National Children's Commissioner: Roundtable Examination of Children Affected by Family and Domestic Violence

Dawn House Women's Shelter – SUBMISSION

July 2015

Dawn House Women's Shelter is based in Darwin, Northern Territory and provides crisis accommodation and support for women and children escaping domestic and family violence (DV&FV). Our service includes an emergency accommodation shelter that has the capacity to house up to 6 families, as well as a small number of transitional houses in the community. Our capacity is small comparative to the high need in the community for safe affordable housing and other support for women and children escaping violence and abuse.

Our service also provides Outreach casework support and advocacy to women and children in the community who are experiencing DV&FV, as well as a free specialist domestic violence counselling service for women. Part of our mandate also includes community education and awareness raising activities on issues related to domestic and family violence.

Context for this Submission

It's important to acknowledge that we are a women-only service and currently we do not work in any capacity with men / fathers. This is due to the sensitive nature of our work as a safe shelter for women at risk of violence predominantly from male partners or family members. Therefore any reference we make to 'parent' in this submission is generally referring to a woman (unless otherwise stated), either the biological mother of the child or another female carer. A 'child' is referring to a person under the age of 18 years.

We acknowledge the importance of fathers or male carers in children's lives and towards healing after interpersonal violence and trauma. In terms of the needs of children impacted by domestic and family violence, a huge concern is the role that some men play in perpetrating violence, as well as the general lack of support and rehabilitation services available to support men with the desire to change these behaviours.

Often even after leaving a situation of Dv&FV, women and children are reporting ongoing conflicts, harassment, abuse and threats being made against them. Children are often used by the perpetrator for bargaining and control or to undermine a woman's parenting identity/self-esteem. Many women report that their child's father lacks appropriate parenting or coping skills and instead resorts to intimidation or violence to control the child. We are concerned by family law processes that result in children being placed partially back in the care of men who commit DV&FV without compulsory interventions or supports being put in place to support them to keep children safe.

Another contextual point is to highlight that women and children accessing our service are in crisis, often having fled a violent home or relationship suddenly and without financial means, identity documents, clothing or other personal items. They often remain at very high risk of harm, restricting their movements and access to local services and heightening stress and anxiety due to fear that the perpetrator will locate them. These issues create extreme anxiety, fear and uncertainty as well as serious financial hardship, all of these issues of course impact upon the well-being of children and their mother's ability to provide appropriate care and support.

Women and children accessing our service predominantly show evidence of trauma and/or poor mental well-being. The initial time spent in our service can often remain at crisis level with competing priorities focused on survival (money, shelter, food, clothing, etc). Women caring for children impacted by DV&FV often struggle with the heavy load of single parenting, safety planning, and financial and housing hardship which can overshadow the other psychosocial needs of children. All of these issues have an impact on the effectiveness of intervention related to children impacted by DV&FV.

Keeping this context in mind, there are a few key areas of concern we would like to highlight the need for:

- Parenting education on developmental trauma, identified need for specialist trauma-specific parenting skills development programs, including skills in behavioural interventions and ongoing support

- Specialist peer support mother and children's groups that focus on attachment, parenting and therapeutic intervention

- Government funded in-school support for children presenting problem, aggressive or other challenging behaviours due to trauma

- Respite for parents in crisis due to escaping violence and abuse, as well as older children during crisis

- Centralised case management service for children impacted by trauma to support women in coordinating referrals for children's psychosocial needs and for parenting training on trauma intervention/parenting skills

- Improved mandatory intervention programs for fathers on violent or abusive behaviours and their impact on children, and parenting education / skill development

- Centrelink Special Benefit or New Start Allowance income for non-Australian citizen women who become homeless and destitute due to domestic and family violence (particularly women who have Australian citizen children)

- Free immigration legal support for non-citizen / non-permanent resident women who have become homeless and destitute due to domestic and family violence; broadening of via categories with domestic violence clause

- Appointment of a women's legal advocate to assist in family law or child protection cases where domestic and family violence is a factor

- Programs targeting men's violence and intervention including behaviour change, parenting education, respectful relationships, etc.

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

Some of the issues in relation to DV&FV affecting children, that we observe often include:

- Physical, psychological, verbal, and/or sexual abuse perpetrated against children, or against their mother/female carer which they have been witness to

- Witnessing DV&FV is a form of child abuse due to psychological and emotional impact on children, as well as risk to safety and well-being

- Poor parental boundaries with children taking on a carer role for their parents or siblings. Developmentally inappropriate expectations on children e.g. with sibling care, household chores, unpredictable demands of perpetrator, language, etc. Children being labelled as 'bad', 'impulsive', 'naughty' when they do not meet the expectation of parents that are unreasonable.

- Poor mental health or well-being, severe trauma and post-traumatic stress.

- Negative impact on mother-child relationship due to domestic and family violence experiences - attacks by perpetrator on mother's parenting and the attachment bond with the child. Forcing children to participate in the abuse towards their mother.

- Poor academic outcomes and difficulties managing at school and in social contexts and children being subjected to disciplinary actions rather than support and intervention.

- Conflict between mother and child due to severe stress during crisis phase post-separation of mother/father, combined traumas and unmet needs of both adult and child, concern for further neglect or emotional abuse of child by the mother during this difficult phase

- Financial hardship/destitution and homelessness, social isolation, and poor health due to effects of financial abuse or controlling behaviours of perpetrators. In many cases children are denied access to essential services due to DV&FV due to family fear of services learning of the abuse, fear of perpetrator, etc.

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

It is widely researched and evident that DV&FV can have a severe and long-lasting impact on children's physical, psychological and emotional well-being and on the socio-economic conditions in which they live.

Amongst the plethora of concerns, there are some key issues that we are finding that require improved interventions:

Immigration

An extremely vulnerable client group at Dawn House are women and children from migrant backgrounds who do not have permanent residency in Australia, and who are trying to escape from DV&FV. Sadly, we find many women and children in this situation forced to return to a violent relationship due lack of financial means and limited immigration options. This is placing many women and children at serious risk of harm, and we have certainly seen many women return to our service to report that the violence has since worsened. There are a very small number of visa types that have a clause allowing women to apply for independent visas if they experience DV&FV.

Some women do not have permanent residency in Australia, but have children who are Australian citizens. It is extremely difficult for women to access adequate income and they are often forced to live off food vouchers and minimal emergency relief funds from local community services. Women in this situation are often prevented from accessing any form of Centrelink income, leaving them and their children destitute and under extreme stress. In most cases the women are subject to family law proceedings preventing them from leaving Australia with their children, but providing them with the no other avenues of support. Dawn House has supported many women in this situation who have resided in our emergency accommodation service for lengthy periods of time due to lack of any other option.

Developmental trauma

Our service has noted a significant increase in the number of children being diagnosed with Autism Spectrum Disorder (ASD), Attention Deficient Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD) or conduct disorder. Currently, these issues are affecting at least half of the families on our case load, and in some families we are finding that all children within that family unit are being diagnosed with the same issues, (ASD diagnosis being the most prominent).

We are interested in research indicating that conditions such as ASD or ADHD in fact mirror symptoms also associated with developmental trauma (e.g. developmental delays, speech difficulties, aggressive behaviours, difficulties with interpersonal/social interaction or emotional regulation, lack of concentration, hyperactivity, etc.). There is some concern that trauma implications are maybe being overlooked when children are being assessed and diagnosed, and therefore not appropriately addressed.

Aggressive Behaviours and Problems in Schools

We find a significant trend in difficult or problem behaviours in children who have experienced DV&FV, including mild-severe aggressive or violent behaviour, frequent tantrums or meltdowns, hyperactivity, poor concentration, poor social and interpersonal skills, and high negative reactivity in both school and home environments.

Children who you are exhibiting trauma related problem behaviours in schools struggle with lack of specialist intervention services. We are finding that traumatised children with associated problem behaviours are not receiving intervention support

but rather disciplinary measures. We find children are often suspended from school, have reduced school hours e.g. half days, or have their parent called to collect them from school early with some frequency. There is a concern that some children are becoming labelled as 'bad kids' and are disengaging from the school system and are falling even further behind academically.

The onus is placed on the parent to provide intervention strategies to address problem behaviours, and/or to organise appointments with various specialist services. We find parents struggle at this point to know what to do as they lack the skills or the specialist trauma knowledge of what or who will help. We do find some schools cope significantly better than others in specialised intervention with trauma based problem behaviours, whilst others find this challenging

We find more support available for children with a diagnosis such as ASD or ADHD through Special Education allowances and support services, however these can still be limited. There is a serious concern that ASD or ADHD government supported programs are not available to children over the age of 7 years. In some cases, due to the nature of the DV&FV, women and children have not been able to access services required for early diagnosis (e.g. due to isolation, shame, fear of perpetrator retribution, frequent relocation due to safety issues). For children diagnosed when they are older there is limited services, and a significant concern that symptoms have been mismanaged and issues compounded due to lack of appropriate intervention.

Trauma Education for Children

Children and adolescents often struggle to understand the effects of trauma on the mind and body, and to understand how DV&FV causes psychological trauma. In some cases they feel they are "going crazy" or can be socially rejected by peers when they appear to behave differently. Children need support to understand the neurobiological causes and effects of trauma, and the symptoms of common symptoms such as depression, anxiety, aggression, or fight/flight reactivity, and ways to self-mange and self-regulate. There is a need for child and youth friendly self-help resources on such issues as nightmares, flashbacks, anxiety, etc. As well as services that provide mindfulness cognitive behavioural therapies, relaxation, and other therapeutic activities that have a growing body of evidence to be supportive of reducing trauma symptoms. There are limited or no free services in Darwin that provide this to child and youth affected by trauma.

Trauma-Specific Parenting Education and Skills Development

Unfortunately, there is a lack of available education programs for parents on the impact of DV&FV and trauma on children and how to appropriately respond. Often, the focus of parents, schools and other services is in managing or "correcting" the child's difficult behaviour without addressing the root of the child's trauma. We are finding that parents struggle to find parenting strategies for calmer children and households.

This disconnect between the child's psychological and emotional needs due to trauma and the parents lack of knowledge about trauma and behaviour often creates

escalating relational problems between the mother and the child. We find that standard available parenting programs, are not always helpful for parents of children who have developmental trauma due to the emphasis on “time-outs” rather than “time-in” or connection and the severity of behavioural or emotional reactivity in traumatised children. There is a very significant need for a trauma-specialised parenting programs or funding for parents to access appropriate parenting intervention training such as that offer by Circle of Security Intervention.

Mother – Child Relational Issues

We often observe and have women and children report relationship and attachment issues and conflicts in the crisis phase after they have left the perpetrator. This is compounded by the stress and uncertainty surrounding crisis accommodation living and the multitude of competing priorities (e.g. legal, financial, housing, etc.). We also find women and children have peak times of stress and anxiety as they work through their trauma, grief and loss. Women are often struggling to process their own trauma and distress, and can struggle to be emotionally available for their children’s needs. There is sometimes an emphasis on just getting through, and children can be expected to carry a heavy care taker burden for their mother or other siblings. In some cases, children are at further risk of abuse from the mother due to crisis and disintegration of the family. We find verbal and emotional abuse to be a more common concern as mothers can sometimes struggle to cope and manage their own stress and trauma. In circumstances such as this is can also be difficult to provide appropriate intervention for children if their care giver is themselves struggling.

The nature of DV&FV is also often an attack on the mother-child relationship either through the actions of the perpetrator or the child’s perceived inability of the mother to protect them from harm. Women may also struggle with a heavy sense of guilt and inadequacy in relation to their parenting and the impact of violence on their children, and this can impact upon their parenting capacity.

We find there are limited therapeutic services that can work with women and children on attachment and relationship strengthening. The same sentiment applies to sibling attachment relationships which are often also negatively affected. Services tend to be targeting at individual needs, without engaging the entire family system. Women may also see this type of service as low down on the priority scale with so many other competing needs.

No Intervention Services for Men

Relatively, our service finds very little engagement of services with fathers who are perpetrators of FV&DV. There is often a burden placed upon women to resolve issues and needs for children affected by violence, without any accountability placed upon the perpetrator of the violence. Only very few women report that their male partners are attempting to engage in some form of counselling to change their behaviour, and often this is used as a bargaining tool to encourage women to return to the relationship.

Almost no information is known about men’s engagement in supporting or addressing the needs of children affected by DV&FV, or to what extent DV&FV may

continue to occur against children post-family law care arrangements. Women due to their physical need for shelter and support services, tend to be the ones monitored and held more accountable to service providers for ensuring children receive relevant intervention services, and they are often more closely monitored in relation to their general care and parenting abilities. There is no such monitoring in relation to fathers care for children in this context.

There are currently no specialist programs in Darwin that work with men on issues of DV&FV intervention or behaviour change. This is a massive service gap and probably one of the most serious risk factors.

Family Law Issues

The area of family law remains an extremely vulnerable area for women and children affected by DV&FV. We find that pressure is placed on women to agree to Family Dispute Resolution/Mediation despite the *Family Law Act* clause related to domestic violence. There is no mechanism for compulsory specialist assessments of individual parents and the child's perspective when DV&FV has been an issue. Women reporting concerns for the welfare of their child if they are to be placed in the care of the other parent (e.g. due to risk of violence or neglect, or alcohol or drug abuse issues) are forced to negotiate these issues directly with the perpetrator of the DV&FV due to the mediation process.

Women are often extremely reluctant to apply for Domestic Violence Orders against their former partners as they are worried about the repercussions, such as making the perpetrator angry. This has implications for Family Law in women having less evidence of DV&FV and their verbal reports of abuse are sometimes dismissed or minimised. Women are also often very reluctant to speak with their lawyer about personal experiences with DV&FV, or don't realise the importance of disclosing this information if it is not directly sought out by the lawyer.

Family Law processes are a significant source of stress and insecurity for women affected by DV&FV. Perpetrators often use family law processes to bully and intimidate women escaping DV&FV, particularly if they have great financial means to pay for private law services. Women report being subjected to bullying, harassment, and threats of having the children taken from them by the perpetrator.

Limited specialist DV counselling services

Whilst there are several counselling services available locally for individual and family therapy, there are few that provide specialisation in domestic and family violence counselling.

There is also a service gap for support for children in the age range from 7 – 12 years. There are play therapy services for younger children, and youth counselling for children aged 12 and over, but less services are available for the 7-12 years age group. This is especially relevant for children who are struggling with challenging or problem behaviours in schools.

Service Affordability, Accessibility and Availability

A significant barrier to service accessibility for children affected by DV&FV tends to be the relatively complicated and protracted process for accessing affordable services that cover a child's holistic needs. This is compounded by the competing demands upon mothers in crisis situations, as often they report struggling to juggle multitudes of appointments for the whole family unit. They are also often extremely limited with transport and due to financial hardship.

A child with psychological, behavioural or developmental issues may require a multitude of specialist intervention, including: general practitioners for referrals, occupational therapy, speech pathologists, special education services and school intervention, complex paediatric assessments and diagnosis, child development services, medications, play therapists, counsellors or psychologists, recreational services, disability support services, respite and child care. Many services work in silos and have varying wait list times.

For many reasons we find some women struggle with the process of acquiring an ATAPS referral from a GP and it is a significant barrier to children accessing vital psychological or occupational therapy support. Often this is due to women feeling under pressure from competing demands and also intimidated or confused by the process. On the other hand free public services for psychologists, paediatricians, occupational therapists or speech pathologists have extensive waiting lists and seem to have less availability than private specialist services accessible through ATAPS. Wait lists for public services can be longer than a year in some instances.

For complex diagnosis for ASD, ADHD or other developmental disorders the cost of services plus professional reports is often unaffordable due to financial constraints. This can seriously delay a vulnerable child's access to services and support.

Central Coordination

There is some need for a central service focused on coordinating referrals for women with children with special or trauma related needs, including behavioural difficulties. For some women in crisis, services for children with complex needs are complicated to navigate, particularly in relation to access to affordable services and government rebates. Often parents are becoming overwhelmed with the number of services that work in a silo on a child's individual issues e.g. counselling, psychological intervention, paediatric, speech, occupational therapy, school assistance, carer support, as well as the sheer complexity of understanding and responding to the child's complex needs and behaviours. This is compounded by the trauma and severe stress that parents are experiencing during the crisis period and post-crisis associated with entrance into a shelter due to domestic or family violence.

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

Intervention for children who have experienced DV&FV is often complicated due to the need for parents to be adequately engaged in their support. Effective intervention in this area of work is often found in positive behavioural change by parents with the

development of increased parenting skills to address specific issues for children affected by violence.

Unfortunately, children are sometimes viewed by their overstressed parent as being difficult, poorly behaved, manipulative, or “out of control”. Often their focus will be on discipline, rather than therapeutic intervention. In some instances, parents are resistant to engaging services such as counselling or recreational activities for their children as they are concerned that this may be “rewarding poor behaviour”, rather than as a strategic tool for encouraging more positive interpersonal relationship or connection for the child which would improve behaviour.

Women often struggle to address their own trauma and psychosocial needs. There is often an emphasis on “survival” mode in which deeper personal issues are not able to be explored. This has an impact on the parents’ emotional availability for children’s needs and support. Women who are provided with support and encouragement on their parenting skills and abilities, and in the coordination of services for children, manage much better overall. A large service gap is in the provision of support group services for women and for children to receive peer support.

One of the biggest challenges we face in intervention for children is helping parents navigate the system with multiple services working in silos. Parents who are already over stressed and in crisis are required to coordinate multiple referral points and appointments per child e.g. speech pathologist, child health nurses, paediatricians, occupation therapists, special education liaisons, counsellors, psychologists, etc. Many also find the GP centric ATAPS referral processes for psychological services confusing and intimidating, and they struggle to find clear information about free or affordable services for children. Often services, such as speech pathologists for example, have extensive wait-lists.

Parenting education and capacity building is a very key area in which more support is needed. We find that available parenting programs are not always helpful for parents of children who have developmental trauma. There is a very significant need for a trauma-specialised parenting program. Without supporting parents to provide appropriate care, support and intervention for their children’s trauma we are finding children continue to flounder behaviourally, psychologically and academically.

Children engage very well with creative therapies, and we see these having the most effective impact on a child’s emotional and psychological well-being. We are finding this to be a growing area of service provision in Northern Territory. Perhaps more lacking is creative therapies that target improved attachment relationships between children and parents, which include an educative element. Family therapy or sibling relation therapy appears to be a somewhat overlooked area of support as women and children are preoccupied with getting immediate or individual needs met, and the healthiness of the overall family system is either not a priority or not a known/understood concept.

Therapeutic or healing work does not tend to occur during the crisis accommodation period of time (which can be up to 3 months). It is a difficult period of time as their lifestyle is not normalised (e.g. cramped living conditions, heightened safety issues,

financial hardship, and a lot of issues in limbo). If women and their children are able to secure safe and affordable accommodation that is suitable for their longer-term needs, we find that this is when interventions for children may have the most impact.

Children who have experienced DV&FV receive a significant amount of support and intervention through schools. If they have supportive teachers and other school staff (such as special education teachers, counsellors, etc), they often tend to thrive. Many children first show evidence of trauma-related problems in the school environment where they may feel safe, and it may be the first indicator of psychological, emotional or behavioural problems occurring for them.

What do we know about the prevalence and incidence of family and domestic violence affecting children, including who is involved in family and domestic violence events?

Unfortunately, we do not have statistics available for this report. However, generally of the women and children we support at our service:

- Predominantly the DV&FV is perpetrated against women by a male partner (who is either the biological father or step-parent to the children). In a significant number of cases where the perpetrator is a step-parent to the children, it is found that the biological father of the children was also a perpetrator of DV&FV previously.

- A smaller, but still significant number of women and children are escaping family violence perpetrated by parents/grandparents or siblings.

- Some women report violence being perpetrated against them by their children, usually male adult children

- A small number of women report violence and abuse being perpetrated by friends or flatmates with whom they share accommodation with.

- A few women have sort safety from violence perpetrated by a same-sex partner.

- Women can also be perpetrators of DV&FV against children. This can either be an ongoing issue that was occurring prior to arrival at our service, or something that arises due to the severe stress of crisis and a lack of coping.

*We also acknowledge that men are and can be survivors of DV&FV perpetrated by a female partner, same-sex partner, or another family member. Statistically, occurrences of female-perpetrated DV&FV are significantly smaller, but any violence or abuse is a concern and should be stopped. As our service is a women and children only service, we do not have information on or experience in this area.