



WITNESS STATEMENT OF PROFESSOR CATHY HUMPHREYS

I, Catherine Humphreys, Professor of Social Work, University of Melbourne, Parkville, in the State of Victoria, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

2. I am Professor of Social Work at the University of Melbourne and have held this position since 2006. I held the Alfred Felton Chair of Child and Family Welfare for five years before the position was funded as a continuing professorship by the University of Melbourne with contributions from Victorian community sector organisations for a further three years.

Background and qualifications

3. I hold a Bachelor of Social Work from the University of Queensland and a Doctor of Philosophy from the University of New South Wales. I practiced as a social worker for 14 years prior to becoming an academic. I have worked in the areas of child protection, mental health and community development. I have been involved either in a voluntary or paid capacity in the area of violence against women and their children all my working life.
4. Prior to joining the University of Melbourne in 2006, I worked as a social work academic at the University of Warwick in the United Kingdom for 12 years. I have experience across both the United Kingdom and Australian systems of interventions in child abuse and domestic violence.
5. Since becoming an academic in 1991, I have had more than 30 research projects in the area of violence against women and their children as well as projects more recently in the child protection area focussed on out of home care. I have published 68 refereed journal articles, 24 book chapters and 12 monographs or books, mainly though not exclusively in the areas of child abuse and domestic and family violence.

Attached to this statement and marked “**CH1**” is a copy of my curriculum vitae which includes my publication record.

6. Attached to this statement and marked “**CH2**” is a list of key references which have informed the content of my statement.

Impact of family violence on children

7. The negative impact of domestic and family violence on children is now well established. The heightened risks of physical and sexual abuse are recognised, and the impact on the relationship between women and their children is beginning to be acknowledged. Attached to this statement and marked “**CH3**” is a copy of a paper I co-authored entitled “Absent presence: the ongoing impact of men’s violence on the mother-child relationship.” This paper explores the ways in which past trauma, erosion of self-esteem and the continued presence of the perpetrator of the violence can undermine the mother-child relationship.
8. Attention is also being given to the long-term effects on the emotional and physical wellbeing of children and the ways in which children living with family violence are also more vulnerable to other forms of abuse, outside as well as inside the home.
9. The needs of children of all ages from infants to adolescents who are living with domestic and family violence are now well articulated. However, effective ways of responding to their needs are far less developed.
10. In this statement, I use the term “domestic and family violence” to refer to all forms of violence, including behaviour which is physically, sexually, financially and emotionally abusive.

Responding to children living with domestic and family violence

11. Many children are currently referred to child protection as the pathway for the assessment of risk and access to services. The majority receive neither an investigation nor a service. A differential pathway which routes most children and their mothers to community based services is required, with child protection as a referral in only the more complex cases. The pathway to children’s safety through separation is currently marred by decisions made within the Family Law arena about who children live with following separation. This decision-making is frequently unresponsive to the on-going dangers and threats to the well-being of children who are continuing to live with post-separation violence.

12. The challenges responding to women and children living with domestic and family violence include:
 - 12.1. Ensuring that domestic and family violence intervention addresses primary and secondary prevention as well as providing crisis and post-crisis services for children living with domestic and family violence.
 - 12.2. Responding to the volume of children in families involved in domestic and family violence and providing a differential response to Child Protection intervention.
 - 12.3. Responding to both adult and child victims to ensure that we not only respond to the woman survivor as a mother but also address her needs as a victim.
 - 12.4. Engaging children in relation to their individual issues but also strengthening the mother-child relationship.
 - 12.5. Focussing intervention on the perpetrator of violence, usually (though not exclusively) the child's father or step-father.
 - 12.6. Recognizing domestic and family violence as a primary issue and not only as background to other adult issues such as substance use and mental health problems.
 - 12.7. Reaching out to minority ethnic and indigenous families, and mothers with disabilities in ways that leave them with a sense of empowerment rather than fear.
 - 12.8. Addressing the problems which occur when the Family Law decision making about the amount of time the children spend with each parent is disconnected from the family violence intervention for children, women and men.
13. Addressing both prevention and the response to children living with domestic and family violence is an essential framing for intervention. A model specific to the domestic and family violence sector has been developed by Good Shepherd Youth and Family Services and McAuley Community Services for Women to demonstrate the different levels at which service provision is needed which is illustrated in the figure below.

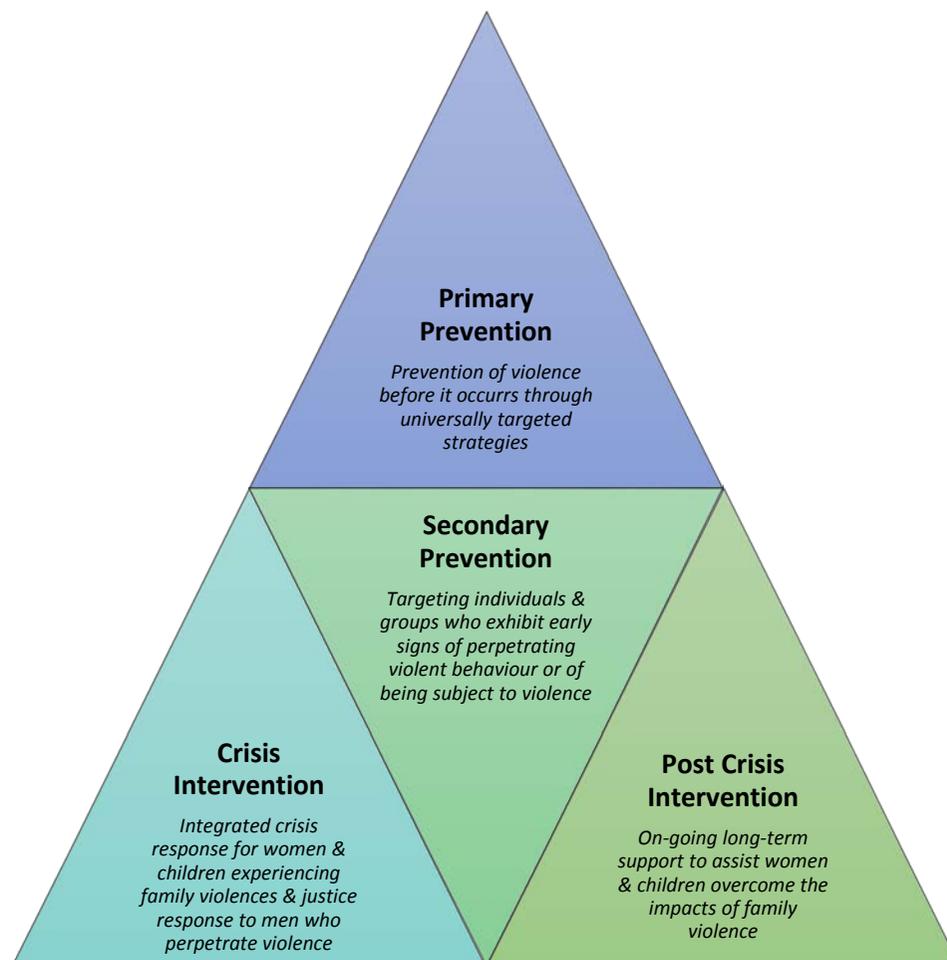


Figure 1: Family Violence Intervention Pyramid

Primary Prevention

14. Currently, most of the resources for children living with domestic and family violence are directed to crisis intervention. While important, the long term answers to the 'wicked problem' of domestic and family violence lie in the primary prevention area.
15. In relation to children and young people, child care centres, youth clubs, primary and secondary schools are critical to the development and the implementation of respectful relationship programs. These programs need to be part of curriculum and programming across these organisations. At this stage, programs are ad hoc and not

necessarily a mainstream aspect of the curriculum. At the secondary school level, they need to address the issues of sex education in the context of respectful relationships, as well as pornography, sexting and internet bullying.

16. Given the devastating impact of domestic and family violence on health, wellbeing, the economy and the ability to learn, it cannot be argued that this aspect of curriculum is marginal and should be the domain of parents and families. An Australian Institute of Criminology report published in 2001 found that one in four children will be exposed to domestic and family violence across their childhood. Children therefore require strong value messages about relationships which are respectful of women and which eschew violence supportive attitudes and behaviour. Our Watch is leading the way in this area and the programs and priorities suggested by that organisation should be resourced and supported.

Secondary Prevention: pregnant women and women with infants

17. Many groups within the community have been identified as more vulnerable than others and hence could be the subject of targeted resourcing. One of these groups is pregnant women and women with infants. In a secondary prevention strategy, this also would engage with men in their role as fathers.
18. The risks for infants living with family violence are critical. Fear and trauma directly affect the infant's brain development and the mother's fear of violence may affect her ability to tune in appropriately to the needs of her baby. The more comprehensive research studies show that children of mothers with a history of domestic and family violence have significantly greater use of mental health, primary care, specialty care and pharmaceutical services than those who do not live with family violence, including children where the violence ended before the child was born. A report by the National Research Council and Institute of Medicine from 2001 identifies that intervention early in the child's life course has measurable cost benefits, not only in terms of dollars invested early but in terms of the long term well-being of children. Evidence suggests that the prime time for engagement lies in pregnancy and following the birth of the baby.
19. Victoria has developed the Cradle to Kinder program targeted at vulnerable pregnant women under 25. Vulnerability specifically includes young women with disabilities, teenage mothers, Aboriginal women and those women with an out of home care background. Many of these women will be living with domestic and

family violence. This has been an important development and one which needs to be retained as an integrated and long term aspect of the service system. It has taken Victoria beyond short term pilots into the provision of an infrastructure of support provided through the Child First catchments and Family Alliances, and driven by multi-agency advisory groups, quality standards and detailed guidance.

20. The provision is still in the process of being 'rolled out' across Victoria. My view is that this is the infrastructure for work with vulnerable pregnant women and their infants and that further services in this area need to be linked or embedded in this program of work. To address the issues for pregnant women living with domestic and family violence further developments will be required. These could include:
- 20.1. Further funding to allow services to be provided for pregnant women and women with infants who are subject to domestic and family violence, but who do not currently meet the specific criteria for this program. This would include women referred from Maternal and Child Health where domestic and family violence has been identified.
 - 20.2. Funding to support co-working between Cradle to Kinder and the specialist domestic and family violence service in the area to ensure that the women's needs in relation to domestic and family violence are addressed alongside her needs as a mother (housing, financial, legal, medical).
 - 20.3. The provision of specialist domestic and family violence support programs which have been trialled or evaluated and which provide intensive support for those women living with domestic and family violence. For example:
 - a) The MOVE project to support maternal and child health nurses to identify and respond to family violence developed by Associate Professor Angela Taft;
 - b) The Mentoring Mums project provided by Children's Protection Society and the Mothers' Advocates In the Community (MOSAIC) project, a mentoring program developed for pregnant women and young mothers;
 - c) The 'Peek a Boo' program for infants and their mothers affected by family violence developed by Wendy Bunston.
 - 20.4. The development of alcohol and drug programs which support pregnant and new mothers to engage closely with the domestic and family violence sector

through support workers with specific community liaison roles (for example, the Women's Alcohol and Drug Service). Currently, this program confines its service to the women while in hospital. However, research indicated that the critical referrals to community sector organisations (including domestic and family violence organisations) which followed discharge from hospital needed much greater support and liaison to be effective. Only those women referred to statutory child protection continued to be connected to the service system.

21. The work with new fathers is under-developed in Victoria. Even the universal service system is named 'Maternal and Child Health', a name which immediately excludes fathers as central to the lives of their infants. Emerging research which I have conducted together with Naomi Pfitzner and Professor Kelsey Hegarty of the University of Melbourne on the effectiveness of using fatherhood to engage men in preventing violence indicates that engaging men as fathers through parenting programs shows some promise in preventing child maltreatment.
22. This mirrors work conducted in the United Kingdom by Professor Nicky Stanley of the University of Central Lancashire and by Professor Brigid Featherstone of Open University on interventions for male perpetrators of domestic violence which highlights the effectiveness of strategies that engage men as fathers in motivating behaviour change and preventing further acts of violence. This approach is now being explored in domestic violence primary prevention.
23. Early intervention programs such as 'Baby Makes 3' are being trialled in specific regions of Victoria and my research with Ms Pfitzner and Professor Hegarty is exploring the issues of engaging men as an early intervention strategy. While this is an important step, three group work sessions directed towards fathers within a 'respectful and equal relationship' model provides only one spoke in what should be a complex wheel of inter-connected parenting services. This is a specific area for further service development in Victoria.

The development of a differential response to children living with domestic and family violence

24. A particularly difficult issue to grapple with in family violence intervention is the need for a differential response to children and their mothers. Not all children are equally affected by the violence and abuse they live with. At the extreme end, we have the tragic deaths of a number of children who were living with domestic violence.

However my research with Associate Professor Lesley Laing has shown that in any sample, at least a third of children do as well in terms of cognitive and behavioural issues as those not identified as living with family violence. Protective factors will be in place. Family violence, while debilitating and destructive, varies in severity and impact (both physical and emotional). Separation is not necessarily a panacea as so many children are exposed to ongoing post-separation violence via child contact arrangements and the process of separation holds heightened risks.

25. The default position in Australia, the United Kingdom (UK) and North America has tended to be to refer all children living with family violence to statutory child protection. Sometimes this is through legislation on mandatory notification, at other times through practice guidance. Hitching children who are living with family violence to 'the child protection juggernaut' fails to acknowledge the differential response that may be needed and more appropriate.
26. While some children undoubtedly are at risk of significant harm and require a referral to child protection, there are problems with routing all affected children through this pathway. Evidence from my research on the L17 Triage Project in Melbourne's northern metropolitan area drawing on data collected from November 2012 to November 2013 (total cases vary according to collecting agency's data) showed the following:
 - 26.1. the rate of closure of police family violence incident referrals at Child Protection intake requiring no further action was 79%.
 - 26.2. of 1,960 police referrals to Child Protection, only 13.9% resulted in a Child Protection investigation.
27. The data mirrors that of a case tracking study in the UK of cases referred by police to child protection which was conducted by Professor Nicky Stanley and her colleagues from the University of Central Lancashire. Their study concluded that of 251 cases only a small percentage resulted in an investigation and only 5% of children were assessed for a service to provide for their needs. Interestingly, more than 50% of referrals involved post-separation violence, much of this around child contact. The statutory net was widened but little effective action taken.
28. A similar picture emerged in New South Wales. Data generated for the Wood Inquiry in New South Wales showed that of 76,000 reports where a risk of harm from domestic violence was the primary reported issue, only 5000 (6.5%) cases

were substantiated and this did not necessarily result in the family receiving a service. New South Wales and Western Australia have now moved towards a differential response which diverts most cases of children living with domestic and family violence to community sector organisations.

29. Infrastructure is needed to support a differential response. In New South Wales this has been provided by an electronic structured decision-making tool across the whole system of statutory child protection. In Western Australia triage teams which include child protection, police and the specialist family violence sector provide the initial confidential information sharing and decisions about service pathways. In Victoria, initial work has been undertaken in the North Metro Region and the basis for the development of a confidential triage between police, child protection and specialist domestic violence services is in place. An agreed risk assessment is in the process of development but further work is required to agree the thresholds for child protection intervention. Funding is required to support a demonstration project.
30. A further infrastructure measure needs to be an increase in funding to ensure that many children diverted from child protection gain some form of service; and that workers in either women's services or family support services are trained to intervene with women and their children.

Addressing the issues of children living with post-separation violence

31. Currently, the child protection system is not designed to intervene effectively where there is a protective mother (or father), but the child and often the mother are continuing to be subjected to post-separation violence and stalking. Much of the abuse occurs when the child moves from time with their father to time with their mother. Under these circumstances, children are not safer and their wellbeing not protected when abuse occurs at 'handover'. However, on-going stalking and on-going control through texting, threats and the use of social media means that the child's mother can continue to be abused and her mothering undermined. The absent presence of the perpetrator of violence and abuse is often experienced many years after separation.
32. In the past, 'separation' from an abusive relationship has been used as a marker of 'the protective parent'. However, separation is a time of heightened risk, danger and fear for women and their children. While all Intimate Partner Violence risk

assessments recognise that separation creates a heightening of risk, the child protection intervention has been slow to consistently recognise this fact.

33. Women are still urged to separate but without the necessary supports to keep themselves and their children safe. Support would need to include:
 - 33.1. extensive discussion to assess 'readiness', potentially including motivational interviewing;
 - 33.2. the evidence to demonstrate that the child's father is a danger to the child;
 - 33.3. proactive links to the family violence support services; and
 - 33.4. leverage provided with housing services, Centrelink and legal proceedings to ensure that there is accommodation (beyond a couple of nights in a refuge), money to live on and legal protection which is enforceable.
34. Children are no safer if they are homeless and immediately subject to contact arrangements with an abusive father. This is an area for practice development and more effective working between Family Court services (including organisations providing Family Dispute Resolution services), and child protection, RAMPS, and the family violence sector.

Focusing on the perpetrator of domestic and family violence

35. A particular source of criticism of child protection intervention, but one which also relates to other services, has been the tendency to focus on the adult victim (usually the mother) and her ability to protect her children, rather than intervention which effectively targets the perpetrator of the abuse who is the source of the risk.
36. There are significant policy and practice developments which are attempting to shift the focus on child protection workers and their practice. These developments need to be fully supported and enhanced. The Department of Human Services (as it then was) in Victoria published a specialist practice resource, *Working with families where an adult is violent* and provided training across the state to support the launch of the new resource in 2014. This is an excellent start, but a rolling program of training and development is needed.
37. Several state child protection departments and No To Violence (Victoria) have engaged David Mandel from the United States who has developed work with child

protection which focusses on the perpetrator of violence and support for both adult and child victims through the use of the 'Safe and Together' resources.

38. Subsequent training with No To Violence has built the capacity of the child protection response. Continuing to support this professional development will begin to address the shift in 'culture' which is required to change the focus of child protection work.
39. Other states have developed work within the family violence and family services areas to work with perpetrators of domestic violence. For example, Burnside Uniting Care in conjunction with the Parenting Research Centre and New South Wales Department of Family and Community Services are developing practice and resources to work with a 'harm reduction model' of domestic violence focused on those families where the perpetrator is currently remaining in the home. The work is at a relatively early stage. However, it is an important development for family services working where there is domestic and family violence. Many women are unable to leave for various reasons including no residency status, remaining committed to the perpetrator of abuse, no available housing, unfavourable Parenting Orders which provide the perpetrator of abuse with extensive (unsupervised) time with the children, a desire to stay in their own home, but ineffective Family Violence Intervention Orders. In these circumstances it is important to develop strategies for working with some (not all) perpetrators of abuse and their families. It is an important area for exploration.
40. It may also present greater clarity for the service pathways where there is domestic and family violence. The specialist domestic and family violence organisations are primarily women's services which are also developing skills in working with children. Their core business is not with men. On the other hand, the family support services are designed to work with families with complex needs, including where there is domestic and family violence.
41. The work with perpetrators of domestic and family violence is currently under-developed. Potential lies in the work being developed by the Parenting Research Centre, closer alignment with men's behaviour change programs (including tight feedback loops), and the development of work with perpetrators through David Mandel's Safe and Together resources. No To Violence is advocating that each perpetrator of abuse have a customised individual plan which provides the basis of intervention with the Courts, men's behaviour change programs, Corrections, Child

Protection, mental health services and family services. This is a recommendation which should be supported.

Strengthening the mother-child relationship

42. Strengthening the mother-child relationship in the aftermath of family violence is a key point of intervention. A significant aspect of family violence is the systematic attack on the mother-child relationship as one of the major tactics of abuse. This may be a direct attack – coercing children to insult their mothers, undermining the woman’s mothering through criticism and actions which make it difficult for her to parent, ensuring that women are ‘punished’ for spending time with children particularly if it takes attention away from the man’s needs. It also can be an indirect attack which disables the mother physically or emotionally so that she is unable to parent appropriately.
43. Interventions which work to actively strengthen the mother-child relationship in the aftermath of abuse are still in the early stages of development, although it is an area gaining traction. The Talking to My Mum activities which I developed through an action research project with women and their children are but one of a number of supports for this work. Talking to My Mum is an activity pack for five to eight year olds whose families have experienced domestic abuse to help and encourage them to open up to their mothers about their distressing experiences.
44. Evidence is emerging from my research as well as that of Wendy Bunston of Latrobe University and Professor Alicia Lieberman of the University of California, that the most effective intervention response in the post-crisis period for both women and children is for them to work together, either in parallel children’s and women’s groups and joint mother-child rather than individual counselling.
45. Currently, the post-crisis work for women and their children is marginalised in the domestic and family violence intervention. An audit of different programs for children living with family violence in 2011 undertaken by Tracy Castellino and myself showed a wide range of group work and individual programs throughout Victoria. However, none of these programs had on-going funding and by the end of 2012 most programs had either been de-funded, were projected not to move beyond the pilot phase or were under threat. The sector clearly sees the need for this work with children, but long term funding streams have not been forthcoming.

Opportunities for policy and/or practice

46. I consider that the opportunities for policy and practice reform with respect to responding to children affected by domestic and family violence are:
- 46.1. The development of domestic and family violence prevention programs (respectful relationships programs) which are part of mainstream activities within schools, child care centres and youth facilities are an essential arm of the domestic and family violence strategy. Recommendations derived from Our Watch consultations will require resourcing and support.
 - 46.2. The value of early intervention programs for infants is recognised and effective programs are provided with ongoing funding and the potential for further extension of programs to develop work with fathers and with a wider range of new, but vulnerable mothers.
 - 46.3. Developing the policy to manage a differential response that diverts most children and their families to community-based services rather than into child protection intervention where most are never provided with a service. Initial rapid risk screening (triage) of all police family violence incident reports (L17 reports) for victims (adults and victims) and perpetrators needs to be developed. This would take place within defined geographic areas and maximise referral pathways.
 - 46.4. Developing nuanced risk assessment and risk management tools, which are agreed across the multi-agencies and support a differential response. This includes police, judges and magistrates (particularly in the family law and children's court jurisdictions) alongside Child Protection and domestic and family violence agencies.
 - 46.5. Responding to post-separation violence and specifically developing an alignment between concerns for the harm to children identified through child protection, family support services, the specialist family violence sector and decisions made in the Family Law arena. This is currently the weakest point in family violence intervention.
 - 46.6. Recognising that domestic and family violence represents an attack on the mother-child relationship, and that it is crucial to look at the perpetrator's behaviour (not the relationship or the survivor's behaviour as the source of

the risks to the child). This means ensuring Child Protection have the requisite skills and knowledge to work with perpetrator-fathers as well as professional development work with family support services. It may also entail the development of individual plans for perpetrators of domestic and family violence which can be used to align work across organisations and courts.

- 46.7. Training workers in the foundational concepts relevant to children living with domestic and family violence, including their important role in documentation of the violence and abuse. This means Child Protection workers documenting what the mother is doing to support her child and accurately documenting the harm the father is doing and has done to the family.
- 46.8. Providing resourcing for the post-crisis response for children and their mothers living with and separating from family violence.
47. To date, we have been better at identifying than resourcing and responding appropriately to the needs of children living with family violence. The area has been characterised by innovation but problems lie in sustaining a strong and ongoing response in all parts of the service system from primary prevention to post-crisis services. The issues for children living with domestic and family violence are critical but frequently marginalised in our current response.



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Catherine Humphreys

Dated: 7 July 2015