



The Hon Brad Hazzard MP
Minister for Family and Community Services
Minister for Social Housing

MFACS15/259

Ms Megan Mitchell
National Children's Commissioner
Australian Human Rights Commission
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Dear Ms Mitchell

Thank you for your correspondence dated 1 May 2015 to my colleague, the Hon Pru Goward MP, Minister for the Prevention of Domestic Violence and Sexual Assault and me inviting a submission to the Commission's examination of children affected by domestic and family violence. The NSW Government welcomes the opportunity to contribute to this very significant work.

The impacts of children affected by domestic and family violence require responses from across the NSW Government, not just child protection services. For example:

- families escaping violent situations are at significant risk of homelessness
- escaping domestic and experiencing trauma through domestic violence can disrupt schooling
- victims may need to obtain legal protection, such as Apprehended Domestic Violence Orders
- children affected by domestic and family violence can require health interventions, such as emergency care, primary care, and mental health services.

Your letter requested advice on the major issues and policy outcomes relevant to children affected by domestic and family violence. The enclosed whole-of-government submission provides this overview, with information provided by the Department of Family and Community Services, the Department of Justice, the Ministry of Health, and the Department of Education and Communities.

Please note that some of the information presented in this submission will be published later this year in the Department of Family and Community Services Annual Statistical Report 2013-14. Therefore, I request that the submission not be made publically available until I have released this report. My office will advise you once this has occurred.

Should you have any further enquiries, please contact Ms Michelle Smith, Director, Children and Youth Policy, by email at michelle.smith@fac.s.nsw.gov.au or on 9716 2240.

Thank you again for the opportunity to make a submission. I look forward to reading the findings of this examination in the Children's Rights Report 2015.

Yours sincerely

BRAD HAZZARD MP
Minister

28.2.15

Encl. Submission to the Australian Human Rights Commission



**Submission to the
Australian Human Rights
Commission's examination into
children affected by family and
domestic violence**

July 2015



Table of Contents

Introduction.....	1
Question 1: What are the definitional issues in relation to family and domestic violence affecting children?	2
Question 2: 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?.....	4
Question 3: What are the impacts on children of family and domestic violence?.....	5
Question 4: What are the outcomes for children engaging with services, programs and support?.....	7
Question 5: What are the outcomes for children of public policy approaches and educational campaigns targeting family and domestic violence?.....	9
Question 6: What are the surveillance and data gaps/needs in relation to children affected by family and domestic violence?	11
Appendix 1 – Prevalence data specific to NSW Government programs	13
Appendix 2 – Outcomes specific to NSW Government programs.....	15
Appendix 3 – NSW Government policy reforms	18
References	20

Introduction

The NSW Government welcomes the opportunity to contribute to the Australian Human Rights Commission's examination into children affected by domestic and family violence.

Domestic and family violence is a key driving factor for our policy, programs and services. The impacts of children affected by domestic and family violence require responses from the entire NSW Government, not just child protection services. For example:

- families escaping violent situations are at significant risk of homelessness
- escaping, and trauma as a result of being affected by domestic and family violence, can disrupt schooling
- victims may need to obtain legal protection, such as Apprehended Domestic Violence Orders
- children affected by domestic and family violence can require health interventions, such as emergency care, primary care, and mental health services.

This submission has been prepared with input from the Department of Family and Community Services, the Department of Justice, the Ministry of Police and Emergency Services, the Ministry of Health, and the Department of Education and Communities.

The examination by the Australian Human Rights Commission is an opportunity to harness the momentum of recent media and policy attention on domestic and family violence to ensure that the safety of children remains a key focus of our responses.

The NSW Government thanks the Australian Human Rights Commission for engaging in this important piece of work.

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

Children as victims

Children experience domestic and family violence through:

- witnessing, seeing or hearing violence
- being the direct target of threats of force, injury or violence
- being the direct target of force, injury or violence
- being accidentally or indirectly injured
- being accidentally injured when attempting to intervene (to protect themselves, their siblings or their mother) and/or
- being neglected during and after domestic and family violence incidents.

When defining this issue, it is important to recognise the entire age spectrum – unborn to babies to children to young persons – as domestic and family violence impacts these age cohorts in different ways (see **Question 3**). Further, children’s experience of violence should not be considered as a static event, but rather an ongoing and extensive victimisation. Given the extent of the impact of domestic and family violence on children, it is important that they are considered victims in their own right so that policy and operations are reflective.

Domestic and family violence often co-occurs along with other vulnerabilities and risk factors. In the 2012 review of child deaths in NSW, in families that had a risk of significant harm (ROSH) report of domestic violence, the co-occurring factors were poverty (23%); substance abuse (66%); parental mental health (40%); homelessness (22%); and family transience (21%).¹ However, recognising these co-occurrences should not place blame on the victim nor detract from the impact of the perpetrator’s violence. To do so would mean that, for example, the mother’s mental health and/or problematic drug use, which may be a direct result of the violence she is experiencing, becomes the focus of intervention.

Any definition used must be culturally appropriate. It should be noted that Aboriginal family violence encompasses physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities.

Language and terminology

Given that statistics overwhelmingly indicate that victims are most likely to be women and children, it is an important factor in the way in which domestic and family violence is understood and how appropriate responses are offered to women and children.

The language used to describe how children experience domestic and family violence is important as certain terms can unintentionally minimise the impact it has on families. Terms such as ‘witnessed’, ‘exposed to’ or ‘impacted by’ domestic and family violence do not adequately capture the impact on children.² By contrast, ‘affected by’ domestic and family violence encompasses the multiple ways children may be impacted by domestic and family violence, including how they may respond to and resist violence.³

It should be noted that there is a movement being led by an American academic, Allan Wade, which indicates the term survivor should replace the term victim. This is so as to reflect the actions taken by people to resist and survive the abuse. While NSW Government programs have not used this term, it is important to be aware of this discourse.

Children as perpetrators

¹ FACS Child Deaths Annual Report, 2013

² Humphreys et al, 2008

³ ibid

Another dimension to be considered is children that may themselves commit domestic and family violence offences, or be subject to Apprehended Domestic Violence Orders (committed or made, for example, in respect of their parents).⁴

In the NSW *Crimes (Domestic and Personal Violence) Act 2007*, domestic violence is defined as “a personal violence offence committed by a person against another person with whom the person who commits the offence has or has had a domestic relationship”. While this broad definition encompasses a child’s⁵ violence against their parent(s), in reality policy and service responses are not equipped to respond to this issue. This situation is complicated by offences or behaviour co-occurring with substance abuse, mental health or cognitive impairment issues, or issues arising where the child has themselves been a victim of domestic and family violence. It is further complicated where children are living in out of home care. Nevertheless, the *Crimes (Domestic and Personal Violence) Act 2007* limits the conditions that can be placed on children who are subject to provisional ADVOs, while the *NSW Bail Act* contains provisions concerning accommodation requirements on conditions of bail for a child (defined as a person under 18).

As this demonstrates, these circumstances require complex responses. It is important to be explicit regarding the cohort that is being considered by this examination and those that are outside of scope.

⁴ See Bobic, 2004

⁵ Defined as a person under 16 years of age

Question 2: 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?

Research has found that, after controlling for other factors, there are higher rates of domestic and family violence in those households in which there are children present.⁶ The NSW Bureau of Crime Statistics and Research has reported that three quarters of domestic assault victims were women or children.⁷ According to the 2012 Personal Safety Survey, 44 per cent of men and 54 per cent of women who reported experiencing violence from a current partner had children in their care when the violence occurred.⁸ Approximately 31 per cent of these women stated that children had seen or heard the violence.⁹ Sixty-one per cent of female victims who had experienced violence while living with their most recently violent previous partner had children in their care when the violence occurred and 48 per cent of these women stated that children had seen or heard the violence.¹⁰

In NSW, data indicates that those communities that report the highest rates of domestic and family violence are also communities with high Aboriginal populations. The 2012 NSW parliamentary inquiry into domestic violence trends and issues indicated that Aboriginal women are six times more likely to experience domestic and family violence than non-Aboriginal women.¹¹ A Secretariat of National Aboriginal and Islander Child Care study found that Indigenous children were significantly more likely to have witnessed physical violence against their mother or stepmother than the 'average' child respondent (i.e. compared with all child respondents): 42 percent of Indigenous young people reported witnessing violence against their mother or stepmother, compared with 23 percent of all children.¹²

Given that domestic and family violence is traditionally underreported, it is likely that the true numbers of children affected by domestic and family violence known to child protection agencies is much higher. For example, an examination of the narrative fields of 2001/02 Key Information and Directory System data shows that, while only 32 percent of reports had domestic violence recorded as an issue, an estimated 53 percent to 67 percent of reports were actually associated with domestic violence.¹³

Relationships where domestic and family violence is occurring are characterised by patterns of power and control. The absence of universal screening or identification processes means that the early indicators of domestic and family violence can go unrecognised. These early indicators are behaviours that often precede violence and can include control, intimidation, coercion or degradation. The ability to identify patterns of coercive control early in the relationship could be facilitated by improved screening and identification practices across mainstream and specialist agencies. Improved identification of domestic and family violence could result in improved recording of its occurrence.

While we know that children affected by domestic and family violence is a significant issue, and that they make up a large proportion of NSW Government clients, data about the prevalence and incidence of this issue is disparate. Specific data about incidence relating to NSW Government programs can be found at **Appendix 1**.

⁶ Romans et al., 2007, cited in Morgan & Chadwick, 2009

⁷ Grech and Burgess, 2011

⁸ Australian Bureau of Statistics, 2012

⁹ *ibid*

¹⁰ *ibid*

¹¹ Standing Committee on Social Issues, 2012

¹² Australian Institute of Criminology, 2011

¹³ Economics & Statistics Branch, 2006

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

Children living with domestic and family violence can experience physical, developmental, psychological and behavioural effects and developmental regression. Children continue to be at risk from the effects of violence during and after parents' separation. Indeed, children experience significant risks in shared parenting arrangements when the arrangement involves substantial shared time with the violent parent.¹⁴

Some impacts are specific to children from migrant and refugee communities such as:

- women and children may not be aware of legal protections against domestic and family violence
- in patriarchal cultures, there may be strong values around traditional authority of male family heads
- migrant children commonly learn English skills and their legal rights faster than their parents, inverting power relations.

Physical impacts

The physical impacts of domestic and family violence differ at different ages:

- The intensity of domestic and family violence incidents can escalate during pregnancy¹⁵, which significantly increases the risk of maternal and neonatal morbidity and mortality. Women that have experienced domestic and family violence are at increased risk of depression and post-traumatic stress disorder during pregnancy, which can increase the risk of complications during labour.¹⁶ Assault of the mother may result in miscarriage, premature birth, physical injury or disability.¹⁷
- Babies living with domestic and family violence have high levels of ill-health, poor sleeping habits, excessive screaming, and disrupted attachment.¹⁸
- Infants and younger children are at risk of injury if they are held by their mother during an assault.¹⁹
- Older children may be injured when defending their mother from physical assault.²⁰

The presence of domestic and family violence puts children at increased risk of experiencing physical abuse, with rates of co-occurrence ranging from 45 percent to 70 percent.²¹ Children who experience this have greater emergency department and primary care use during the abuse period.²²

Psychological impacts

There are substantial psychological risks associated with the verbal, physical and sexual assaults perpetrated on their mother, combined with the effects of living with a father or carer who is abusive. These dynamics are a direct abuse on the child. An analysis of many studies found that exposure to domestic and family violence was associated with similar levels of harm to those experienced by children who experience direct physical child abuse.²³ The

¹⁴ Australian Domestic & Family Violence Clearinghouse, 2011

¹⁵ Campbell et al., 2007, cited in Spangaro & Ruane, 2014

¹⁶ Kendall-Tackett, 2007, cited in Spangaro & Ruane, 2014

¹⁷ McGee, 2000

¹⁸ Spangaro & Ruane, 2014

¹⁹ Humphreys et al., 2008, cited in Bromfield et al., 2010

²⁰ Humphreys et al., 2008, cited in Bromfield et al., 2010

²¹ Holt et al., 2008, cited in Bromfield et al., 2010

²² Bagshaw, 2007

²³ Sternberg, et al., 2006, cited in Laing, 2010

trauma caused by living in perpetual stress can have long-term psychological effects²⁴, impacting on future performance in school, the workplace, and the community²⁵.

Children living with domestic and family violence experience depression; anxiety; trauma symptoms; and social, behavioural, and cognitive problems.²⁶

Research has found that children affected by domestic and family violence were three times as likely to use mental health services after the abuse ended. Even where violence ended before their birth, these children required significantly greater use of mental health, primary care, specialty care, and pharmacy services than children of mothers who reported no domestic and family violence.²⁷

Developmental impacts

Children affected by domestic and family violence may have poorer educational outcomes. Families affected by violence may be forced from their homes in order to escape, disrupting children's schooling and social networks.²⁸ Of all age groups, pre-school aged children show the greatest behavioural disturbance.²⁹

Trauma resulting from domestic and family violence can damage social development. Some children lose the ability to feel empathy for others. Others feel socially isolated, unable to make friends as easily due to social discomfort or confusion over what is acceptable. Many studies have noted that children from violent homes exhibit signs of more aggressive behaviour, such as bullying, and are up to three times more likely to be involved in fighting.³⁰

²⁴ Perry, 2001, cited in Bromfield et al., 2010

²⁵ National Scientific Council on the Developing Child, 2010

²⁶ Australian Institute of Criminology, 2011

²⁷ Rivara et al., 2007a, cited in Spangaro & Ruane, 2014

²⁸ Marcus & Braaf, 2007, cited in Morgan & Chadwick, 2009

²⁹ Spangaro & Ruane, 2014

³⁰ UNICEF, 2006

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

Given the intergenerational transference of domestic and family violence, successful outcomes for children are affected by the availability of co-occurring primary, secondary and tertiary prevention strategies. Early identification and response to children is critical in order to protect and prevent further violence. Examples of early identification and response services are safety planning, accommodation support and counseling. These can be considered secondary and tertiary prevention³¹. Successful primary prevention (both universal and targeted) strategies can also be influential in breaking cycles of abuse because they challenge unhelpful attitudes toward relationships and toward women and girls. A service system which is invested in all three types of prevention is most likely to succeed in addressing the immediate needs of children and influencing their future relationship choices and behaviours.

The NSW Government provides services, programs and support through a number of its agencies; specific outcomes from these services are at **Appendix 2**.

Factors that affect positive outcomes

Outcomes for children engaging with services are influenced by a range of factors including:

- Location: Access to services will vary, with children in metropolitan areas more likely to have better access.
- Ethnicity: Children from migrant and refugee backgrounds can have difficulties in accessing support due to language issues and the cultural appropriateness of the service. Service models that operate from a trauma-informed framework³² are essential for working with victims of domestic and family violence. However, this is particularly important when working with victims who are also from refugee backgrounds.
Children from an Aboriginal or Torres Strait Islander background may also find it difficult to access culturally appropriate services that understand the impact of domestic and family violence in the context of ongoing discrimination and intergenerational trauma.
- Socio-economic status of the family: Given that children and their mothers are more likely to have to move from the home, their access to support services or extra curricular activities may be limited. For those still in the home, the financial abuse which may be a factor of the violence may impact on their capacity to access services/supports. Access to specialist support services, such as Staying Home Leaving Violence (see **Appendix 2** for more information) facilitates homeless prevention by enabling victims to remain in a home of their choice. In these programs, children are less likely to experience disruptions to their education and child care arrangements. This is a significant outcome for children who have experienced the trauma of domestic and family violence.
- Family connection/support: One of the impacts of domestic and family violence is social isolation. This is often the direct result of perpetrator tactics of power and control which are deliberate acts aimed at maintaining power in the relationship and silencing victims. Children in isolated families are at increased risk of harm because the impact of domestic and family violence, and signs of abuse can often go unrecognised. Increased access to services including child care and early intervention support is likely to improve the likelihood that signs of abuse are identified by a professional. Pro-violence attitudes held by family and friends are likely to impede on the mother and children's access to supports.

³¹ These references to primary, secondary and tertiary prevention are defined in *It Stops Here*, the NSW Government's domestic and family violence framework.

³² Funston, 2014

- Co-occurring issues: The mother's mental health and/or alcohol and other drug issues (often brought on by or exacerbated by the experience of living with violence) can make it harder to care for and provide support to her children. The co-location of services that address a range of needs can be a more accessible approach to intervention than disparate service models (see **Appendix 2** for more information).

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

Historical lack of integration and the need for change

It should be noted that a 2014 review of domestic and family violence prevention, early intervention and response services found that there is a significant need for better integration of services for children.³³ This includes better communication and integration between family violence services and other systems, including the child protection system, the state-based justice system, family support systems (such as those that deliver maternal and child health services), and the education system.³⁴

In order to rectify this, the NSW Government is changing the way it works. Detail on specific NSW Government policies are at **Appendix 2** and policy reforms are at **Appendix 3**.

Family law

The introduction of the *Family Law Reform Act 1995* replaced the concepts of custody and guardianship with the new concept of parental responsibility; whereas guardianship was formerly exercised by the parent with custody, parental responsibility was now shared, regardless of residence arrangements. Further legislative changes introduced in the *Family Law Amendment (Shared Parental Responsibility) Act 2006* can be summarised in four main elements:

- compulsory mediation (termed ‘family dispute resolution’) prior to litigation, except in cases of child abuse or family violence
- the presumption of equal shared parental responsibility
- greater emphasis on the need to protect children from exposure to family violence and child abuse
- legislative support for less adversarial court processes in children’s matters that were heard in the courts.

In abusive relationships, domestic and family violence does not end with separation and in fact can escalate to lethal violence.³⁵ Children may be subjected to increased exposure to domestic and family violence after separation, since this may be the only context in which the violent partner has access to his victim.³⁶ As such, it is vital that the family law system identifies and responds appropriately to domestic and family violence to ensure the safety and wellbeing of women and children.

Between 2006 and 2008, rates of shared care arrangements between separating parents increased to 16 percent.³⁷ Research has revealed that families experiencing family violence and safety concerns for their children were just as likely to have shared care arrangements as families with no violence or no concerns for safety, despite legislative exceptions for shared care in such families.³⁸

A 2010 qualitative study investigated how current family law policies and practices are experienced by women who have been subjected to domestic and family violence, and whether women were able to disclose domestic and family violence and achieve parenting arrangements that are safe for themselves and their children. As part of this research, 22

³³ Campo et al., 2014

³⁴ *ibid*

³⁵ Davies & Mouzos, 2007; Hardesty & Chung, 2006; Jaffe, Crooks, & Poisson, 2003, cited in Laing, 2010

³⁶ Hardesty & Chung, 2006; Jaffe, et al., 2003, cited in Laing, 2010

³⁷ Kaspiew et al., 2009, cited in Australian Domestic Violence Clearinghouse, 2011

³⁸ *ibid*

women in the family law system following their separation from a violent relationship were interviewed. Women reported that:

- there is a lack of coordination between the state civil protection order system and the Family Courts
- they received the strong message not to raise allegations of abuse or violence in the Family Courts
- there was a lack of understanding about the dynamics and effects of violence and abuse, and as such there was a failure to appropriately assess and manage the risk to children.

Importantly, women reporting that their children were adversely affected by not only the violent behaviour, but also by their mothers forcing them to remain in contact with their violent fathers as a result of their Family Court orders.

Educational campaigns

The rationale for primary prevention work with children, including education campaigns, is premised on the theory that attitudes to gender equality and violence are formed in early childhood. However, there is relatively little evidence for the efficacy of primary prevention programs for children, as most evaluated programs are delivered to secondary school students.

Embedding respectful relationships education in NSW schools is an action under *It Stops Here: Standing together to end domestic and family violence in NSW*, the NSW Government's Domestic and Family Violence Framework for Reform. Strengthening respectful relationships programmes and incorporating respectful relationships education into the national curriculum are also actions under the *Second Action Plan of the National Plan to Reduce Violence against Women and their Children 2010-2022*.

Following endorsement of the Australian Curriculum: Health and Physical Education by Education Ministers at the Standing Council for School Education and Early Childhood, states and territories can commence incorporating respectful relationships education into their local curricula and syllabi, building on work already undertaken by states and territories in this area. On 3 July 2015, the NSW Government announced that the mandatory NSW 7-10 Personal Development, Health and Physical Education (PDHPE) syllabus will be updated to explicitly include domestic violence from the start of the first school term in 2016. Information on domestic violence prevention and available support services will complement and build upon the age appropriate education on positive relationships and safety that currently features in the K-6 and 7-10 PDHPE syllabuses. This updated syllabus was approved following consultation with the Department of Education; Association of Independent Schools NSW; Catholic Education Commission; Australian Council of Health, Physical Education and Recreation NSW; and the PDHPE Teachers Association.

Migrant and refugee communities

The Department of Family and Community Services (FACS) has delivered effective multicultural community education to recently arrived migrant and refugee communities on the child protection system and effective parenting practices. Elements of effective multicultural community education strategies include:

- grassroots, including engagement with key community members. An example of a successful program is the Nationally recognised *We All Say No* project funded by FACS
- use of experienced casework practitioners or experts who have knowledge of an area such as child protection in partnership with workers who are well connected with the target community and culture
- training and use of bilingual community educators to deliver information.

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

Broadly, there needs to be more accurate data on the number of children living with domestic and family violence if we are to address the impact of domestic and family violence on children and young people, and prevent them from experiencing it in the first place.

Improvements are needed in how domestic and family violence is identified and flagged in relevant data sets across the areas of child protection, health, housing, and police and justice systems. This is a particular challenge in terms of capturing information about children affected by violence, as they are often not recorded as a victim or the recipient of services or service referrals. Better and wider flagging of domestic and family violence at a program level across the service system (for example, as a vulnerability where children and families are accessing or affected by services) would build our understanding of how children are affected by domestic and family violence. There also needs to be more information on outcomes and effective service models that reduce the immediate and longer terms impacts of domestic violence on children and young people, including attention to intergenerational issues.

There is also a need to better understand children's lived experience of domestic and family violence in Australia – including the experiences and needs of Aboriginal children, and migrant and refugee children – and how they respond, resist and recover from domestic and family violence.

Of the data the NSW Government does collect, the Aboriginal status of victims or perpetrators of domestic and family violence is not always captured. The lack of identification of Aboriginal status may be due to reluctance by individuals to identify as such, or reluctance on behalf of services to ask the standard Indigenous question. As a result of this, it is difficult to determine the true extent of the problem and tailor services to address it.

Vulnerable families with multiple needs often access support from a range of varied services including domestic and family violence specialist support, accommodation support and a range of health services. Each of the service systems or programs has its own data collection and evaluation frameworks, and no common identifier is applied in NSW. Capturing the service pathways used by families and children and the associated outcomes is complex, and generally only achieved through thorough qualitative research. One example of such research is a study by the University of New South Wales which demonstrates the story of a young mother who is affected by domestic and family violence, and who has also had a history of juvenile offending and alcohol misuse.³⁹ The report illustrates this woman's extensive contact with human services and health agencies, and the associated cost of this intervention. Information regarding people's use of services and the impact on their lives is generally not collected in this way.

Recently, the NSW Government commissioned three prevention studies to strengthen the evidence base around violence prevention, one of which is directly relevant to the Australian Human Rights Commission's examination. The Australian Institute of Family Studies analysed current approaches to supporting children who witness and experience domestic and family violence, and current efforts to avert inter-generational violence.⁴⁰ As noted in **Question 5**, this review identified that there are a limited number of prevention and early intervention activities that focus on younger age groups, and there are significant gaps in the evidence regarding the effectiveness of prevention and early intervention activities aimed at the zero to eight year age group.

³⁹ Baldry et al, (2012)

⁴⁰ Campo et al., 2014

The NSW Government is also supporting an important research project funded by Australia's National Research Organisation for Women's Safety that will provide evidence on the way services can work together to better respond to the needs of women and their children who have experienced domestic and family violence, and are involved with statutory child protection agencies. Pathways and Research In Collaborative Inter-Agency working, or the PATRICIA project, is led by the University of Melbourne with partners from five universities, three government departments, and eight community sector organisations which specialise in domestic and family violence. The project focuses on the relationship between statutory child protection, family law, and community-based services which seek to support women and children exposed to domestic violence.

Appendix 1 – Prevalence and incidence data specific to NSW Government programs

The data provided below has been derived from FACS programs and services that assist vulnerable children and young people.

Data from FACS services

As noted in **Question 2**, given that domestic and family violence is underreported, it is likely that the true numbers of children affected by domestic and family violence known to FACS are much higher. For example, an examination of the textual/narrative fields of 2001/02 Key Information and Directory System (KiDS) data shows that while only 32 percent of reports had domestic violence recorded as an issue, an estimated 53 percent to 67 percent of reports were actually associated with domestic violence, including children exposed to violence or being harmed when intervening in violence.⁴¹

Of the 768 children known to FACS who died in the period 2007 to 2012, domestic violence was reported in 466 (61%) cases.

Clinical Issues Team

The Clinical Issues Team (CIT) provides consultation, resources and training to FACS child protection caseworkers in working with domestic and family violence, mental health and/or drug and alcohol issues. Of the 3,059 consults done by CIT in 2013/14, 28% of these involved domestic violence as either the main issue or in conjunction with alcohol and other drugs and/or mental health concerns. In the vast majority of these matters, the man was responsible for the violence and the women and children are victims.

Specialist Homelessness Services

In 2013/14, the proportion of all clients that accessed a Specialist Homelessness Service due to domestic and family violence was 31.2 percent. This includes women escaping intimate partner violence as well as young people and other people escaping family violence.⁴²

Domestic Violence Line

The Domestic Violence Line provides telephone counseling, information and referrals for people who are experiencing or have experienced domestic and family violence. In 2011/2012 there were 22,015 phone calls received, with 6,762 of the calls representing 13,898 children.

Child Protection Helpline

The NSW Child Protection Helpline (Helpline) enables and encourages any member of the community, including mandatory reporters, who suspect, on reasonable grounds, that a child or young person is at risk of significant harm to report their concerns. The Helpline remains the most visible entry point for mandatory reporters seeking to initiate action for vulnerable children. Children reported through the Helpline can have a number of different primary report types: physical abuse, sexual abuse, emotional/psychological abuse, neglect, and exposure to domestic and family violence.

An evaluation of first-time reports made between 24 January 2010 and 30 June 2013 found that, on average, domestic violence was indicated in around one third of reports and was higher amongst younger children.⁴³ Reports involving domestic violence were highest for children under one to five years of age (10,119 from a total of 15,056 reports).⁴⁴ The analysis also found that children with exposure to domestic violence were slightly more likely to be re-reported at ROSH in the 12 months period following their first report.

⁴¹ Economics & Statistics Branch, 2006

⁴² AIHW 2014

⁴³ Social Policy Research Centre, 2014

⁴⁴ Social Policy Research Centre, 2014

Children and young persons at risk of serious harm

Since 2010, domestic violence has been one of the top four issues associated with ROSH reporting, present in 18 to 20 percent of reports.

In 2013/14 there were 73,678 children and young people involved in 125,994 ROSH reports.⁴⁵ Of these:

- 31 percent were aged zero to four years old, 55 percent were aged five to 14 years old, and 12 percent were aged 15 to 17 years (2 percent unstated)
- 21 percent were Aboriginal (rates show that Aboriginal children are 4.5 times more likely to be at ROSH than non-Aboriginal children)
- 34 percent had more than one report made
- 24 percent had domestic violence recorded in at least one of their reports
- 41 percent had physical abuse, 25 percent had sexual abuse and 23 percent had emotional abuse flagged in at least one of their reports.⁴⁶

In its review of child deaths in NSW in 2012, FACS identified that where there was domestic and family violence in the home, there was a greater incidence of emotional and physical abuse and physical neglect reports.⁴⁷ Domestic violence was the third highest primary reported issue identified from ROSH reports received for the families of children who died in 2013 (see **Table 1**).

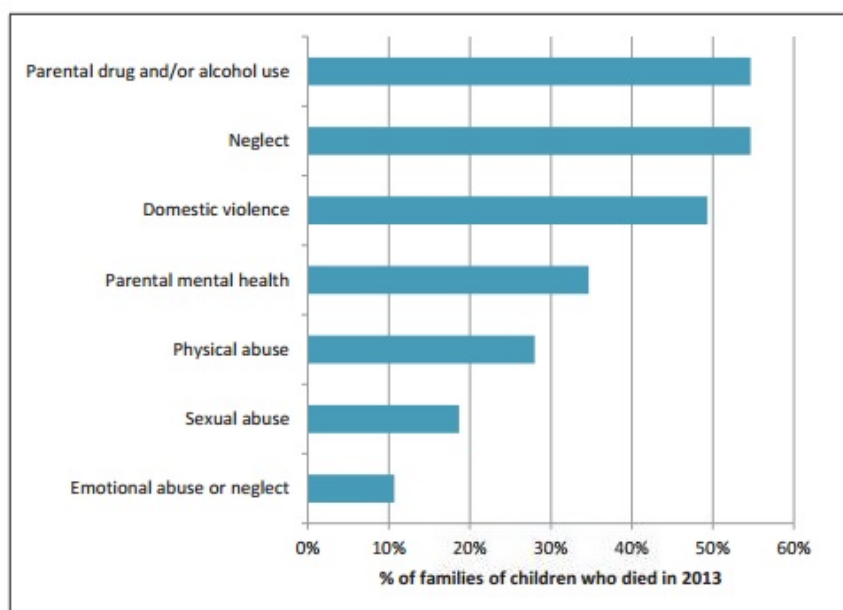


Table 1: Reported ROSH concerns for the families of the children and young people who died in 2013 (numbers do not add to 100 percent as multiple risk factors are often present in one family)⁴⁸

Children from non-English speaking backgrounds (NESB)

FACS is aware that based on available child protection data, some migrant and refugee communities are over-represented in child protection and foster care. Communities which are over-represented tend to be those who arrive in Australia with less education, wealth or work opportunities, and/or who have arrived as refugees and suffered trauma associated with their experiences of persecution, conflict, violence and dangers experienced in fleeing their home country.

⁴⁵ Key Integrated Data System Corporate Information Warehouse (KiDS CIW) annual data, 2013/2014

⁴⁶ Ibid

⁴⁷ FACS Child Deaths Annual Report, 2013

⁴⁸ FACS Child Deaths Annual Report, 2013

Appendix 2 – Outcomes specific to NSW Government programs

Department of Education

The Department of Education's *Child Protection Update 2015*, which is mandatory training for all school staff, includes a new module that focuses specifically on identifying and responding to domestic and family violence.

As a result of this, staff have greater awareness of the issues surrounding, and increased capacity to identify report and support students affected by, domestic and family violence.

Department of Family and Community Services

Brighter Futures

Brighter Futures delivers targeted early intervention services to vulnerable families with children at risk of abuse and/or neglect, with particular focus on pregnant women and children aged nine years or less. The program aims to prevent families from entering or escalating into the child protection system.

Data collection from the third quarter of 2013-2014 as to the reason for referrals to Brighter Futures reported that 55 percent of total families were experiencing domestic and family violence.⁴⁹

The 2010 evaluation of Brighter Futures identified a significant reduction in risk of harm reports for participant families, though families with drug and alcohol problems and where domestic and family violence existed show the smallest reduction in reports over time.⁵⁰

Despite this, the evaluation noted that the program did appear to be having a positive impact on families experiencing domestic and family violence. Indeed, some mothers described the improvement in behaviour of their children, including one who stated "They've dealt with their emotions and their grief that they had, which has now allowed them to go back to school and to help with their learning."⁵¹

Integrated Domestic and Family Violence Services

The Integrated Domestic and Family Violence Services program is a multi-agency, coordinated response to domestic and family violence. It is flexible and needs based, and operates across six locations: Mt Druitt, Green Valley/Liverpool, Central Coast, Mid-North Coast, Nowra and Canterbury/Bankstown. In 2013/14, 6,584 children received support through the program.

As the Service operating in Port Macquarie has stated:

"Co-location has benefited our work with clients immensely as it builds trusting relationships between individual workers, mutual understanding of the policies and procedures that allow or preclude desired outcomes, and develops a collegial approach to responding to risk to women and children. Through pooling our efforts and resources we have been able to achieve outcomes that no single service or agency could achieve alone. In holding clients at the centre of all our work, we move toward a space of planned rather than reactionary responses that meet needs, support self-determination, and improve safety."

Start Safely

Start Safely, established in 2009, provides a private rental subsidy for up to 24 months to clients who are homeless or at risk of homelessness because of domestic or family violence. From 2009 to 2014, over 2,000 clients and their children have been assisted by the scheme. Start Safely aims to reduce the number of clients and their children forced into homelessness

⁴⁹ FACS Operational Performance Service Group Report Quarter 3, 2013/14

⁵⁰ Social Policy Research Centre, 2010

⁵¹ *ibid*

because of domestic and family violence, the number of clients who return to dangerous home environments from crisis accommodation, and the time spent in crisis and temporary accommodation.

The program assists clients to access appropriate, affordable and safe housing after leaving violence, until their situation is stabilised. Clients are linked to a range of support services to help them sustain their tenancy. These services include domestic and family violence support services, financial counselling and employment services. The scheme aims to provide a long term housing option with short to medium term government housing assistance. It is targeted to those who can demonstrate a capacity to continue to afford renting in the private market at the end of the subsidy period.

Staying Home Leaving Violence

Staying Home Leaving Violence (SHLV) is a specialised domestic and family violence program aimed at promoting victims' housing stability and preventing homelessness. The program helps women and their children who have separated from a violent partner or family member to remain safely in their own home or another home of their choice.

SHLV has proven success in enabling adult and child victims of domestic and family violence to avoid homelessness and displacement of education, employment and social supports. In 2011-2012, SHLV enabled 1,234 women with 1,679 children to receive specialist government services including safety planning, risk assessment and security upgrades resulting in:

- 82 percent of children staying in the same school with the remainder settling in successfully to a new school
- 98 percent of women reported feeling safer
- 67 percent were able to safely stay in their original home
- 29 percent had secured other long term accommodation
- only 4 percent of women and children were in temporary/crisis accommodation after receiving assistance.⁵²

In 2013, the Australian Housing and Urban Research Institute found SHLV to be one of the first 'joined up' homelessness prevention schemes in Australia. According to its report, the features that make SHLV a successful program are:

- intensive case management
- implementation of an integrated system involving partnership with key agencies (for example, between police, courts and SHLV staff)
- integrated training to ensure a consistency of service standards
- in-home risk assessments to assist the client in deciding whether to remain in the home, ensure necessary protection orders are in place and to conduct safety audits. Security upgrades to properties can assist women who have experienced domestic and family violence feel safer in their home of choice
- provision of ongoing emotional support
- creating community awareness via social marketing.⁵³

An innovative 'SOS duress response' system operates through SHLV and aims to improve women's safety. This system, tailored to the specific needs of SHLV clients, is a small mobile phone with GPS tracking which quickly connects victims with a designated phone line at NSW Police at the time of the incident. This system has recently been expanded from 50 to 120 devices due to the positive feedback from clients who use it across the state.

Temporary Accommodation Program

⁵² FACS Annual Report 2011-2012

⁵³ AHURI, 2013

The Temporary Accommodation Program (TAP), delivered in partnership with Hume Community Housing, helps homeless clients in crisis. Rather than source unsuitable motel accommodation, clients can stay for up to eight weeks in furnished accommodation while they are helped to access the private market. TAP customers usually experience highly complex circumstances, including domestic and family violence. Properties are available for singles, couples and families. This is notable, as families with a large number of children are the most unsuitable clients to stay at motels and SHS.

A 2013 evaluation found that since its inception, almost 3,000 have been assisted by TAP, approximately half of which were under 18.⁵⁴ Fifty-four percent of customers who left TAP between 2007 and 2013 achieved a more secure housing tenure.⁵⁵

Transitional Housing Plus

This program, established in 2014, provides longer term supported accommodation, where training and/or employment outcomes are a condition of the tenancy. The product is targeted at women with dependent children experiencing domestic and family violence and homeless young people aged 16 to 25 in Western Sydney, South Western Sydney, Nepean Blue Mountains and the Mid North Coast. It is designed so that rents will scale up annually over the five year period to just below private market rent levels in the final year. The program is designed to help tenants transition over time to the private rental market and to provide incentives for the household to secure work.

Ministry of Health

Domestic Violence Routine Screening

Since 2001, Local Health Districts have undertaken Domestic Violence Routine Screening of female clients as an early identification and intervention strategy to:

- promote awareness of the health impact of domestic and family violence
- ask questions about patients' safety in relationships
- provide information on relevant health services for victims.

Screening according to a specified protocol is currently directed to occur in all public antenatal, early childhood, mental health, and alcohol and other drugs services, monitored annually through a one-month data snapshot (the policy does not apply to private health services). Screening questions provide an opportunity for health staff to identify whether children are at serious risk of harm and make appropriate referrals to the Child Protection Helpline or Police, and/or provide support and health services to the client and their family.

The 2013 Domestic Violence Routine Screening Snapshot Report found:

- 25,062 eligible women who attended a participating service
- 14,940 (59.6%) of eligible women were screened
- 826 (5.5% of women screened) eligible women screened who were identified as having experienced domestic violence in the previous 12 months
- 219 (26.5%) women who identified domestic violence accepted an offer of assistance
- there were 861 notifications or referrals to FACS, NSW Police, or another service.

⁵⁴ Sphere Company, 2013

⁵⁵ *ibid*

Appendix 3 – NSW Government policy reforms

Domestic and family violence reform

It Stops Here: Standing together to end domestic and family violence in NSW, released in 2014, is the NSW Government's Domestic and Family Violence Framework for Reform. It was developed in response to key reports that identified the need for significant, system-wide reform of the NSW response to domestic and family violence: the Auditor-General's 2011 report, *Responding to Domestic and Family Violence*; and a 2012 NSW parliamentary inquiry into domestic violence trends and issues. These reports highlighted inconsistent approaches to identifying risk, a complex system relying on the victim to identify and negotiate multiple pathways to services, an inconsistent approach to addressing safety issues for victims, and barriers to the flow of information about risks to a victim's safety.

The prevention element of *It Stops Here* is underpinned by six principles which provide a foundation for implementing strategies and programs to drive social, attitudinal, cultural and behavioural change across all domains of intervention:

1. Relationships are respectful.
2. Men and boys are supported to be non-violent.
3. High risk groups and communities are safe and free from violence, with a particular emphasis on safety for/within Aboriginal communities.
4. Children experiencing violence are supported and inter-generational violence is averted.
5. Effective prevention practices are adopted to achieve behavioural change including, in Aboriginal contexts, working with communities to develop locally-owned and effective responses to domestic and family violence.
6. Government and non-government organisations understand and have the capacity to deliver effective prevention activities.

Safe Home for Life

Safe Home for Life aims to provide every child with permanent and stable home for life by strengthening the child protection system. These reforms include legislative change, new policy and practice, and a redesign of how technology is used in child protection. These changes make sure the work of FACS is focused on each child's experience, and give caseworkers the time, support and tools to work better with children, young people and families.

Safe Home for Life aims to enable everyone working with vulnerable children and families to:

- do more of what we know works
- solve problems at a local level
- use the right data and measures to better assess the impact of our work with families.

FACS is working with government and non-government partners to design and implement these changes, which include:

- the *Child Protection Legislation Amendment Act 2014* to move NSW towards a less process driven child protection system
- a new model for child protection service delivery, Practice First, that aims to achieve safety for children through skillful practice, shared management of risk and genuine relationships with families and communities
- new casework support worker positions.

Homelessness service reform

The NSW Government's reform of Specialist Homelessness Services (SHS), *Going Home Staying Home*, aim to make it easier for people to access homelessness services, including people experiencing domestic and family violence.

Forms of support include crisis accommodation, support for women remaining in their homes when it is safe to do so and rapid re-housing. Victims' safety is prioritised and SHS will refer victims of domestic and family violence who are at risk to the police or relevant agency to conduct a safety risk assessment to secure the victim's safety.

Staff in SHS that support women escaping domestic and family violence will have specialised experience and/or qualifications in counselling, social work, domestic and family violence, sexual assault, child protection, advocacy and community welfare. Staff will also be experienced in trauma informed practice and strengths based casework, and have the expertise to utilise a number of primary theories and frameworks which are considered appropriate and effective in working with women and children.

The new SHS will help approximately 400 more women across the state in 2014/15 (an increase of more than three percent) and over 2,000 more families (an increase of more than 13 percent), the majority of whom are women and their children.⁵⁶

Service response for Aboriginal people

Consultation with Aboriginal people in NSW suggests that many programs do not engage Aboriginal people effectively in the design and delivery of services and this often leads to a failure to have any significant impact on the problem. For example, in recent consultations undertaken across NSW by the Ministerial Taskforce on Aboriginal Affairs, Aboriginal people argued strongly for locally developed responses to issues such as domestic and family violence. The NSW Government has begun to place a much greater emphasis on the evaluation of programs and services to ensure that agencies learn from these and feed this information back into future programs.

Recently, under the OCHRE Plan for Aboriginal affairs in NSW, the NSW Government has, through the Local Decision Making Program, provided a much greater degree of involvement in service delivery design and planning to a limited number of Aboriginal communities. The Local Decision Making program was the result of extensive consultation with Aboriginal communities who stated clearly that they wanted to be involved right from the start in setting service priorities for their communities. Local Decision Making is at an early stage but initial results are promising in terms of the level of engagement of community leaders in the decision making process.

⁵⁶ FACS Annual Report 2013-2014

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