families manage their children thus negating the need for children to be take into care; and 'the best interests of the child' (Scott, 2013; Thompson & Thorpe, 2003). The needs of birth families after the removal of their children, however, have not received the same attention (Schofield, Modestad, Höjer, Ward, Skilbred, Young & Havik, 2011). Existing research shows a growing awareness of the importance of the link between good outcomes for children in care and positive ongoing links with their birth parents (Thompson & Thorpe, 2003). Parents who have had a child removed by child protection agencies invariably continue to have parenting relationships, if not with the removed child, then with subsequent birth children, step children and children in their extended family. Service provision for this group of parents is critical given the complexity and scale of their emotional needs and the implications for the children they will care for (Battle, Bendit and Gray, 2014).

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

While we undertake prevention strategies through education campaigns, our outcomes measurements are currently restricted to monitoring website and social media dynamics, and collecting data from our staff and clients. At this time, we are not monitoring outcomes for children based on policy approaches or campaigns, but internal reviews are underway to explore the methods we can use to enable this. Despite this data gap, we know that the recent publicity of our Men's Behaviour Change Program (Taking Responsibility) driven by a positive client testimonial on ABC News (May 2015) seemed to generate additional interest in our services. It is therefore likely that editorial (rather than purely promotional) campaigns are more compelling to potential clients, and that the increased coverage on National news programming, boosted public awareness of the group program. We are currently monitoring the level of additional interest in this group which is related to this publicity, in order to better leverage our programs for client engagement.

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

Research about the effectiveness of domestic violence groups has led to criticism of the methods used to evaluate these programs. These include but are not limited to the lack of randomised control trials and control groups, the conflation of intervention models, theories and contexts in study design and findings, and the failure to account for correlations and associations relating to relationship status, cultural identity and cohabitation (Brownridge, 2010; Eckert, Murphy, Black & Suhr, 2006; Fall, 2001). Despite the large number of research studies undertaken, criterion by which to ascertain levels of change or how groups enable change remains problematic (Brownridge, 2010, Hellman, Johnson and Dobson, 2010; Babcock and La Taillade, 2000). Further, while there may be reported changes in behaviour, these do not always result in a reduction in violence or abuse. For example, participants may demonstrate adjustments in attitudes relating to gender equity but a continued lack of anxiety control might result in the continued use of violence (see Bowen, Gilchrist and Beech, 2008). Given the fractious nature of research in this field, we recommend using mixed methods in research based evaluations that include qualitative narrative methods to ascertain how our clients perceived men's domestic violence programs, and the nature of change in their attitudes and behaviours. Qualitative interview research is an area of inquiry that is underdeveloped with clients of domestic violence group programs, and that of their partners or former partners (Bettman, 2005; Jones, 2004; James, Seddon and Brown, 2002).

Of note, there are two primary sampling challenges that hinder data collection for families affected by violence and abuse. The first is that women may be at increased threat of violence, at the hands of their abusive partner, for taking part in an evaluation (Laing, 2003a). An ethics committee, consulted to approve the proposed conduct of a study, will likely request that women at high risk of severe domestic violence be actively screened out of providing survey or interview data. In other cases, women have been prevented from continuing with their treatment episode at our service by their partner. This can be the result of various factors, including withdrawing the money which pays for the counselling or group work session, by cancelling appointments, or by hindering attendance due to an abusive episode (Caplan, Gray, Codrington and Douglas, 2014). These are dangerous and tragic

events, and highlight the need for ongoing screening of domestic violence, as well as the factors which lead to client dropout from both clinical service and research participation.

Client awareness of the nature and dynamics of violence and abuse are not static, and as they undergo individual and group work programs they become increasingly aware of the presence of domestic violence in their relationships (Gray, Broady, Gaffney and Lewis, forthcoming). As suggested above, this can affect the screening of clients and in turn the prevalence data within any given service. At the point at which domestic and family violence is ascertained, a service response can be undertaken immediately, but gathering this information and updating our data sets is more challenging. A significant amount of training is underway to improve practitioner competence in making accurate reports and updating the client information system in real time. As with all routine data collection, the frequency and accuracy of reports is affected by clinical staff members' training, competence, workload and attitudes to data collection.

In relation to collecting data about children, particular challenges hinder routine and targeted data collection about domestic and family violence. Due to clinical episodes being instigated and maintained by parents and carers, our surveillance and data is dependent upon them declaring the children in their care, and transporting them to allied services for children, such as targeted groups or camps (Stephenson, Stowe and Hubble, 2014). Clinicians, who work closely with children, note that aspects of family behaviour may be hidden or censored due to fear that our staff will make reports to child protection services. Gaining the trust of the client and engaging them to the therapeutic journey is undertaken within a context of accountability, and the ever present potential of a formal notification, or of case notes being used to influence family law proceedings. Concerns such as these raise significant research ethics considerations. Engaging children in research generally requires parental consent, and to seek this within the context of service provision related to violence may raise concerns relating to coercion. Children and young people are typically considered vulnerable populations in any research, and the context of domestic violence only enhances this ethical issue. Substantial resources are required to ensure that appropriate avenues of support are available to child research participants throughout the process of any research project, and particularly in cases where research participation results in a child experiencing any distress.

While significant gaps exist in relation to collecting direct data from children, it is imperative that the ethical ramifications of any attempt to fill these gaps are considered and all perceived risks are appropriately mitigated.

Recommendations

- Local research indicates that a poor response to domestic violence leads to inadequate support for domestic violence issues, exacerbates the clients' distress, and increases risks. Ongoing workforce and program development is needed to address some of the definitional issues which potentially affect screening and service provision;
- Research is also needed which focuses on staff perceptions and attitudes of domestic and family violence, and attitudes to gender equity;
- The extent to which clients of relationships and support services harbour violent supportive attitudes could be ascertained through targeted surveying using the Gender Equity Score;
- Client access strategies need to consider the terms used to describe domestic violence interventions. The reasons are two-fold:
    - Program titles are potentially shaming or stigmatising;
    - Indirect terms fail to indicate the clinical objectives of the program, and may attract inappropriate clients. To this end, pre-group screening is needed to ensure that clients requiring domestic violence interventions are not taken into anger management classes and vice versa.
- Sampling for domestic and family violence studies needs to consider the particular risks and vulnerabilities of women and children affected by violence and abuse;
- Current data gaps and ethical considerations requires extensive and immediate review given the significant data gaps for children affected by family violence;
- Given that client motivation to attend interventions and undertake behaviour change is low, and that research indicates that love for children and the role of the father are key motivational factors, interventions which use the role of "fatherhood" have the potential to increase the effectiveness of MBCPs with a focus on affected children.

- Parents who have had a child removed by child protection agencies invariably continue to have parenting relationships, if not with the removed child, then with subsequent birth children, step children and children in their extended family. Service provision for this group of parents is critical given the complexity and scale of their emotional needs and the implications for the children they will care for

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