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## PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

### SUBMISSION

#### ***ISSUE: CHILDREN AFFECTED BY FAMILY VIOLENCE***

#### ***RELEVANT TERMS OF REFERENCE:***

2. Strategies to enhance early identification of, and intervention targeted at children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.

#### ***KEY PRINCIPLES:***

- To support early intervention and prevention strategies
- To recognise the entwined relationship between homelessness and family violence
- To ensure that statutory child protection is referred to only as a tertiary service for children suffering, or at risk of significant harm who are unable to be supported by protective adults in their community.
- To acknowledge and work with the principle that the protection of the non-offending parent (usually mother) is the most effective strategy for supporting the safety and well-being of their children.
- To recognize that there is significant overlap between children living with multiple adverse adult problems of domestic violence, substance use and mental health issues.

## ***SUMMARY OF RECOMMENDATIONS***

The Victorian family violence sector has shown marked development in the past seven years. Further enhancements are required to ensure the safety and well being of children exposed to family violence.

**Recommendation 1:** Ensure that the housing budget for women and children escaping domestic violence is increased and/or maintained. Strengthen the strategies which provide protection from on-going violence and trauma which will ensure that more children and their mothers<sup>1</sup> exposed to family violence have the option to stay safely in their own home.

**Recommendation 2:** Children living with family violence are not referred directly to child protection intake unless there are clear signs of physical or sexual abuse. New funded intake points for assessment and appropriate referral are developed in specialist family violence agencies.

Multi-agency risk assessment and risk management panels are established in sub-regions across Victoria to create the authorising environment for responding to family violence intervention to protect children and their mothers and provide appropriate consequences for perpetrators of violence.

**Recommendation 3:** Intensive case management for women and their children living with severe domestic violence is an effective response which markedly supports the safety of children. Each sub-region of Victoria is provided with a family violence intensive case manager who works closely with family violence intake and risk assessment and management panels. The intensive case manager would need active support from relevant organisations, police and courts in the area.

**Recommendation 4:** The sharp divide between family violence and Drug & Alcohol services is addressed in relation to the over-lapping issues for practice and the way in which children's issues will be addressed. Appropriate funding models are developed to support this earlier, community based intervention.

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<sup>1</sup> Gendered language is used to reflect the dominant patterns of family violence. There is recognition that there are some men who are victims or where both men and women may be victims and perpetrators.

**Recommendation 5:** The value of early intervention programs for infants is recognised and effective programs are provided with ongoing funding with the potential for further extension of programs to other areas.

**Recommendation 6:** Post-recovery support is resourced with a particular focus on group facilitation programs.

**Recommendation 7:** The intensive work undertaken through consultation with community sector organisations is recognised and the family violence primary prevention plan for Victoria continues to be implemented

**Recommendation 8:** Should a new law be introduced on adults associated with child homicide that the issues for women living in situations of intimate partner violence are written into the legislation as mitigating factors.

## **BACKGROUND AND LITERATURE:**

### **The evidence base: domestic violence and child abuse**

It is unsurprising that children living with domestic violence surfaces as an area for child protection concern. The prevalence of children living with domestic violence, the links to physical abuse, sexual abuse and child homicide, and the negative impact on children's safety and development provide a convincing rationale for concern. This well established knowledge base needs to be held up against the more recent data on resilience and the problems of referral to the statutory child protection system.

The key points that are raised in literature reviews in this area include:

- Children living with family violence are at heightened risk of direct physical and sexual abuse (Holt et al, 2008) and neglect (Hartley, 2004).
- The physical, cognitive, emotional and behavioural development of children living with family violence may be compromised (Laing, 2001).
- Family violence is not only psychological, physical, sexual and financial abuse by one adult over another (usually, but not exclusively a man), but also an attack on the relationship between parents and their children: again usually an attack on the mother-child relationship. Strengthening the relationship between mothers and their children in the aftermath of violence is therefore a key, but frequently undeveloped area of intervention (Humphreys, 2006; Humphreys and Thiara, 2010).
- Children live in different contexts of both severity and protection which create resilience or heightened vulnerability.
- Child death reviews indicate that children are often living in contexts where family violence is present (Brandon et al, 2008). It is therefore appropriate that some children are notified for statutory child care intervention.
- In any sample of children there are generally about 50% who do as well as the control group (Magen, 1999; Edleson, 2004). This is a slightly different proportion from Kitzmann *et al.*, (2003) who, in a meta analysis of 118

studies, showed 63% of children witnessing violence doing worse than those who do not witness violence, but 37% whose well-being is comparable or better than other children. This data suggests that a substantial group of children will not reach a threshold in which child protection intervention is appropriate.

- Mental health problems and substance use problems may also be present for either the abusing or non-abusing parent where there is family violence. Drug and alcohol problems are not causal but increase the severity of violence and the vulnerability to increased substance use (Humphreys et al, 2005).
- Adolescent violence towards their mothers and/or fathers as well as within teenage relationships is increasingly recognized as an issue and one in which early intervention is needed (Routt and Anderson, 2011).

The research evidence on family violence indicates a major social problem in which intervention and support is required for children, mothers and fathers. It is an area in which the Victorian response to children is, as yet, comparatively undeveloped.

#### The prevalence and notification data

The numbers of children living with family violence are alarmingly high. The Australian population based study of 5000 young Australians reported 25% exposed to domestic violence (Indermaur, 2001).

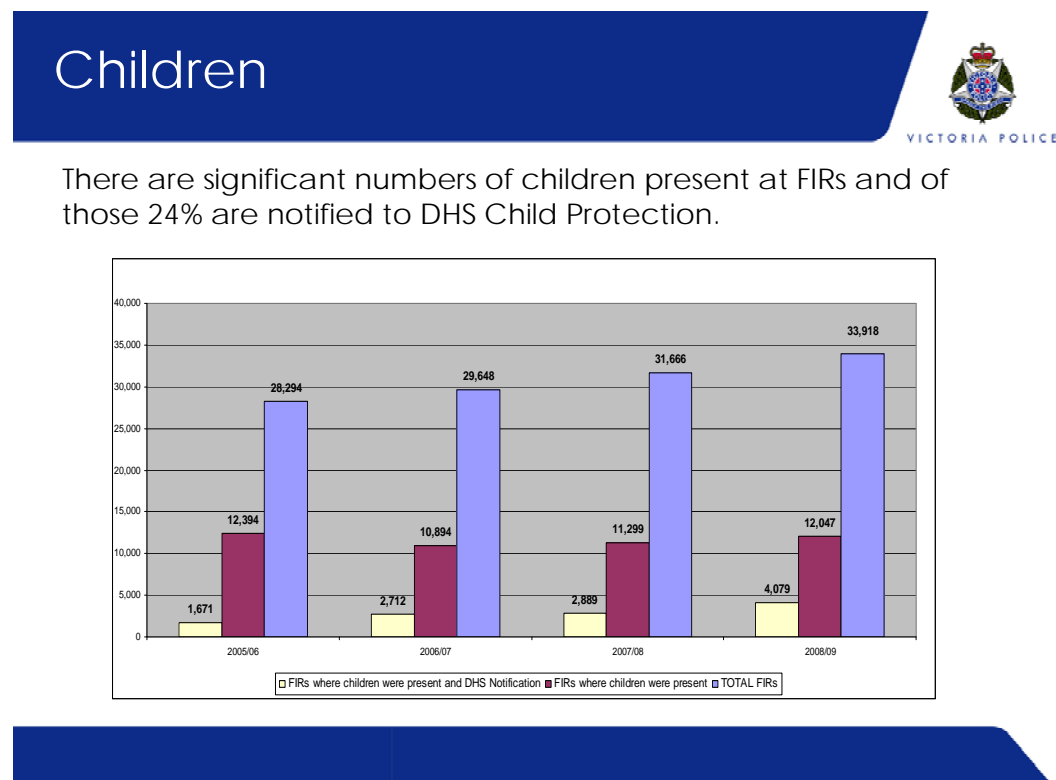
In states where there is mandatory reporting of children living with domestic violence, child protection systems are overwhelmed and only a small number of cases are substantiated. In NSW in 2007/08 there were approximately 76,000 notifications where a risk of harm from domestic violence was the primary reported issue. Of these only 5000 (6.5%) were substantiated. (Wood 2008). This is a similar finding to a UK study in which 251 referrals to statutory children services in two areas were tracked. The notifications triggered an intervention at the level of an initial assessment from children's services in only 5% of cases. The dysfunctional impact on the child protection system of such referrals is summed up by a

Tasmanian Inquiry into the child protection system which made the following statement:

*While introduced in Tasmania and elsewhere to increase the referral net for child protection referrals and improve child safety, mandatory reporting has had the unintended negative consequences of overloading the statutory system without necessarily improving child safety (Jacob and Fanning, 2006).*

In Victoria, where there is not mandatory reporting of children living with family violence, there is nevertheless a substantial increase in referrals to child protection occurring via police attending family violence incidents (see Figure 1). The data shows a steady increase of referrals to child protection (41% increase between 2007/08-2008/09). Some of these referrals will be entirely appropriate with issues of physical and sexual abuse or following multiple incidents. However, other children will not meet child protection thresholds and will receive no service or even investigation. Other pathways for children living with family violence are needed.

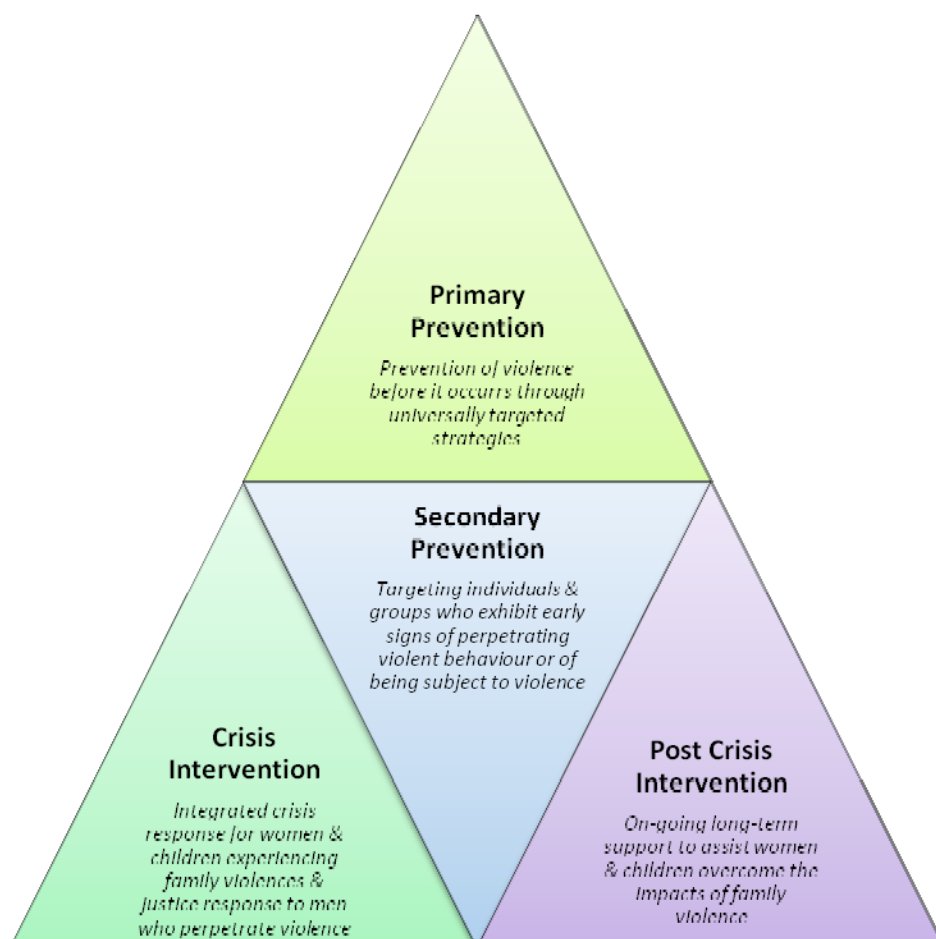
Figure 1: Victorian Police data on children at family violence incidents



## **RELEVANT RESEARCH AND SERVICE MODELS:**

Family violence requires attention at all levels of primary, secondary, tertiary intervention (see submission to the Inquiry on *Children exposed to parental alcohol and drug misuse* by the Children, Youth and Families Research Cluster, Dept of Social Work, University of Melbourne). The public health model with the added layer of 'responsive regulation' provides an appropriate conceptualisation of a preferred intervention model (Scott, 2006; Bromfield and Holzer, 2008). A model specific to the family violence sector has been developed by a group of community service organisations to illustrate the different levels at which service provision is needed (Desmond, 2011). Victoria has seen substantial development of a state-wide family violence system including specialist investment and development of Aboriginal family violence services.

**Figure 1: Family Violence Intervention Pyramid**



### Addressing Homelessness

Homelessness for women and children (and some men) in the aftermath of family violence curtails the options for child safety. Many women are returning with their children to violent abusers because there are few housing options. The Melbourne private rental market is particularly expensive and inaccessible and the waiting times for social housing are excessive. Safer options for children which are free from family violence cannot be divorced from gaining priority access for housing women and children escaping family violence. Almost 10,000 women and 11,000 Victorian children named family violence as the primary reason for seeking help from services for the homeless in 08/09 (SAAP data, 2010). Women with children escaping from family violence (or with significant interpersonal relationships problems) remain the largest group in the homeless sector followed closely by women without children escaping intimate partner violence. While there is significant pressure from many vulnerable groups for social housing and brokerage funding, the needs of women and their children escaping family violence need to be kept uppermost in resource considerations. It is a significant issue in protecting the most vulnerable children.

A cost effective and socially just option is to support women and children who want to stay in their homes to do so by excluding the family violence offender. In this way, children can stay in the same school, with the same health services, and do not lose their community network and become homeless. Victoria has been an Australian leader in developing this pathway through its social policy initiative in this area which go beyond isolated Sanctuary Projects to providing a statewide initiative. However, the data to date suggests that more needs to be done.

As yet, there is no discernable impact on the homelessness figures for women with their children escaping family violence in Victoria of this important policy initiative. The numbers escaping family violence continue to rise, though it is possible that some of this rise may be due to population increase (SAAP data, 2008/9). On the positive side there is a rise in intervention orders (Diemer, 2010). Exclusion clauses which allow women and children to stay in their own homes are being written into



many family violence intervention orders. KPMG Benchmark data shows the following:

Two week snapshot of police data March 2009

- 856 family violence incidents reported to police in Victoria (2 week period)
- Nearly one in ten (8%) respondents immediately removed from the location of incident (holding powers, arrested, remanded in custody)
- One third (33%) resulted in respondent leaving the home either permanently or temporarily (interim intervention order, complaint & warrant, complaint & summons, Family Violence Safety Notice)

Police and family violence advocates have been highly supportive of the policy. However the emerging data from the SAFER project which researches the Victorian Family Violence Reform shows the level of offender breaching of intervention orders is very high and more effective safety measure are needed to make the exclusion of the perpetrator a real option. In the SAFER sample (while a small sample), only one third of those with orders to exclude the offender stayed in their own home and most of these women experienced significant on-going violence in spite of the order (Diemer et al, forthcoming). Not enough action is taken on breaches by police or the courts, and the last audit of sentencing showed that a fine was by far the most common consequence (and one which will often disadvantage the children in the family) (Sentencing Advisory Council, 2008).

A number of enhancements can make a difference to keeping more women and their children safely at home if they choose to do so. The Hume Region evaluation of the BSafe Pilot of the use of home alarms and surveillance linked to the police emergency centre showed remarkable success in supporting safety and very positive reports from children (Taylor, 2010). The NSW evaluation of their programs showed that intensive support is required alongside the increased surveillance by police (Edwards, 2011). Enhanced police evidence gathering on reports of breaches is

needed as well as appropriate and timely penalties from the Courts (Gondolf, 2002). Strong support and follow up of excluded men to ensure they have housing options and support through the men's crisis service are also needed. Keeping more women and their children safe at home is not a cost neutral option, but it is significantly cheaper and with great personal benefits for children if they are able to be safely supported in their own homes.

**Recommendation 1:** Ensure that the housing budget for women and children escaping domestic violence is increased and/or maintained. Strengthen the strategies which provide protection from on-going violence and trauma which will ensure that more children and their mothers exposed to family violence have the option to stay safely in their own home.

### Crisis Intervention

Statutory child protection is notified at the crisis end of family violence incidents. As mentioned in the section on prevalence, the response from these notifications tends to be poor given that the majority do not meet the threshold for child protection investigation and substantiation. The forensic child protection approach generally has a poor history of dealing with family violence finding it difficult to intervene appropriately when there is both an adult and child victim and to engage and hold the perpetrator accountable for the violence (Humphreys and Absler, 2011).

The distinctions between crisis and post-crisis intervention are often not clear particularly when there are complex issues of substance use or mental health problems, on-going post-separation violence and homelessness problems. Many women (and some men) and their children will need support which extends beyond the immediate crisis of a domestic violence incident.

Several enhancements to the current statewide response would ensure better outcomes for women and their children escaping family violence.

### Risk assessment and Risk Management

A number of models are available to address risk assessment and management where children are living with family violence. A significant issue is deciding where the intake point for referral should occur when there are concerns about children. Most children living with domestic violence do not reach the threshold for a child protection investigation, but there may nevertheless be serious concerns about their well-being. KPMG in conjunction with family violence specialist services and government are currently exploring models for family violence risk assessment and management in Victoria. A triage point for intake may be needed. The CRAF (Common Risk Assessment and Management Framework) is the foundation tool for family violence assessment in Victoria with an extensive cross-sector training plan. Enhancements to support the risk assessment and risk management of children are being developed through the FV/Child First/ Child Protection partnerships and shell agreements as well as the KPMG risk assessment consultation process.

Multi-agency sub-regional risk assessment and risk management panels are needed to ensure that the MOUs and partnership arrangements are in place to ensure that children and their mothers at high risk from violence are provided with adequate protection, and that timely, consistent and appropriate consequences to family violence perpetrators are provided within every sub-region. These structures provide the authorising environment for responding to risk assessment and risk management and are an obvious step in the maturation of the regional family violence response.

**Recommendation 2:** Children living with family violence are not referred directly to child protection intake unless there are clear signs of physical or sexual abuse. New funded intake points for assessment and appropriate referral are developed in specialist family violence agencies.

Multi-agency risk assessment and risk management panels are established in sub-regions across Victoria to create the authorising environment for responding to family violence intervention to protect children and their mothers.

### Alternative Intensive case management

The intensive case management model developed in England whereby independent domestic violence advisors based with community based organisations provide a service to women risk assessed as experiencing serious domestic violence shows very positive results (Howarth et al, 2010

<http://www.henrysmithcharity.org.uk/documents/SafetyInNumbers4keyfindingsNov09.pdf>. The evaluation followed 2,500 women with 3,600 children over a two year period. They found that women with children experienced more severe abuse than those without children. It was also clear that attention to the safety of women markedly decreased the direct threats to children's safety between Time 1 (at intake) and Time 2 (4 months later or at case closure): conflict around child contact improved by 45%; victim afraid of harm to children improved by 76%; and perpetrators threats to kill the children changed by 44%. The Evaluation Report stressed that the service needed greater attention to children's needs but demonstrated the potential for a community based service to make a substantial difference to the children safety and well being of children exposed to family violence.

In relation to the Victorian context a number of issues are significant. Currently, child protection, family violence specialist services and Child FIRST are meeting to develop agreements to support practice and policy development. Progress has been uneven. The following is clear:

- 1) There should not be a separation of the referral pathway for women and children given the need to strengthen the relationship between woman and children in the aftermath of domestic violence.
- 2) Police, who are key referrers, prefer one pathway following an incident and that pathway has already been established to specialist family violence services via the 'faxback/email back' process. The KPMG Benchmark project showed that 67% of women with children used specialist family violence services but that there is little capacity in these services to currently attend to children's needs.

- 3) Both Child FIRST and specialist family violence services are beyond capacity. Diversion from the child protection system requires funding for children living with domestic violence and to date funding in this area has been minimal.
- 4) Secondary consultation by specialist family violence workers to relevant services used by women and children living with family violence ensures that there is 'no wrong door' and that the constant shifting between services is kept to a minimum.

**Recommendation 3:** Intensive case management for women and their children living with severe domestic violence is an effective response which markedly supports the safety of children. Each sub-region of Victoria is provided with a family violence intensive case manager who works closely with family violence intake and risk assessment and management panels. The intensive case manager would need active support from relevant organisations, police and courts in the area.

#### Managing Complexity and the Responsiveness of Adult Services to Children's Issues

Many children living with family violence have one or both parents with substance use, gambling and/or mental health problems. A model of intensive case management which draws in the appropriate services around the child as needed is ideal as long as there is capacity and responsiveness in the adult services to respond to need when contacted by the intensive case management advisor.

The issues of parental alcohol and substance use are some of the most concerning issues for children when combined with domestic violence and I would argue the most pressing priority. There is now 30 years of evidence which shows that while problematic alcohol and drug intake does not cause family violence, the severity of family violence increases when fuelled by alcohol (Humphreys et al, 2005). There is also evidence that many victims of violence are at risk of drug and alcohol problems using drugs and alcohol to anaesthetise the trauma of abuse. The siloed nature of alcohol and substance use (D & A) and family violence services and the problematic issues for children have been ignored for too long. A major step forward would be

the development of joint training initiatives and resources, and support for Memoranda of Understanding (MOUs) between the different service systems. Drug and alcohol services should assess their needs in relation to tackling the issues for children affected by their parent's alcohol abuse. Facilitated discussions are needed between family violence and D&A services about the way in which assessments can occur to ensure that there is systematic questioning about these issues and that the intervention models from each service are cognisant of how to tackle the co-occurring issues. At a minimum, D&A and men's family violence services need to develop consistent approaches to dealing with the interaction of alcohol (and other drug) use and violent behaviour and the impact on children. In addition, these sectors need to collaborate with women's and children's services to build practice guidelines relating to the complex relationship dynamics and material, health and social consequences of the interaction of alcohol, other drugs, violence, gender, sexuality and parenting. Alongside increased funding, services need to specify in their contracts how they will engage with the issues of parenting (see Building Bridges Project

[http://www.salisburyc4c.org.au/resourcedownloads/Building\\_bridges\\_between\\_services\\_building\\_capacity\\_within\\_services.pdf](http://www.salisburyc4c.org.au/resourcedownloads/Building_bridges_between_services_building_capacity_within_services.pdf))

**Recommendation 4:** The sharp divide between family violence and D & A services is addressed in relation to the over-lapping issues for practice and the way in which children's issues will be addressed. Appropriate funding models are developed to support earlier, community based intervention.

#### Supporting services early in the life course for infants living with family violence

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 (Jordan and Sketchley, 2009). Intervention at this point has measurable cost benefits (National Research Council and Institute for Medicine, 2000) not only in terms of dollars invested early but in terms of the long term well-being of children.

Victoria has a number of services which have been developed to respond to the needs of infants living with, or at risk of family violence. These are high quality services where some of the early evaluation results are excellent. However, they remain at the level of pilots constantly chasing funding. Of particular interest are:

- The MOVE project to support maternal and child health nurses to identify and respond to family violence based with Dr Angela Taft at Latrobe University  
<http://www.latrobe.edu.au/mchr/html/healthoutcomes.html#move>
- The internationally recognised 'Peek a Boo' program for infants and their mothers developed by Wendy Bunston from the Royal Children's Hospital  
[http://www.rch.org.au/emplibrary/mhs/DVIRC - Peek a Boo Club-  
\\_Hand\\_Out.pdf](http://www.rch.org.au/emplibrary/mhs/DVIRC_-_Peek_a_Boo_Club-Hand_Out.pdf) This program is innovative, internationally cutting edge and in need of on-going funding rather than intermittent support.
- Just Families, a program developed by Drummond Street Relationship Centre which provides early intervention and assessment for the local maternal and child health service and has developed an early intervention group work program for mothers and fathers where there are early signs of domestic violence. The early intervention focus of the program is particularly exciting and innovative. [http://www.dsrmc.org.au/?page\\_id=479](http://www.dsrmc.org.au/?page_id=479)

Victoria also has a number of other excellent programs for vulnerable families and their infants. Again they all struggle for on-going funding but provide services for many women and their infants who would have been affected by family violence, though the violence is not necessarily the primary focus in the assessment and intervention. Of significance are:

- 'Community Bubs', a community based service developed by Family Life in which the evaluation is extremely positive and shows that they are working very effectively with women who were notified or at risk of notification to child protection. This project demonstrates the effectiveness of early intervention with vulnerable infants and their families. It is a model project.

[http://www.familylife.com.au/community\\_services/help\\_for\\_children/community\\_bubs?PHPSESSID=f42a50dbe675a589944d7aa3128ed551](http://www.familylife.com.au/community_services/help_for_children/community_bubs?PHPSESSID=f42a50dbe675a589944d7aa3128ed551)

- 'Mentoring Mums' (Absler and Mitchell forthcoming), a program piloted by Child Protection Society which showed quite amazing results for matching local women with vulnerable women with new babies. For the cost of one volunteer co-ordinator, very vulnerable babies whose mothers often had very complex needs were showing remarkable progress and attunement to their infants.
- Tummies to Toddlers at the Queen Elizabeth Centre has developed an innovative program for supporting vulnerable mothers and fathers from pre-birth for 18 months. Very positive results are being shown in the evaluation which is breaking new ground in accessing the most vulnerable parents and their babies and engaging them in learning about child development.  
<http://www.qec.org.au/what-we-do.php?id=116>
- New Pin (New Parent Infant Network) is an international program working with vulnerable parents and their babies (Mondy and Mondy, 2008). The Australian sites include one at Bethany family services in Geelong. Again, the evaluations are extremely positive in reaching the most vulnerable, building on helping parents understand child development, coaching and modelling effective attunement to infants, and providing opportunities for parents to move from receiving a service to contributing to the development of other parents over time. The program provides highly effective intervention for mothers and fathers who have been notified to, or referred from child protection.

The range of early intervention services for infants is raised as part of this submission to point out that there is already a wealth of development in this area in Victoria. The problem lies with moving these local programs to mainstream funding, recognising that they provide an invaluable service to the most vulnerable infants.



**Recommendation 5:** The value of early intervention programs for infants is recognised and effective programs are provided with ongoing funding with the potential for further extension of programs to other areas.

#### Post-Crisis Support

The preferred models for recovery from family violence frequently involve group work options (Bunston, 2006; Marshall et al, 1995; Jones and Sharp, 2010; Debbonaire, 2007; Desmond, 2011). Group work models are generally based on developments of the positively evaluated Community Groupwork Treatment Programme (CGP) which originated in Ontario, Canada (Marshall et al, 1995). Research suggests that groupwork has the benefit of addressing the issues of secrecy, supporting children to feel less isolated, providing opportunities to have fun and strengthening their peer relationships (Mullender et al, 2002). The groupwork models that provide parallel groups for mothers as well as children show profound and positive effects on strengthening the relationships between mothers and their children (Jones and Sharp, forthcoming).

To date in Victoria, group work programs struggle for funding. Funding tends to be crisis focused rather than recovery focused. The long term benefits of re-establishing relationships, healing and being able to move forward in positive ways after the trauma of abuse require resourcing beyond the crisis. This is crucial for providing supportive relationships within positive social networks for women and children who might otherwise return to abusive relationships for lack of alternatives. This funding has not been given priority in Victoria. In Scotland, one co-ordinator for children and one co-ordinator for women within a region provide the basis for an extensive series of groups across the year for women and children. The evaluation is almost entirely positive (Jones and Sharp forthcoming).

**Recommendation 6:** Post-recovery support is resourced with a particular focus on group facilitation programs.

#### Primary Prevention

Victoria currently holds a plan for family violence prevention and it has been strongly supported by VicHealth in implementing this plan (*The Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010-2020*). The plan provides a coordinated, whole-of-community framework that contains a comprehensive range of strategies to promote non violence, gender equity and respectful relationships throughout the community – for example in homes, workplaces, on the sporting field, and in schools. <http://www.dpcd.vic.gov.au/women/womens-safety/prevention-plan> While it was developed by the previous government, it involved a significant amount of investment by both government and community sector organisations in its development and is a sound basis for the primary prevention strategy for Victoria, worthy of continuation with bipartisan support. More resources of course are needed to invert the triangle!

**Recommendation 7:** The intensive work undertaken through consultation with community sector organisations is recognised and the family violence primary prevention plan for Victoria continues to be implemented with bipartisan support.

#### Tough new laws on child homicide

Prior to the 2010 election, the Coalition announced 'tough new laws on child homicide' (Media Release 23.11.2010). It was stated that the law would follow the UK legislation where children are killed, and it would ensure that 'a person who stood by and did not prevent the abuse must bear a degree of criminal responsibility'.

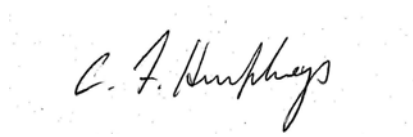
In the UK, legislation (*Domestic Violence Crime and Victims Act, 2004*) was introduced to ensure that in situations in which there was a clear child homicide but lack of clarity about which parent killed the child, that parents or other adults did not 'get away with murder', but rather were found culpable of a serious offence (see Children: Their Non accidental Death or Serious Injury Consultation Report, 2003).

An in-depth analysis of three cases where the new law has been applied indicates that the original impetus for the legislation has been lost (Drakeford and Butler, 2010). In all three cases women have been charged and convicted in circumstances where there was no doubt about the male perpetrator of the homicide. The women who were seen as 'failing to protect' were in social distress, living in fear of domestic violence from their partners and were away from the house at the time their children were attacked. As with the application of the more draconian and highly problematic 'failure to protect' legislation in the United States used not just in cases of child homicide, the law is written in gender neutral terms but consistently falls most heavily on women who themselves are victims of assault (Fugate, 2001).

This issue is raised in relation to the submission on children and family violence because if new legislation is developed on child homicide, then the role of other adults around the child needs to include clauses which take into account the circumstances of intimate partner violence and the extent to which the choices of some women may be circumscribed by trauma, fear and violence.

<p><b>Recommendation 8:</b> Should a new law be introduced on adults associated with child homicide that the issues for women living in situations of intimate partner violence are considered mitigating factors.</p>
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**Signed**



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Department of Social Work, University of Melbourne.

**Date:** 14<sup>th</sup> April, 2011

**Endorsed by:**

Child, Youth and Family Research Cluster, Department of Social Work, University of  
Melbourne

Centre for Excellence in Child and Family Welfare

This submission draws from the extensive family violence research which has been  
undertaken within the Alfred Felton Research Program since 2006

<http://research.cwav.asn.au/AFRP/FamilyViolence/default.aspx>

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