

# **Domestic and family violence and its relationship to child protection**

## **Practice Paper**

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## Introduction

Domestic and family violence and child protection are significant social issues which have become the focus of increased community concern and attention. Both are predominantly about violence and abuse within the family home but, despite these commonalities, societal responses to both issues have developed separately. Historically, community awareness, legislation, policies and practices, and treatment and support programs were developed individually, with different organisations tasked to respond to either child abuse or to domestic violence.

To understand the link between domestic violence in families and harm to children, child safety officers must acknowledge an increasing body of evidence that indicates that different types of violence commonly occur simultaneously in the same family. The presence of one form of violence may be a strong predictor of the other and to address only one form, for example, harm to a child, will not protect that child adequately both in the short and long term.<sup>1</sup>

Due to the significant interface between domestic and family violence and child protection, it is important that Child Safety and domestic and family violence services establish and maintain a collaborative and coordinated relationship. This interagency collaboration is essential to deliver services that will address all forms of violence present within a family, and secure the safety and wellbeing of the children involved.

This practice paper has been developed to assist child safety officers to intervene effectively with children and families impacted by domestic and family violence. It provides information to assist child safety officers to:

- apply principles and a practice framework when working with families impacted by violence
- understand the nature of domestic and family violence and the forms it may take
- recognise the risk indicators of domestic and family violence and identify its occurrence
- understand the effects of violence, in particular how it impacts as a harm to children
- address domestic and family violence effectively within intervention strategies to maximise the safety of all concerned but especially the safety and well-being of children
- provide information to families about court orders that can be obtained under the *Domestic and Family Violence Protection Act 2012*
- seek advice from, and make appropriate referrals to, domestic and family violence support services, and government and non-government agencies.

## Principles for child safety officers when domestic and family violence is identified as a harm to a child

The *Child Protection Act 1999* section 5A and 5B outline the general principles for child safety officers to maintain when undertaking child protection work. In addition to these,

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<sup>1</sup> Tomison, A.M. (2000:1) 'Exploring family violence – links between child maltreatment and domestic violence', Issues in Child Abuse Prevention, National Child Protection Clearinghouse, Issues paper 13

further practice principles are recommended when domestic and family violence is identified as a harm to a child or is suspected. These principles are crucial to achieving the primary goal of ensuring the safety, well-being and best interests of children, which may often best be accomplished by ensuring the safety of the non-abusive parent.<sup>2</sup>

The principles are:

- exposure of a child to domestic and family violence can impact on the child's physical, developmental, psychological and emotional well-being
- the safety and wellbeing of a child will be increased by increasing the safety of their non-violent parent
- the safety of a child will be increased by supporting the autonomy of the non-violent parent and enhancing their capacity to protect their child
- the domestic violence perpetrator, not the victim, will be held responsible for the violent behaviour and for stopping it, with child safety officers directly addressing the behaviour with the perpetrator where safety allows
- interagency coordination and collaboration is an essential service delivery response to ensure a family's safety and wellbeing.

## Definitions of domestic and family violence

There is a wide range of terminology associated with domestic and family violence in the community, within legislation, and in literature and research. The terms used may broaden or narrow the meaning and scope of the violence and include: domestic violence; family violence; spousal violence; wife beating; and intimate partner violence.

### Community definitions

In broad terms, domestic violence occurs when one person in an intimate relationship behaves in a way that causes fear or harm to another person.<sup>3</sup> Within the general community this is the most common term.

Intimate partner violence is more specific than domestic violence and has been defined by the World Health Organisation (2002) as "any behaviour within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship; and includes: physical aggression, psychological abuse, forced intercourse, and other forms of sexual coercion, and various controlling behaviours".<sup>4</sup> This term relates to the most common form of violence seen by child safety officers and also includes abusive behaviour by adolescents in an intimate personal relationship.

The term 'family violence' acknowledges that the impact of domestic violence occurring within a couple's relationship is often felt by other family members, particularly children. It also acknowledges that extended family members can become enmeshed or collude with the violence that is occurring. The *Domestic and Family Violence Protection Act 2012*

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<sup>2</sup> As cited in Ganley, A. L., and Schechter, S. (1996) 'Domestic Violence: A National Curriculum for Child Protective Services.'

<sup>3</sup> Term used by DVConnect at [www.dvconnect.org/dvline](http://www.dvconnect.org/dvline).

<sup>4</sup> Hegarty (2006: 21.) What is intimate partner abuse and how common is it?, in Roberts et al (2006)

includes protection for family members who are direct victims of violence and abuse, for example, a parent can apply for a domestic violence order against their adult child.

Family violence is the term used by Indigenous communities to more accurately reflect the diversity and complexity of kinship ties in Aboriginal and Torres Strait Islander communities. It includes “inter-generational violence and abuse and recognises all victims, whether they are affected directly or indirectly. Perpetrators and victims of family violence can include parents, uncles, aunties, (step) children, (step) siblings, cousins, grandparents, in-laws and distant relatives. An individual can be a perpetrator and a victim at the same time in a family situation”.<sup>5</sup>

The broader term of family violence is also relevant to culturally and linguistically diverse communities.

The term ‘domestic and family violence’ (DFV) is used throughout this paper as it links the individual terms outlined and is defined within Queensland legislation. The term ‘violence’ is used to cover all behaviour the community would regard as being controlling, violent or abusive – violating the right of another person to safety and well-being by using fear, power, control and / or harm. ‘Victim’ is used inclusively, relating to the non-violent partner, children and other family members who experience, and are impacted by, the violence and abuse. The paper does use language that represents the most common perpetrator of violence – that of male violence towards females.

## Legislative definitions in Queensland

In Queensland, the *Domestic and Family Violence Protection Act 2012* aims to:

- maximise the safety, protection and wellbeing of people who fear or experience domestic violence and minimise disruption to their lives
- prevent or reduce the exposure of children to domestic violence and
- ensure perpetrators of violence are held accountable for their actions.

This Act replaces the *Domestic and Family Violence Protection Act 1989* and recognises that the civil response set out in the Act should operate with, not instead of, any options that may be available through any criminal process.

Domestic and family violence is defined in section 8 of the *Domestic and Family Violence Protection Act 2012*, as behaviour used by one person towards another person in a relevant relationship that:

- is physically, sexually, emotionally or psychologically abusive
- is economically abusive
- is threatening or coercive
- controls or dominates a person, causing fear for that person’s safety or wellbeing or for the wellbeing of someone else (section 8).

Such behaviours may include:

- causing or threatening injury to a person

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<sup>5</sup> SNAICC (2005:12) Through young black eyes.

- coercing a person to engage in sexual activity, or attempting to
- damaging or making threats to damage a person's property
- threats to, or deprivation of liberty
- threatening death or injury
- threatening to commit suicide or self-harm to torment, intimidate or frighten
- threatening to, or causing, the death of an animal to control, dominate or coerce the person
- unauthorised surveillance of a person, including monitoring of telephone and email counts; using a GPS system to track movements
- unlawful stalking of a person.

Also included is when one person in a domestic relationship asks or gets someone else to engage in these behaviours against another person.

A 'relevant relationship' defined under the Act (sections 13 – 20) is an intimate personal relationship, family relationship or informal care relationship between two people. The specific legislative definitions of these terms are:

- (1) Intimate personal relationship – between persons in a spousal relationship, engagement or couple relationship. The court considers the circumstances of the relationship to decide whether an intimate personal relationship exists, for example, the degree of trust and the level of dependence and commitment to the other person in the relationship; the length of time for which the relationship has existed or did exist; the frequency of contact between the persons; and the degree of intimacy between the persons.
- (2) Family relationship – between persons who are relatives of each other, connected by blood or marriage such as a grandparent, aunt, uncle, step-parent, sibling, cousin or child (18 years and over). A relative also includes a person who can be reasonably regarded to be a relative, giving consideration to cultures that have a wider concept of 'relative', for example Aboriginal and Torres Strait Islander peoples, members of certain non-English speaking communities and people with particular religious beliefs.
- (3) Informal care relationships – where one person is or was dependent on another person (a carer) who helps the person in an activity of daily living (personal care activities). This may include dressing, preparing meals or shopping. The care must be provided in an informal way and not under a commercial arrangement, for example in-home care nurses. An informal care relationship does not exist between a child and a parent of the child.

It is important for child safety officers to be aware of these legislative definitions as it is possible for abuse in a variety of familial or intimate relationships to negatively impact on a child's safety and wellbeing.

## **Forms of domestic and family violence**

In relationships not impacted by violence, respect, equality and independence between household members is evident. Arguments may occur but opinions can be expressed freely without fear of reprisal.

In comparison, a relationship impacted by violence does not include respect and equality. The perpetrator uses tactics aimed at achieving power, control, dependence and dominance over the victim. The resulting fear experienced by the victim is used as a tool, together with ongoing veiled or real threats of violence. Where a threat has been carried out in a previous incident of violence, further threats and the constant fear of more violence may constitute the main form of abuse, with little overt conflict being obvious.<sup>6</sup>

Although physical violence is often identified by the community as the main form of domestic and family violence, there are equally damaging non-physical behaviours that must be categorised as abusive and be identified and recognised by the child safety officer. The categories of violence are:

(1) **Physical abuse** - includes directly assaulting a person, their child, a pet or property and includes the use of weapons and reckless behaviour. Examples include:

- pushing, slapping, punching, kicking, choking, biting, shaking, inflicting burns, hair pulling
- using a weapon, for example, belting, stoning, flogging with a stick, spearing
- destroying property or possessions, for example, clothes, personal items, furniture
- being cruel to pets, including in front of family members
- dangerous driving of vehicles
- locking people out of the house
- locking people inside a room or house, depriving them of their liberty
- denying access to needed medical/dental care
- homicide.

(2) **Sexual abuse** - in this context involves adults only, as sexual abuse against children is a child protection and criminal matter. Examples include:

- trying to force someone to have sex or take part in sexual acts against their will, or
- using an object or body part to penetrate the vagina, mouth or anus without permission or consent
- injuring sexual organs
- intentionally hurting someone during sex
- forcing someone to have unsafe sex , without protection against pregnancy or sexually transmitted diseases
- forcing someone to take their clothes off or remain naked against their will
- being made to pose for pornography or being made to look at pornography against their will
- being forced to watch, observe or take part in sexual activities, voyeurism or exhibitionism
- criticising sexually or making sexually degrading comments or names
- sexual harassment.

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<sup>6</sup> Mouzos, J. and Makkai, T. (2004) Women's experiences of male violence : findings from the Australian component of the International Violence Against Women Survey (IVAWS)



(3) **Verbal and emotional abuse** – Verbal abuse includes the intent to humiliate, degrade, demean, threaten, coerce or intimidate and includes the use of derogatory language or continual ‘put-downs’ to highlight a particular part of a person’s being or their societal role. Consequently, the person may experience this abuse as an attack on their identity resulting in psychological harm. As a result, verbal abuse is closely related to emotional abuse. Emotional or psychological abuse can leave a person feeling that they are to blame for the problems in the family or in a relationship.

Examples of verbal and emotional abuse include:

- using words or phrases such as ‘stupid’, ‘brainless’, ‘you’re no good at anything’
- attacking a person’s confidence or self-esteem by denigrating the person’s life, including their cultural practices and beliefs, or making constant comparisons to other peers, lowering a person’s confidence, self esteem and self worth
- intimidating behaviours
- making threats to harm or kill a person, child, relative or pet
- making threats to destroy property or possessions
- harassment such as constant phone calls and/or repeated visits to the workplace
- withdrawing from a person by refusing to speak to or acknowledge them
- refusing to engage with a person on any joint activities
- laying blame on a person for something that happens
- overworking someone or keeping them from getting enough sleep
- threatening to commit suicide if the relationship ends.

(4) **Spiritual or cultural abuse** - is when power and control is used to deny a partner or family member their human, cultural or spiritual rights and needs. It can also include using religion or culture as an excuse to commit particular abuses to justify the behaviour. Examples include:

- denying access to cultural land, sites or family
- denying access to cultural or spiritual ceremonies or rites
- preventing religious observances or practices
- forcing religious ways and practices against a person’s own beliefs
- undermining the person’s cultural background, particularly for people from culturally and linguistically diverse backgrounds
- threatening deportation, or to withdraw support for applications made through Department of Immigration and Multicultural Affairs
- denying a person their cultural heritage.

(5) **Social abuse** - social abuse and isolation is commonly used by perpetrators to separate the victim from supportive friends, family and community agencies. This has particular relevance for women in rural and remote areas where there is limited access to cheap transportation, where firearms are more common, there is increased isolation from neighbours and support services, and communities are small. This abuse may also be more prevalent for women from culturally and linguistically diverse communities. Examples of social abuse include:

- not being allowed to contact, visit or see friends or family

- not being allowed to plan or attend social events or move around socially
- not being able to make telephone calls without permission or supervision
- being prevented from learning or speaking English or other languages that improve (or mask from the perpetrator) communication with others
- having limited or no personal freedom, including checking mileage on the car
- not being able to make or keep appointments, for example with a doctor, without permission, supervision, and/or in the presence of the perpetrator
- having limited or no decision-making role in the family.

(6) **Economic or financial abuse** - involves the unequal control of finances in a relationship or family and the deprivation of basic necessities. Examples include:

- exercising total control of finances in order to increase the victim's powerlessness and dependency
- taking and holding a person's money, or personal items such as keys and bankbook
- adjusting or withholding Centrelink benefits
- making a person ask for necessities
- demanding that a person maintain a household on limited amounts of housekeeping money and then abusing them for not being able to do so
- threatening family members for money.

(7) **Stalking** – is behaviour intended to harass, intimidate, and torment another person.

Examples include:

- repeated phone calls
- sending letters, emails, and faxes and using social media
- unauthorised surveillance such as following a person, monitoring email or social media accounts, and using a GPS tracking device to check a person's movements
- loitering near the person's place of residence or employment or other places that the person regularly frequents, for example a child care centre or shopping centre)
- organising unwanted home deliveries.<sup>7</sup>

In terms of legal recourse, stalking, its definitions, and penalties are covered within the *Criminal Code Act* section 359A. Telecommunications legislation can also be used in relation to repeated phone harassment.

## **Dynamics of domestic and family violence**

It is necessary for child safety officers to have a broad understanding of the complex dynamics of domestic and family violence to assist them in working effectively and achieving better outcomes for children and families.

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<sup>7</sup> Compiled from *Seen but not heard* (2003); *Through young black eyes* (2002 ed.); and National Council of Single Mothers and their Children website.

This understanding needs to be based on research and evidence that takes into account:

- the gender issues involved in domestic and family violence
- the factors that may exist to influence the incidence of violence
- whether a pattern or cycle of violence exists
- whether there is a continuum or escalation of violence that may be common.

## The issue of gender

Research indicates that over 90% of reported domestic and family violence incidents are committed by men against women, and that gender and power play a significant role in acts committed against their female partners. It is therefore a form of gender-based violence as one sex is more likely to be the target and the other is most likely to be the perpetrator.<sup>8</sup> This is also evidenced in police statistics which reveal that women are over eight times more likely to be victims than males.<sup>9</sup>

Studies also acknowledge that women as well as men can commit violence and that it can occur equally in same-sex and heterosexual relationships. Service providers have reported increasing numbers of men approaching their services for support in dealing with violence and abuse from a partner; however there is limited research and statistical data to be able to draw factual conclusions.<sup>10</sup> For child safety officers who need to assess the level of violence in a household where it may appear that both parties are abusive, the identification of the 'dominant aggressor' or the person most in need of protection is critical. (Refer to: Assessment of the dominant aggressor, pg 39).

In Australian and international studies of men and women who engage in abusive behaviour in heterosexual relationships, it is evident that the nature and consequence of women's violence is not equivalent to that used by men. The studies indicate that men's violence towards women is more severe as they generally possess greater strength and aggression. Consequently the impact tends to be more significant for women and can include broken bones, loss of consciousness, injuries to sexual organs, head injuries, lacerations and bruising.

Homicide statistics also support that women are more likely to be killed by their current and former male partners than by anyone else. The main reasons reported by men for killing their female partners are 'desertion'; the ending of a relationship; and jealousy.

In comparison, studies of wives who kill their husbands reveal that there is a history of marital violence in more than 70% of cases, with over half of the husband killings reportedly occurring in response to an immediate or long-standing threat or attack by the husband. Most women whose partners are abusive live in fear before, during and after separation from them. This data suggests that women's violence is more likely to be in self-defence or retaliation where the male partner is abusive or has a history of violence in the relationship.

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<sup>8</sup> Qld Domestic Violence Task Force phone-in (1988); Laing, L. (2003:3) Domestic violence in the context of child abuse and neglect. Topic Paper.

<sup>9</sup> Hegarty, K., Hindmarsh, E.D., and Giles, M.T. (2000:365) Domestic violence in Australia: definition, prevalence, and nature of presentation in clinical practice. Medical Journal of Australia, 173.

<sup>10</sup> Mulroney, J. and Chan, C. (2005:2) Men as victims of domestic violence. Topic Paper

The violence has been reported by the woman as an expression of frustration in response to their dependence, fear or stress, or their refusal to accept a less powerful position.

In Australia in 2007 - 2008, of the 134 domestic homicides recorded, a total of 80 were classified as intimate partner homicides. In the statistical analysis, females were over-represented, comprising 78% of victims (Virueda and Payne, 2010).

Further gender differences have also been reported. Men's violence towards women has been most often linked to an attempt by the man to control, coerce, humiliate or dominate - generating fear and intimidation in the woman. This is a direct contrast to research about male victims that suggest they are less likely to be afraid or intimidated by a female perpetrator, and are more likely to be angry.<sup>11</sup>

## **Factors influencing the incidence of domestic and family violence**

There is no single factor to explain abusive and violent behaviour however four levels of causation have been identified in research which may help create and maintain violence by a person within families. They are:

1. individual factors
2. relationship or family factors
3. factors within the community
4. socio-cultural factors.

These factors can interact with each other in a variety of combinations to produce a predisposition or vulnerability to violence. The presence of any of these does not provide an excuse for violence to occur.

### **Practice tip**

Awareness of these factors will assist departmental officers in identifying their existence within a family, address trans-generational violence issues, gain an understanding of how and why the violence may be maintained, and significantly assist in assessing the level of risk that may exist for children and family members.

### **(1) Individual factors**

Individual factors may stem from a person's own experiences of family and social life, and demographic factors such as education and employment. Individual factors include:

- experiences of, and conditions within, the person's family of origin - for example, if a person lived with violence as a child, they may believe that violence is an acceptable way to deal with situations as an adult. Research indicates many perpetrators have been impacted by child abuse and domestic and family violence as children, resulting in the continuation of violence through generations.
- low self-esteem and high dependence on a partner - this can lead to a desire or need to control and is often reinforced by poor communication skills and poor impulse control.

<sup>11</sup> Bagshaw D. and Chung, D. (2000:11) Women, men and domestic violence.

- rigid traditional ideas about the roles of men and women and a belief that the male has the right to control a partner's behaviour and impose their will upon that person. Sometimes these ideas are linked to religious teachings about the role of a male as the head of the house and family; however most religions do not support violence and abuse towards women and children.
- mental health; antisocial behaviours and personality disorders
- work related stresses, gambling and financial debt, the use of drugs/alcohol, and access to firearms have also been identified as additional causal factors for domestic violence, though they may also be linked to poor impulse control. The Aboriginal and Torres Strait Islander Women's Task Force Report on Violence indicated that alcohol often facilitated violence by providing a socially acceptable excuse for the negative behaviour.<sup>12</sup>

## **(2) Relationship and family factors**

There are many factors relating to families and relationships which influence the nature of domestic and family violence, but most research indicates that perpetrators bring the violence into the relationship with them, rather than the cause of the violence lying within the relationship. Some of the relevant indicators may include:

- marital / relationship conflict and conflict with extended family members
- violence that begins in the initial stages of a relationship, soon after commitment or marriage, or at a significant change within the family, for example, a pregnancy
- women providing full time care of young children are more vulnerable as they are frequently isolated at home, often without an independent income
- the presence of young children in a family may place pressure on intimate relationships, and time spent caring for children may lead to perceived jealousies
- women from rural and remote areas are more vulnerable due to the isolation of the area, the lack of transport and telephone/internet facilities, and the high prevalence of firearms in rural areas.

## **(3) Community factors**

Historically, keeping domestic and family violence behind closed doors has been an accepted practice. Multimedia campaigns with anti-violence messages delivered by both sexes, and Domestic and Family Violence Prevention Month held each May linked with commemorative services has brought it out in the open. Aspects of community life which can contribute to the vulnerability of families being exposed to domestic violence can include:

- general community acceptance towards violence and bullying, for example on the sporting field, in the court system, on television, movies and videos, computer games and social media sites
- association and friendships with abusive or oppositional peers
- encouragement towards sex role stereotypes in some cultures that pressure boys to be competitive, dominant over girls and to engage in physical violence to get what they want

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<sup>12</sup> Aboriginal and Torres Strait Islander Women's Task Force Report on Violence (2000), DATSIPD

- traditional gender roles where the male is viewed as the 'breadwinner', supporting and protecting the 'passive and emotional' female partner
- for Aboriginal and Torres Strait Islander people, the loss of traditional authority roles has impacted on their community's ability to respond to issues of violence.

#### (4) **Socio-cultural factors**

There has been a long held belief in Western society that to some degree men have the right to use control or force against women. A clear example is the term 'rule of thumb' - originating from medieval times when a man was allowed to use a stick to beat his wife as long as the stick was no thicker than his thumb. Other socio-cultural factors include:

- the long held cultural myth idealising family life as being loving and accepting which has assisted in keeping domestic and family violence behind closed doors
- rigid gender roles within specific cultures and belief systems
- the notion of privacy is very strong, with a belief that what occurs within the family home is no-one else's business. This works against the disclosure and prevention of domestic and family violence as, like sexual abuse, it remains one of the most private issues
- the weakening of Aboriginal law and Torres Strait Islander customs impacting on attitudes to violence, sexism and racism. Traditional Indigenous cultures had gender roles that were complementary and respectful.<sup>13</sup>

### **The cycle of violence**

There has been much research to indicate that a pattern of violent behaviour may emerge in many abusive relationships. This is commonly referred to as the 'cycle of violence', first referred to in 1979 and has been continually well-publicised in differing forms since that time.<sup>14</sup> Child safety officers need to understand this possible pattern to domestic and family violence and assess whether it may be occurring as it can:

- assist family members to identify possible escalation behaviour of the person who is abusive
- raise awareness for both adults and children so they can note patterns and help them to identify behavioural changes so safety planning can be implemented
- help identify any immediate risks to children and other family members.

In gaining an understanding of the cycle it should be remembered that abusive attacks are unpredictable and can 'come out of the blue', with violence occurring without any lead-up. For those experiencing violence, it has been likened to walking in an unmarked minefield or walking on eggshells. The stages can be short-circuited or missed due to other factors however fear, power and control will be present throughout.

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<sup>13</sup> Taken from 'Seen but not heard: children who live with domestic or family violence'. Communities Caring for Kids Coalition, Department of Families, Toowoomba, 2003.

<sup>14</sup> Walker Dr L. (1979), The Battered Woman.

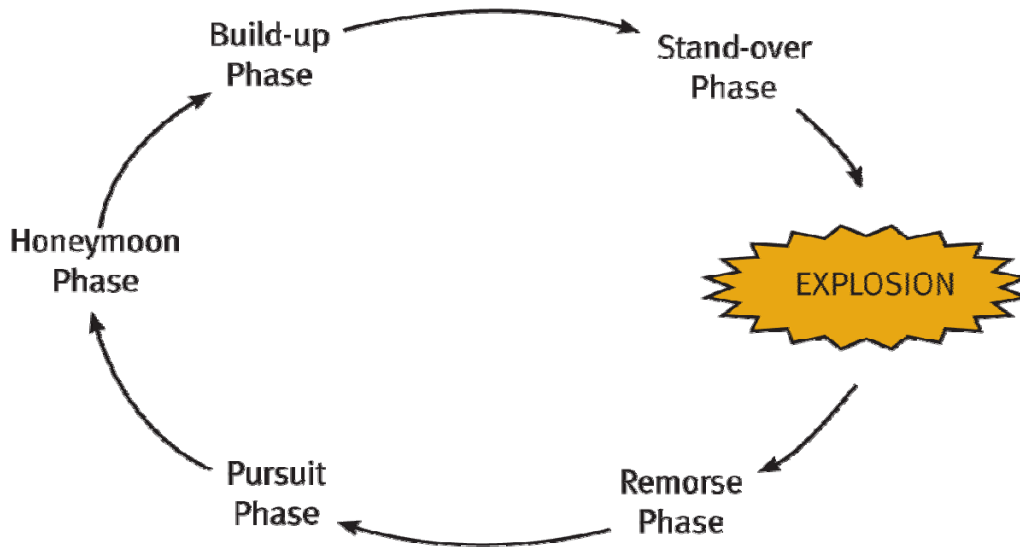
### Practice tip

Child safety officers should gain information from family members to assist their understanding of the abusive behaviour. As the cycle describes the possible behaviour of the person being abusive, the cycle can be discussed with the person experiencing the abuse in private and away from the perpetrator, asking questions such as 'In relation to your partner's behaviour, have you noticed anything like this phase/cycle of abuse?' and mapping their observations. By looking at their experience of the abusive partner's violence, the child safety officer can implement more effective assessment and intervention strategies that take into account the different stages of the cycle.

The cycle of violence will often begin with a build-up of tension over a period of time, which may last days or weeks. As tension increases, the perpetrator may use aggression and threats of violence as a stand-over tactic in order to raise the fear level of the partner and maintain greater control over the situation. This is often the most dangerous and debilitating time for those experiencing violence and it is when the person using the behaviour has the greatest power and control.

Ultimately an explosion occurs where the rage results in some form of violence. This violence may not necessarily result in physical injury and may include verbal aggression, damage to property, threats and self harm. The explosion may be brief or escalate over hours. The perpetrator may have 'lost control'; however the violence has strong elements of choice, power and control. As an example, the 'explosion' may begin with a raised eyebrow at a BBQ giving the only message needed to control the other person and signalling that violence will occur when they get home. Similarly, in the child protection context, a subtle gesture may be used by the perpetrator to control statements made by the victim to child safety officers. The elements of power and control may continue later with the person being hit in an area which is hidden from view or, in the case of a pregnant woman, in the stomach. Another aspect of the control is that the violence often occurs within the home rather than in social settings, minimising the presence of witnesses:

*"If someone knocked on the door when I was arguing with my wife, I could stop mid-sentence – I would instantly become Mister Nice Guy. The second they left it was like turning a tape recorder back on – I could start exactly where I left off."*  
(George in 'No to violence')



**Figure 1: The cycle of violence**

(Refer to the Queensland Police Service website – <http://www.police.qld.gov.au/programs/cscp/dv/brochure/>)

### Practice tip

If a child safety officer assesses that a family member appears fearful of another member it is probable that domestic and family violence has been experienced by that person and will be experienced again. Signs of fear can be: agitation and nervousness, a high level of apprehension, eye contact may be avoided (but this could be cultural), turning away from the person they are speaking with, or displaying a reluctance to be contacted or interviewed.

If the perpetrator is present or nearby, the fearful person may appear to be guarded, may constantly glance towards their partner, may be defensive of their partner's actions and be unwilling to respond to questions or conversation. This fear will include fear of the abuser, but can also encompass fear of deportation, fear of losing the children, fear of being exposed and embarrassed, especially if outside contact has been forbidden, and fear of retaliation. (Folwell, 2005)

After the explosion there may then be a period of remorse and guilt over any emotional and/or physical harm inflicted on the victim. The perpetrator may fear losing their family and may make a greater effort to restore the relationship. Victims at this point often want to believe that the violence will not be repeated in order to salvage the relationship and may choose to believe the perpetrator when they say that it won't happen again. During the remorse phase the perpetrator will often justify their actions and minimise them, finding external reasons why the violence occurred instead of taking responsibility for their own behaviour.



## Practice tip

It may be at this point that child safety officers are contacted by police (via an '0522 report') or others about the family and need to gather information to make an assessment of harm and whether further departmental intervention may occur. As well as gathering specific information about the risks to the children in the household as outlined in the Child Safety Practice Manual it is also necessary to:

- (1) gather as much information as possible from the caller in relation to the current abusive incident between the family members
- (2) ask questions to ascertain past history of violence within the household and when previous incidents occurred, what actions were taken by police or family members at that time, and whether there are other risks present: for example, firearms/weapons (include asking questions about the occupation of the perpetrator for example Police Officer, Defence Force, abattoir worker, where ready access to a weapon is possible), previous history of violence or controlling behaviours, geographic isolation, drug and alcohol abuse or mental health issues such as depression
- (3) assess the presence of further risk indicators that may mean violence could escalate, for example by identifying community and socio-cultural factors
- (4) provide advice to the caller about services, agencies and emergency contacts that can enable better safety planning
- (5) use information gathered, together with child protection knowledge, to provide a holistic assessment about what the harms/risks are to the child and other family members.

If undertaking an investigation and assessment, the child safety officer should be aware of the characteristics of the remorse phase and identify statements made by family members that may minimise, justify, blame or apologise for the behaviour – such as the victim saying, “I nagged him and I should know he gets mad then”; or the perpetrator stating “it was only a push, I didn’t know she would fall”, “I didn’t mean to hit her in the stomach”.

The child safety officer also needs to be self-aware as to the personal values held about violence and abuse, not accept the statements of minimisation about the acts, and place responsibility back on to the perpetrator. Remember, many victims will minimise the violence or abuse out of fear for what may happen if they tell, and many perpetrators will try to justify abusive behaviour, stating they were provoked to act in the way they did. If / when it is safe to do so, hold the perpetrator accountable for their impact on the child’s safety by addressing the violence with them directly, outlining the effects and the consequences of the behaviour, and recording them as the ‘person responsible’ in ICMS. The safety of the child without placing any other victims at risk should always be the highest priority.

The pursuit phase often results in attempts by the perpetrator to win back the love and affection of their partner and family. To do this they may offer promises to change their

behaviour, provide gifts or surprises, and be the partner that they know is desired. This stage relies on creating a sense of goodwill, guilt and hope in their partner. If these tactics do not succeed, they may resort to more threats and intimidation in order to convince their partner that they cannot leave the relationship.

Please note: For women and children who may have separated from the abusive partner, this phase may lead to an escalated risk of violence for family members, as shown in homicide and murder/suicide statistics. Post-separation violence can be a continuation of violence that occurred in the relationship, or the violence may commence with separation.

Research has identified that this violence can be serious and life-threatening: approximately 30% of Australian women killed by male partners are killed after separation.<sup>15</sup> Further, in Australia between July 1989 and December 1993, 35% of children aged 14 years and under who were fatally assaulted died as a consequence of a family dispute.<sup>16</sup> Child death victims may or may not have been victims of the perpetrator's violence prior to this fatal assault:

'The parent's relationship had ended due to the father's increasing domestic violence, which at times placed the children at serious risk of harm. After his application for a shared care arrangement was refused, the father killed his children and himself in the family home. Although the father's motive remains unclear, a suicide note insinuated he was responding to the court decision and it appears that he was trying to prove ownership of the two young children.'<sup>17</sup>

### Practice tip

Family members who choose to leave the perpetrator or have the perpetrator removed need to be supported by child safety officers and others so they are provided with resources to assist them to remain living safely and independently. This support can include assistance with Protection Orders, and assisting with access to housing and financial services, in conjunction with other agencies and legal interventions. Support needs to be provided that can stop the perpetrator continuing the abuse.

It is important to note that for families that remain together, the perpetrator may be covertly influencing family members to minimise the violence by escalating the degree of threats used. At this time, the partner may be seen as 'choosing' not to take action to secure a child's safety, and is assessed as 'failing to protect' the child. This, however, is a simplistic view of the complexities of the abusive situation - they may be protecting the child by not being seen to actively be engaging with services, due to threats of extreme violence. Identifying and strengthening the protective measures already being implemented is an intervention option which can lead to the non-abusive partner feeling empowered and more confident, enabling them to take further protective actions in the future.

<sup>15</sup> Easteal (1993) cited in Laing (2003:2).

<sup>16</sup> Strang (1996) cited in Annual Report - Deaths of children and young people 2004-05, CCYPCG: 117.

<sup>17</sup> Child death circumstances in Annual Report - Deaths of children and young people 2004-05, Commission for Children and Young People and Child Guardian, Queensland.

Child safety officers must fully assess the reasons if the partner is not leaving the home / taking other action rather than making assumptions that they are not acting protectively. To make this assessment, care needs to be taken to allow family members to disclose family issues and safety threats in a safe environment and away from the perpetrator's presence / knowledge. This in itself can be difficult as the partners' relationship with child safety officers often mirrors the same disempowerment, control and fear they have already experienced in their relationship with the perpetrator. Some of the challenging dilemmas for statutory child protection workers have been identified as:

'...how to intervene to protect children without reinforcing the woman's sense of guilt, self-blame and failure as a mother; how workers can avoid placing even more responsibility for protecting children onto women who are often powerless to act because of their own victimisation; and how workers can invite perpetrators to take responsibility for their violence and to be accountable for the impact of their actions on mothers and children.'<sup>18</sup>

Contact with the family and unplanned interventions and responses may place the family at greater risk – if possible, ask the partner for the safest time to call. During contact and interviews with the perpetrator, child safety officers should not disclose information provided by the partner or children as this may place them at increased risk of further violence. Instead, police reports and other assessments may be used, together with an interview process that encourages the perpetrator to discuss their behaviour.

The honeymoon phase is often indicative of a situation where the relationship becomes very enmeshed and intimate with a denial of the previous abuse. During this phase and the pursuit phase, families may withdraw from Intervention with Parental Agreement case plans, care agreements, other support and also seek the withdrawal of Protection Orders, showing animosity towards people attempting to assist them. Families at this point have a decreased ability to address the violence and, as the perpetrator's power over them and their sense of safety in the relationship increases, the momentum builds again.

At certain times, phases of the cycle such as the honeymoon phase and the build-up phase may be eliminated from the cycle altogether so that violence builds more quickly with explosions occurring more frequently. This sequence of events indicates extreme danger for the family. Research has also shown that, over time, the cycles tend to become more frequent and the violence more intense, unless early and effective intervention is provided.

Alternatively, due to the significant element of fear involved, the perpetrator may not need to 'explode' as often as they use the fear that has been created to be in control. Child safety officers are to take these issues into account when applying professional judgment, implementing the SDM screening and assessment tools, and when accessing supervision as a means to discuss the complexities of assessing these risks.

The cycle of violence and its possible escalation may be found in any relationship:

- dating relationships
- same-sex relationships

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<sup>18</sup> Burke, C. (1999:257), cited in Breckenridge, J. and Laing, L. (1999) Challenging silence: innovative responses to sexual and domestic violence.

- family violence between adult children who care for their parents or other family members
- elder abuse
- informal care relationships such as carer-type relationships.

Elder abuse is defined as violence and/or abuse committed against older people by members of their own family, other people they trust in intimate relationships, and informal carers. Children can be exposed to elder abuse by visiting, or living in, the same household as the elderly victim.

## **Escalation of violence**

Without intervention and support, domestic and family violence can escalate. By ignoring or failing to identify the characteristics of violence within a family, and not holding the perpetrator accountable, it may appear that the behaviour is condoned.

This may result in the violence increasing in frequency, intensity and severity.

Asking initial questions to help identify any indicators of domestic and family violence, and being aware of any signs of escalation is important to help address ongoing safety. In looking for signs of escalation, research identifies risk factors that may indicate the probability of serious injury or death occurring. These are:

- actual or impending separation
- obsessive behaviour by the perpetrator, for example, stalking
- signs of depression in the perpetrator
- the use of sexual violence
- a heightened sense of fear experienced by the victim
- the perpetrator making threats to kill
- the perpetrator making threats to self-harm, or is self-harming
- the perpetrator having access to firearms.

## **The extent of domestic and family violence**

Domestic and family violence is a social, economic and political issue that has significant consequences for individuals, families and the community as a whole. Estimates in relation to the extent of this violence vary, with accurate statistics being difficult to obtain due to the hidden nature of the violence, and research findings that women with a current intimate partner are less likely to report experiences of violence from that partner than about previous partners. Over the past six years in Queensland, however, an average of 24 deaths per year, or 47% of all homicides, have resulted from domestic and family violence (Coroner's Report 2012).

## **Domestic and family violence in the Australian community**

An extensive survey was conducted in Australia in 2002 – 2003 (IVAWS) on 6677 women aged between 18 and 69 years. The information provided by them about experiences of

physical and sexual violence indicated:

- 48% of women reported experiencing some form of physical violence by an intimate partner over their lifetime
- the majority of these women experienced more than one type of violence. The co-existence of different forms of violence highlights that violence is often not an isolated incident - with more than one type of violence experienced either in the same incident or as part of a pattern of repeat victimisation
- 25 per cent of women experienced both physical and sexual violence, either in the same incident, or on separate occasions.<sup>19</sup>

Research suggests that a minority of all victims of domestic and family violence pursue protection through the legal system, either as a civil or criminal matter. However, in Queensland in 2011-12 there were 8425 Temporary Protection Orders and 17,084 Protection Orders made.<sup>20</sup>

## Challenges for rural and remote communities

The challenges for people living in rural and remote communities are very real when it comes to disclosing domestic and family violence. Research indicates rural and remote areas, particularly Indigenous communities, experience greater levels of violence generally, and domestic violence specifically, than other areas.<sup>21</sup> As is the case in urban areas, women experience domestic violence at higher rates than men, but for those in rural and remote areas further challenges are experienced. These challenges include:

- the lack of availability of independent communication away from the perpetrator due to not having mobile telephone reception or internet access
- the common presence of firearms
- in a close, small, conservative community the family may be regarded as 'upstanding citizens' who play a key role in the functioning of the community. They may hold positions of power or of social importance which makes disclosure more difficult.
- fear of not being believed or of being ridiculed which acts as a hindrance to disclosure. Many feel ashamed and humiliated while others are fearful of embarrassing their families who also live in the area.
- a reluctance to contact and use local services due to a traditional ethic of self-sufficiency in these communities. It is possible that the local doctor or police officer is within the same social network, making disclosure extremely difficult.
- social isolation when living on farms and properties away from personal contact with others. Women who have moved with their partners to rural areas may be more isolated, having left behind connections to family, friends and other supports.

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<sup>19</sup> Mouzos, J. and Makkai, T. (2004) Women's experiences of male violence: findings from the Australian component of the International Violence Against Women Survey (IVAWS).

<sup>20</sup> Department of Communities, Child Safety and Disability Services, 2012.

<sup>21</sup> Research by Mouzos 2001; Mukherjee et al. 1998; Hogg & Carrington 1996; Harding et al. 1995; cited in Mouzos, J. and Makkai, T. (2004).

If a disclosure is made, further challenges exist in responding to safety concerns. These can include:

- limited access to independent transport and lack of mobile telephone reception, significantly limiting their ability to escape. This can lead to families feeling trapped and isolated.
- familiarity with a family in the community may heighten the reluctance of people in authority, such as a doctor or police officer, to respond appropriately to secure safety.
- slower police response times due to the geographical area police need to service. This may impact on their capacity to arrest and charge a perpetrator who resides in another town. If a partner has tried this avenue with no success, they risk putting themselves in a more dangerous position and may have no other options available.<sup>22</sup>
- difficulty in accessing and enforcing legal protections, such as legal aid, legal representatives, and a timely police response to a breach of a domestic violence order.

People from culturally and linguistically diverse backgrounds have further difficulties in rural areas due to factors including language barriers, lack of familiarity with their surroundings, and the limited opportunities to engage with face to face and telephone interpreters to assist them in accessing supports.

### Practice tip

It is imperative that child safety officers are aware of these challenges prior to initiating contact with a family living in a rural or remote area. Preparation and planning are important to provide a thorough understanding of the processes, options and difficulties that may be faced. When safe to do so, the provision of verbal and/or written information must be a significant part of the initial visit, including safety planning options, contact numbers for domestic and family violence support services, and information about legal options. Prior to undertaking this, child safety officers need to assess the safety implications of leaving written information with the family, or emailing information which may later be found by the perpetrator.

DVConnect is a Brisbane based telephone service which has the capacity to assist in moving rural families escaping violence to a place of safety if requested by the family. Child safety officers can also make contact with this service prior to contact with the family to gain further information about options that may exist however the service must speak to the family directly prior to any arrangements being made (refer to Appendix 4 for a list of services). A family may need to travel to another region if needing refuge accommodation, as refuge locations in smaller towns are often known to others. This relocation may mean further isolation from their support network of family and friends.

<sup>22</sup> Please note - The issue of 'tried but failed', in particular with the Police is a broader experience for those impacted by abusive behaviour in their relationships and is not just restricted to those in rural areas. See the CMC Policing Domestic Violence in Queensland (2005) report for victim survey results (p 69).

## Challenges for Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander communities have a disproportionately higher rate of assault against women than the non-Indigenous population. In one study, the rate of family violence victimisation for Indigenous women was almost 40 times the rate for non-Indigenous women.<sup>23</sup>

Another study found that Indigenous women were more likely to be killed by their partner, with just under half of all Indigenous homicides collated occurring as a result of domestic altercations.<sup>24</sup>

Domestic and family violence within these communities is complex and needs to be understood in terms of historical, cultural and social contexts. Colonisation, with its related power and control imbalances can be regarded as mirroring the dynamics and impacts of family violence. Other factors to take into account include:

- the loss of land and traditional culture
- the disempowerment of traditional elders and at times the re-attribution of 'power' from a non-Indigenous perspective
- the breakdown of community kinship systems
- the breakdown of Aboriginal law
- entrenched poverty, and resultant poor health, education and housing
- racism.<sup>25</sup>

These factors greatly contribute to Aboriginal and Torres Strait Islander families being very suspicious of Child Safety, police and court systems. There is a fear that children will be removed from a violent home and not returned, as previously experienced by the Stolen Generation, and that responses by the police and the legal system may continue to break down their cultural systems. A question to consider is 'How many years would it take you to trust someone who stole your child?'<sup>26</sup>

The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report (1999) further reported that the trauma of experiencing family violence is compounded for many Aboriginal and Torres Strait Islander children who also experience other multiple traumatic situations such as community violence, deaths of loved ones, displacement from home and extreme poverty.

The inter-generational trauma that has resulted has led to confusion about roles and cultural identity; internal conflict; and feelings of alienation and anomie. Research has linked the associated suppression or denial of these consequent feelings of distress and despair to their expression through destructive behaviours such as family violence, alcohol and drug abuse, and suicide.<sup>27</sup>

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<sup>23</sup> Harding et al. (1995) cited in Mouzos and Makkai (2004).

<sup>24</sup> Mouzos, J. (2001) Indigenous and non-Indigenous homicides in Australia: a comparative analysis.

<sup>25</sup> Memmott et al, 2001 cited in Mulrone J., (2003:11) Australian statistics on domestic violence.

<sup>26</sup> Sullivan, B. (2005) quoted at 'Abusive men as parents' - presentation to Domestic and family violence reference group meeting.

<sup>27</sup> Atkinson (1994) in Stanley, J., Tomison, A. and Pocock, J. (2003: 7) Child abuse and neglect in Indigenous Australian communities.

## Practice tip

Research provides evidence of disproportionately high rates of assault occurring within many Aboriginal and Torres Strait Islander communities compared to non-Indigenous populations. This predominance may result in an increased tolerance of violence by both community members themselves and others visiting communities to provide services and support. Child safety officers should maintain an awareness of this possibility and ensure that they do not become complacent when assessing the significance of family violence, its associated harms to children and the safety of family members.

Many Aboriginal and Torres Strait Islander peoples are reluctant to report incidents of family violence. This under-reporting may be due to:

- loyalty to family and community
- attempts to prevent the incarceration of family members (associated with increased rates of deaths in custody)
- avoiding shame from both within and outside the family
- fear of possible payback or retribution. Reasons are varied but can include intimidation by offenders, and if action is taken without the support of community elders (PADV 2000).

Unintended consequences of some human service and violence prevention policies may also result in families not seeking protection when needed, as requesting help can lead to a referral to Child Safety or police. Where a family or community has experienced trauma associated with the Stolen Generation, the ongoing distrust of authority figures may create tension and a conflict of interest between the desire to protect their children and the need to take action against the person responsible for the violence (Stanley, Tomison and Pocock:2003). These and other underlying factors should be taken into account as cultural considerations by child safety officers when assessing 'failure to protect' issues associated with family violence.

Where family violence is being experienced in families, it is important to identify culturally appropriate safety planning options for family members. Contact details for Aboriginal and Torres Strait Islander family violence prevention services and other domestic and family violence services are referred to in Appendix 4.

## Cultural protocols

Child safety officers should also be aware of protocols that may exist when establishing contact and undertaking interviews in relation to family violence with Aboriginal and Torres Strait Islander peoples. For example, in some circumstances, the violence may be considered men's business. Some men may consider it disrespectful to discuss the issue with a female child safety officer. Reasons are varied but can include:

- the age of the person
- a lack of established trust
- those objecting to discussions being perpetrators or supporting the perpetrator
- the nature of the violence (Lodder:2003).



Similarly, issues such as pregnancy, birth and child rearing may be considered women's business and some women may not engage with a male. This discomfort may be misinterpreted by child safety officers as an unwillingness to participate in interviews.

For further information, refer to the Practice paper - Working with Aboriginal and Torres Strait Islander People.

## Challenges for culturally and linguistically diverse communities

Data in relation to the incidence of domestic and family violence in culturally and linguistically diverse (CALD) communities is problematic and has not been regarded as a true indicator of its prevalence. One study indicated that 7.5% of women from these communities had experienced violence by their partner during the course of their relationship but this is considered a conservative estimate.<sup>28</sup> A similar finding was made in the IVAWS survey.

These statistics are viewed as conservative estimates, due to the many barriers that prevent these families from reporting violence and accessing services or support. Barriers may include:

- language and cultural differences which make communication difficult
- racial judgements and discrimination, particularly made against Asian women married to Australian men
- pre- and post-migration experiences which may include torture and trauma, cultural shock, grief and loss for family and previously known network systems
- differences in gender roles, cultural values and traditions impacting on freedom, rights and opportunities
- the role of the mother in many cultures in maintaining the family's unity and keeping the family's honour, therefore counteracting disclosure
- fear for the possible fragmentation of the family unit
- isolation due to separation from extended family and other support networks
- a lack of knowledge and understanding of Queensland systems and services
- fear of government departments, correlating them to past experiences of police, military or paramilitary actions as is particularly relevant to people who are refugees
- hesitation in seeking help from their own community due to cultural taboos, social stigmas, shame, fear, and privacy issues
- threats to withdraw permanent residency applications with Department of Immigration and Multicultural Affairs where applicable, should the partner try to leave the relationship
- a lack of access to services which can respond to their needs.<sup>29</sup>

For women from culturally and linguistically diverse backgrounds, the broader concept of domestic and family violence may not be readily understood. Research has identified that physical abuse is recognised as domestic violence by most cultural groups, together with

<sup>28</sup> Australian Bureau of Statistics, (1996: 56) Women's Safety Australia.

<sup>29</sup> Compiled from National Council of Single Mothers and their Children website, [www.ncsmc.org.au](http://www.ncsmc.org.au); Kyriacou, undated, and IWSS Diversity Training Project (2002: 56).

some elements of psychological and emotional abuse. Sexual abuse was not automatically considered or identified as a form of violence.<sup>30</sup>

### Practice tip

Children from culturally and linguistically diverse communities require and are entitled to the same protections from harm as any other child. It is unacceptable to not intervene in families from different cultural backgrounds by presuming that the violence or harm is a culturally sanctioned belief or practice. Harmful cultural practices are no excuse for violence. The key is to have an understanding of the types of cultural practices that may take place, the likely harm that may occur and to discuss the concerns in a sensitive and non-judgmental way with the parent and family.

Consideration should be given to engaging professional interpreters to ensure effective communication is achieved, even when the person may have some understanding of English as a second language. Culturally appropriate protocols and procedures need to be taken into account also. Contact with support services for those from culturally and linguistically diverse backgrounds can assist in gaining this understanding, such as the Immigrant Women's Support Service. It is important that confidentiality be maintained during this contact as a family may fear that their situation will become known to their own specific cultural community.

The Immigrant Women's Support Service ([www.iwss.org.au](http://www.iwss.org.au)) is an important resource for women from CALD backgrounds experiencing male violence. The IWSS is a community based crisis and support service which works with women and children of non-English speaking background who are, or have been, in violent domestic situations or who have been raped or sexually assaulted. The service employs bilingual social workers who provide culturally appropriate support, information and counselling.

For further information refer to the Practice paper - Working with people from culturally and linguistically diverse backgrounds.

## Children's exposure to domestic and family violence

Extensive research confirms that children are often exposed to violence within their homes. Studies also indicate significant prenatal risks, with evidence indicating that domestic and family violence may initially commence during pregnancy and further, that there is a reported higher prevalence of violence during pregnancy.<sup>31</sup> This is during a time when a pregnant woman is likely to be in a position of increased emotional and financial dependence on their partner. For pregnant adolescents, rates of reported violence are higher again, signifying increased vulnerability for themselves and their unborn child.

Research conducted in Queensland in 1988 found that dependent children were members of households of 88% of the 856 callers to a Queensland domestic violence phone survey. In

<sup>30</sup> Partnerships Against Domestic Violence (2000: 36) Attitudes to domestic and family violence in the diverse Australian community – Cultural perspectives.

<sup>31</sup> Taft, A. (2002: 4) Violence against women in pregnancy and after childbirth.

80% of these cases, there were two or more dependent children; and in 90% of these cases, the women reported that children had witnessed the violence.<sup>32</sup>

In 1996 a large survey of female victims conducted by the Australian Bureau of Statistics (Women's Safety Australia) found that 38.3% of women experiencing violence from a current partner said that children had witnessed the violence. A more recent study found that 48.5% of women who experienced violence by a previous partner said that children in their care had witnessed the violence.<sup>33</sup>

Significantly, a majority of research studies indicate that in 30% to 60% of families where domestic and family violence is a factor, harm through other forms of child abuse has also occurred.<sup>34</sup> Respondents to the 1988 Queensland survey reported that children experiencing domestic and family violence were also victims of physical abuse in 68% of cases, emotional abuse in 70% of cases and sexual abuse in 8% of cases. In the same study it was found that 64% of perpetrators witnessed domestic violence as children.

The combination of being both a victim of child abuse and being exposed to violence is also associated with more severe impacts, and has been termed a "double whammy" for children.<sup>35</sup>

The complexity of this combination is indicated in a 2002 Victorian study which examined the characteristics of parents of children in substantiated cases of abuse or neglect. It found that 73% of these parents had at least one issue or problem in addition to the child protection concern. Of these, 52% experienced domestic violence, 33% substance abuse, 31% alcohol abuse, 19% had a psychiatric disability, 4% a physical disability and 3% an intellectual disability. Two or more of these problems were experienced by 44% of the parents.<sup>36</sup>

Research and survey responses suggest that statistics about children's exposure to domestic and family violence may be higher than reported as parents often deny to themselves and others (especially child protection workers) that the abuse occurred in the presence of, or proximity to, the children. Studies indicate that children and young people have a higher level of awareness of the violence that occurs than reported by their mothers. It is also important to understand that children do not have to directly witness or be involved in the violence occurring to be affected by it. The *Domestic and Family Violence Protection Act 2012* provides examples of how a child may be exposed to violence in the household when they were not present during the actual incident (section 10).

## Indicators of domestic violence

Recognising signs or indicators of domestic and family violence is similar to identifying child protection concerns in families – with direct questions often not eliciting the information needed to inform an assessment. Subtle signs can be difficult to recognise, as injuries may be out of sight, or the person may have become very adept at hiding the physical effects - for example, avoiding people so injuries are not seen and having excuses why they were unable

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<sup>32</sup> Qld Domestic Violence Task Force (1988:45)

<sup>33</sup> Mulrone, J. (2003: 7) Australian statistics on domestic violence.

<sup>34</sup> Edleson, J.L. (1999: 2) The overlap between child maltreatment and woman abuse.

<sup>35</sup> Research cited in Laing, L. (2000: 5) Children, young people and domestic violence.

<sup>36</sup> Victorian Department of Human Services (2002) An integrated strategy for child protection and placement services.

to keep appointments. Also, there may be significant emotional impacts rather than physical ones that are difficult to link to violence if it is 'hidden'.

## General indicators

Child safety officers should be aware of the following indicators in adults, remaining aware that they may not be obvious at first contact:

- repeated injuries
- inconsistent explanations for injuries
- vague complaints or acute anxiety with no reported injuries
- social isolation and deprivation of money
- concentrated focus on what actions their partner will want them to take
- frequent reference to their partner's anger or temper
- terror or reluctance to speak to those in authority
- inability to attend appointments without the partner being present
- their partner responding to all questions and requests for information
- frequent fleeing from home or not wanting to return
- depression, suicidal gestures or attempts
- history of excessive alcohol or drug use
- their partner making jealous accusations of infidelity.

Careful observation and separate interviews of the partner and children within a safe empathic environment may help elicit information about abusive behaviour by a family member, however full disclosure by the partner is rare, unless there is a trusting relationship already established. The authority role of the child safety officer and the parent's fear that a child can be removed is generally not conducive to a parent disclosing the full extent of any violence within the home.

International research suggests that child protection workers often fail to identify or address domestic and family violence. When this failure occurs by child safety officers, the victim can view this as the violence being minimized or condoned. The violence can 'fall off the agenda' for child safety officers in various ways, including:

- by supporting the perpetrator as the more functional family member
- by identifying the non-violent parent as the 'person responsible' for harm as they 'failed to protect' the child
- by not involving the perpetrator in assessment processes (the 'invisible man')<sup>37</sup>
- by shifting the focus of assessment from violence to mental health, alcohol abuse or other issues
- by not recording incidents of domestic and family violence in case notes and assessment reports.<sup>38</sup>

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<sup>37</sup> The 'invisible man' is a term used to describe how 'the impact of the perpetrator's actions can be seen, but the perpetrator is never seen' by child protection workers, counsellors and others, in Burke, C. (1999: 260).

<sup>38</sup> Humphreys, C. (2000:11) Social work, domestic violence and child protection – challenging practice.

### Practice tip

Child safety officers' knowledge of the dynamics of domestic violence, their observations, and their skills in engaging and building rapport with family members are significant in achieving a thorough assessment. Discussing observations, facts and opinions with specialised service providers will also be of value in assessing family dynamics and the prevalence of violence. As an example, a person from a culturally and linguistically diverse background may already have an established trusting relationship with a multicultural organisation or settlement worker. The support offered by these services needs to be ascertained and, with consent, can be built on so positive relationships are maintained.

## Indicators in children

There are numerous signs in children that may indicate they have been exposed to domestic and family violence. These indicators may be overtly apparent, as in cringing at loud voices or quick movements, or more internalised, such as when a child is unable to express themselves emotionally or has a poor self image.

An assessment of the child; their relationships with others - both in the home and at school or elsewhere; their coping mechanisms; and their behaviours in context will assist in identifying whether they have experienced or been exposed to violence within the home. If indicators are present, further information is required to complete an evidence-based holistic assessment.

Please refer to Appendix 1 - Common behavioural and emotional indicators of children who experience domestic and family violence for a concise list of indicators that may be present.

### Practice tip

Child safety officers need to be aware of indicators of domestic and family violence throughout the child protection continuum, from intake through to case closure. Direct enquiry can be used with the family together with ongoing communication with police, schools and other agencies that are in contact with the family. A perpetrator's ability to use control, dominance and coercion may continue during contact with the family or during case planning processes such as Family Group meetings, whether or not the perpetrator is present at the time. Given domestic and family violence can escalate at times of high stress, as may occur during an investigation and assessment of child protection concerns, identifying and addressing indicators of violence is necessary to respond to the child's protection needs.

## **Impacts, effects and harms of domestic and family violence on infants, children and adolescents**

Significant behavioural, cognitive, social and emotional impacts can result in harm to children exposed to domestic and family violence. Short term effects can begin from the initial onset of the violence and last until after the final episode, however if the violence is more entrenched, the impacts and harm may be more significant and long term. Behind the effects of the violence are entrenched messages about the use of power and control in relationships, and inappropriate ways to resolve conflict.

A degree of overlap exists between short and long term effects dependent on a number of factors, including: the age and vulnerability of the child; the length of time the violence has been continuing; the severity of the violence; and the degree to which the child has access to some level of support. If support has been available the effects of the trauma may be lessened due to the child's resilience being built on.

Effects of domestic and family violence can be exhibited by both internalised and externalised behaviours at different developmental stages. For a concise list refer to:

- Appendix 2 – General effects on children who live with domestic and family violence
- Appendix 3 - The effects and resulting harms for children experiencing domestic and family violence at different developmental stages.

When identifying effects as listed, it is acknowledged that none are exclusively indicative of domestic and family violence, as they may also indicate a range of other traumas in a child's life. As an example, children from refugee backgrounds and survivors of torture in particular may experience similar signs. Child safety officers need to ascertain whether domestic and family violence has been experienced as well as torture or trauma from their past family circumstances.<sup>39</sup>

Coupling impacts of domestic and family violence with other child protection harms (the 'double whammy') means child safety officers must acquire knowledge of these impacts on children at each stage of development, beginning prior to birth onwards.

### **Unborn children and infants**

Recent research has focused on the effects and harm that domestic and family violence may have on an unborn child with one research sample indicating 17 percent of women who experience domestic violence do so for the first time while pregnant (Morgan & Chadwick 2009).

In addition, the effects of this violence on women's pre-natal health and well-being are pervasive, and can impact significantly on their physical, emotional and mental health, leading to poor obstetric and reproductive outcomes. The effects can result in babies:

- being miscarried, either as a direct result of violence or due to stresses within the home
- having low birth weight

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<sup>39</sup> Further information about this issue can be accessed from Queensland Program of Assistance to Survivors of Torture and Trauma (Asscn) Inc. (QPASTT) [www.qpastt.org.au/home](http://www.qpastt.org.au/home).

- being stillborn.

Evidence has also linked a higher proportion of abortions by mothers who experience domestic and family violence.

A study conducted at the Royal Women's Hospital, Brisbane found that women experiencing abuse within their relationships were likely to have more hospital admissions during pregnancy, and be prescribed more medication, with newborns to the mothers of the group also having a higher incidence of asthma and epilepsy. Use of tobacco, alcohol, minor tranquilisers and non-prescription drugs was also more likely, possibly jeopardising the health of the baby in-utero.<sup>40</sup> These are factors that need to be considered when child safety officers receive concerns in relation to an unborn baby.

Infants can exhibit signs of stress and trauma if domestic and family violence is occurring within the home through:

- poor general health and development, including failure to thrive and slow growth
- poor sleeping habits
- irritability, excessive screaming, separation anxiety
- reactivity to their environment, including a chronic startle reflex
- refusal or withdrawal from feeding
- difficulty in forming attachment to adults through effects of emotional deprivation.

They may often be directly involved in the violence with harm resulting from:

- being held as a shield or for their protection by their parent
- being hit by thrown objects
- being intentionally hurt or threatened to cause fear
- picking up emotional signals given out by their carer – distress, depression, fear, and/or anger which can impact on bonding and attachment.<sup>41</sup>

“My little one was put behind the tyre in a capsule so I couldn't leave, when she was a baby”.

“It got to the stage where we were fighting and this is the time where (he) grabbed the chair and smashed it right next to the baby and he did that on purpose to scare me and it did hit the baby”.<sup>42</sup>

There is also evidence that an infant's exposure to this traumatic stress can result in maladaptive changes to their developing brain, affecting their emotional development, the organisation of behaviour and their personality. Neurodevelopmental studies indicate this occurs through an over activation of stress hormones which prepare the body for flight or fight, leading to the brain mislearning responses to stressful situations.<sup>43</sup>

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<sup>40</sup> Webster (1996) in Queensland Health report, (2001: 1).ATO

<sup>41</sup> Department of Community Services Forum (2002: 3).

<sup>42</sup> Taft, A. (2002: 8) Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses.

<sup>43</sup> Smith, J. (2006) 'Domestic violence: the impact on children'. Research forum, Dept Child Safety, August 2006.

In infancy, these changes can be observed by irritability, sleep disturbances, and an increase in minor illnesses, but further impacts later in life may occur such as extreme anxiety, depression, and / or the inability to form healthy attachments to others.<sup>44</sup> Research continues to examine infant incidence of post-traumatic stress disorder when domestic and family violence has been identified.<sup>45</sup>

### Practice tip

Child safety officers must recognise this infant age group as particularly vulnerable to significant harm and consider this vulnerability when using their professional judgment and applying the SDM assessment tools during all phases of the child protection continuum.

For further information refer to the Practice paper – Child protection intervention with high risk infants.

## Young children

Research has indicated that the initial reactions to violence experienced by young children are often depressive, internalised and dissociative in nature – with children exhibiting depression, anxiety, fear, loneliness and lowered self-worth. These reactions are difficult to identify unless indicators are identified, assessed and addressed.<sup>46</sup>

In a Brisbane study of 3 to 6 year old children, it was found that children responded to domestic and family violence within the home by:

- fright – 39% - ‘My child cried, screamed, sobbed and was hysterical. He would cry and come to me for comfort...’
- fight - 30% - ‘My child would scream “Don’t hit mummy”, punch his legs and was very distressed and angry’
- flight – 13% - ‘He would go to his room and be quiet otherwise the violence would turn on him. This is what I did as a child.’
- other responses, including distracting and ignoring – 18% - ‘He would get rowdy and run around, like he was trying to draw attention away and onto himself’.<sup>47</sup>

These responses and consequent impacts may not be obvious on initial contact, and, to observers outside the family, it can seem that there is nothing wrong unless a thorough risk assessment, including querying violence in the home, is completed:

‘It got so bad I had to go to special classes...I found it hard to concentrate...They always thought I was slow.’<sup>48</sup>

<sup>44</sup> Perry (1997) in Roberts et al, (2006: 132).

<sup>45</sup> Bogat et al (2005) Trauma symptoms among infants exposed to intimate partner violence.

<sup>46</sup> Research cited in Bedi, G. and Goddard, C. (2006: 8) Intimate partner violence: What are the impacts on children?

<sup>47</sup> Smith, J. (1994) from presentation – ‘Domestic violence: the impact on children’. Research forum, Dept Child Safety, August 2006.

<sup>48</sup> Child quoted in Humphreys, C. and Mullender, A. (2000: 14) Children and domestic violence: a research overview of the impact on children.



## Adolescents

A study of young Australians between the ages of 12 to 20 concluded that experiencing parental domestic violence emerged as the strongest predictor of perpetration of violence in a young person's own intimate relationship.<sup>49</sup> Also, young people who witnessed couple violence (both male and female partners perpetrating and being victimised by domestic violence) were more likely to be victims of relationship violence.

The longer the violence goes on, the harder it is to lessen the damaging effects on a child's ongoing development; with the result being:

- a loss of their sense of safety as the violence is in the home, the place that is meant to have the most security. This can lead to viewing the rest of the world as unsafe.
- aggression used as the dominant model of problem solving and conflict resolution in relationships due to learnt patterns of behaviour which have become normalised
- an entrenchment of traditional, stereotyped gender roles more likely
- a feeling of resentment towards their family at the loss of their childhood, particularly toward the non-abusive parent for lack of protection rather than toward the abusive parent who may be 'too scary' to resent
- children more likely to act out the violent behaviour they have witnessed as they grow up
- they are more likely to think that boys and men can and should be abusive towards girls and women (boys especially)
- accepting family violence as normal, therefore choosing to remain with a partner who treats them in the same abusive way (girls especially)
- they may develop a belief that fear is normal in a relationship or in a family
- they may feel ambivalence towards forming their own intimate relationships.<sup>50</sup>

There are children who are ultimately impacted by the violence within their family and become victims of filicide or murder / suicide. Often, this occurs post-separation or at the time of making permanent court orders about contact, custody and guardianship. The vulnerability of younger children being victims, especially the 0 – 5 age group, is also reflected in statistics.

The significance of this timing for families cannot be overlooked by child safety officers during case planning and decision making about the protection needs of children.

## Roles adopted by children in a violent family

Children and adolescents may adopt 'adaptive' roles in their family due to the violence experienced. These can be:

- the hero, by being the overachiever of the family, and the 'people-pleaser'. This child often is the eldest in the family and holds in trust the respectability of the family.

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<sup>49</sup> Indermaur, D. (2001: 5) Young Australians and domestic violence.

<sup>50</sup> Adapted from Seen but not heard – children who live with domestic or family violence (2003).

- the scapegoat, by taking on the responsibility for the family's problems. This child frequently gets into trouble and may be the one to trigger an event which a parent then uses to blame for the violence.
- the clown, by being responsible for the tension relief in the family. This child says and does things to make the family laugh, an asset in a stressful environment, and draws attention away from any violence.
- the parent, especially older children, by assuming the parental role, particularly if the violence leaves the non-abusive parent unable to function at a physical or emotional level for some time
- the protector, by actively protecting the victim which can leave them subject to physical abuse at the same time.

Some children align themselves with the perpetrator as it can be safer to be on side with the more powerful of the adults. In some cases this may lead to older sons mimicking the violence against their mothers that they learned as a child.<sup>51</sup>

In describing these roles, it is also important to note that some can also be seen in children from culturally and linguistically diverse backgrounds. These children may take up these roles as they are the 'interpreters' for their non-English speaking parents and therefore need to take on other responsibilities, including when referred to services that are not culturally appropriate.

## Contact and placement issues

Child safety officers need to consider the impacts of domestic and family violence when assessing contact and placement issues between a child and parent:

"In fact, women and children may be in greater danger after separation than before. This means that separation from an abusive partner does not always solve the problem of violence in the family. Instead, the nature and the focus of the violence may change and contact visits may well provide the opportunity for the perpetration and perpetuation of abuse."<sup>52</sup>

Significantly, at this time of greater danger, there are times when the victim may be expected to negotiate arrangements for contact and residence, either due to extended family pressures, mediation within court actions or child protection case planning decisions.<sup>53</sup>

Contact can be used by the perpetrator to continue to engage in violence and abuse of both the non-abusive partner and the children through:

- the use of contact to harass, denigrate and verbally abuse family members
- returning the children in a dirty condition or with inadequate clothing
- making comments and / or threats to the partner via coercion of the children to deliver the messages
- failing to comply with medical and dietary requirements for the children

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<sup>51</sup> Taken from Seen but not heard (2003).

<sup>52</sup> Rendell K., Rathus, Z. and Lynch, A. (2000: 29) An unacceptable risk – a report on child contact arrangements where there is violence in the family.

<sup>53</sup> Research cited in Laing, L. (2003: 4) Domestic violence and family law.

- failing to meet set guidelines for contact, such as arrangements for visit times, and telephone calls
- continuing other abuse of the children, with the non-abusive partner unable to protect them.

Placement decisions may also perpetuate violence. Placing a child with the perpetrator's extended family can exacerbate the violence, increase the child's ongoing exposure to family conflict, and can expose the child to trans-generational domestic and family violence.

Given that a child's exposure to domestic and family violence is recognised and legislated against in the *Domestic and Family Violence Protection Act 2012*, contact and placement arrangements that endanger a child and / or non-abusive parent need to be identified.

“On the fourth week he rang and he really upset C., slugging me off, calling me all sorts of names. C started crying and I told her to put the phone down. She said ‘he is still a nasty, horrible person and I will never speak to him again...’ M. (daughter) was the witness when he tried to kill me, and she has never forgotten that, as young as she is – it has stuck in her mind.”<sup>54</sup>

Careful attention needs to be given to developing safe contact arrangements. Where it has been assessed that a child may be placed at further risk of harm, a rationale to support a no-contact decision needs to be well documented in case files. As stated in “An Unacceptable Risk”–

“It is reasonable to assume that if a child is forced to go on abusive contact visits by the mother, because she is legally compelled to send him / her, this must have negative consequences for the child's trust of, confidence in, and relationship with the mother.”<sup>55</sup>

This comment can equally be true if ‘mother’ is replaced by ‘child safety officer’.

Family Court orders can impact on this issue also. Amendments to legislation that incorporate shared parenting and the belief that contact with both parents after separation should be facilitated, may be inappropriately recommended or ordered where there is a history of domestic and family violence.<sup>56</sup> Accessing legal advice is necessary in these circumstances. Child safety officers should also seek advice from Court Services prior to making recommendations or arrangements that may contravene a court order already in place.

## **Perpetrators of domestic and family violence**

Researchers studying perpetrators of domestic and family violence have highlighted the diversity of men who commit violence against women. Contrary to some general beliefs, perpetrators are found in all social classes and engage in a variety of lifestyles, social roles and cultural practices. Perpetrators may appear to those outside the family as presentable

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<sup>54</sup> Quote in Humphreys, C. and Mullender, A. (2000: 18) Children and domestic violence: a research overview of the impact on children.

<sup>55</sup> Rendell et al, (2000: 42).

<sup>56</sup> Laing (2003: 8) Domestic violence and family law.

and responsible people, exhibiting strength, dependability and self-control. At the same time, within the family home, they may control family members through superior physical strength, threats and fear.<sup>57</sup>

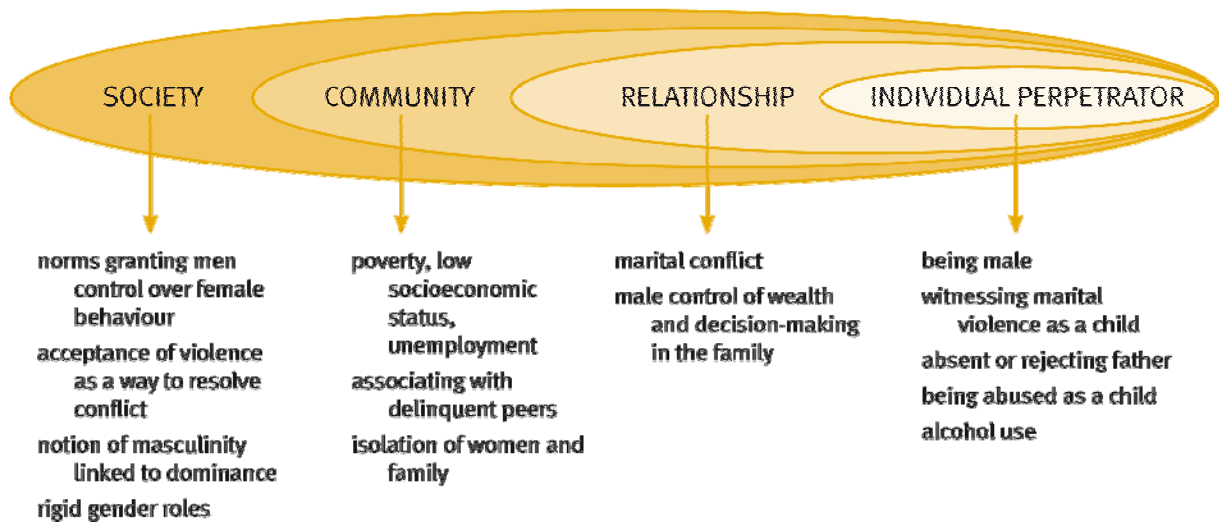


Figure 2: Ecological model of factors associated with partner abuse (Heise, Ellsberg, and Gottemoeller, 1999: 8)

## Characteristics of perpetrators

The ecological model in Heise et al (1999) above outlines factors associated with violence at the society, community, relationship and individual levels. Others have examined dimensions of violence, such as the severity and frequency of violence, the domain or where it occurs, and the abusers' psychopathology. This was then correlated to three perpetrator types identified as:

- the family-only group, who engage in the least severe violence, the least violence outside the family, and the least criminal behaviour (lower risk)
- the dysphoric<sup>58</sup> group, whose violence is moderate to severe, who may be violent outside the family, psychologically distressed, may show signs of borderline personality characteristics, and may have substance abuse problems (moderate risk)
- the generally violent - antisocial group, who are moderately to severely abusive against partners, have the most extra-familial violence and most criminal behaviour, and are more likely to have an antisocial personality and substance abuse problems (high risk).<sup>59</sup>

This typology can provide some guidance in identifying the most appropriate intervention, programs or support services as well as implementing safer case planning decisions.

<sup>57</sup> Mugford, J. (1989: 11) Domestic violence.

<sup>58</sup> Dysphoric - a state of feeling acutely hopeless, uncomfortable, and unhappy (Encarta English Dictionary)

<sup>59</sup> Holtzworth-Munroe et al in Roberts, G. et al (2006: 149) Intimate partner abuse and health professionals.

There are many societal myths associated with perpetrators. For example, perpetrators are described as 'mentally ill', they 'cannot control their anger', or are 'abusive only when drunk'. These are not helpful in understanding the perpetrator's violence. Evident in research is that:

- abusive behaviour is a choice, although typically it is not seen as such in the mind of the perpetrator
- abusive behaviour can be chronic, although rarely disclosed as such
- unlike in random violence, victims have ongoing relationships with the perpetrator. When an unknown assailant is arrested, victims are able to prosecute with less emotional interaction - this is very different in family violence where the victim may still love and feel loyalty toward the perpetrator and for the perpetrator's family..
- perpetrators are likely to have continuing access to victims, knowing where they work, where extended family live and having access to the family when having contact with children. There are multiple opportunities for intimidation, threats and psychological pressure, whether or not the parties are separated. Separation, in fact, represents a time of increased risk for abuse to occur.
- there are a high proportion of perpetrators who use alcohol and / or illicit drugs. Although intoxication due to alcohol or drug use does not cause violence, abusive men are prone to become more severely, and more frequently, violent while under the influence.
- perpetrators are often convinced they are victims. Although most offenders feel they are victims, perpetrators of domestic and family violence are particularly insistent about their victimisation. Historically they were protected by traditions of privacy, and beliefs about keeping family matters within the family.
- perpetrators may try to 'divide and conquer' running a disinformation campaign
- they may look for divisions between people and exploit them, and tell different versions of the facts to different people. This manipulation can include using agencies and departments to suit their own needs.
- perpetrators may continue to deny the abusive behaviour and blame their partner, taking a long time to admit responsibility for their behaviour
- perpetrators may attempt to get those working with them to back off by being constantly angry and challenging. They may present as 'justifiably angry', saying their partners are crazy, and being accusatory towards others. Faced with constant "righteous" anger, it may be easier for the child safety officer to shift the discussion toward less volatile ground such as the partner's parenting.
- many perpetrators are persuasive and logical. People often expect perpetrators to be inarticulate and overtly unreasonable. Instead, the perpetrator is often very reasonable and persuasive, wanting people to understand them and take them at face value.<sup>60</sup> Psychologically, perpetrators use this behaviour to shield themselves from disclosure and shame and from accepting responsibility for their behaviour.

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<sup>60</sup> Mederos, F. (Undated: 1) Characteristics of men who batter women.

In relation to child protection, perpetrators may further harm children physically, sexually, emotionally, and through neglect. Harm may occur because:

- they may focus their attention on controlling their partner rather than engaging as a parent, or prevent their partner from caring for their children resulting in neglect of the children
- they may harm children emotionally by verbally abusing them, or damaging their relationships by using them as a tool by coercing them into abusing the other parent
- they harm children emotionally by creating an environment in which children experience assaults against a parent and live with fear
- they may undermine the ability of child safety officers and service providers to intervene and protect children.<sup>61</sup>

### Practice tip

During contact with child safety officers, the perpetrator may appear rational and controlled, with their partner reacting defensively and aggressively. This reversal of behaviour is linked to the motivation of the perpetrator as outlined above, and an attempt by the non-abusive partner to prevent intrusion which may place the family at risk of further violence. Defensiveness and aggression by the usually non-abusive partner in these circumstances can be a protective behaviour.

For child safety officers, engaging a perpetrator on a statutory, involuntary basis when he is violent or aggressive is a significant professional and personal challenge, as threats, intimidation and aggression may be used against them. Child safety officers need to constantly consider their own safety as well as others, using information, knowledge, and assessment skills to monitor safety risks. Where an assessment of immediate significant risk by a perpetrator has been made and / or a threat has been made to a family or child safety officer, contact the local police to advise them of the present circumstances and the risks assessed.

It can be easier to directly engage with the non-violent partner and children. However by not addressing the perpetrator or requesting their participation throughout the child protection assessment process, the child safety officer reinforces that the partner alone is responsible for the future safety of the children. Active engagement of the perpetrator must be sought wherever safety issues allow, to assess whether engagement with any services and programs is possible, and to address the impact the abusive behaviour is having on the family (Callister, 2002:15). This engagement needs to occur without making undue promises of family reunification which is often the motivator for perpetrators and yet which may not be feasible or safe in the short term.

For further information refer to the Child Safety Practice Manual chapter 10.11 Staff Safety and well-being.

<sup>61</sup> Adapted from Jones A. and Schechter, S. (1992) at [www.endabuse.org](http://www.endabuse.org)

## Assessment of the dominant aggressor

It is not unusual for police, child safety officers and other human service workers to categorise domestic and family violence as a 'mutual violence' – with those involved being capable of inflicting violence and abuse on each other. However, the use of physical force and / or intimidation by the person most capable of violence, or with a history of using force to intimidate, control and harm others has a much greater influence and more control over the other person. Domestic and family violence cannot be seen as 'mutual' when the parties come from different power bases.

Victims who use force in response to a violent outburst will do so for different reasons to the perpetrator, with self-defence, fear, or the protection of family members being their motivation:

...we do not assume that all violence is the same. The person who is physically and sexually abused over a period of time and uses illegal violence as a way of stopping the violence is not doing the same thing as the person who continually uses violence to dominate and control a partner.<sup>62</sup>

Care should be taken to undertake a comprehensive assessment of the dynamics of abuse in a relationship impacted by violence. Identifying the 'dominant aggressor' or 'predominant aggressor' is an assessment used to indicate the person who has "used 'more substantial' force when two or more people have used physical force against one another".<sup>63</sup> This assessment has been undertaken by police officers and by others in the field of domestic and family violence. The concept of the dominant aggressor has been included in the *Domestic and Family Violence Protection Act 2012* recognising the need to identify 'the person who is most in need of protection' (section 4(d)).

When a person who is the dominant aggressor is confronted in relation to their abusive behaviour, they may present as a victim, for example, of the other party's behaviour or of not being 'in control' due to their consumption of alcohol or other drugs. This may occur during a police investigation, with the consequence being that domestic violence orders may be applied for by both parties (cross-applications). If the dominant aggressor is successful in convincing others, including the Courts, that they are a victim of domestic and family violence, increased levels of risk to the family can result. This can occur as:

- the person who uses ongoing abusive behaviour is confirmed, in their view, that they are a victim. This may consequently intensify their abusive behaviour as they are not held accountable.
- the person who experiences abusive behaviour is named as a perpetrator by police and court officials. Consequently, they do not receive the protection they seek and require in safety plans, from police, and through the Court system.

It is critical that child safety officers assess who the dominant aggressor is, so the person most responsible for the ongoing use of violence is identified and recorded when undertaking investigations and assessments. A thorough assessment incorporating information on the factors listed below will also assist in supporting the victim who will then

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<sup>62</sup> Pence and McDonnell, (1999) in Mulrone, J. and Chan, C. (2005: 10) Men as victims of domestic violence.

<sup>63</sup> White, J.G.; White, H.B.; and Larrington, J. (2005) Testifying about self-defense and predominant aggressors.

not be 'blamed' for the violence that occurred and increase their ability to address the protection needs of any children.

To make a determination as to whom the dominant aggressor is in a relationship, child safety officers need to consider the wider context of the history and relationship between the parties. The following are some questions to consider:

- Who is the person most likely to inflict injury in the relationship, not only within any one incident?
- Who is the person least likely to be afraid?
- If there is history of domestic violence orders, who is listed as the aggrieved in this or previous relationships?
- What information is revealed in a criminal history check?
- What led up to the violent episode?
- Who has injuries that do not appear to be consistent with statements made?
- Who could not make a legitimate claim for self-defence?
- Who has access to, or control of, resources?
- Who has the history of help-seeking behaviours?
- Who has attempted to change their behaviour to stop the abuse?
- Who has access to, or threatened use of weapons?

Other relevant factors that should also be considered are:

- comparison of the type, location, and severity of injuries (offensive and defensive injuries or wounds)
- the type and use of force and intimidation by each party
- history of domestic violence
- comparable size and strength of the parties
- character evidence or known propensity for, or record of, violence
- plausibility of statements from parties, other witnesses, information from other agencies in contact with the family
- likelihood of future harm.<sup>64</sup>

### Practice tip

It can be difficult for child safety officers to gain the information needed to make a thorough assessment that will indicate the dominant aggressor, as the information may initially have been obtained by police and provided through an '0522 report'. Where information has been provided that both adults were involved in an abusive incident, direct contact with the police officers who attended the incident may be beneficial in clarifying contextual information. Establishing an ongoing relationship with local police officers will assist in the effective gathering and sharing of information required.

Any assessment to identify the dominant aggressor needs to take into account the context of the whole relationship and not just information based on the one incident. This is

<sup>64</sup> White et al, (2005: 6)



because it is possible that, on a particular occasion, the victim used more substantial actual force than the perpetrator. To assist in their assessments child safety officers should gain information that includes: previous history of violence and / or protection orders; presentations to Accident and Emergency Wards in hospitals; information from schools or child care centres as to the family's presentation; and checks with other agencies who may have been, or are, involved with the family. A referral to the SCAN team may be actioned to access required information, and assist in providing a holistic assessment and multi-agency response.

## **Factors affecting the ability to leave a relationship impacted by domestic and family violence**

For women experiencing domestic and family violence, the decision to leave a relationship is a significant one. The myth of "Why doesn't she just leave him?" is a simplistic view of a complex and traumatic choice, that does not take into account the fear that may be present.

Research undertaken with victims of violence has identified fear as a significant factor which leads a victimised partner to stay in an abusive situation, or ultimately to leave. Fear about what their partner would do to them if they found out they had sought help was a major factor in their decision not to tell anyone about the abuse or to seek help. In other cases the partner was fearful of how they would cope on their own if they left.

The fear of being alone worsened if the partner was dependent in some way on the perpetrator, either financially, due to the ownership of assets including their residence, or physically dependent because of personal care needs. For those from a culturally and linguistically diverse background, this dependence can result in fear of being isolated due to cultural expectations, and / or fear of the possibility of deportation due to the perpetrator having authority as a sponsor.

Fear of being injured or killed, or fear associated with threats to take the children or kill them, was enough for some to leave the relationship. This same fear can also lead to a partner staying in the relationship as research has found that the safety risks to a partner and children who have left the relationship can heighten the violence, leading to murder and filicide.<sup>65</sup> Also, as fathers will most often have shared custody of children following separation, women experiencing domestic and family violence will sometimes decide that staying in the violent relationship will provide the best opportunity to protect their children.

Decision making around the issue of leaving or staying in a relationship impacted by violence can be influenced by both individual and situational factors.

### **Individual factors**

Individual factors which influence a partner to stay may include:

- low self esteem and feelings of self-blame
- fear of loneliness
- lack of emotional support outside of the relationship

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<sup>65</sup> Filicide is the killing of a child by a parent.

- guilt about the failure of the relationship
- denial and disbelief of the seriousness of the violence
- belief that the abusive partner will change or hope that they might
- shame, embarrassment, or humiliation
- having an emotional bond to the partner
- fear that the abusive partner will not survive alone, or fear that they may suicide where suicide threats have been used
- belief that the perpetrator will carry out threats to kill
- belief that it is safer for everyone if they know where the abusive partner is.

## **Situational factors**

Situational factors influencing a partner's ability to leave a relationship impacted by abusive behaviour can also be present. These can include:

- lack of job skills impacting on economic independence
- staying for the sake of the children
- social isolation
- not wanting to move children away from supports, for example, schools
- inability to access safe refuge accommodation due to the children's ages, for example, it may be difficult to gain refuge accommodation that includes adolescent male children
- lack of alternative housing
- fear of losing custody of the children and involvement in court processes
- lack of information regarding alternatives
- cultural and religious constraints, for example, maintaining respect and pressure to keep the family together
- societal messages that children need a father, no matter how abusive
- fear of a judgemental response from others, including extended family members
- fear of retaliation
- normalisation of the violence, not regarding it as unacceptable
- depression, self loathing, low self-esteem and stress which may weaken their ability to leave.<sup>66</sup>

These factors can influence decision-making in relation to options that may be available to a family and choices that are made. Child safety officers should consider these factors together with the impacts violence can have on both individual family members and on parenting, such as:

- feelings of shame and degradation
- fear of being alone
- depression

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<sup>66</sup> Compiled from 'Seen but not heard' (2003)

- exhaustion from having to ‘tiptoe’ around, keeping the peace, changing behaviour to try to de-escalate the violence and trying to protect the children, who may exhibit more difficult behaviours
- little self-esteem and self-confidence
- confusion about love and violence
- insecurities about coping alone due to the amount of control the perpetrator has held
- distrust of systems that exist for protection, especially where previous contact has proved unhelpful – including Child Safety, Police and the Magistrate’s and Family Courts
- feelings of loss, loneliness and depression, leading to a numbing of emotion and ability to care ([www.ncsmc.org.au/wsas](http://www.ncsmc.org.au/wsas)).

By child safety officers providing support and resources to the victim and family, and addressing the issues surrounding domestic violence, parenting capacity can be enhanced.

Individuals with disabilities who experience abuse in their relationships face additional difficulties in trying to leave. Many are socially isolated and have fewer informal supports available to them, particularly if mobility restrictions mean they cannot easily get out into the community. This may limit their ability to see a doctor, friends, family, community support agencies or women’s health services even at times of crisis.

If it is a disability that requires high cost medication, a personal carer or other forms of assistance that have a financial impact, the person will be less likely to be able to access help in the form of a Refuge or other accommodation situation. A person in this situation is often financially dependent on their partner as well as dependent on them for transport, personal care and other forms of daily living assistance.

### Practice tip

Working with realities like domestic and family violence may challenge beliefs that child safety officers personally hold about families and life in general. By becoming aware of the extent of domestic violence and harm to a child, the notion of what a loving home life is like may be challenged. Common reactions are “I can’t believe that anyone is capable of this” or “What kind of person stays in that relationship?” To work effectively with people in violent situations, it helps to have an understanding of the values and attitudes that are held personally, which may influence the way a person assesses a situation and responds to it.

By understanding personal feelings in regard to some of the challenges that these situations pose, a child safety officer is more likely to be mindful of when their own values get in the way of an objective response. Planned supervision time should be used to clarify personal values and identify how they may impact on assessments and responses to families where domestic and family violence exists. In addition, child safety officers may contact staff from a domestic and family violence agency to discuss these issues and / or decide to access external supervision.

## Safety planning

Safety planning in the context of domestic and family violence is about exploring and providing options for a family about keeping as safe as possible in an environment where there is an abusive person. Safety planning in this context does not relate to the use of Structured Decision Making tools. Providing information to a non-abusive parent and the children about safety planning and resources can assist them to take action or remove themselves from an abusive perpetrator, and also help to ensure their safety in other ways during a high risk phase of violence.

A safety plan can be completed by both the non-abusive adult and appropriately aged children with a child safety officer or domestic violence support worker, or be a checklist that is left with the non-abusive partner for their consideration. It is important that any information provided about safety planning, or the safety plan itself is not accessible to the perpetrator, as this may put the family and others at further risk. This should be emphasised to the family members, together with making them aware that their internet, telephone and mobile usage may also be tracked by the perpetrator. Examples of safety plans are available at:

- the Department of Communities, Child Safety and Disability Services website at <http://www.communities.qld.gov.au/communityservices/violence-prevention/about-domestic-and-family-violence-prevention/safety-plan>
- through DVConnect at [www.dvconnect.org/dvline/default.asp#Planning](http://www.dvconnect.org/dvline/default.asp#Planning).

## Queensland domestic and family violence legislation

Knowledge of legislation relating to domestic and family violence assists in understanding the legal protections available to people subjected to violence and informs supportive discussion with families about protective actions they may be able to take. The *Domestic and Family Violence Protection Act 2012* (the DFV Act) recognises that freedom from this form of violence is a human right and that people subjected or exposed to domestic and family violence can experience physical, emotional and psychological harm.

Commenced in September 2012, the DFV Act includes a principle that the safety, protection and wellbeing of people, including children, experiencing or who fear domestic or family violence, is paramount. In addition, it aims to hold people who commit domestic and family violence accountable for their actions. This is achieved by a court being able to make a domestic violence order that restricts the behaviour of the person (the respondent) committing the violence, and in some instances identifying the behaviour as a criminal offence. The Magistrates Court is the most likely court to be hearing these matters in Queensland.

The DFV Act also provides the police with immediate powers to respond to domestic and family violence incidents, through the issuing of a police protection notice (PPN). A PPN may be issued if the police officer is present at the same location as the respondent and includes standard conditions requiring the respondent to be of good behaviour towards the aggrieved and not commit domestic violence against the aggrieved. A PPN may also include a cool-down condition for up to 24 hours prohibiting the respondent from contacting or approaching the aggrieved at any stated premises. If a respondent breaches a PPN or any domestic violence order they can be charged with a criminal offence.

There may be times when the DFV Act and the *Child Protection Act 1999* work in conjunction with each other. The DFV Act provides consideration for a child of the aggrieved, or a child who usually lives with an aggrieved, to be named on a domestic violence order if a court is satisfied it is necessary and desirable to protect the child. In some circumstances the same child may be the subject of a child protection order, for example a supervision order or directive order, under the provisions of the *Child Protection Act 1999*.

## **Legislative definition of domestic and family violence**

The DFV Act provides protections to people within a broad range of relevant relationships, defined as:

- intimate personal relationships
- family relationships and
- informal care relationships (section 13).

A child under eighteen years seeking protection from a parent or relative is not included within the definition of a family relationship as it is recognised that the *Child Protection Act 1999* provides for the safety, wellbeing and protection of children within their families. Similarly, a child and parent cannot be the parties to a domestic violence order in an informal care relationship (section 20(2))

Cultural considerations are provided for Aboriginal and Torres Strait Islander people, recognising their family relationships may be more broadly defined within traditions and customs.

Behaviours that constitute domestic and family violence within these relevant relationships include:

- physical or sexual abuse
- emotional or psychological abuse
- economic abuse
- threatening behaviour
- coercive behaviour (eg a series of behaviours like stalking, threats, or other unwanted behaviour to force a person to change their mind about something or to act in a certain way)
- behaviour that in any way controls or dominates or causes a person to fear for their personal safety or wellbeing or the safety of someone else.

Examples of these behaviours are provided within the DFV Act (section 8).

In addition, the DFV Act recognises that a child is exposed to domestic and family violence if the child sees, or hears, or otherwise experiences the effects of domestic violence. For this definition, it does not matter whether the perpetrator intended to expose the child to domestic violence, or whether the child was present when the violence occurred. Within the legislation, examples of a child's exposure to violence include:

- overhearing threats of physical abuse
- overhearing repeated derogatory taunts, including racial taunts
- experiencing financial stress arising from economic abuse

- seeing or hearing an assault
- comforting or providing assistance to a person who has been physically abused
- observing bruising or other injuries of a person who has been physically abused
- cleaning up a site after property has been damaged
- being present at a domestic violence incident that is attended by police officers. (section 10)

## Information about Domestic Violence Orders

The term Domestic Violence order is used to collectively identify two types of orders:

- (1) a temporary protection order, when a court is still considering the making of a final order but is satisfied the aggrieved and respondent are in a relevant relationship and domestic violence has been committed and
- (2) a protection order, when the court has made a final decision and is satisfied that the aggrieved and respondent are in a relevant relationship, domestic violence has been committed against the aggrieved and a protection order is necessary or desirable to protect the aggrieved.

A protection order may be made for a period of up to two years, however in special circumstances an order may continue for a longer period.

Where a relevant relationship exists under the DFV Act, an application for a protection order may be made to the Magistrates Court by:

- the person subjected to the domestic or family violence (the 'aggrieved')
- an authorised person for the aggrieved (for example a friend, relative or a worker at a domestic violence service)
- a police officer
- a person acting under another Act, such as a guardian for a personal matter of the aggrieved, or an attorney for a personal matter under an enduring power of attorney (section 25) or
- a party to a child protection proceeding in the Childrens Court (section 43).

Domestic and family violence services, community legal services, and Queensland Police Service Domestic Violence Coordinators are able to provide information and advice about the domestic violence order application process.<sup>67</sup> Application forms for domestic violence orders are available to download at <http://www.courts.qld.gov.au/courts/magistrates-court/domestic-and-family-violence>.

The DFV Act allows a Magistrate to make a domestic violence order if they are satisfied that:

- domestic and family violence has occurred
- a relationship as defined under the Act exists and

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<sup>67</sup> Information about the role of the police Domestic Violence Coordinator is included in Appendix 5.

- the order is necessary or desirable to protect the individual from domestic or family violence (section 37).

A Supreme or District Court Judge may also make a domestic violence order where that court has convicted a person of a criminal offence involving domestic and family violence.

In addition, a Childrens Court may make or vary a domestic violence order against a parent of a child for whom an order is sought in a child protection proceeding if:

- the court is satisfied a protection order could be made against the parent
- the person who would be named as the aggrieved is also a parent and party to the child protection proceedings (section 43).

In these circumstances, the court may make or vary an order on its own initiative or on the application by a party to the child protection proceedings. This option provides for consistency between any conditions of the domestic violence order and the terms of the child protection order.

A domestic violence order can protect a child of the aggrieved, a child who usually lives with the aggrieved, a relative or an associate, such as a friend or work colleague. During proceedings, if the court becomes aware of the existence of a child of the aggrieved, or a child that normally lives with the aggrieved, the court is required to consider whether that child should be named in the domestic violence order. This is regardless of whether the initial application named the child. In these circumstances, the respondent is provided with the opportunity to provide a response to this consideration.

An applicant must tell the court of any Family Court applications or orders relating to a child so these can be considered during the domestic violence hearing. Where contact between a respondent and a child is provided for under a Family Court order, it is possible, in limited circumstances, for the Magistrate to temporarily suspend earlier Family Court orders to protect the aggrieved and children.

It needs to be acknowledged that applying for a protection order may not necessarily be the safest option for the aggrieved and family, and further additional options may need to be considered.

## **Conditions imposed by a domestic violence order**

The DFV Act recognises that some people may not want to end their relationship but do want the violence to stop. To meet the protective needs of the aggrieved and any other named persons, all domestic violence orders include mandatory conditions stating:

- the respondent must be of good behaviour and must not commit domestic violence and
- if a child of the aggrieved is a named person, the respondent must not expose the child to domestic violence.

The court can impose extra conditions it considers necessary and desirable, to help protect the aggrieved, and any named child, relative, or associate from further domestic and family

violence. These conditions may prevent the respondent from:

- approaching or attempting to approach the aggrieved or a named person, including stating a distance for the respondent to stay away from the aggrieved or a named person
- contacting (for example, by telephone, SMS message, email or social networking site) or attempting to contact, or asking someone else to contact, the aggrieved or a named person
- locating or attempting to locate the aggrieved or a named person
- possessing an item used as a weapon when committing domestic violence, or threatening to use it
- other behaviour towards a child of the aggrieved, such as going to a child's school or day care centre.

A condition limiting contact between a respondent and a child may be imposed by the court however the limitation must only be to the extent necessary for the child's safety, protection and wellbeing (section 62). When working with families, enquire whether any conditions limiting contact exist to ensure case planning meets the requirements of the court order. Where changes to contact are considered necessary, an application may be made to vary conditions or revoke an order by the aggrieved, the respondent, a named person, an authorised person, a person acting under another Act, or a police officer.

A court may also impose a condition for the protection of an unborn child where the aggrieved is pregnant at the time of the domestic violence order and regardless of whether the respondent is the father of the child (section 67). This condition takes effect when the child is born and recognises that around the time of birth is when an aggrieved and newborn child are particularly vulnerable.

The court can make an ouster condition prohibiting the respondent from remaining at, or entering, particular premises, or approaching within a certain distance of the premises. This can be the home of the aggrieved, or where the aggrieved, or a named person, lives, works or frequently goes. Ouster conditions can be made regardless of whether the premises are owned or rented by the respondent or the premises are ones where the aggrieved and respondent live together.

Should the applicant or aggrieved ask for an ouster condition to be included on the order in relation to the aggrieved's usual place of residence, the court is required to consider various matters including preventing or minimising disruption to the living arrangements of the aggrieved and any child, their social connections and support, continuity of care for the child, and continuity of child care, education and training. The court will also consider the respondent's accommodation needs.

If the respondent does not comply with the ouster condition, they are considered to be in breach of the domestic violence order which is a criminal offence.

The court may also make conditions relating to the recovery of personal property belonging to the aggrieved, to enable access to a former home to retrieve the property. This recovery of property may be supervised by a police officer.



## **Additional powers under the legislation**

### **Voluntary Intervention Orders**

A principle of the DFV Act is to hold perpetrators accountable for their behaviour and, if possible, provide them with an opportunity to change. In order to help respondents change their behaviour, and increase the ongoing protection of the aggrieved, the court may make a voluntary intervention order, requiring the respondent to attend an approved intervention program and/or counselling where this has been agreed to by the respondent. If the respondent fails to comply with an intervention order, the court may take this into account if making or varying domestic violence orders in the future.

After the court makes a voluntary intervention order, the respondent is assessed by the approved service provider to determine their suitability to participate in a program or counselling. The assessment takes into account the respondent's character, personal history, language, as well as any disabilities, psychiatric or psychological conditions, alcohol or drug problems and the respondent's location, to ensure it is reasonably convenient for the respondent to attend.

### **Requests for information from Department of Communities, Child Safety and Disability Services (Child Safety)**

A court has the power to request information from Child Safety about a child, aggrieved or respondent when:

- there is an application for a domestic violence protection order or a variation of a domestic violence order, that seeks to name a child in the order **or** the court is considering naming a child in a domestic violence protection order **and**
- the respondent contests the naming of the child in the order or the imposition of any conditions concerning the child **and**
- the court considers that the chief executive (Child Safety) may have information relating to the child, the aggrieved or the respondent that may help the court in deciding whether to name the child in the order or impose a condition relating to the child (section 55(1)).

Where information is held by Child Safety, any relevant information will be provided to assist the court in deciding these matters.

### **Protections for witnesses**

To protect vulnerable witnesses the court must consider putting in place special arrangements when the aggrieved, child or another person who can be protected by a domestic violence order is giving evidence. These measures assist to reduce the stress or trauma that the witness might otherwise experience.

The safeguards the court might use include:

- giving evidence from another location by a video-link
- a screen or one-way glass being placed so the witness cannot see the respondent while giving evidence
- a person approved by the court providing emotional support to the witness in the courtroom

- ensuring that where the witness has a physical or mental disability they can give evidence in a way that will minimise the witness' distress (section 150).

The court also has the ability to make other arrangements it considers appropriate.

A child must be over the age of 12 years to be called to give evidence, must agree to give evidence and can only do so with the leave of the court. The child must also be represented by a lawyer and cannot be cross-examined by the respondent in person.

### **Police powers and functions**

Police officers are often the first to respond to domestic and family violence. In addition to their responsibility to investigate any criminal offence relating to a domestic violence incident, the DFV Act supports the capacity for police to provide for the safety of an aggrieved and family, and respond to those who perpetrate violence.

Police powers under the *Domestic and Family Violence Protection Act 2012* include:

- the requirement to investigate domestic violence, and if no further action is taken after the investigation, a rationale needs to be recorded and kept (section 100)
- issuing a Police Protection Notice to the respondent at the time the police officer attends an incident, as referred to above. This provides for the immediate protection of a person until the application for a domestic violence order can be heard in a Magistrates Court.
- detaining a respondent for up to eight hours, if intoxicated, where it is assessed there is a high risk situation; or up to four hours where a respondent's demeanour may present an ongoing danger of injury or property damage. Other appropriate action may be taken, such as taking the respondent to hospital for treatment.
- directing a person to remain at a location for a reasonable time for the police officer to serve the respondent or advise them of the conditions of an order so protection orders can be enforced
- entering and searching premises without a warrant if violence has occurred or there is a risk of it occurring, and seizing anything that may have been used
- investigating breaches of a domestic violence order and charging a respondent with a criminal offence if there is evidence a breach has occurred.

### **Penalties**

Maximum penalties for contravening a domestic violence order is two years imprisonment, or three years where a respondent has previous history of breaching an order within the previous five years.

#### **Practice tip**

During an investigation and assessment or ongoing intervention and a child safety officer suggests, or directly refers, an aggrieved to the police or domestic violence service for assistance with an application for a domestic violence order, the outcome of this contact needs to be ascertained. The rationale for any decisions made, action taken, and timeframes for any court action is to be recorded as part of the investigation and assessment or as a case note for future reference.

## **Child as an aggrieved or respondent under the Domestic and Family Violence Protection Act 2012**

A young person under the age of 18 years may be named as an aggrieved or respondent in an application for a domestic violence order, a domestic violence order, or a police protection notice only if an intimate personal relationship or an informal care relationship exists between the young person and the other party named in the application, order or notice.

In Queensland, a child or young person cannot be named as an aggrieved or respondent where there is a family relationship between the child and the other party. This means they are unable to apply for an order against a sibling, parent or extended family member. Where violence is occurring within these relationships, it is deemed a child protection issue and must be responded to under the provisions of the *Child Protection Act 1999*. Similarly, a parent cannot apply for a domestic violence order against their child aged under 18 years. These latter matters may be a child protection matter or require police investigation under the criminal code. However, a parent may apply for a domestic violence order with their adult child as a respondent if there is an informal care or family relationship.

Some state and territory jurisdictions have a provision to name a child as an aggrieved or respondent within a family relationship. These interstate orders can be registered within Queensland under the DFV Act.

Where a young person under the age of eighteen is a respondent in a domestic violence matter, taking the child into custody must be a last resort and for the least amount of time that is justified in the circumstances. The child should only be held in custody that provides for being held separately from adults and the police officer must notify certain people that the action has been taken.

Further information and resources about the *Domestic and Family Violence Act 2012* is available on the Department of Communities, Child Safety and Disability Services website at <http://www.communities.qld.gov.au/communityservices/violence-prevention>.

## **A practice framework for child safety officers when domestic and family violence is an identified harm to children**

The following practice framework should be used as a guide by child safety officers to achieve the safest intervention possible for children and families impacted by domestic and family violence:

- (1) Child safety officers should routinely inquire about the existence of domestic and family violence with every adult client whether or not there are allegations of domestic violence in the initial child protection notification. This inquiry should take place without the possible perpetrator present, and should occur even if there is no other adult living in the home.
- (2) Child safety officers should conduct thorough assessments in cases involving domestic and family violence. The assessment should include information on the perpetrator's abusive and coercive conduct; the severity of the abusive behaviour; any history of

- abuse in this or previous relationships; the impact of the abuse on all the children and the adult victim; and identification of any protective factors that exist.
- (3) When domestic violence is suspected or confirmed, child safety officers should plan to interview the child and suspected adult victim before interviewing the suspected perpetrator. The investigation and assessment plan should be discussed with the team leader, to identify where the safest environment is for interviews to take place. Following on from the initial contact, the adult victim should be informed of further arrangements and appointments where possible, as these times can mean an escalation in the perpetrator's abuse or coercion. Ask the victim about possible consequences to them and the children if interviews with the perpetrator take place.
  - (4) When there is domestic and family violence identified, assistance should be provided in developing a safety plan with the adult victim and the children, assessing immediate risk to the family members, and actions that can be taken. A domestic violence support service may also assist in the development of a comprehensive safety plan.
  - (5) If the adult victim and / or children disclose domestic and family violence, this information should be kept confidential and should not be shared with the perpetrator unless the adult victim requests, and then only after the consequences of such disclosure are discussed with the adult victim. Adult victims and children should be told that information may not be kept confidential in court proceedings. In these cases, child safety officers should help victims plan for their safety during and following any court proceeding, as research indicates this is a time of high risk of violence for family members.
  - (6) If the perpetrator reveals information to the child safety officer about domestic and family violence, then this should be discussed with the adult victim and a safety plan with the adult victim and the children developed. The safety plan information should never be discussed while the perpetrator is present.
  - (7) Where there is domestic and family violence, if safety can be reasonably assured, the relationship between the adult victim and children should be supported and preserved and the adult victim should be supported in their efforts to protect the children and themselves.
  - (8) Where safety issues have been identified for the family, there should not be an expectation that family group meetings will take place with the adult victim and perpetrator together. Separate meetings should occur, and the recorded case plans should maintain confidentiality of decisions made as to the identity of, and appointments with, service providers, counsellors and support agencies. This will assist in maintaining the safety of the family outside their usual residence.
  - (9) Interventions that require discussion of the domestic and family violence with both the perpetrator and the adult victim present, such as couples counselling or court mediation, should not be utilised or recommended by child safety officers, as they can increase the danger to the adult victim and the children.
  - (10) Child safety officers should be wary of placing children with the abusive partner's parents or extended family. This can result in the adult victim having to have contact and negotiate contact on terms set by the abusive parent and their family of origin. This can result in the power, control and violence being continued by both the perpetrator and other relatives.

- (11) Child safety officers should understand the *Domestic and Family Violence Protection Act 2012* and related legislation and should use this legislation as a resource to provide information on protection for adult victims and their children.
- (12) Child safety officers should collaborate with domestic and family violence services and programs, perpetrator programs, police and the justice system both to increase safety for adult victims and children, and to hold the perpetrator responsible for the violence.<sup>68</sup>
- (13) Relationships with local domestic and family violence programs and services should be developed by child safety service centres as a resource for both child safety officers and adult victims and children. Expertise on child protection matters and domestic and family violence matters can then be shared across the agencies.

## Conclusion

Child safety officers face a continuous challenge to incorporate domestic and family violence knowledge and its associated issues into their child protection practice. To fail to identify this type of violence within a family as a harm, or minimise or ignore its presence will lead to a child being placed at further risk with the violence continuing.

This paper has provided information to assist child safety officers in identifying the key elements and characteristics of domestic and family violence as harm to a child. A child-centred family-focussed response that addresses all violence within the family and the safety of all family members must be maintained, together with a commitment to build strong links with domestic and family violence agencies and programs.

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<sup>68</sup> Adapted from Ganley and Schechter, 1996.

## Appendix 1

### Common behavioural and emotional indicators of children who experience domestic and family violence.

The following information has been resourced from 'Seen but not heard: children who live with domestic or family violence'.

School or child care personnel might see:	In the home you might see:
General fearfulness	Nightmares and sleep problems
Hypervigilance (exaggerated and constant fear of impending danger)	Nervous or withdrawn demeanour
Nervous or withdrawn demeanour	Mixed feelings about fathers
Indiscriminate, quickly formed attachments to adults	Increased levels of anxiety
Confusion over parent loyalties	Psychosomatic illnesses including headaches, stomach complaints, asthma, stuttering
Mixed feelings about fathers – angry, abusive, powerless	Increased internalised problems such as depression
Mixed feelings about mother – angry, over-protective, upset	Self-harming behaviours such as cutting, mutilating body parts
Unable to deal with changes or separations	No reaction to Police attending the home – staring into space
Increased levels of anxiety	General fearfulness
Psychosomatic illnesses including headaches, stomach complaints, asthma, stuttering	Difficulty concentrating at home
Increased internalised problems such as depression	Bed wetting
Adjustment problems, few interests,	Feelings of powerlessness

fewer social activities	
Difficulty in completing school work, lowered school performance	Excessive cruelty to animals
Difficulty concentrating at school	Mimicking aggressive language and behaviour in their play
Bed wetting	Exposure to dating violence
Feelings of powerlessness	Running away from home
Inability to form stable relationships	Committing suicide
Excessive cruelty to animals	Suicidal thoughts or expressions
Mimicking aggressive language and behaviour in their play	Believe that they are the cause of the violence
Exposure to dating violence	May cringe at loud voices or express fear at discipline
Unable to express emotions appropriately	May 'tune out' and appear distant
Unable to express anger appropriately	Abusing substances such as drugs and alcohol
Suicidal thoughts or expressions	Exaggerated sense of responsibility to protect other family members
Low self esteem	Mimicking abusive behaviour towards the mother
Has a poor self image	Divided loyalties of siblings against parents
Express beliefs that they can control the situation by changing their behaviour	Express beliefs that they can control the situation by changing their behaviour
May cringe at loud voices or express fear at discipline	Hypervigilance to moods of abusive parent

May be overly accommodating to requests, overly cooperative	Early home or school leaving
May 'tune out' and appear distant	Difficulties in forming adult relationships
Defying authority figures	Expressing distress by screaming, crying, shaking
Using violence as a way to resolve conflict or gain control	Post-traumatic stress disorder
Physically abusive towards other children or adults	
Inability to trust other people	
Lack of confidence in themselves and their abilities	
Early home or school leaving	
Self-harming behaviours such as cutting, mutilating body parts	
Lack of respect towards women/ female teachers	
Has no friends, lacks the social skills to make friends	
Inaccurate diagnosis of Attention Deficit Disorder due to behaviour	
Hyperactive behaviour	
Indicators of other types of abuse – physical, sexual, emotional, verbal	
Indicators of being neglected at home	
Not bothering about anything, ceases to try	



## Appendix 2

### General effects on children exposed to domestic and family violence

The following information has been resourced from 'Seen but not heard: children who live with domestic or family violence'.

GENERAL EFFECTS	EXPLANATION
Children may lose their sense of personal safety	As someone they know carries out the violence, children lose their sense that their family is safe and that they can trust the people in their family to care for them appropriately. This loss of trust is often extended to other relationships as well, particularly if children know that other family members are aware that the violence is occurring, but are not doing anything to help them or to stop it.
Children may become fearful and withdrawn	When a child feels powerless to stop a situation, which is causing pain and fear, they may withdraw into their own world in order to cope with the stress caused by the violence. These children may show fear around a variety of situations, which other children find normal. A raised voice by a teacher may be enough to trigger a child to 'shut down' as a mode of self-protection. These children will often do anything to blend into the crowd and will avoid situations where attention may be placed on them. At home their means of survival may be to 'disappear' to avoid unwanted attention being placed on them by the perpetrator of the violence.
Children may experience feelings of anger, depression, grief, shame, despair and distrust	Children can experience a wide range of feelings related to experiencing violence in their family. The way that these feelings may be expressed will vary from child to child and may swing from one extreme to another, depending on the impact that the violence is having on them. Boys are more likely to express their feelings in a physical way, often becoming violent and aggressive. As their play is more likely than girls to be directed this way, boys can often cover up their feelings of helplessness by acting out physically in school yard games or fights. As it is less socially acceptable for girls to act out violently, they are more likely to have to repress their feelings of anger and shame and hence may withdraw, become depressed or shut down altogether.

<p>Children may feel a sense of powerlessness, guilt and blame</p>	<p>The inability of a child to influence the actions of an aggressive parent can result in feelings of blame and guilt for being unable to stop the abuse or help the victim parent. Some children overcome this by aligning themselves with the abusive parent, to the extreme of joining in with the violence or taking it over once they become young adults. Many children fear that they have somehow caused the violence to occur by behaving unacceptably or by not being 'good enough'. Some parents will use this as a justification for violence. This heightens the stress for the child who now carries the blame but is unable to express this to anyone else due to the violence being kept a 'secret'.</p>
<p>Children may take on the responsibility of protecting their mother or siblings</p>	<p>Some children have the maturity to understand that their mother and siblings are all unwilling victims of the violence and in this case, may act as protector or ally when the perpetrator is around. These children place themselves in a precarious position as they are often drawn into the violence by the nature of their support to their mother. Many children are victims of domestic violence because they indicated support for the less powerful family members and in turn are punished for this. The weight of this responsibility also places an unrealistic burden on a child, and it can perpetuate their feelings of helplessness and blame for being unable to stop the violence.</p>
<p>Children may develop performance problems at school</p>	<p>School problems may manifest in many different ways. Children may have trouble concentrating on work due to lack of sleep which can result if they listen to the violence or lie awake in fear of their safety. Some children worry about what will happen when they have to go home, or what might be occurring whilst they are not there. Many cannot keep up with school work as their attention is continually diverted to the more pressing need to survive each day. Anxiety will affect the child's ability to complete work, absorb new information and maintain levels of performance. They may also switch off altogether as they do when at home in order to cope with the pressure.</p>
<p>Children may demonstrate physical reactions</p>	<p>Typical stress reactions in children who experience violence include stomach cramps, headaches, sleeping and eating difficulties and frequent illness. These reactions can be a silent cry for help, or an understandable physiological response to the violence occurring at home.</p> <p>Post-traumatic stress disorder is being more frequently diagnosed for children who live with domestic and family violence. It is a collection</p>

	<p>of symptoms which are the body's natural response to experiencing an event which produces intense fear and helplessness. The symptoms include re-experiencing the event, a heightened state of arousal such as hypervigilance and avoidance such as dissociation or withdrawal.</p>
<p>Children may experience behavioural problems</p>	<p>Some children do more than act out aggressively to manage their conflicting feelings. They may run away from home, begin to abuse substances such as drugs or alcohol and in a number of cases, contemplate or attempt suicide. Kids Helpline statistics for causal factors for 10-14 year olds who rang about a suicide-related problem, indicate that 13% of callers identified domestic violence as being one of a range of problems that caused them to consider suicide as an option.</p>
<p>Children may experience post-traumatic stress disorder</p>	<p>A study by Kilpatrick, K., Litt, M., &amp; Williams, L. (1997), 'Post traumatic stress disorder in child witnesses to domestic violence', found that PTSD symptomatology was strongly evident in the child witnesses to violence in the study. The factors thought to contribute to PTSD in child witnesses includes the fact the stressor is of human design, that the aggressor is usually a member of the child's family and frequently a parent and that the struggle over how to assign human accountability after witnessing an act of violence may add to the child's traumatic burden. The study confirms that the stress of witnessing domestic violence is similar in its potential psychological impact to that of child physical and sexual abuse.</p>
<p>Children may repeat the violence</p>	<p>Children who experience violence repeatedly often learn that this is an acceptable way for resolving conflict, or for getting someone to do something that they want them to do.</p>

## Appendix 3

### The effects and resulting harms for children exposed to domestic and family violence at different developmental stages

The following information has been resourced from 'Seen but not heard: children who live with domestic or family violence' and was adapted from M. James, 1994, Domestic Violence as a Form of Child Abuse: Identification and Prevention.

Developmental Stage	Potential effects and harms of violence
<p><b>Infants – 0 to 12 months</b> <b>Normal development</b></p> <p>Developmentally, children learn the importance of emotions for communication and regulation early in the first year of life. They look for cues from their primary caregiver to recognise the appropriate emotion. Therefore they are aware of other's negative emotions and will mirror these in their own responses.</p>	<p>Infants who experience domestic violence are often characterised by poor health, poor sleeping patterns, continuous and distressed crying, disruption to normal feeding and sleeping routines, and early signs of maternal deprivation if the mother is too traumatised to respond effectively to her baby's needs.</p>
<p><b>Toddlers – 12 months to 2 years</b> <b>Normal development</b></p> <p>Young children attempt to relate causes to emotional expressions. Toddlers rely on a secure social environment for healthy development. When this environment is threatened, they can show signs of stress.</p>	<p>Young children will show distress when expressions of anger are directed at them, or other family members. They may have disturbed sleeping and eating patterns, increased separation anxiety from their mother, demonstrate a high level of aggression towards other children, and show fear by crying or screaming if voices are raised.</p>
<p><b>Three year olds</b> <b>Normal development</b></p> <p>By the age of three, children are becoming more social and play tends to be less solitary as they become aware of others around them. Language development is becoming clearer and children build on the trust they have established in adults to</p>	<p>Behavioural problems are more defined by the age of three as children attempt to relate to others more socially. This is often evident in child care situations where children have difficulty in playing alongside others without exerting control over the game or other children. This is often done aggressively by hitting, biting, screaming or hair pulling. Boys tend to demonstrate aggressive</p>

<p>further explore their environment.</p>	<p>behaviour more than girls, who tend instead to internalise their stress by becoming clinging, anxious, withdrawn, passive and overly compliant.</p> <p>Both genders may exhibit frequent illness, severe shyness and low self esteem.</p>
<p><b>Preschoolers – four to five year olds</b> <b>Normal development</b></p> <p>Children at this age interpret most events in relation to themselves. They are likely to model adult's behaviour in their play and will do so in friendship-type relationships. Their cognitive abilities are still limited in the way they interpret events around them, so they tend to relate every event to themselves, without understanding the broader factors which influence events.</p>	<p>Children may be affected more profoundly in their ability to make friendships with other children and trusting relationships with adults. They may exhibit distrust of any new adult, and show reluctance to participate in normal social experiences. Their level of distress may become more evident in situations of conflict where behaviour becomes more aggressive or more withdrawn. Some do not relate to the activities or interests of their age group. Some may show hypervigilance at any sign of conflict and may cower at raised voices. They may express themselves in role plays by acting out the violence in the home using dolls or dress-ups. Bullying behaviour to gain control over situations becomes more pronounced. They may take on blame for situations that they did not cause.</p>
<p><b>Primary School Age:</b> <b>Normal development</b></p> <p>Children have firm role models in their parents and mirror what they have been taught in relation to the way people relate to one another. They are able to express themselves more succinctly and find their cognitive abilities developing rapidly in relation to broader concepts and relationships. Friendships become a significant part of life, particularly in school and they show interest in current trends and peer influences relevant to their age group.</p>	<p>Children are likely to model their learnt way of resolving conflict in schools and in their relationships. The use of violence to gain control over a situation is seen as acceptable. They are more likely to be able to express their fears and anxieties regarding the violence occurring, however may lack the trust in others to do so safely. Many have problems with school work, difficulty concentrating, not wanting to go home and lowered performance in class. Bullying behaviour and poor social skills are often evident as is depression, withdrawal and anxiety in new situations.</p>

**Adolescents:****Normal development**

Young people have reached a point where their cognitive skills and resources for adaptation have developed enough for them to realise that there are other ways of relating in the world, other than what they have seen or been exposed to. They become more individualised as they attempt to 'try on' different personas and ways of being. Conflict is a normal experience as adolescents work out what being an adult is all about and where they fit in the adult world.

Whilst not all adolescents exposed to domestic violence will grow up to repeat their experiences, some will continue to see violence as an acceptable and normal part of having a relationship. The normal testing time for adolescents may become more difficult for those who are still experiencing parental conflict at home and depression, stress, aggressive behaviour, hostility, running away from home and substance abuse, are some of the potential effects of this. Some adolescent sons mimic their father's behaviour and assault their mothers or siblings. Girls may seek solace in a relationship outside the family, which may also be abusive. Suicide, early school leaving and homelessness are other consequences as young people attempt to escape the violence.

## **Appendix 4**

### **Links to other services and resources**

A list of regional domestic and family violence services is available online at DV Web Link at: <http://qlddomesticviolencelink.org.au/>

#### **Court Support Services**

Court support services provide information, support and assistance to people affected by domestic and family violence in relation to a domestic violence order and who come before the Magistrates Court. Some services only assist women. Others also provide information to men on domestic and family violence matters and court processes. Refer to:

<http://www.communities.qld.gov.au/communityservices/violence-prevention/contacts/court-support-services>

#### **Queensland Police Service Domestic and Family Violence Coordinators**

QPS have District Domestic and Family Violence Coordinator (DFVC) positions across the State. These officers deliver education and training to operational police and engage in problem solving with other government and non government agencies to address domestic violence related issues. They are also instrumental in formulating and implementing reactive, proactive and preventative strategies and providing advice and assistance to members of the community.

#### **Legal services**

Legal Aid Queensland Information Line on Ph: 1300 651 188 (and request the Domestic Violence Unit) or at <http://www.legalaid.qld.gov.au/legalinformation/Relationships-and-children/Pages/Family-and-domestic-violence.aspx> for family law and domestic violence order information.

Women's Legal Service Ph: (07) 3392-0670 (Brisbane) or Ph: 1800-677-278 at <http://www.wlsq.org.au/>

Aboriginal and Torres Strait Islander Women's Legal and Advisory Service (ATSIWLAS), Brisbane Ph 07 3720 9089 at [www.atsiwl.org.au](http://www.atsiwl.org.au)

#### **Crisis support and counselling**

DVConnect make available a contact number for referrals from agencies, including the Department of Communities, Child Safety, and Disability Services. This number must not be provided to clients / family members.

Also DVConnect are unable to accept referrals for refuge accommodation from child safety officers without talking to the victims themselves.

Name:	DVConnect - Womensline
Freecall:	1800 811 811
Operating hours:	24 hours a day, 7 days a week
Information:	<ul style="list-style-type: none"> <li>• provides information, counselling, support and services to people experiencing domestic and family violence</li> <li>• provides referral, including refuge referral to women and their children who are in danger.</li> </ul>

Name:	DVConnect - Mensline
Freecall:	1800 600 636
Operating hours:	9am to midnight, 7 days a week
Information:	<ul style="list-style-type: none"> <li>• provides a confidential telephone counselling referral and support service for men</li> <li>• offers specialist assistance for men seeking strategies to address their use of violence</li> <li>• provides Magistrate's Court support to men who use violence in some areas of Queensland including Brisbane.</li> </ul>

Name:	Lifeline
Telephone:	13 1114
Operating hours:	24 hours a day, 7 days a week
Web site:	<a href="http://www.lifeline.org.au/">www.lifeline.org.au/</a>
Information:	<ul style="list-style-type: none"> <li>• provides crisis telephone counselling service.</li> </ul>



### **Aboriginal and Torres Strait Islander peoples:**

Department of Communities, Child Safety and Disability Services have produced help cards for Aboriginal and Torres Strait Islander peoples located at

<http://www.communities.qld.gov.au/communityservices/violence-prevention/publications-and-resources>

### **Immigrant Women's Support Service (IWSS)**

[www.iwss.org.au/](http://www.iwss.org.au/) - 07 3846 3490 (Mon – Fri 9am - 5 pm)

IWSS is a community based organisation which works with women and children of non-English speaking background who are or have been in abusive domestic situations and/or have experienced rape and/or sexual assault. It is a crisis and support service which provides culturally appropriate support, information, short-term counselling and referral.

### **Safe Women Queensland**

<http://www.communities.qld.gov.au/women/about-us/find-a-service> -

1800 177 577 (Mon – Fri 9am to 5pm)

Provides the contact details of government and community organisations in Queensland that assist women and girls who are experiencing, or have experienced, domestic, family or sexual violence.

### **Elder abuse**

Department of Communities, Child Safety and Disability Services have specific resources relating to elder abuse at

<http://www.communities.qld.gov.au/communityservices/violence-prevention/act-as-one-against-domestic-and-family-violence-campaign/elder-abuse>

### **Further counselling options**

The following websites can be accessed to obtain information about counselling options. Information about referral options and local support groups can also be obtained from regional domestic and family violence services.

### **Relationships Australia**

[www.relationships.com.au](http://www.relationships.com.au)

### **Centacare**

[www.centacarebrisbane.net.au](http://www.centacarebrisbane.net.au)

### **Lifeline**

[www.lifeline.org.au](http://www.lifeline.org.au)

### **Anglicare**

[www.anglicarebrisbane.com](http://www.anglicarebrisbane.com)

### **Brisbane Rape & Incest Survivors Support Centre**

at <http://www.brissc.org.au/> Ph: (07) 3391-0004 (Mon - Thurs 9am - 1pm)

### **Kids Helpline**

[www.kidshelp.com.au](http://www.kidshelp.com.au) Ph 1800 551 800

### **Zig Zag Young Women's Resource Centre**

at <http://www.zigzag.org.au/> Brisbane Ph: (07) 3843-1823 (Mon - Fri 9am - 5pm)

## Appendix 5

### Website resources for further information

#### Australian websites

The Department of Communities, Child Safety and Disability Services' website provides information and resources about domestic and family violence and violence prevention at <http://www.communities.qld.gov.au/communityservices/violence-prevention>. The site includes information about domestic and family violence, safety planning, services and support agencies, and links to forms required for domestic violence order applications. Further information can be obtained through contact with Violence Prevention Unit staff.

Information about protocols for Aboriginal and Torres Strait Island communities and services available in specific communities is located at <http://www.datsima.qld.gov.au/atsis/everybodys-business/protocols-for-consultation-and-negotiation-with-aboriginal-people>.

Immigrant Women's Support Service, Brisbane at [www.iwss.org.au](http://www.iwss.org.au)

DVConnect website at [www.dvconnect.org/dvline](http://www.dvconnect.org/dvline)

Brisbane Domestic Violence Advocacy Service is the regional domestic violence service for the Brisbane Metropolitan area at <http://www.dvrc.org.au/advocacy-service.html>

Queensland Centre for Domestic and Family Violence Research, based in Mackay, at [www.noviolence.com.au](http://www.noviolence.com.au)

Australian Institute of Criminology plays an important role in conducting timely and proactive research on crime and criminology, and disseminating information to provide the Australian Government with a unique knowledge base from which to inform policy at [http://www.aic.gov.au/en/crime\\_types/violence/domestic.aspx](http://www.aic.gov.au/en/crime_types/violence/domestic.aspx)

Australian Domestic and Family Violence Clearinghouse is a national resource on issues of domestic violence and family violence. The resources on this site reflect the Clearinghouse role as a central point for the collection and dissemination of Australian domestic and family violence policy, practice and research. A Queensland resource directory is also available at <http://www.austdvclearinghouse.unsw.edu.au>

National Child Protection Clearinghouse, an information, advisory and research unit focused on the prevention of child abuse and neglect and associated family violence, at <http://www.aifs.gov.au/nch>

Family Court of Australia at [www.familycourt.gov.au](http://www.familycourt.gov.au) provides information about family law issues and their Family Violence Strategy.

Centrelink information – including payments if in severe financial hardship because a person has been forced to leave their home and find a new home because of an extreme event like domestic violence at <http://www.humanservices.gov.au/customer/subjects/domestic-and-family-violence>

Secretariat of National Aboriginal and Islander Child Care (SNAICC), advocating for the needs of Aboriginal and Torres Strait Islander children at <http://snaicc.asn.au>

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