Relationships Australia South Australia
Submission to the
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Domestic and Family Violence Inquiry

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Introduction

The prevalence of family violence in South Australia indicates that there is considerable work to be done to prevent such violence. The unique combination of factors that lead to, or put individuals and families at risk of, family violence underscores the need for a multi-disciplinary and community-wide family violence prevention strategy. Relationships Australia South Australia (RASA) believes effective prevention strategies require a legal framework that takes action about family violence in combination with broad community education. Crucially, in addition to these overarching strategies, tailored service responses for the individuals and families involved are also essential.

Prevention of family violence cannot be a 'one size fits all' strategy. Instead programs and services need to be targeted effectively to at-risk individuals, including both victims and perpetrators. Specialised as well as mainstream programs involving cross-disciplinary and multi-agency responses are also required. RASA actively supports many service collaborations. We believe that cooperation is enabled by a shared understanding of the 'patterns of risk' implicated in family violence. We regard patterns of risk as the matrix of behaviours, including mental health problems, drug and alcohol concerns, relationship conflicts and parenting stress, that co-exist with violent behaviour.

RASA believes that isolating family violence from the matrix of behaviours and stressors that contribute to, and result from, family violence significantly limits the effectiveness of prevention strategies. Family violence prevention and service responses, we believe, are often limited by (1) the failure to identify the patterns of risk that co-exist with and often amplify family violence, (2) a reluctance to engage with perpetrators of violence because offering support for change is often seen as collusion rather than an opportunity to enable de-escalation of violence, and (3) the tendency to overlook the developmental harm to children resulting from parenting that is compromised by relationship conflict, including violence and other stressors.

In our opinion, first, services for victims of family violence, mostly women, remain significant priorities and should not be decreased or diminished. Second, services for perpetrators of family violence, mostly men, need to be available and would benefit from investment in further development and evaluation. Third, children require services that are capable of interrupting the developmental harm inflicted by compromised parenting resulting from family violence and other problems. We regard services for children as especially important violence prevention strategies because such services are an opportunity to support children in avoiding their own adult patterns of risk, including violence and compromised parenting. Finally, all family service staff need ongoing professional development that builds both a common understanding of patterns of risk and the skills necessary to undertake screening, risk assessment, responding to parenting stress and safety planning.

Background

RASA is a not-for-profit, secular, community service organisation with more than 60 years' experience in providing relationship support and community services. We assist over 26,000 clients each year throughout regional and metropolitan South Australia, and currently employ over 300 staff. Our services operate from 8 sites and include community outreach programs in the mid north, APY lands, Ceduna and the South East.

RASA is well known for relationship counselling, however, over the last few decades our services have expanded into support and assistance for vulnerable and disadvantaged children, families, individuals and couples with multiple and complex needs such as problem gambling, parenting stress, children at risk of homelessness, and health counselling.

Family violence is a core issue within all RASA services. We screen for and respond to family violence in all our programs and offer specialist family violence services, including group education about family violence for men who use violence, positive relationships programs for culturally and linguistically diverse (CALD) men, therapeutic programs for children impacted by family violence and homelessness, education for adolescents and their parents, and counselling for women escaping and recovering from violence. We also provide Child Contact Services (CCS) that offer a safe process for children to move between parents whose relationship has completely broken down, often as a result of family violence and/or entrenched acrimony.

RASA also has an extensive role in professional development about family violence for community and family law workers. Over the past decade we have developed the national resources which are available to all sector workers: AVERT Family Violence training package, Point of Contact – training resources about responding to children who live with family violence, and the Family Law Detection Of Overall Risk Screen (DOORS) online training.

RASA's work is based on a primary health care approach and adheres to the Ottowa Charter principles. Our extensive family service experience is built upon genuine partnerships with individuals, families and communities that promote and enable enduring wellbeing. Our proximity to families and communities means we are very familiar with the multiplicity of risks that impinge negatively on their wellbeing and safety.

Prevalence of family violence

It has been repeatedly demonstrated that women are more likely than men to experience violence from a partner in Australia. According to the 2012 Australian Bureau of Statistics (ABS) Personal Safety Survey, 17% of all women and 5.3% of all men aged 18 years and over had experienced violence since the age of 15. Likewise, in the 12 months prior to the 2012 Personal Safety Survey, an estimated 132,500 women (1.5% of all women aged 18 years and over) had experienced violence by a partner compared to 51,800 men (0.6% of all men aged 18 years and over).

The 2012 Personal Safety Survey also showed that 5.5% of women in South Australia had experienced violence in the last 12 months, with 4.2% of women experiencing such violence from a known person and 1.5% from an unknown person. Specifically, 1.7% of women experienced violence by a partner (0.6% by current partner and 1.1% by an ex-partner) and 0.8% by a boyfriend/girlfriend. In contrast, 7% of men experienced violence during the last 12 months (4.7% experienced violence from a stranger and 2.5% by a known person).

Further to this community data, RASA has evidence from repeated evaluations demonstrating that over 60% of RASA's service delivery involves family violence issues. We conducted three Domestic Violence Snapshot Surveys between 2007 and 2011. These surveys asked all practitioners and client service officers to record contact with, or work on behalf of, clients that involved family violence over a two-week period. The presence of family violence was interpreted broadly in these surveys and could mean that family violence had played a role at some stage in the client's life through to current and acute safety concerns. While there is variation across our different service types, overall the snapshot surveys demonstrated that the majority of our services involved family violence, making it core business.

This level of family violence in our services is consistent with other research. Kaspiew et al. (2009) and Moloney et al. (2007) demonstrated that, in Australia, 50-60% of family law applications involve serious allegations of violence and abuse. RASA believes that the prevalence of family violence across all family services means both specialised programs and mainstream service responses are necessary for effective violence prevention.

Defining family violence

Family violence is a complex phenomenon with no single agreed definition (Australian Bureau of Statistics, 2009, p. 1). Different definitions reflect various understandings about domestic and community relationships. Various terms such as domestic violence, intimate partner violence and family violence are used to give emphasis to particular relationships. All these terms highlight the intimate nature of the relationships in which violence occurs. RASA has used the term family violence unless quoting specific research or programs that use other terms, because family violence refers to the violence perpetrated by *any* family member and is therefore relevant to the breadth of our programs. Family violence also tends to be the term used within the family law system.

While the phenomenon of family violence is not new, service and legal responses are relatively recent. Different terminology reflects the emerging nature of our community awareness of the phenomenon. More contentious is the debate about what behaviours comprise family violence. For instance, domestic violence advocates have long argued that psychological and controlling behaviours are dangerous forms of violence. These advocates have rightly cautioned against focusing only on physical violence. Consequently, the past decade has seen legal reform that involves definitions of family violence that include

threatening and controlling behaviours. Coercive controlling violence refers to emotional abuse, economic abuse, coercion, threats, and intimidation, which is now well understood to be part of a constellation of family violence behaviours and may or may not be accompanied by physical violence.

RASA believes that prevention and service responses are limited when coercive controlling violence is not included in the understanding of family violence. But equally, conflating all forms of harmful and emotionally abusive behaviour as 'violence' tends to produce a generalised response that obscures the matrix of feelings and behaviours for which a range of service responses are required. Hence, differentiation of the highly complex and harmful patterns of relating within families, we believe, is the basis for effective violence prevention and service responses. Conceptualising family violence across a matrix of behaviours including (1) historical patterns, (2) dynamics of instigation, and (3) severities and frequencies is vital to an effective definition of family violence.

A broad definition of risk

It is our experience and increasingly evident in research that a focus broader than the violent behaviour is necessary for effective violence prevention. The ability to evaluate the dangerousness of behaviour and prevent further harm requires a holistic assessment of safety and wellbeing risk. Current research makes it clear that family violence is not an isolated phenomenon that emerges 'out of the blue'. Instead the emotional and social triggers that move individuals into violent behaviour are increasingly well understood. It is evident that affective disorders and substance abuse are both heavily implicated in the escalation of stress into threatening, violent, lethal, and self-harming behaviours (McIntosh, 2014, DOORS Online Training video).

Research shows that historical and current relationship patterns, mental health concerns, substance misuse and parenting stress interact to create potential or actual violence. Likewise, problem gambling is associated with a greater likelihood of both perpetrating and experiencing family violence (Afifi, Brownridge, Macmillan & Sareen, 2010; Brasfield et al., 2012; Dowing et al., 2014; Hodgins et al., 2010; Korman et al., 2008). This association suggests two causal pathways between problem gambling and violence: (1) the stressors associated with gambling, particularly financial, can lead to the perpetration of violence, and (2) experiencing such violence can lead to gambling as a means of emotional regulation and escape. Recognising these patterns of risk provides an opportunity to intervene effectively. It is our experience that interventions based on a whole-of-family understanding of patterns of risk, rather than a single focus on family violence, facilitates genuine opportunities to prevent escalation and support safety.

RASA believes that a broad definition of risk that recognises the attitudinal, emotional and social triggers that can result in violent behaviour is an important cornerstone for effective family violence prevention. Holistic understandings of patterns of risk enable earlier

identification of the escalation of violence. Early identification and triage to counselling support, together with appropriate legal responses, can combine to create enduring safety for all individuals involved, especially children.

Screening and risk assessment

RASA, with the assistance of Professor McIntosh, has developed systematic service processes that identify whole-of-family patterns of risk to safety and wellbeing, including family violence. Professor McIntosh (2011a & b) developed the *Family Law Detection Of Overall Risk Screen* (DOORS) tools, which RASA has implemented and evaluated. The DOORS has enabled family service practitioners to identify patterns of risk, not just family violence.

Launched by the Federal Attorney General, the DOORS is an evidence-based risk screen that identifies parenting stress, developmental risks for children, substance misuse, psychological distress, social isolation and family violence. The DOORS uniquely screens for perpetration as well as victimisation making it a *universal* family violence and wellbeing risk screening process.

The DOORS' philosophy is based on the following axioms:
- Risk is not static; it is multi-determined and changes over time;
- Risk assessment therefore needs to occur across domains of behaviour and relationships and over time; and
- Best practice in risk identification involves three steps (1) universal client self-report, (2) tailored professional follow up, evaluation and response planning, and (3) implementation and monitoring.

Adhering to these principles, the DOORS framework and tools enable a cross-disciplinary understanding of the factors that create a climate of elevated risks for families. In contrast to specific domestic violence screening practices, the DOORS is built upon a broad definition of risk, including adult, infant and child wellbeing and safety, conflict and communication, parenting stress, and other related stressors such as financial problems, housing concerns and substance misuse. The DOORS tools assist practitioners to identify and interpret the contribution of *all* these factors to imminent personal and interpersonal safety risks. A copy of the DOORS Handbook including the screening tools is provided with this submission.

RASA has implemented this screening framework across our post separation services since 2012 and is currently implementing systematic risk screening across all our services including our community programs. We have used the DOORS with more than three thousand clients with effective results.

Screening for family violence is increasingly standard within the family law system, but concerns that screening for broader patterns of risk, including developmental risks for children, will take too much practitioner time, prevail in many organisations. Our implementation of DOORS does not confirm these concerns. In fact our use of DOORS

highlights that it is quicker to conduct a holistic screen as early as possible because early identification of safety and wellbeing concerns underpins a comprehensive and tailored response.

The DOORS not only identifies patterns of risk; it also provides guidance about effective and coordinated prevention and service responses for different patterns of risk. This systematic and efficient screening underpins RASA's tailored and realistic service responses to complex family relationships.

The involvement of police and the family safety framework is an important foundation for responding effectively to acute family violence situations. We believe these arrangements need to continue. However, we also believe that a risk assessment framework that is broader than the current Safety Framework Risk Assessment would contribute to more targeted violence prevention strategies, including more cross-disciplinary and multi-agency collaborations.

Engaging with victims and perpetrators of violence

In our experience the broad definition of risk structured within DOORS supports genuine engagement with both victims and perpetrators. We recognise that there is often a concern that service strategies that attend to the psychological distress of perpetrators and offer support, in effect, justify and collude with violent behaviour. By contrast, RASA believes that it is through systematic identification of patterns of risk combined with tailored service responses to each family member that 'cooling down' and de-escalation of family violence is possible, thereby ensuring safety for women and children.

As with any primary health service, enlisting the cooperation of clients in risk screening is the first and crucial step. As outlined in the DOORS framework (McIntosh & Ralfs, 2012, p. 14) this involves (1) offering clear information about the process and follow up; (2) providing easy-to-use tools; (3) engaging in effective dialogue with clients when risks to self and risks to others are evident; and (4) engaging with the client, rather than lecturing and imposing solutions, to test for and validate concerns about safety and create an opportunity to detail safety and safe behaviour options.

Safety planning

Holistic screening made possible by DOORS creates well-informed engagement with clients that provides the practitioner and RASA with a framework for initiating safety planning, when necessary. The DOORS highlights protective as well as risk factors, enabling an overview of current concerns and safety options. This overview guides the practitioner and RASA managers about when to initiate safety planning.

Family violence services have developed strategies for, and skills in, conducting safety planning since the 1970s. RASA believes that standardisation and organisational policies for

the implementation of these strategies within mainstream services are increasingly important given the prevalence of family violence.

We consider safety planning, whether for family violence or suicide risks, to be a structured process undertaken with an at-risk individual, aimed at de-escalating risk and maintaining the safety of the client, children and others. It is usually undertaken with a potential victim when risk is current and acute. Safety planning is a collaborative process for developing strategies that are consistent with what is possible for the client in terms of practicalities and the client's capacity to act in a self-protective manner. Safety planning always needs to do more good than harm (McIntosh & Ralfs, 2012, p. 64). Ensuring that the safety planning process does not contribute to an escalation of paralysing fear or explosive anger requires well-informed and skilful practitioners.

The structure of the DOORS provides a holistic and whole-of-family process that guides a straightforward yet sophisticated approach for identifying and responding to patterns of risk. By focusing on the patterns of risk and not isolating family violence from its associated and contributing risk factors it is possible to come alongside perpetrators as well as victims, with realistic and relevant de-escalation strategies including safety planning. The DOORS has created a platform for engagement with perpetrators and victims that has allowed us to be active participants in de-escalating current and future violence.

Working with perpetrators

RASA's rationale for, and approach to, working with perpetrators of violence is built on an understanding that a shared community responsibility for overcoming family distress, including violence, is the most successful prevention strategy. In our experience, universal screening enables a shared approach to violence prevention.

Purposeful and focused practitioner engagement with perpetrators is facilitated by universal screening processes. Universal screening means individual clients are not selected but rather *all* clients are screened, thereby normalising the exploration of risk. This normalising of risk contributes to the trust needed for engagement and detailed elaboration between client and practitioner.

The comprehensive elaboration of patterns of risk facilitated by DOORS has the effect of a shared appraisal of current concerns that does not avoid or overlook the use of violence. This holistic engagement with patterns of risk offers support for perpetrators to move beyond violence and engage with support services. This approach shifts the focus from blame to prevention. RASA believes engagement strategies with perpetrators combined with tailored support responses are most effective when there is a clear legal response to family violence and community education about this legal response.

As argued in the DOORS handbook, many family violence prevention models emphasise the need for perpetrators to acknowledge their behaviour and accept responsibility for their use

of violence. This goes without question. RASA believes engagement that considers historical and recent triggers for the client is an important public responsibility as well as an opportunity to suggest or model alternative behaviours and responses (McIntosh & Ralfs, 2012, p. 70).

In RASA's experience, perpetrators of violence have often experienced historical incidences of victimisation themselves. And importantly, relationship difficulties are a context of loss that can trigger historical shame and trauma. This does not justify or excuse violent behaviour but nonetheless these experiences require acknowledgement if behaviour change is to occur and be maintained. De-escalating stress and offering support can be a crucial step in preventing future harm (McIntosh & Ralfs, 2012, p. 70).

Given the silence and isolation that surrounds many mental health difficulties and family violence scenarios, engagement with potential perpetrators is itself an important practitioner response (McIntosh & Ralfs, 2012, p. 70). In cases of severe character and personality disorders, the client's capacity for insight and reflection is impaired, resulting in the need for substantial expert treatment (McIntosh & Ralfs, 2012, p. 70). The skills developed through training and implementation of the DOORS has ensured our practitioners are highly attuned to these uncommon cases when severe character and personality disorders are a factor and require specialist referral. However for the majority of cases, research indicates that timely interventions create opportunities for behaviour change.

It is important that validation of the client's distress underlying the problem behaviour is not confused with validation for violent and abusive behaviours. An unquestioning sense of justification for or entitlement to use violent behaviour expressed by perpetrators needs to be challenged within a safe process of engagement (McIntosh & Ralfs, 2012, p. 70). In addition, presumed privacy regarding an intimate relationship and subjective justifications of potentially threatening behaviours need to be addressed with the client by the practitioner. In this context, some perpetrators of risks to safety might find enough support to manage their distress without violating the comfort and safety of others.

Working with CALD Men

RASA has implemented the DOORS and the corresponding engagement strategies with perpetrators of violence throughout our post separation services. This has resulted in the development of a tailored program for CALD men in the northern suburbs. Community involvement combined with universal screening has highlighted the many settlement issues that put strain on the relationships within CALD families and communities. Consequently, we have dedicated a specific position to support CALD men who want to work through the challenges that settlement brings to their lives.

The program is run by Buol Juuk, our Community Liaison Officer and Family Dispute Resolution Practitioner located in the Northern Family Relationship Centre. The program run

by Buol addresses relationships issues in individual and family settings. Buol uses universal screening to elicit the specific patterns of risk relevant to each family and regularly addresses issues often facing CALD men who use violence, including settlement issues, cultural adjustment difficulties and problem gambling. Buol is often called on by SAPOL and community leaders to assist them in responding to family violence situations and helping to direct CALD men and women to appropriate mainstream services.

In addition to the individual responses and counselling support provided through this program, a group program is offered. In collaboration with the Uniting Communities' *Confident Parenting Program*, Buol facilitates a Men's Group for African Men. The program runs on a bi-monthly basis and provides education and support about relationship issues, family violence, child protection and intergenerational conflicts.

Responding to children

Just as the previously overlooked role of coercive control within the dynamic of family violence has become more visible, the last decade has also seen the harmful impacts of family violence on children become more widely recognised. Unfortunately, however, a narrow focus on family violence tends to overlook the development risks for children that research continues to highlight.

As detailed in the DOORS handbook (McIntosh & Ralfs, 2012) children are commonly exposed to violence between their parents. Evaluation of family-law cases has shown that approximately 40-55% contain child abuse and intimate partner violence (Fantuzzo et al., 1997; Moloney et al., 2007). Couple separation and formal family court proceedings create additional safety risks such as abduction, particularly for children under five years of age (Johnston, Sagatun-Edwards, Blomquist, & Girdner, 2001), and increased risk of abuse, including lethality (Mouzos & Rushforth, 2003; Nielssen, Large, Westmore, & Lackersteen, 2009).

Children caught in severe family violence have similar trauma-based difficulties to those who have suffered direct abuse by their carers. Children experiencing such trauma are more likely to demonstrate increased aggression, impulsiveness, and anxiety; poor social skills; disrupted social schemas around power and gender; poor decision-making in relation to their own peer and romantic relationships; and a high likelihood of repeating the cycle of violence in their adult lives (McIntosh & Ralfs 2012 pp 120-136)

The combination of ongoing parental conflict and family violence as well as other risks, namely, parents' poor mental health, poverty, parental substance abuse, unemployment, and low levels of education amplifies the negative developmental impact for children (Crockenberg & Langrock, 2001; Dixon et al., 1998). Emerging neurocognitive evidence of brain growth trauma resulting from extreme and protracted family violence situations confirms the intensity of the harm produced (Beer & De Bellis, 2002; Medina et al., 2000; Orbach et al., 2001; Reviere & Bakeman, 2001). The experience of chronically diminished

parenting capacity during and following highly conflicted or violent separation is common among separated parents and presents a significant risk for children's wellbeing and safety.

Recognition of these risks to children's development and the identification of the parenting support required, we believe, need to be a central focus of all family services. Similarly, specialised service responses that strengthen parenting as well as programs for children, particularly within the housing sector as well as the family law system, continue to be important.

In recent years, rates of homelessness amongst children and families in Australia have increased substantially, with families, rather than individuals, now constituting the fastest growing group of people experiencing homelessness nation-wide. Data from the Specialist Homelessness Services Collection (SHSC) indicate that, in 2011-2012, families comprised almost one-third (32%) of all people seeking assistance from homeless services. Of these families, 74% were single parents with children, and 15% were couples with children. Children aged 0-14 represented more than half (55%) of all families presenting for service (Australian Institute of Health and Welfare, 2012). The overwhelming majority of single homeless families who sought assistance from specialist services were headed by women, most aged between 25-44 years (Mission Australia, 2013).

In Australia, family violence is one of the most common reasons for homelessness amongst children and families, especially single-parent families headed by women (Australian Institute of Health and Welfare, 2012). As highlighted above, children who witness family violence and/or experience homelessness often have a diminished capacity to parent as adults, further perpetuating the cycle of trauma, poverty, poor school attainment, unemployment, and homelessness.

Research across many sectors and from Australia and internationally confirms that children's wellbeing is negatively impacted by distress within the care-giving context, and by exposure to parental violence and homelessness. The assumption that making the victim parent safer will overcome the wellbeing and safety risks for children unfortunately ignores the affect of family violence on parenting capacity. The tendency within family services, homelessness services, mental health services, and drug and alcohol programs to overlook the impact of diminished parenting capacity on children and their parents, ultimately undermines the effectiveness of family violence prevention for the community.

We recognise that the intensity of crisis surrounding many family services often makes the focus on children hard for some services to maintain, especially if they are not adequately funded. Nonetheless we believe all current family services need to include a focus on children and parents if violence prevention is going to be effective.

In a 2012 evaluation, RASA counselling clients, who typically want counselling for a relationship issue, reported more parenting difficulties than mediation clients seeking help

with their parenting. Given the risk of developmental harm to children from compromised parenting, this unexpected but important finding shows that screening for parenting capacity is essential even when clients do not seek help specifically for their parenting.

The family law system currently provides services to separating couples, including parenting education and support for parenting arrangements, which prioritise the developmental needs of children. However as mentioned earlier, concerns about the time this takes means that systematic and common processes for identifying developmental risks for children and parenting stress are not operating across all family law services. Likewise homelessness services lack common processes for identifying the needs of children and parenting concerns.

Traditionally, service responses to children who are homeless have been built on the premise that supporting parents – in addition to providing accommodation – will inevitably meet the needs of children. Recent growing awareness indicates that homeless children have specific needs distinct from their parents and caregivers, which must be independently addressed. Within the Australian homelessness sector, greater importance is being placed on listening to, acknowledging and keeping the child's perspective and experience at the forefront of service response.

Unfortunately the current instability surrounding all homelessness services funding puts at risk these advances in identifying and responding to children's needs.

Specialist services for children

RASA has been providing specialist services for children since 2009. Together 4 Kids (T4K) works with children aged up to 12 years providing specialist interventions that aim to reduce both the immediate and long-term impacts of family violence. The program supports children to overcome trauma, manage transitions and build resilience. T4K focuses on strengthening the parent-child relationship through responding to attachment difficulties between parent and child.

T4K provides therapeutic services to individual children, sibling and family groups, and runs a range of group programs. The therapeutic program is evidence-based and is shaped by a lens of attachment theory and children's developmental needs, combined with an understanding of the consequences of trauma. The program also has a strengths-based orientation that promotes healing, safety and wellbeing. One-to-one therapy is tailored to the needs of each child through screening and regular review of therapeutic goals. The venue for therapy is flexible, including programs provided to children at school or children's centre, at home and/or at DV services. Group work programs focus on assisting children to cope with change, address feelings of insecurity, and build social skills and emotional literacy. All our T4K programs aim to reduce anxiety and promote social and emotional strength in children.

In 2014 T4K was presented with the *Play Your Part* award from the National Association for Prevention of Child Abuse and Neglect (NAPCAN). The award was recognition for the homeless sector training about children's needs provided by the T4K team and the innovative programs being offered to children who are dealing with the uncertainty of homelessness, including dislocation resulting from family violence.

This important work is unable to be implemented effectively while commonwealth and state funding for homelessness services continue to be uncertain.

Cross-discipline and multi-agency collaboration

It is well understood that effective prevention and whole-of-family service responses require multi-disciplinary and cross-agency collaboration (Council of Australian Governments, 2011). However effective collaboration, we argue, requires a common framework for identifying risks to safety and wellbeing. Limiting the understanding of safety risk to the severity and intensity of family violence behaviours alone, restricts the basis for multi-disciplinary cooperation. In our experience, shared understanding of the patterns of risk combined with common screening practices offer a professional basis for appropriate information sharing between practitioners and agencies.

Information sharing is the foundation for cooperative and coordinated action between practitioners and across organisations. That said, practitioners are understandably conservative about sharing information because protecting the privacy and confidentiality of clients is crucial within support services. Ensuring clients understand when and how we are required to share information is well documented within RASA. Clients are informed about these processes at intake. On the occasions when we need to share information to protect a client or a child's safety we have defined protocols for doing so. Knowledge about, and working relationships with, other practitioners and organisations are very important in these moments.

Coordinated and timely service responses rely on effective networks and partnerships. One of the important South Australian networks is the Family Law Pathways, funded by the Commonwealth Attorney General's Department. The partnerships cultivated and coordinated through Pathways are highly regarded. The Pathways network meets regularly for information sharing and has developed innovative collaborations such as the Family Court Kiosk, which advises self litigants, lawyers and judges about available services. It has also had a significant role in the organisation of education forums that have contributed to the development of strong collaborative relationships.

Interagency collaboration fostered by Pathways enables clients with urgent difficulties to have a coordinated response to their immediate safety needs. Such coordination around immediate issues can also contribute to effective responses to coexisting risk factors resulting in holistic responses and better long-term outcomes. The Family Law Pathways

networks' funding is currently unconfirmed beyond June 2015 and we believe it would be a detriment to family law collaboration if the Family Law Pathways was defunded.

Cross-discipline and multi-agency training about family violence and skill development in relation to universal screening, risk assessment, working with perpetrators, safety planning and responding to children are ongoing professional development requirements. RASA has invested considerable resources into all these components of professional development. We continue to refine and develop the two national training resources originally funded by the Commonwealth Attorney Generals Department: AVERT family violence and DOORS training. Both these resources are now available as online training programs.

Complexity of risks

The need for resources, including sector training, that underpin effective collaboration is most evident within the homelessness sector. Homelessness has a devastating impact on families, with bi-directional risks for instability; psychological distress; parenting stress; child development; and loss of possessions, jobs, family and community networks, including relationships with GPs, teachers and sporting clubs. Despite these significant and varied impacts, services typically respond to homelessness as a matter of housing, whereby securing permanent, stable or even temporary accommodation constitutes the primary solution.

Given the complexity and variability of risks confronting families and individuals, services responding to homelessness need to do more than provide accommodation or other temporary assistance (Wang, 2009). While 'housing first' and 'rapid re-housing' are crucial service responses, support that attends to the problems leading to or resulting from homelessness is increasingly recognised as the foundation for sustainable housing. It is also a crucial aspect of violence prevention. Likewise housing services need help sequencing and coordinating the multiple support services required by their clients. These pressures point to the need for (1) common language about risk and (2) practical steps, such as universal screening, that enable appropriate cross-disciplinary and multi-agency responses.

We are concerned that failure to respond to the complex array of risk factors that go beyond accommodation, such as family violence, parenting stress, relationship breakdown, trauma, mental illness and substance abuse, results in a short-term solution. We recognise that most housing and domestic violence services do more than what they are funded to do. We believe that funding pressures and uncertainty will result in curtailed 'housing only' service responses that neglect antecedent risks, tragically impacting the ability of clients to remain in stable accommodation and diminishing the ability of victims to build enduring safety.

As we have stated throughout this submission, collaboration is most effective when it is underpinned by a common framework for safety that encompasses a broad understanding of the patterns of risk that harm families. Such a common understanding of risk creates an

efficient foundation for tailoring, coordinating and sequencing the different service responses required.

Coordinated responses

In our experience, collaboration across different RASA programs is enabled by our common understanding of risk through which client information, elicited via the DOORS screening process, is evaluated. The holistic picture of the individual and family patterns of risk generated by the DOORS allows us to activate the appropriate service systems. An example of this service collaboration is provided in the shaded box.

Family Relationship Centre Case Study

Lisa: Mother
Darren: Father
Children: Girls [aged 2 and 5]
Referrals: DVIU, Cancer Council, Community Legal services
CARL report made.

Lisa

Lisa was formally referred by the Cancer Council to our Family Relationships Centre (FRC). She was seen within one week of referral and the interview was conducted at the RAH whilst she was receiving treatment. Lisa is 32 years old and has been diagnosed with terminal cancer. Her two sisters were present at the interview.

Lisa reported that she wished to sort out parenting arrangements that would take effect after her death. She wished for her sisters to be the main carers of the children.

Lisa indicated that Darren was currently harassing and making threats to her over the phone, despite the presence of an Intervention Order. The situation was so conflicted that the children had not seen their father for some months.

Before the current telephone harassment the children had been having regular contact. Darren was living in hostel accommodation at the time of first interview.

Lisa said that she wanted the kids to have a meaningful relationship with their father but wanted the arrangements negotiated with a third party to ensure she would be safe from further harassment. She was scared of being worn down by Darren in her already fragile state.

Safety screening at intake suggested that Lisa was at high risk. Lisa reported ongoing high conflict and violence, and there were serious mental health concerns for Darren. There had been a pattern of violence which had recently escalated. This escalation of violence, coupled with Darren's mental health and the instability of his accommodation, indicated that intensive safety planning was required.

Mediators used the Family Safety Framework Risk Assessment tool to present to Lisa that the pattern of violence was considered a significant risk. Mediators then contacted a senior officer at Adelaide Family Violence Unit who agreed to meet with Lisa at the hospital. Lisa arranged safe accommodation for herself and the children with her sisters who were present, and engaged with the Family Violence Unit to ensure that the situation was documented and monitored directly.

Darren

Darren was invited by telephone to attend at a service site that was most accessible to his current hostel accommodation. He was originally angry that the FRC was formally involved and was concerned that he had been treated unfairly by services in the past. He doubted the diagnosis for his ex-partner as he had had no direct information.

Darren wanted more time with his children and was trying to find permanent accommodation.

Darren was eventually able to talk more openly about his worries and concerns and agreed to attend mediation where he would be in an office and Lisa would participate by phone. With permission, mediators made contact with his ACIS worker who was willing to work intensively with Darren and act as a support person during the process. Mediators also referred Darren to urgent free legal advice. Darren had unrealistic expectations of the process and the legal advice helped Darren to clarify what was realistic.

Outcomes

First mediation was conducted as planned. Lisa attended by phone, in hospital, with the support of her sisters. Darren attended in person accompanied by a friend and an ACIS worker.

Weekly contact with the children supervised by a family member was agreed. Parents also agreed to communicate by a book and to cease all phone calls. There was agreement that once things had cooled down, and weekly contact with children was working positively for all involved, that a process for Darren to have more time with the children would be developed. Darren agreed that increased time with the children would be dependent on his accommodation.

Lisa agreed to write Darren a letter explaining her health situation and to suggest some ways for Darren to have conversations about her illness and death with the children. The letter was an important support for Darren's public housing application.

Further mediation was booked and a parenting plan based on these agreements was drafted.

Both parents stuck to the plan. Darren was able to achieve housing and continued working closely with his ACIS worker. Lisa reported complete cessation of harassment, and that her sisters had been able to speak civilly with Darren at changeovers.

Second mediation occurred a few months later. This time Lisa's sister attended in person on her behalf. Overnight unsupervised visits were agreed with further agreements about holidays, future planning and communication. Darren was able to 'hear', at last, the concern for him as a parent to two young kids.

Both parents reported improvements for children and both parents' health improved. Both Darren and Lisa began to jointly plan parenting arrangements after Lisa's death.

Darren attended parenting education as well as mediation and now speaks more realistically about strategies he needs to develop a working relationship with Lisa's family. He says he wants to ensure the children are not exposed to further conflict at this difficult time. Stable accommodation and positive experiences with services seemed to build a new optimism for Darren about his ongoing support options.

Lisa and her family continued to receive support from community services and remained in contact with the Family Violence Unit.

Risk to all participants was significantly reduced by proper screening processes and active collaboration between mediators, the community sector, ACIS and the police. In addition, both Darren and Lisa were connected with therapeutic services willing to support them with the changes and challenges ahead.

The above case study is just one example of how we provide coordinated, collaborative responses. We are also an active participant in many regional interagency committees and working groups. For example, the *Inner Northern Homelessness & Violence Against Women* (INHVAW) collaboration has focused on connecting agencies and rolling out projects to address, prevent and raise awareness of family violence within the community. The group brings together both Government and Non-Government agencies in the inner Northern Adelaide region to identify and support service delivery issues within the region.

The key goals for the group include:
- Strengthening local decision-making and working partnerships within the Northern Region;
- Providing advice and strategic direction in the Northern Region;
- Developing a regional profile that maps activity in the Northern Region, including identifying vulnerable groups and localities; and
- Identifying service duplication and gaps within the Northern Region, and considering how the Collaboration Group can better match services, grants and funding to community need around homelessness.

The important role of police

Included in this collaboration are the Salisbury Police and Communities Together (PACT) workers from SAPOL. PACT workers provide invaluable awareness about and access to the relevant legal responses in specific high risk situations. These working partnerships are significant for RASA when we are dealing with acute client situations. We also witness the value of these collaborations for other services. The PACT team has also been important in galvanising coordinated community services to highly disadvantaged areas within Parafield Gardens. This has included street gatherings and the rollout of the Limestone Coast video campaign featuring short interviews of regionally influential men such as local bar owners and sporting clubs members. These interviews encourage men to take a stand against family violence in their community and raise awareness about the impact and legal implications of family violence.

While the involvement of the police in the North is very active, an area of concern is the capacity for specialist police in other regions and suburbs. We believe specialist police are key participants within community family violence collaborations. Resourcing is needed in all suburbs and regions to ensure specialist police are assigned active roles working with community agencies, providing advice and information sharing. Whilst the Family Safety Framework has great value at the later intervention stage, resources in the police force for this early intervention stage would help to prevent many situations escalating into life threatening and child protection scenarios.

Working with families

Another example of regional collaboration that RASA plays a significant role in is the *Walking on Eggshells* and *Step Up* programs. *The Walking on Eggshells* Project evolved from a partnership between RASA and five non-government organisations (Junction Australia, Reconnect-Port Adelaide-Enfield, Woodcroft/Morphett Vale Neighbourhood Centre, Calvary Community Care, and Junction-Centacare) working with Flinders University. This partnership combines formal research evidence with practice expertise in the design and development of education resources for families and community organisations about adolescent violence. This partnership was recognised as an SA State winner for the 2013 Australian Crime and Violence Prevention Award and has distributed 18,000 resource booklets to South Australian community members. The program has also trained 200 SA Police and over 100 community workers.

The project team responsible for *Walking on Eggshells* has also developed and piloted *Step Up for SA,* based on the American program by the same name. *Step Up for SA* offers parents and adolescents a 13 week joint-program in family safety, communication, respectful behaviours, emotion regulation and shared problem-solving. *Step Up for SA* blends cognitive behavioural as well as restorative justice models to promote safety, accountability and respect between adolescents and parents. Two groups of parents and adolescents completed *Step Up for SA* in 2014. All participants experienced noticeable changes. Parents

learnt new ways of engaging with adolescents who in turn learnt to resolve conflict without using violence. This program is currently being formally evaluated.

In December 2014, the Project developed the professional development manual for the *Step Up* program and trained 22 community workers to facilitate expansion of therapeutic support for parents and adolescents. The first *Step Up for SA* group in 2015 starts in March at The Hillcrest Community Centre.

Conclusion

Overall RASA recommends that:

1. Services for victims of violence, mostly women, remain significant priorities and should not be decreased or diminished;
2. Services for perpetrators of family violence, mostly men, are urgently needed and would also benefit from investment in further development and evaluation;
3. Children and their parents require services that are capable of interrupting the developmental harm inflicted by compromised parenting resulting from family violence and other problems; and
4. All family service staff need ongoing professional development that builds a common understanding of patterns of risk and facilitates skill development that supports screening, risk assessment, working with perpetrators, and safety planning.

Family violence prevention is not 'one size fits all'; rather, programs and services need to be targeted effectively to at-risk individuals. Current service structures are hampered by narrow definitions of family violence creating missed prevention opportunities. These missed opportunities arise from:

- Failure to identify the patterns of risk that co-exist with and often amplify family violence,
- Practitioner and organisation reluctance to engage with perpetrators of violence because offering support is often confused with collusion and is not seen as an opportunity for de-escalation, and
- Overlooking the developmental harm to children resulting from parenting that is compromised by relationship conflict, including violence and other stressors.

By contrast, holistic understandings of patterns of risk enable earlier identification of the escalation of violence. Early identification and triage to counselling support, together with legal responses, can combine to create enduring safety for all individuals involved, including children.

Given the risk of developmental harm to children from compromised parenting, we believe all family services need to focus on children and parents to enable genuine violence prevention.

Services for perpetrators of violence are targeted most effectively when they are built on shared community responsibility rather than blame. In our experience, universal screening enables this shared approach to violence prevention. Many perpetrator programs emphasise that perpetrators need to accept responsibility for their violence. We share this principle but also recognise that many perpetrators have their own experiences of abuse. This does not justify or excuse violence, however, we consider acknowledgement of these experiences as an important aspect of enduring behaviour change and prevention of further harm.

The involvement of police and the family safety framework is an important foundation for responding effectively to acute family violence situations. We believe these arrangements need to continue. However, we also believe that a risk assessment framework that is broader than the current Safety Framework Risk Assessment would contribute to more targeted violence prevention strategies, including more cross-disciplinary and multi-agency collaborations.

Specialist family violence police need to be resourced to enable participation within community and early intervention collaborations as well as respond to acute scenarios of family violence.

RASA is concerned that the Family Law Pathways and specialist children's programs within the homelessness sector do not have secure funding. Similarly the Department of Social Services will cease funding on 30 June 2015 for Specialised Family Violence Services. These programs are important components of effective violence prevention and should be continued.

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