Children as the forgotten victims of domestic and family violence: Time for reform in Western Australian Refuges

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Domestic and family violence is a crime where the overwhelming majority of victims are women and children and perpetrators are men. While sociopolitical movements in Australia have focused on women, there is a critical need to focus on child victims. The second wave feminist movement strived for the acknowledgement of women as individuals, as opposed to being someone's wife or mother. Children were typically viewed as silent witnesses to violence, unable to comprehend it and therefore, not experience it. This contextualises why historically, Refuges may not have focused on supporting children as much as women. While legislatively children's rights are not protected as such in Australia, non-legal frameworks such as those that promote policy-level reforms can help protect children's rights in Refuges. The Women's Council for Domestic and Family Violence Services (WA) (WCDFVS) developed the Good Practice Guidelines for Working with Children and Young People in Refuges (the Guidelines) to help ensure that children's needs are met while residing in Refuges. The aim of this article is to explain how the Guidelines can support children at individual, relational and collective levels, and create cultural change whereby children are seen as clients in their own right whilst living in Western Australian Refuges.

Feminist researchers have shown for decades that domestic and family violence is a gendered crime that both reflects and reinforces gender inequity (Bagshaw & Chung, 2000). In 2012, it was estimated that of all the women killed during that year, almost half were killed by intimate partners or family members (UN Women, 2014). The United Nations (2005) *State of the World Population* report explains that domestic violence constitutes the single biggest health risk to Australian women of reproductive age. Violence against women has been shown to be more of a risk for women between the ages of 15 and 44 than cancer (UN Women, 2014). However, while a major current focus is on violence against women, addressing violence against children is not gaining enough attention and traction where feminist-based reform is concerned.

The Women's Council for Domestic and Family Violence Services (WA) (WCDFVS) is the peak body in Western Australia (WA) for domestic and family violence. Primarily, it serves the interests of Refuges that accommodate women and their children across the state, and provides advocacy and representation on behalf of its members to government and other stakeholders (WCDFVS, 2015). Recently,

through the Keeping Kids Safe (KKS) project run by the WCDFVS, and funded by the Department for Child Protection and Family Support (DCPFS), the *Good Practice Guidelines for Working with Children and Young People in Refuges* (the Guidelines) were released. In recognising the need to address children's wellbeing at the individual, relational and collective levels, the Guidelines utilise community psychology principles by: providing for strengths-based approaches to practice; promoting empowerment; facilitating healthy mother-child relational bonding after escaping violence and rapport-building with Child Advocate (CA) Refuge staff; and providing a platform for reforming policies in Refuges that relate to the care of children. The Guidelines demonstrate the value of using a community psychology approach in focusing on the child's needs, and offer Response-Based Practice (RBP) as a paradigm that is emerging within child protection practice in several different countries to offer empowerment to victims of interpersonal violence, and to help hold perpetrators accountable for their actions. The Guidelines are intended to be a catalyst for collective level change in the WA Refuge sector and beyond, to ensure that children

are not the forgotten victims of domestic and family violence.

The aim of this article is to explain how the Guidelines can support children at individual, relational and collective levels, and create cultural change whereby children are seen as clients in their own right whilst living in Western Australian Refuges.

Child abuse: A gendered crime

Child abuse is one form of domestic and family violence. Research on identifying perpetrators of child sexual abuse has been extensive and evidence overwhelmingly indicates that the largest cohort of child sexual abusers are male relatives of the child (ABS, 2005; McCloskey & Raphael, 2005; Peter, 2009; Richards, 2011). Men are also more likely to physically abuse children (ABS, 2005).

Research on domestic and family violence and the co-occurrence of child physical abuse shows it is a significant issue, ranging from 40% to 80% (Holt, Buckley &Whelan, 2008). In a study conducted by Mouzos and Makkai (2004), of all the women surveyed about their experiences of violence, over a third (36%) had children in their care who also experienced the violence. Children suffer emotional abuse when they see or sense violence perpetrated against their mothers or other family members. Children are often used as a weapon against their mothers, and they may experience the violence in many ways including: being made to watch or join in the assaults, being told they are to blame for the violence because of their behaviour, forced to spy on a parent, used as a hostage, defending their mother against the violence, and/or intervening to stop it (Edleson, 1999; Humphreys, 2007). Children are also used as a means of communicating to women where perpetrators have violence restraining orders (VROs) against them, can be manipulated into exhibiting abusive behaviours towards their mothers, and can also be used as tools to solicit information about their mother's whereabouts and movements.

Family Violence Movements need to be Child -Focused

Despite the acknowledgement that domestic and family violence goes underreported (ABS, 2007), and the understanding that one in four children experience family and domestic violence in Australia (Indemaur, 2001), current sociopolitical movements such as the White Ribbon campaign (White Ribbon, 2003), Ending Violence Against Women (UN Women National Committee Australia, 2010), and Stop Violence Against Women (Amnesty International, 2005) tend to focus primarily on violence against women. To some extent, government and other non-government agencies have addressed the need to focus on perpetrators and hold them accountable for their use of violence against women and children by, for example, enforcing harsher penalties for breaching VROs (Council of Australian Governments, 2015) and implementing national accreditation for men's behaviour change programs (Vlais, 2014).

While supporting women and holding men accountable for their actions have been priorities, the focus on children has not been as apparent, either in the literature or in public discourse. Child protection practice has also focused mainly on the woman and her ability to keep her child(ren) safe. Initiatives such as Polished Man (YGAP, 2014) and Never Alone (Luke Batty Foundation, 2015) aimed at addressing violence specifically perpetrated against children have received far less public exposure. The campaigns aimed at addressing violence against children in the context of domestic and family violence are far more recent than the women-focused campaigns, which is indicative of the lack of consideration given to young victims of abuse until recently.

There has been some recent focus on good practice in supporting children who have experienced trauma both nationally (Dwyer, O'Keefe, Scott & Wilson, 2012) and at a state level (e.g., Department of Health & Human Services Victoria, 2012). However, despite these recent publications, there has been no guidance until now specifically on how Refuges in Western Australia should work with children.

Children as 'Accompanying Units'

The current sociopolitical landscape, quite significantly influenced by 2015 Australian of the Year, Ms. Rosemary Batty, has begun to illuminate the issue of child victims of domestic and family violence. Historically though, children were not considered victims in the sense that they are now viewed. Children were thought to be passive recipients of abuse, they were 'seen but not heard', 'silent witnesses' to violence lacking in their capacity to comprehend and experience abuse (Laing, 2000; Bromfield, Lamont, Parker &Horsfall, 2010; Callaghan & Alexander, 2015). In the context of the WA Refuge sector, children were (and still are) recorded as 'accompanying units' to the 'primary client', which is the woman. Children are often viewed as too young to understand domestic and family violence perpetrated against them and their mother, so typically, Refuge work has centred on women.

During the second wave feminist movement in the 1970s when the Refuge sector gained momentum, women were attempting to delineate themselves from being the 'other' in a relationship: from being a man's wife or a child's mother (Hauge, Kelly, Malos & Mullender, 1996). Therefore, focusing on children in Refuges might have been seen as going against what the movement was trying to assert: women as individuals. As a result, the extent to which Refuge work during this time focused on children is somewhat unclear, as the history of work within WA Refuges in general is particularly hidden. There is little documentation on the history of the Refuge movement in WA, and anecdotally, some of the information that is available is debated. The work done with children is even less readily available, as children's work has typically been given a lower status than Refuge work undertaken with women (Hauge et al., 1996). Unfortunately, this inadvertent legacy has meant that children are still rarely seen as clients in their own right in contemporary Refuge settings. Three current factors highlight this: the low numbers of specific Child Advocate (CA) Refuge staff who undertake case management and work therapeutically with children in WA Refuges; anecdotal evidence provided by CAs about the perceived status of child advocacy work and the lack of recognition of children as clients; and the fact that many of the Refuges today are still referred to as Women's Refuges, Women's Centres, or Women's Shelters(despite children being the largest cohort of clients).

The CA position is absolutely critical when advocating for the rights of the children in Refuges and ensuring their needs are met. Where no CA is employed at a service, the child-focused work is lost and the service regresses to antiquated practices reminiscent of the 1970s of the kind noted in the UK by Hauge et al. (1996), where children were not a major focus. Humphreys (2014) notes that debates have raged in the refuge system about whether children's workers are child 'minders' or should be considered child advocates, with a more therapeutic-based role. In a study conducted by Stainton (2015a) on the perceived roles and key issues facing CAs in Refuges, just under half (46%) of all surveyed referred to child-minding as one of their key roles. One CA noted that she was not supported to carry out her role and comply with policy:

> *A key issue I face is treating children as clients in their own right, as required by [my] job role and [Refuge] policy, when this is not reflected in the reality of the daily operations of the Refuge.*

Another commented on the restrictions of not being employed full time:

> *[I have a] limited ability to make an impact on some clients when only working part time, this role needs much more support. It needs 1.5 or 2 full time positions to cope with the work load, e.g., 5 Mothers = 10 – 15 children.*

Saunders' (1995) early research highlighted such challenges, stating that insufficient attention had been given to the children who experience domestic and family violence and reside in Refuges. As evidenced in Stainton's study (2015a), two decades later, this is still the case. In 2009,

of the 35 Refuges across WA that support women and children, over a third did not have a designated CA position (Leggett, 2009). In 2014, this number increased to 38%, and of those that did, only 40% worked full time (Stainton, 2015a). The majority of Refuges with no CA position are in regional/remote locations which see the highest number of young clients who potentially face additional compounding disadvantages, for example, living in a remote setting (Hastings & MacLean, 2002),identifying as an Aboriginal or Torres Strait Islander person (Flood & Fergus, 2008), or drug and alcohol issues (Nicholas et al., 2012).The only metropolitan Refuge not to have a CA is an Aboriginal service where Aboriginal children may be in a greater need of support (Stainton, 2015a).

Good Practice Guidelines for Working with Children and Young People in Refuges

Only 41 countries have implemented a comprehensive and explicit legal ban on violence against children, while only 2 per cent of countries report a comprehensive legal framework to prevent violence (Steven, 2015). Although Australia ratified the *United Nations Convention on the Rights of the Child* on 17th December 1990, it does not have a legal framework to prevent violence against children, as children's rights have not been incorporated into Australian law (Unicef, 2011).However, children's rights can still be upheld using non-legal frameworks through documents that guide policy-level reforms. The WA Guidelines provide an opportunity for reform in Refuges across WA that support children by utilising community psychology principles such as empowerment, diversity, inclusion and social justice. Prior to 2015 however, no guidelines for working with children existed. While it has taken over 40 years to develop guidelines since the Refuge movement first began in WA, this recent development is a positive step toward seeing children as *clients in their own right* whilst in the care of Refuges.

Developed as part of the Keeping Kids Safe (KKS) project, and run through the WCDFVS to support CAs and consequently, children living in WA Refuges, the Guidelines aim to fulfil several goals. Their overarching purpose is to set a benchmark for working with children and young people in WA Refuges and the aim is to achieve this using a variety of measures: ensuring the safety and wellbeing of children and young people in Refuges; providing them with resources and program knowledge (e.g., safety planning and protective behaviours) to maximise safety after leaving the Refuge; teaching children and young people about domestic and family violence and reiterating that the violence is not their fault; acknowledging children and young people as *clients in their own right*; strengthening mother-child bonds; and advancing the role of the CAs in Refuges (Stainton, 2015b, p4). These Guidelines also provide contemporary evidence-based information that challenges the discourses evident in Refuges about the importance of child advocacy work and the need to view the child as a client of the service.

Founded on feminist understandings of domestic and family violence (and taking account of Aboriginal and Torres Strait Islander definitions of family violence), the Guidelines developed by the WCDFVS illustrate the importance of aligning with community psychology principles. The principles of inclusion and empowerment emphasise the need to consider the oppressive contexts in which people live, critically examine those contexts to reveal their illegitimacy, and seek justice to empower those that are oppressed.[1]

One of the most significant principles in the Guidelines is that of empowerment. The Guidelines assert that Refuges need to empower and be inclusive of all children (e.g., through utilising independent translators where English may not be their first language, or empowering children of diverse gender clients who may need tailored support). Frameworks such as Reponses-Based Practice (RBP) are consistent with community psychology principles in seeking to challenge dominant discourses in Refuges about children's capacity. RBP also disrupts the status quo in mental health service provision by steering away from

pathologising children with 'mental health disorders' where their responses to violence can be viewed as intelligible responses to oppression (Wade, 2013).

Using the traditional medical model of service delivery is problematic as it narrowly focusses on the individual and their biological responses to violence. The Guidelines do consider neurobiological responses to violence and the importance of trauma-informed practice; however this is achieved through the application of the Neurosequential Model of Therapeutics (NMT) (Perry, 2006) in the Refuge setting. NMT is grounded predominantly in neuroscience and offers a framework for addressing work with children who have experienced domestic and family violence. It highlights how violence shapes brain development, therefore offering practitioners treatment options for their young clients. While the NMT is active in maintaining that mothers and practitioners have a significant role to play in ensuring positive outcomes for traumatised children, some trauma-informed practices can tend to over-focus on the victim, and condemn them as neurobiologically and psychosocially damaged. To counter this tendency, the contemporary evidence-based approach RBP is also used in the Guidelines, which views a child's trauma as a complex issue embedded in a social context that is, in part, resultant from negative social responses by others (Routledge, 2014).

Response–Based Practice

The Guidelines are consistent with what Prilleltensky (2005) suggests are the important community psychology principles of empowerment, prevention, strengths-based practice and taking account of community conditions. These principles are reflected in the adoption of Reponse-Based Practice (RBP) (Wade, 1997) as a major tenet of the Guidelines; RBP considers the social context in which violence and trauma has occurred, and positions the young victim as an autonomously acting agent who actively responds to and resists violence, instead of being seen as an object that is 'affected' or acted upon. Wade (1997) defines resistance as:

any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible, may be understood as a form of resistance. (p. 25)

The two critical underpinnings of RBP are: whenever people are oppressed they will always resist, and, language and social responses are powerful tools in shaping outcomes for victims and perpetrators (Wade, 1997). The Guidelines use RBP to promote the idea that children and young people will act to preserve their dignity by resisting violence in a variety of complex ways. Acts as small as avoiding eye contact, orientating their bodies away from the yelling abuser, or thinking of something else while experiencing violence (Stainton, 2015b) can be considered as intelligible forms of resistance in the context of experiencing abuse. RBP explains that children's unique responses in the context of domestic and family violence can be considered a form of resistance. For example; two young boys are in their shared bedroom getting ready to sleep. Their father regularly rapes them in his bedroom, but never both of them in one night. Sometimes the elder boy enters his father's room knowing that he may be raped, rather than his younger brother. To a psychologist using a traditional clinical approach, this boy could be negatively labelled, but to a practitioner who is familiar with RBP, the social context would be explored more deeply, and they would discover that the elder boy was self-sacrificing in order to protect his younger brother.

The Guidelines emphasise that empowering children and allowing them to understand their own behaviours in the context of violence is essential to their wellbeing. RBP is a strengths-based framework that posits a link between

psychopathology and the quality of social responses to the abused child. It seems there is an inverse proportionality where the more positive social responses a child receives, the less likelihood there is of them acquiring mental health labelling (such as PTSD) (Ulman & Philipas, 2001) and vice versa. When children receive negative social responses they are: less likely to cooperate with authorities; less likely to disclose violence again; and more likely to receive a diagnosis of a mental disorder (Wade, 2014). However, when they receive positive social responses they: tend to recover more quickly and fully; are more likely to work with authorities; and are more likely to report violence in future (Wade, 2014).

The Guidelines also include case studies and practical tools for practitioners to use in the day-to-day operations of Refuge work, providing a basis to challenge mainstream discourses about child advocacy work and empower children. In the case studies there is an emphasis on the importance of mother-child relational bonding activities and educating children about violence as early intervention and prevention approaches, and on advancing the role of the CA so that children's needs can be met and their rights can be upheld whilst living in Refuges.

Perceived limitations

There are potential limitations in developing Guidelines that focus on the child in the context of family violence. The first is that children's safety is often viewed as being dependent on their mother's actions/lack of action, which has historically led to victim-blaming. The second perceived shortfall could be that Refuge practice neglects working with mother and child together, instead, only working with the child in isolation. However, the Guidelines are very clear about positioning the child(ren) and their mother as victims, and those who *choose* to use violence as the perpetrators. It is also clearly stated that one of the most important messages throughout the Guidelines is the need to facilitate mother-child bonding as it is so often a target of the perpetrator.

Conclusion

There is a multitude of responses to domestic and family violence, from national campaigns to individual Refuge services, and they all have an integral role to play in addressing gendered violence. Refuges in particular are a key response within a holistic strategy to support women and children in crisis. The need for guidelines such as those developed by the WCDFVS has taken a long time to be placed on the agenda. This is probably due to a lack of sociopolitical drive to address gendered violence against children generally in Australia.

The Guidelines endeavour to set a benchmark for responses to children and young people living in Refuges in WA. They represent a drive towards changing cultural attitudes regarding the perception of how children and young people experience domestic and family violence, as well as challenging the historical views that children are 'silent witnesses' to abuse. For the Refuge sector this shift from a traditionally women-focused domain to a client-focused domain where children are also seen as clients, is a significant step in not only providing a better service to young clients, but also acting as a catalyst to create cultural change that will hopefully be reflected in wider policies. Documents such as the WA Guidelines can be influential in policy reform and need to drive strong messages, advocating for the rights of children escaping violence with their mothers. It is essential that protocols such as the Guidelines are produced and implemented widely, so that children are no longer the forgotten victims of domestic and family violence.

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Note

[1] According to Hovane and Cox (2011), Aboriginal and Torres Strait Islander peoples prior to European invasion had no inequality between men and women. Everyone had a place in society and everyone was considered equally valuable. Male power and privilege is a social construct that was introduced to Aboriginal and Torres Strait Islander peoples. To address family violence for Aboriginal Torres Strait Islander people, concepts of violence need to be far broader and encompass the fragmentation of the holistic relationship between spiritual, cultural, and environmental dimensions of Aboriginal and Torres Strait Islander life that has taken place since colonisation.

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Lorren studied Behavioural Science at the University of Notre Dame, Australia (UNDA) where she undertook an internship at the Women's Council for Domestic and Family Violence Services (WA) (WCDFVS). After completing her studies, Lorren was employed at the WCDFVS as the Children and Young People's Policy Officer, and at UNDA tutoring in developmental psychology. Her research interests are child development, child protection, domestic and family violence, and Aboriginal health and wellbeing.

Appendix: WCDFVS Good Practice Guidelines Contents Page

Contents