

Responding to the needs of children living with family violence.

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The University of Melbourne
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Questions from children

- Where has my father gone?
- Will he be back?
- Can you keep him away?
- Is my mother hurt?
- Who will fix our house?
- Will he go to jail?
- Are we safe now?
- Why have you got such a big nose?



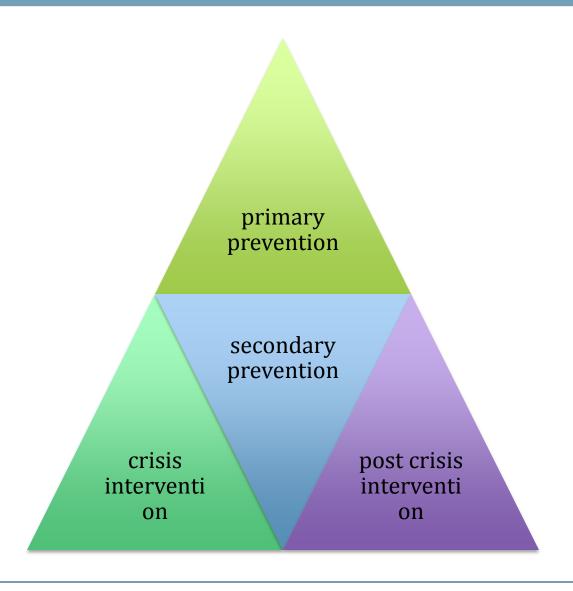
The FV Intervention Pyramid

Local governance issues

 Child protection challenges and areas for innovation



The structure of the FV interventions for children in Victoria (Desmond, 2011)



Support structures for collaboration

1. Developing an integrated crosssectoral service system

2. Strengthening community partnerships

3. Clarifying committee function and diversifying representation on committees

Collaboration structures (cont)

- 4. Developing cross-sectoral pathways
- 5. Regularising joint review and planning
- 6. Supporting risk assessment and risk management
- 7. Developing professional practice across the system
- 8. Supporting evaluation and research

Linking service systems

...a maze of differing philosophies, eligibility thresholds, knowledge bases, service types, funding contract arrangements, and ethical and legal considerations (Tilbury, 2013 p. 312).



The PATRICIA project

- ANROWS funded project
- Partners and sites in WA, NSW, Victoria
- Waiting to hear about 'an expanded project'
- Researchers: Cathy Humphreys, Donna Chung, Lesley Laing (D/FV specialist); Marie Connolly, Aron Shlonsky, Ilan Katz (CP specialists)

Over-arching question

- What are the elements that facilitate differential pathways and appropriate service system support for the safety and well-being of women and children living with and separating from family violence in an integrated intervention system?
- A particular focus on the interface between Child Protection, Specialist family violence services, and Family Law.

Specialist D/FV

- No statutory powers
- Never funded to focus on children some exceptions
- Women's programs are voluntary and community based – a contrast to the statutory services
- MBC programs respond to a combination of voluntary and mandated men

Structurally difficult relationship: CP and D/FV

CP not 'set up' for D/FV intervention

Focus on neglect ->

 Focus on child physical abuse (battered babies) ->

Focus on child sexual abuse

Valuing CP intervention

- The ability to investigate
- Documentation of harm to children
- Funded to focus on children (not just through pilot projects)
- A data repository to track repeat offending
- Greater leverage/authority with perpetrators, other organisations and courts



Challenging issues in Child Protection and DFV

Differential response – manage by severity or service or...?

child

Two victims :

adult

- Directing the work to perpetrators of abuse
- Dealing with complex, interlocking issues
- mental health, drug and alcohol and DFV
- Recognition of D/FV as a primary issue



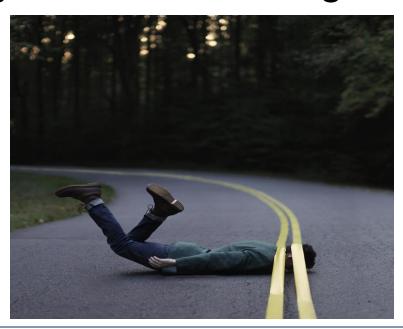
Contentious CP/ D/FV issues

- Post-separation violence what role when there are children in danger or risk of harm but a competent and protective mother?
- Recognition of D/FV as an attack on the mother-child relationship
- No 'actuarial' risk assessment available for children and DFV – what risks are assessed?



Innovation at the boundaries

- How can the family violence intervention system respond to children?
- The problem determines the system, not the system determining the problem.





An adult and child victim

- CP practice established to respond to the child victim
- A range of ways to respond to the adult (usually mother) victim/survivor
 a) co-location or secondment of DV

advocate with CP (address adult trauma;

housing and legal issues etc)

b) tight referral to DVwith ability to respondc) 2 CP workers





Family Sensitive Practice

- Supporting adult services to respond to the needs of children
- Don't separate service pathways for women and children





Intervention with perpetrators: 'could do better'

 A poor history of working effectively with perpetrators (mostly men) of D/FV





Intervention with perpetrators: disruptive practices

- Research project with Joanie Smith and Chris Laming
- 10/20 men had contact with CP (MBC sample)
- Uniformly angry and resentful of CP intervention (at interview 1)

Yes, just because every time Child Protection said something to me, I'd fire up at them because I'm sick of allegations. They don't prove anything. ... I'm just sick of the allegations, so I cracked the shits and walked out and told them all to go and get F-ed (Brian Interview 1/2).



A difficult role for CP

- Kyle, who had threatened to kill his CP worker:
- I just thought, oh well they're the Department of Human Services. Surely they're used to people abusing them... I felt like it was sort of made out to be a bigger thing than what it was really...someone's got to bloody abuse them or tell them what to do, otherwise they're not going to do anything

(Kyle Interview 1/2).

Changes to practice

- Different models:
 - a) 'Safe and Together' David Mandel
- b) New guidance in Victoria DHHS 'Working with perpetrators of violence'
 - c) Co-locating MBC specialist with CP (Hackney and DVIP in London)
 - d) Joint working with police
- e) High risk response to D/FV (common risk assessment; multi-agency working etc)



Managing demand: a differential response

- An avalanche of police referral to Child protection
- In Victoria, police are mandated notifiers for significant physical or sexual abuse of children; and where a parent is not able to protect from **this** form of abuse
- The majority (more than 80%) of L17 reports to Child Protection intake require no further action.
- A similar story in Qld.



Managing demand: a differential response

- NSW and WA developing the differential response
- WA triage with police, CP and DV service refers only about 5% to CP in some areas
- NSW diversion to Child Well-Being Unit with the assistance of the Mandatory Reporting Guide – a high threshold for entry to CP

Understanding complexity

- Most D/FV and CP cases will also be marked by substance use and/or MH under a differential response
- Recognition of the primary role of D/FV

Fear is an organising factor in families

living with D/FV





D/FV: An attack on the motherchild relationship

- 'Such a good father but such a bad partner' – an oxymoron
- The undermining of women in their mothering role is an integral part of

D/FV



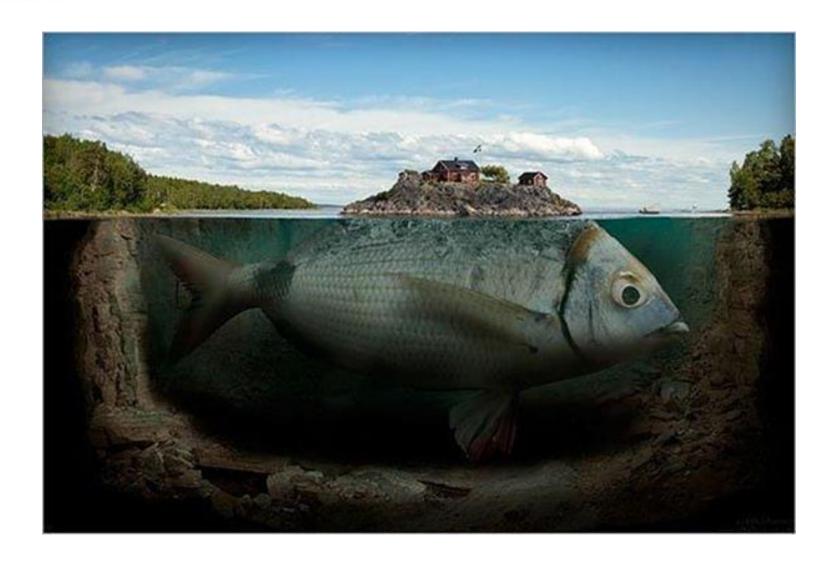
Post-separation violence in CP referrals

- Police D/FV incidents -> child protection
- UK study by Stanley et al 50% were post-separation violence
- Automatically 'out' of CP in a differential response?

 Women and children may be appearing in the high risk response? Is there a role for child protection?



Absent Presence: the on-going impact of fear and trauma



Collaborative working

- 'Democracy the worst form of government, except all those others that have been tried' (Churchill 1947)
- multi-agency working is similarly an unpredictable and time consuming process, but proving to be better than the alternative of single agency working.

Keeping children at the centre

- Safety and well-being for children lies at the heart of the work
- Their safety is (usually) profoundly connected to the safety of their mothers
- We look to each organisation to be trusted with this care – there should be no wrong door.

Resilience in children

 It's the children the world almost breaks who grow up to save it." Frank Warren

