



Women and Their Children Living with Domestic and Family Violence: Principles; Problems and Possibilities

Professor Cathy Humphreys

The University of Melbourne

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- Setting the context
- Terminology Issues
- Defining a functional system
- Elements in the D/FV service system



- Responding to the Carmody Report (2013)
- Re-building and re-designing
- New tender

specifications: Community Based Intake and Referral Services; Intensive Family Support





Terminology: Definition of Family and Domestic Violence

Violent, threatening, coercive or controlling behaviour in current or past familial, domestic or intimate relationships. This encompasses not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear. Family violence is committed primarily, though not exclusively, by men against women. This definition encompasses violence against children and between siblings and is not limited to criminal behaviours (Family Violence Protection Act, 2008).

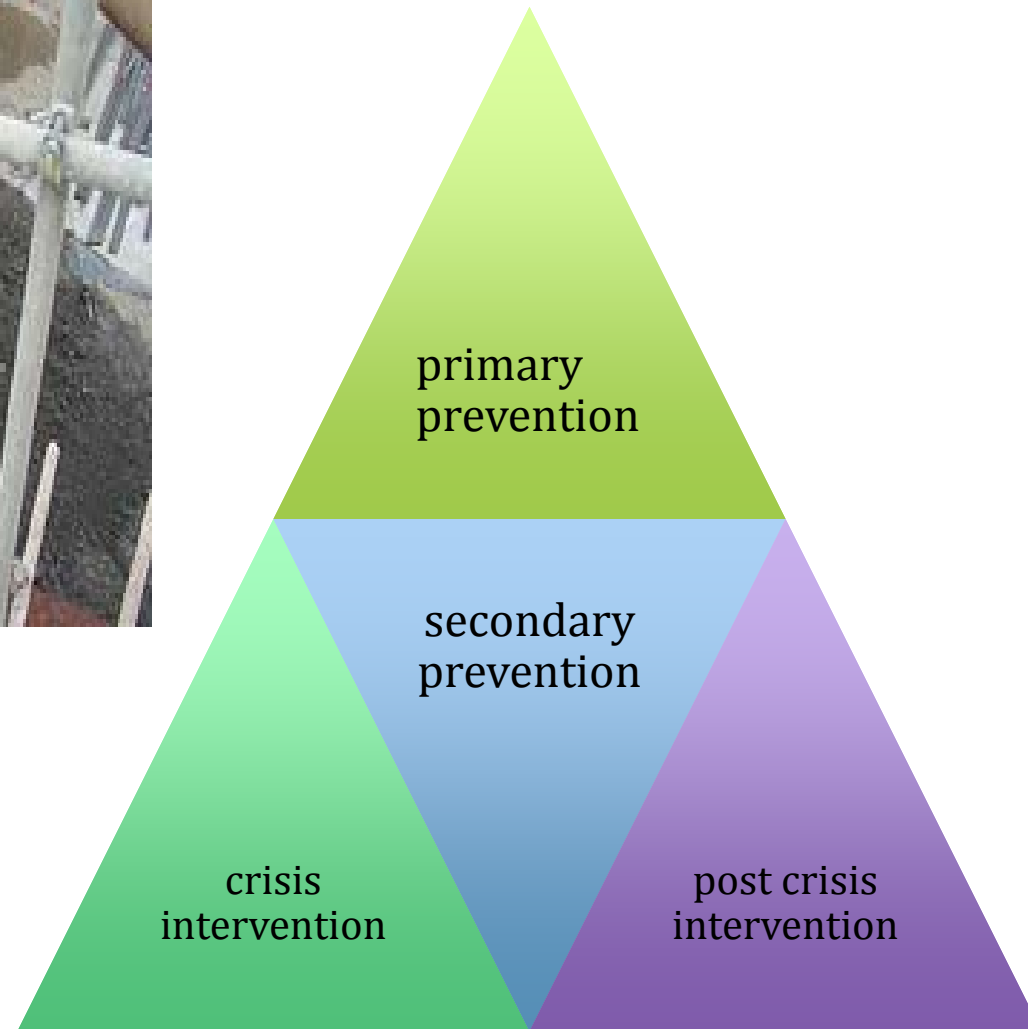


- British Crime Survey (2004)
 - Reported being subjected to physical abuse in the past year
 - 13% of women and 9% of men
 - Subjected to 4 or more incidents
 - 89% were women
 - Of all incidents
 - 81% involved violence by men against women.
 - Women were overwhelmingly the most severely injured (3 times more likely)
Fearful (3 times more likely)





The foundations for interventions for women and their children (Desmond, 2011)





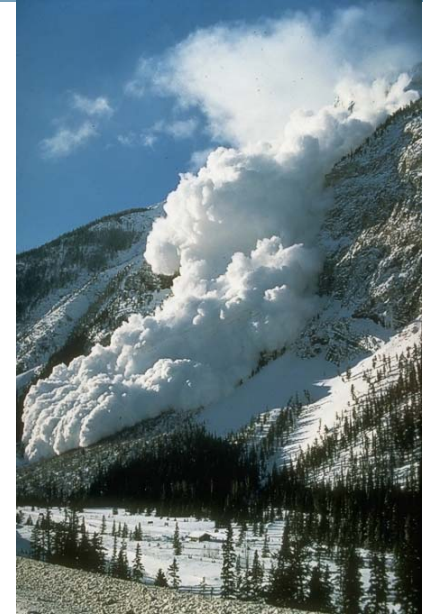
Defining a functional intervention system

- **efficacy** (does it produce its intended outcome – a satisfactory management of the intake and intervention for children affected by domestic violence?)
- **efficiency** (does it do this with the best use of resources?)
- **effectiveness** (does it achieve a higher-level or longer term aim – the safety and protection of children and their mothers?)
- **ethicality** (are the purposes of the system met in ways which are congruent with principles and values which promote respect and justice for children and others affected by domestic violence)



Police referral to child protection

- 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.
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- Police policy in Qld– mandates that police refer a child resident at a domestic violence location to Child Safety Services. CBIRS a new route?
 - 2005 – 2011 child recorded incidents and referrals doubled (21,700-43,300)
 - 80% of police reports not meeting the threshold for a notification.
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- NSW: 76,000 reports made 07-08 about a risk of harm from domestic violence as the primary reported issue
 - 5000 (6.5%) were substantiated. Wood 2008, *Report of the Special Commission of Inquiry into Child Protection Services in NSW*.p699
 - Less likely to be investigated, but more likely to be re-notified)
 - In the UK study of 251 police referrals to CP (*Stanley et al, 2009*) showed a referral triggered an intervention at the level of an initial assessment from child protection in only 5% of cases.
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Children's emotional well-being

- A consistent research finding is that the emotional well-being of a substantial group of children is undermined by living with domestic violence
- Meta analysis of 118 studies showed significantly poorer outcomes on 21 psychosocial measures for children 'witnessing' domestic violence, than those not living with violence (Kitzmann et al, 2003).
- In any sample, at least a third of children doing as well as or better than children not identified as living with domestic violence.





On the negative side:

- Child protection currently overwhelmed with referrals
- Child protection threshold for an investigation mostly not met

On the positive side:

- Meets criteria for 'only one number'; 24 hour service; legislation allows information sharing; risk covered
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On the negative side

- The further up the tertiary system the more expensive

On the positive side:

- The crisis end has the most resources
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On the negative side:

- CP not well set up to respond to family violence: adult and child victim; working with men; close down help seeking.

On the positive side:

- Minority of children living with family violence will be safer through an investigation and substantiation and attention placed on their safety.
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On the negative side:

- Women ringing for help in an emergency are not making a CP referral
- Intrusion by the state into family life needs to be judicious and limited – ‘net-widening’ is an ethical problem
- Large numbers of referrals into a system which in reality provides ‘no further action’ is ethically problematic

On the positive side:

- A flag is created that FV is an issue for the protection of children
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- Community Based
- Pathway linked for Women and children
- Deciding thresholds
- Localised responses
- What about the men?
- Links to other services (AOD response)





- Model of an advocate working intensively with women at high risk of family violence through multi-agency working
- 2,500 women with 3,600 children over a two year period.
- 57% of all victims supported by an IDVA experiencing a complete or near cessation in the abuse following 3-4 months of contact.
- Attention to the safety of women markedly decreased the direct threats to children's safety.
- A clear link between the number of services offered and abuse ceasing.



Children's Safety connected to their mothers

- Conflict around child contact improved by 45%;
- Victim afraid of harm to children improved by 76%;
- Perpetrators threats to kill the children changed by 44%.





- No actuarial tool/risk assessment tool to use to refer children affected by domestic violence to child protection (Jaffe et al, 2014)
 - Severity of violence to the child's mother a strong indicator (but not always – 40% is post-separation)
 - Potential need for high risk multi-agency response – perpetrator focused
 - Experienced DV workers to assess risk
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- Localised responses
- Particular focus on Aboriginal communities (e.g. The Wirringah Women's Group Lightning Ridge)





- A strong and co-ordinated civil and criminal justice response is foundational
 - Engaging the perpetrator of violence by child protection workers
 - A consistent response with family law decisions (CP liaison worker)
 - Men's behaviour change programs + women's support (partner services)
 - Programs aligned with the broader intervention system
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- Disability service system
- Mental Health services
- Drug and Alcohol services





Alcohol is involved in 50% of all DV and 73% of physical partner assaults with 2/3 of DV involving alcohol resulted in injuries

Where injuries were sustained they were more serious and more numerous compared to non-alcohol related DV [Laslett, 2010](#)

Alcohol consumed in 44% of partner homicides over 6 year period [Dearden 2006](#)

High numbers of homicides were Indigenous and 87% alcohol consumed [Virueda 2010](#)

Victims more likely to have alcohol problems [Loxton, 2006, Quinliven 2001](#)



- Who is being asked determines the extent of the link. Study in alcohol rehab centre (Gondolf and Foster 1991).
 - Clinical reports showed 20% DV
 - Men's self report showed 52% DV
 - Partner report showed 82% DV
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The evidence of the link between FV and Alcohol is old.

15 studies showed alcohol significant in 60-70% of DV cases (Collins, 1981)

52 studies of DV showed alcohol use 1 of 4 consistent risk factors (Hotaling and Sugarman 1986)

The critical question is 'why the gap between interventions for AOD and FV?'



‘AOD use does not cause FV’

‘Fixing the alcohol problem won’t necessarily ‘fix’ the FV’

‘Fixing the FV doesn’t necessarily fix the drug and alcohol problem’

BUT



- Evidence of increase in severity of violence with AOD is unequivocal (Graham et al 2011; Laslett, 2010)
 - Evidence of woman's AOD recovery entwined with the ability to escape violence (Swan, 2001)
 - Alcohol and drug use becomes a tactic of abuse (Room, 1980)
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- ...a maze of differing philosophies, eligibility thresholds, knowledge bases, service types, funding contract arrangements, and ethical and legal considerations (Tilbury, 2013 p. 312).





- It's always easy to see the problems
 - The possibilities lie with the drive, creativity and resourcefulness of workers across sectors
 - The principles: safety and accountability; don't separate the pathway for women and children; the tertiary end of the system in the majority of cases should not be the starting point of referral for children living with FV.
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“Without leaps of imagination or dreaming, we lose the excitement of possibilities. Dreaming, after all is a form of planning.”

— [Gloria Steinem](#)
