

PEPTalk May 2017

A Life Not So Ordinary



"Violence committed by children against their mothers, fathers, siblings and carers is rarely discussed in this country. Is it really happening? Well, it happened to us. And I don't think we are the only ones"

by Selina Spowart

Special Edition

Family Violence Special Issue: A Life Not So Ordinary

Let me tell you a secret.

I'll bet when we met you assumed I was as confident and capable as I was pretending to be. Didn't you?

You admired how well I was coping with my eldest son's severe intellectual disability, complex medical challenges and difficult behaviours. I was always so positive and upbeat, you said.

Of course, I was wearing long sleeves, even though it was summer, so I suppose you couldn't see the bruises. Perhaps I had my sunglasses on so you couldn't see the black eye I'd tried to cover up with makeup before I left the house.

I had to cover these up. If you'd seen them, you'd have assumed my husband gave them to me. My beautiful, caring, gentle husband of 20 years. I couldn't have you thinking that.

And this is my secret – the scars were not a gift from my husband but from my son.

I kept my secret from you that day. And I kept it from the wider world for a long time.

Last year I went to a breakfast fundraiser supporting women affected by domestic violence. I met a woman who had grown children and a thriving career, who sat on several boards and who seemed to me the epitome of the successful professional woman. She confided that she had been the victim of domestic violence at the hands of her husband of thirty years. He had on one occasion broken her arm.

She had never told anyone about it as she was ashamed. Ashamed that she, a competent, educated, capable woman would allow someone to humiliate her this way. What sort of message would it send if she told the wider world? How could she hold her head up?

I was so struck by her words and suddenly realised that I too had been a victim of domestic violence, and hadn't told anyone because I was ashamed.

In most cases, domestic violence is inflicted upon women by their partners. Very occasionally, men suffer at the hands of women. And then there is the violence children inflict upon their parents (usually the mother). This is a real phenomenon. In 2016 the Australian newspaper stated that over 2000 cases of abuse by children aged 10 – 17 years had been reported to police in the 5 years from 2009- 2014. Substance abuse, mental illness, alcohol all played a part. So did disability.

I am certain that this figure only represents a small fraction of the real problem and that there is a great deal of suffering happening in communities. But how is a parent to reach out to anyone when there is no one to reach out to except the police?

Many people involved in my son's care knew he was aggressive and unpredictable but no one knew the full scale of the problem. To tell all would have been to reveal just how far our family had fallen, how desperate the situation was, how we had failed as parents.

Struggling every day to put on a brave face, to go out into the world and work, to organise our son's (and our 2 other children's) lives, it was all we could do to keep it together. We couldn't afford to sink, so we just kept bailing out our little boat and getting through each day without any real hope of a rescue ship on the horizon.



"I kept my secret from you that day. And I kept it from the wider world for a long time."

For the most part, our working lives were kept strictly separate from our home life. Who would employ a woman whose arms were covered in scratches and bruises in any serious professional capacity? Whose home life was a complete train wreck? When workmates spoke of weekends away or trips to the circus, we kept quiet about our weekends spent under house arrest, all the doors and gates bolted, or the failed family outings, inevitably sabotaged by yet another dangerous episode.

To speak out would have been to admit failure, and to admit the most painful truth of all, that the child we had raised with so much love and care had turned into our attacker. That through no fault of his own, but because of a spontaneous genetic mutation, he had a neurological condition causing epilepsy, autism, global developmental delay and violent challenging behaviour. And no

matter how much love we lavished upon him, how many books we read or behaviour therapies we tried, he frequently repaid our love with blows.

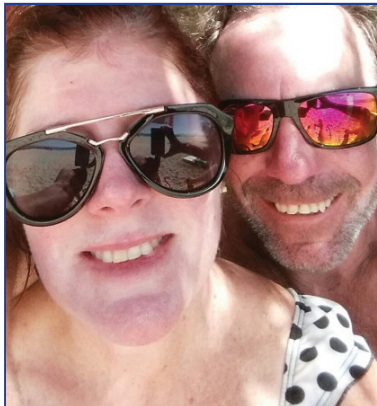
This was not supposed to happen to me. I'd led a fairly charmed life. I grew up in a loving family, had a good education, went to university and when I was only 23 met a wonderful man and fell deeply in love.

We were married and shortly afterwards expecting our first child. We didn't have much money, but cobbled together some second hand baby gear and looked forward to becoming parents.

The baby was a boy. We named him Liam.

When he was 3 months old he began having seizures and so we took him to our family doctor. We were admitted to the children's hospital, and a week of testing followed. Our baby was diagnosed with Tuberous Sclerosis, a lifelong and in many cases severe intellectual disability.





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We loved our little boy and decided to be optimistic. We were able to get him a place in a special kindergarten. He refused to interact with any of

the teachers, threw everything he touched and made no progress.

We enrolled him in the local primary school, receiving 4 hours a day of teacher aide funding. He spent most of his time outside on the veranda with the aide. One day class was dismissed and my stepfather was running late to pick him up, so Liam wandered off. He was found an hour later at a nearby building site. We withdrew him from the school.

Next we tried home schooling. We had discovered a method called the Son-Rise Program, developed by the Autism Treatment Centre of America. With the help of family and friends in the local community, we were able to fundraise 20,000 dollars and travel to America with Liam. We had a week of intensive training, with 15 staff working just with Liam in a specially designed playroom for 8 hours each day. He responded so well he went to his playroom at first light and returned after dinner, and we joined him. He gave us his first meaningful eye contact during that week, sang his first ever song and responded with joy and curiosity to the wonderful Son-Rise facilitators who worked in the room with him. For the first time, we as parents were given training and the opportunity to explore our own attitudes to our son’s condition and how they were shaping our interactions with him. We made a lot of changes to ourselves in the years we were running our Son-Rise program and I firmly believe the changes we made in our thinking sustained us in the years to follow.

On our return to Australia we recruited and trained a team of volunteers to work with Liam one on one each day in the playroom we had set up in our rented 3 bedroom house. By this time we had 2 younger children. All the boys slept in the

same bedroom so the third bedroom could be used each day as a playroom for their brother.

Liam loved the playroom and his language began to develop. His eye contact improved along with his social and fine motor skills. At age 12 we decided he was ready to go to school and we were lucky to find Southern Support School. The teachers there are the most wonderful educators and were incredibly kind and patient to us. Liam was often difficult, his habit of throwing continued. He had a cheeky sense of humour and endeared people to him, but could be stubborn and extremely determined. Despite this, he won people over with his smile and gentle ways. Sometimes, a student or teacher got in the way of the object he had thrown. He was always very sorry afterwards. Despite these incidents he was mostly happy at school, made friends and adored his teachers.

I worked part time and my husband full time. Our 2 younger sons were happily settled at the local school. We moved out of the rented house and bought a home in a nice suburb. Each boy had his own bedroom. Life seemed good.



When Liam was 15, things took a turn for the worse. His throwing continued, but now he was grown and had the strength of a grown man. Destroying books became routine, and many a time I would stand over him trying to get him to pick up the pages and put them in the bin. If the book was especially loved, I’d attempt to tape it back together after he had gone to bed.

Liam frequently objected to routines – baths, brushing teeth, getting dressed, shoes, jackets, jumpers, dinner. He often objected violently.

Lifeline Tasmania

Lifeline has been operating in Tasmania since 1973, commencing as two chapters (Lifeline North West and Lifeline Hobart), which merged in 2012 to form Lifeline Tasmania - a single organisation with state-wide reach.

After more than four decades of service to the Tasmanian community, we remain steadfastly committed to our fulfilling our mission: to lead, develop and deliver programs and services that save lives and build emotional wellbeing and resilience.



Family Violence Special Issue: A Life Not So Ordinary

I became afraid. He was strong and unpredictable. As he grew in size and strength he began to lash out, scratching and biting, mostly when he was frustrated or had to wait for something.

But sometimes there was no warning. At dinner he would appear to be sitting peacefully, but a moment later he would hurl his plate onto the floor or across the room. We switched to melamine plates and plastic cups.

On one occasion he was asked to leave his brother's room. He didn't want to leave. I tried to drag him out. His younger brother was upset because Liam had broken some of his things. A three way shouting match ensued and Liam put his fist through the window. He refused to let me treat his injured hand and I spent the afternoon wiping blood off the floor.

Behaviour experts were called in. They prepared reports, offered suggestions and we attempted to implement them. We tried to be consistent and impart the strategies coherently to others involved in Liam's care. We slept very little, taking turns to sleep on the couch at night to stop Liam from disturbing his younger brothers, as he slept only a few hours a night. In between he would wake up to snack and leave the fridge door open. Some mornings the freezer door was discovered open with the contents slowly melting onto the floor. He wet his bed every night, sometimes 2 or 3 times a night, but refused to wear an adult nappy.

We both continued to work. Breakages were costing us more and more.

We received 3 nights a fortnight of respite. Frequently we were phoned in the middle of a respite stay and asked to collect Liam because he was putting other clients at risk. We dreaded the sound of the phone. We couldn't go out of town and risk being out of mobile phone range. When we collected Liam from respite we'd inevitably be given the litany of his misdemeanours. We felt constantly torn. Liam didn't want to go to respite. We hated taking him there and we dreaded picking him up.

It was identified by the behaviour support experts that most of his challenging behaviours occurred after school. A support worker was put in place in the home between 3 and 5PM to help me. One day, Liam attacked me with no warning, raining blows on me and pulling out a handful of my hair. The support worker was not allowed to intervene or put herself into harm's way. She watched on, appalled, pleading with Liam to stop hurting me and removing objects that were in his path and could be potential missiles.

A risk assessment was performed and the support worker withdrawn, the risk to her deemed too great.

Our younger children withdrew, spending much of their time in their rooms. One day, their older brother began a rampage in the kitchen, hurling crockery and glassware. He had been told he could not have something. I was more scared than I had ever been. I quickly gathered up the younger children and ran to the shed, locking the door. Once the noise died down, I cautiously returned to find broken glass everywhere and Liam bleeding from his hand. Once again he refused to let me treat him so I spent the afternoon crying and sweeping up.

Once I found our middle son curled up in a ball under his desk sobbing. He would not tell me what was wrong. Desperately worried, we booked him in to a psychologist. He refused to talk to her about it. Years later, he told me that he hadn't wanted to add to our burden of worry and so mostly kept his struggles to himself.

I became increasingly depressed and began to retaliate, lashing out at Liam, shouting 'I hate you!' I sometimes struck him, in self-defence, but also in anger. I knew I should walk away, that I was in no state to be around my child, that I could so easily hurt him seriously. But I could not leave the younger children unprotected, and I could not leave Liam unsupervised in the house.

I began to despise myself. My own mother had been a loving, patient and kind woman, whereas I had become an exhausted harrier, yelling at my children, striking out at my eldest child. What kind of woman was I turning into? How could this be happening to me, so fortunate, so well

brought up, so together?

I became reckless. I didn't care for my own safety. Sometimes I wanted him to hurt me. Let him break my arm, at least I'd get a few days rest in the hospital!

As I drove to work, tears streaming down my face after another huge fight trying to get Liam onto the school bus, I'd think of driving into a pole. At least it would be over quickly. They would all be better off without me.

At work, I hid my scars, wore long sleeves and a brave face all year round. For years I was ashamed to tell anyone about my home life. My work was my godsend, I could forget all about home for a while and pretend I was a normal person.



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"I became reckless. I didn't care for my own safety. Sometimes I wanted him to hurt me. Let him break my arm, at least I'd get a few days rest in the hospital!"

We had admitted to our LAC (Local Area Coordinator) when Liam was 16 that we could no longer cope. Our younger children were going under. We'd been at the top of the waitlist list for a place in a group home for 18 months. One support worker told us privately that if things got really desperate we should just 'abandon him in respite.' Drop him off and never come back.

We could never bring ourselves to do it.

A few months ago I had the privilege of hearing domestic violence campaigner Rosie Batty speak at a breakfast function. I met her afterwards and she signed her book for me. I shared a little of my story with her and with sadness in her eyes, she said she'd met women in the same situation before, that it is not uncommon. So I decided the time had come to speak.

Undoubtedly, domestic violence is mostly committed against women by their intimate partner and the statistics are horrifying. In Australia, one woman a week is killed. This frightening statistic is becoming more widely known thanks to campaigners like Rosie Batty and I sincerely hope that in the future women and children will not live in fear of their lives.

But violence committed by children against their mothers, fathers, siblings and carers is rarely discussed in this country. Is it really happening? Well, it happened to us. And I don't think we are the only ones. It has a terrible impact on many lives, and no one knows about it. So what are we to do?

As I have mentioned, we sought help from behaviour experts. They had some great strategies, such as Positive Behaviour Support (PBS), which I still use. However, the best program in the world isn't any use if the people who are to implement it are too exhausted to do so. I could see the sense in the strategies they suggested and the importance of uniformity across all aspects of Liam's care, I just didn't have the energy to drive them. We had advocacy at this stage (thank you ACD!), mainly focussed on trying to get a group home and the behaviour intervention we, the school and respite so badly needed. We still had to do the hard yards at home.

Another thing that took a great deal of energy was the quest to get neurosurgery for Liam. His seizures were ongoing and responded only partially to medication. Turns out he had a tuber the size of a plum on his right frontal lobe that was sparking off seizures every two minutes. No wonder he was aggressive and unpredictable! But navigating the hospital system and convincing mainland specialists that your child is a candidate for neurosurgery, which involves a lot of record keeping and video taping of seizures, is time consuming and exhausting. However we managed it and the change in Liam's behaviour was almost immediate. Most importantly, we have been able to gradually wean him off a number of the drugs he was on, with their

unwelcome side effects, such as aggression and sleeplessness.

Once Liam received his NDIS funding and moved into his own home our family gradually mended. We had the chance to miss him. His relationship with his father took the longest time to heal - because Adam tried to defend me, he and Liam often fought.

Violence begets violence. You cannot possibly teach a child not to hit if you are hitting the child, even if it is out of self-defence, a flash of anger, frustration or fear.

Our son was violent, we were exhausted and pushed way beyond our limits, so violence became part of our family life. It was a vicious cycle and we just couldn't seem to escape. But with rest and a break, we could be good parents again - loving, kind, patient and resourceful.



Are you having to support a loved one?

Do you need to make decisions for that person? Do you feel stressed, exhausted or alone?

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and the Australian Government Department of Social Services www.dss.gov.au

Family Violence Special Issue: A Life Not So Ordinary

Life for Liam was not easy either. He knew he was hurting us and he was very sorry afterwards. We veered between loving him and shouting at him. It must have been so confusing. Now he is looked after by people who get to enjoy their time with him and then go home again. They add greatly to his quality of life with their diverse interests, enthusiasm and energy. He comes to us 2 nights a week - we're pleased to see him and we enjoy his company. He's our gentle giant – sweet and funny, occasionally disruptive and often noisy but mostly very loving.



His brothers look forward to seeing him. He still annoys them at times, and it has taken years, but with every passing day their relationship with their older brother improves. Their lives were hard because of Liam. I wasn't a great mother to them. I did the best I could. I wasn't able to give them the attention they deserved, but they've still turned out to be beautiful compassionate, young men. I wish their childhood had been easier, but I could only strive to protect them as best I could. I

“Violence begets violence. You cannot possibly teach a child not to hit if you are hitting the child, even if it is out of self-defence, a flash of anger, frustration or fear.”

could not even protect myself, only take the brunt and attempt to spare them. I don't think they blame us, but perhaps they do. They're entitled, that's all I can say.

You wouldn't know we were going through hell from looking at our Facebook photos. I guess we had our bright moments, just like during any tough period in your life.

Now, three years later and with the benefit of reflection, the message I would give to other people in our situation is – even if you are at your wits' end and don't know what to do, just keep putting one foot in front of the other, live in the moment as much as possible and take what pleasure you can in the small joys of life. You are doing your best in an impossible situation, but it's not a situation you created – you certainly didn't ask to be where you are! Since I have been talking and blogging about family violence, I've been surprised to meet and hear about other parents in this situation. You aren't alone, so don't be afraid of reaching out to your support network. Get yourself an advocate – they know where the support services are. Free counselling is available through many organisations (I used Anglicare as they were supporting us at the time). Don't struggle with this issue alone.

I always had a vision of the perfect family I wanted to have and the ideal mother I was going to be; probably because of the example my mum set. But I was never going to be that kind of mother, not with the hand I was dealt. At the end of the day the best I could do was just to keep going.

My family is mending, to my great surprise. I was sure we would be permanently damaged.

Human beings are extraordinarily resilient, and capable of great love and forgiveness towards each other. There is always hope for every family, no matter how dire the situation.

But families need a great deal of support if children with violent challenging behaviours are not to wind up filling our prisons and psychiatric wards. No-one wants to see a return to the 'bad old days' of troubled young people living in institutions, heavily sedated. On the other hand, parents who are



Are you experiencing family violence or other relationship challenges?



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“Human beings are extraordinarily resilient, and capable of great love and forgiveness towards each other. There is always hope for every family, no matter how dire the situation.”

struggling to cope with their violent children, frightened out of their wits, shouldn't feel the Police are their only recourse, and that if they phone the Police their child may be taken from them (a very real and justified fear).

It took another woman to make me realise that unless we have the courage to speak out, a sister somewhere will believe that she is utterly alone or worse, has brought this on herself. And I can't, through my silence, be complicit in that any longer.

Currently the Family Violence Act only funds support services for women affected by partner violence. An amendment to the Act to provision the support of emergency support for families such as mine would mean that at least a frightened mother like me need not run to the garden shed and lock herself in. An emergency respite service, staffed with well trained professionals, would mean siblings need not be placed at risk because of the

violent challenging behaviour of their sibling. I hope that by telling my story I can raise awareness to change legislation and that others will feel they can speak out. So much suffering and loneliness could be alleviated. This issue should not be a shameful secret.

I'd love to hear your story, if you would like to share it.

Here's where you can find me:



twitter: @figspowart



<https://www.facebook.com/happychinblog/>



blog: <https://happychinblog.wordpress.com>



Relationships Australia

TASMANIA

If this story has raised some concerns for you and you'd like to talk with someone, Relationships Australia Tasmania offers confidential counselling for individuals and families.

Highly-skilled counsellors, across the state, can help guide you through resolution or personal difficulties across a range of issues.

To contact us,
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The Royal Commission into Family Violence

The word perpetrator is used in the following report.

This word is widely used in legislation and especially within the justice and family violence sphere in Australia.

Perpetrator - The Oxford Dictionary definition – Noun – a person who carries out a harmful, illegal, or immoral act.

Perpetrate - The Collins Dictionary definition – Verb – commit or be responsible for (a wrongdoing).

Therefore technically the use of the word perpetrator when discussing family violence is appropriate.

We do note however, that for many people with disability, their family members, as well as those connected with the disability area that the word perpetrator is controversial when used to describe a person with disability who exhibits harmful challenging behaviour toward their family members and raises concern that people with disability will be judged and/or labelled unfairly.

This raises one of many areas of challenge for this conversation.

From The Royal Commission into Family Violence

SUMMARY AND RECOMMENDATIONS MARCH 2016

Defining Family Violence

For the purpose of the Commission's inquiry, 'family violence' is defined in section 5 of the Family Violence Protection Act 2008 (Vic):

... family violence is—

(a) behaviour by a person towards a family member of that person if that behaviour—

(ii) is physically or sexually abusive; or

(iii) is emotionally or psychologically abusive; or

(iv) is economically abusive; or

(v) is threatening; or

(vi) is coercive; or

(vii) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or

(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

As specified in its terms of reference, the Commission's task was to identify the most effective ways to:

- prevent family violence
- improve early intervention so as to identify and protect those at risk
- support victims—particularly women and children—and address the impacts of violence on them
- make perpetrators accountable
- develop and refine systemic responses to family violence—including in the legal system and
- by police, corrections, child protection, legal and family violence support services
- better coordinate community and government responses to family violence

- evaluate and measure the success of strategies, frameworks, policies, programs and services
- put a stop to family violence.

The terms of reference asked the Commission to consider the need to identify short, medium and long-term improvements to Victoria's current response to family violence. The Commission was asked to make practical recommendations to achieve these outcomes.

Solving family violence is not a technical science. It calls for sustained human effort and a shared commitment to building a culture of non-violence and gender equality, in which all individuals are afforded dignity and respect. The Commission is confident that, through collaborative effort—on the part of government, nongovernment organisations and the community—the cultural change necessary to prevent family violence in the long term is possible.

The Commission developed 202 recommendations for the Victorian Government to consider.

A sample of these recommendations are included containing some features that may be relevant to Tasmania and assisting families with children and young people who have behaviours of concern that cause harm. For further details read the full report, its background, considerations, recommendations and objectives at <http://www.rcfv.com.au/>

Recommendation 7

The Victorian Government establish a secure Central Information Point. Led by Victoria Police, it should consist of a co-located multi-disciplinary team with representatives from Victoria Police, the courts (registry staff), the Department of Health and Human Services and the Department of Justice and Regulation (Corrections Victoria) who are authorised to obtain information from their respective databases [by 1 July 2018].

The Royal Commission into Family Violence

A summary of this information should be available to the Risk Assessment and Management Panels, the recommended Support and Safety Hubs, the 24-hour crisis telephone service Safe Steps and the Men's Referral Service to permit effective assessment and management of risk in individual cases.

Recommendation 10

The Victorian Government expand an existing website or create a new website [within two years], to provide information for:

i victims of all forms of family violence—including victims who face particular barriers to obtaining help—about where and how they can seek help

ii families, friends and community networks, to help them recognise family violence, support victims and support perpetrators who are seeking help to change their behaviour.

This information should relate to both help during the crisis period and recovery in the longer term.

Recommendation 139

The Victorian Government Fund Seniors Rights Victoria, InTouch Multicultural Centre Against Family Violence and Women with Disabilities Victoria [within 12 months] to:

- provide training to equip specialist family violence service providers and providers of universal services to recognise and provide appropriate services to older Victorians, people from culturally and linguistically diverse communities and people with disabilities who experience family violence
- build partnerships with and provide advice to specialist family violence service providers and providers of universal services to enable them to respond effectively to the needs of people in these communities.

Recommendation 141

The Victorian Equal Opportunity and Human Rights Commission issue a guideline under section 148 of the Equal Opportunity Act 2010 (Vic) to guide service providers in meeting their obligation to act inclusively and avoid discrimination when delivering services to all people who are affected by family violence. The guideline should apply to family violence service providers (including men's behaviour change programs), as well as to universal and mainstream organisations [within 12 months].

Recommendation 170

The Victorian Government adopt a consistent and comprehensive approach to the collection of data on people with disabilities who experience or perpetrate family violence. This should include collecting data from relevant services—for example, incident reports made to the Department of Health and Human Services by disability services when family violence has occurred [within two years].

Recommendation 171

The Victorian Government fund research into the prevalence of acquired brain injury among family violence victims and perpetrators [within two years].

Recommendation 172

The Victorian Government fund training and education programs for disability workers—including residential workers, home and community care workers, interpreters and communication assistants and attendant carers—to encourage identification and reporting of family violence among people with disabilities [within two years].

Recommendation 173

The Victorian Government, through the Council of Australian Governments Disability Reform Council, encourage the Commonwealth Government and the National Disability Insurance Agency to ensure that all disability services workers involved in assessing needs and delivering services have successfully completed certified training in identifying family violence and responding to it. This could include further developing and mandating the units on family violence and responding to suspected abuse in the Community Service Training Package [within five years].

Recommendation 174

Victoria Police, in the redesign of the police referral (L17) form, ensure that disability data is collected, including on the type of disability and the support required. Training should be provided to help police members identify how and when to make adjustments for people with disabilities [within 12 months]

Recommendation 175

The Judicial College of Victoria provide training to judicial officers in order to raise awareness and encourage consistent application of section 31 of the Evidence Act 2008 (Vic), which allows courts to make adjustments to the way people with disabilities may be questioned and give evidence [within 12 months].

The Victorian Government establish a governance structure for implementing the Commission's recommendations and overseeing systemic improvements in family violence policy [within two years]. The structure should consist of:

- a bipartisan standing parliamentary committee on family violence
- a Cabinet standing sub-committee chaired by the Premier of Victoria
- a family violence unit located in the Department of Premier and Cabinet
- a State-wide Family Violence Advisory Committee
- Family Violence Regional Integration Committees, supported by Regional Integration Coordinators
- an independent Family Violence Agency established by statute.

The Royal Commission into Family Violence

Recommendation 12

Pending the establishment of the recommended Support and Safety Hubs, the Victorian Government expand funding for after-hours responses—including the capacity to activate a face-to-face crisis response when required—in each of the 17 Department of Health and Human Services regions [within 12 months].

Recommendation 16

The Department of Health and Human Services review the contractual arrangements (including funding levels) for crisis supported accommodation to remove barriers for particular groups, such as women with no income and women and children with disabilities [within 12 months].

Recommendation 125

Victoria Police determine its baseline model for family violence teams and consider appointing dedicated youth resource officers to provide support to young people and their families following police attendance at an incident in which an adolescent has used violence in the home [within 12 months].

Recommendation 104

The Victorian Government increase investment in programs to ensure that people who have been affected by family violence have timely access to group-based or individual counselling for as long as they need. The counselling should be delivered by practitioners with appropriate training [within 12 months].

Recommendation 49

Victoria Police adapt its career structures to reflect family violence as core business [within two years] by:

- providing an organisational structure for specialist family violence positions
- providing a clear career progression path for members who have a continuing interest in family violence policing—including through gazetted additional positions
- having positions with appropriate ranks to represent family violence policing in key operational and strategic management forums and processes
- ensuring that resourcing models and processes enable police in specialist family violence roles to perform their functions
- considering involving non-sworn employees with relevant skills in incident response
- recruiting personnel from a broader range of disciplines—such as social work, psychology or specialist family violence services.

Recommendation 100

The Royal Australian College of General Practitioners, the Royal Australian and New Zealand College of Psychiatrists, and psychologist and drug and alcohol service peak bodies collaborate to develop a database of psychiatrists, psychologists,

drug and alcohol practitioners and any other professionals with expertise in family violence to help general practitioners when making referrals [within 12 months].

Recommendation 105

The Victorian Government, through the Council of Australian Governments, encourage the Commonwealth Government to consider a Medicare item number for family violence counselling and therapeutic services distinct from a general practitioner mental health treatment plan. In the longer-term consideration, should be given to establishing a Medicare item number or a similar mechanism that will allow medical practitioners to record a family violence-related consultation or procedure and so more accurately ascertain the public cost of family violence [within 12 months].

Recommendation 128

The Victorian Government trial and evaluate a model of linking Youth Justice Group Conferencing with an Adolescent Family Violence Program to provide an individual and family therapeutic intervention for young people who are using violence in the home and are at risk of entering the youth justice system [within two years].

Support, Help and Empowerment (SHE) is a leading non-government organisation supporting people who have experienced family violence across Tasmania. SHE offices are in Hobart, Burnie and Launceston.

We support people, families, and communities impacted by family violence by delivering services that include specialised counselling, therapeutic groups, and community education (including training for community groups, organisations, and service providers).



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F (03) 6278 8292
E admin@she.org.au
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Family Violence: Synopsis and Next Steps

Let's take a look at Selina's family story with our hearts and minds wide open and review the Tasmanian service and support landscape and think about future policy that will assist families in this situation.

What really stands out in this story is that the community response is totally inadequate, further isolating the family from the community and trapping them in a cycle of violence.

The family needed access to intensive and early intervention and training but had to raise funds to go to America to receive it. They needed to keep safe but in removing themselves during violent outbursts were unable to be sure that Liam was safe.

They needed time to rest and recuperate but for many years could not rely on the education system to provide for Liam during school hours and felt terrible for using centre based respite but also terrified that their time without Liam would be interrupted by a call from the service provider requesting that they pick him up due to his behaviour.

They felt that they could not share their situation with work colleagues, friends and family and suffered in silence.

They could not have an ordinary family experience, like a holiday, because they were required by the respite provider to be available. They needed disability support workers to assist at home but could not receive the support because of the assessed risk to the worker.

They needed behaviour intervention assistance but the intervention came in the form of strategies that were too difficult for them to implement on most occasions in the home environment.



headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds, along with assistance in promoting young peoples' wellbeing. This covers four core areas: mental health, physical health, work and study support and alcohol and other drug services.

1800 650 890

<https://headspace.org.au/headspace-centres/>

They needed counselling and assistance but only had the time and energy left for working with agency and service staff on a plan to secure long term accommodation support for Liam.

Let's take a look at what Selina's family needed and what is available now for Tasmanian families in the same situation.

NEED: Family centred practice case management approach, including development of a comprehensive care plan and a family safety plan in the event of crisis.

GAP: The State Government and the National Disability Insurance Scheme (NDIS) do not fund a model of family centred practise case management for adolescents with disability and their families.

When a family is in crisis, their only goal is survival, therefore making the professional approach of a Case Manager essential to assisting them through the crisis periods; assessing and addressing immediate needs before moving on to essential planning for the future. Serious incidents reported to ACD by parents and carers mainly occur for children with disability during adolescence.

The NDIS is available to this age group but their funded model of complex Case Management (NDIS calls it Specialist Support Coordination or Coordination of Supports) is time limited and goal based and does not support holistic or family centred approaches.

The NDIS has recognised that Early Childhood Partner registered organisations should work with a family centred practice approach with families with children aged 0-6yrs accessing support from the NDIS Early Childhood - Early Intervention Model (ECEI). This approach should be extended to families in crisis due to family violence.

NEED: Early Behaviour Intervention

GAP: Tasmania has a shortage of allied health practitioners and family centred intervention programs.

The benefits of targeted early intervention are well documented. Tasmania has a long standing issue with supply of a range of allied health practitioners to deliver recommended therapies and evidence based interventions. Allied Health assessment and reporting take many months to access and complete.

Families with children aged 0-6yrs can currently access early intervention services through a number of State and Federal funded sources; Education, Medicare health plans, Better Start. From 1 July 2018 the NDIS will be available to eligible children and families with children aged 0-6yrs through ECEI registered organisations.

Tasmanians leave the state to study to become Speech Pathologists, Occupational Therapists and Physiotherapists,

Family Violence: Synopsis and Next Steps

and once qualified many do not return. State based education provision in these areas in addition to state funded incentive programs for qualified Tasmanians wishing to return would seem like a good starting point for addressing this issue.

NEED: Crisis response, including temporary accommodation and as required respite, and home outreach with suitably trained and skilled staff.

GAP: No appropriate avenues exist for crisis response for this form of family violence. Tasmania does not have a sufficiently trained and expert workforce to respond in situations of violence.

Tasmania has a shortage of accommodation and respite options.

The Education system provides resources in support of children with significant disability but often struggles to provide a regular education to children and young people with disability who exhibit challenging behaviour, further increasing family vulnerability.

The NDIS funds Specialist Disability Accommodation for some Participants but crisis accommodation and respite is not readily available.

Families suffering this form of violence are not able to access family violence crisis support options as they are funded only for cases of partner or spouse violence. To enable family violence services to respond with outreach and crisis accommodation the definition of family violence in the Tasmanian Family Violence Act (2004) will require amendment and broadening.

Another policy barrier that prevents families from seeking crisis support, when their child or young person exhibits potentially harmful challenging behaviour, is knowing that the person with disability will be treated in accordance with the criminal or youth justice (Police), abuse and neglect (Child Protection) or medical health frameworks (Health). A whole of government framework and a family violence response model is required so that we can begin to respond effectively to this form of family violence.

NEED: Behaviour Assessment, Management and Training

GAP: Tasmania does not have a multi-disciplinary team available for face to face response and behaviour management. We have a shortage of relevant allied health and health practitioners, and few practitioners provide outreach to a person's home. Individual behaviour assessments and training for support staff usually take months to complete. Family distress, high staff turn-over due to injury, and increasing insurance premiums for service providers act as barriers to the consistent implementation of behaviour management strategies. Staff training rarely takes place in environmental context, i.e. where the violence is mainly occurring. Where a number of

systems are involved (i.e. education, health and human services, the NDIS), collaboration for agreement on management and treatment are difficult to achieve.

There are various funded sources available in Tasmania through the, Education system, the NDIS, Medicare Health Plans and Disability and Community Services. All of these options are not immediately accessible and as such do not prevent crisis or stop violence.

As above a whole of government framework and a family violence response model is required to begin to respond effectively to this form of family violence. In the interim, a centre based temporary accommodation option staffed by a multi-disciplinary team is required.

NEED: Comprehensive medical and psychological health and medication review and management

GAP: Tasmania does not have a secure hospital unit for adolescents exhibiting challenging behaviour. The Tasmanian health system is not resourced to provide post hospital paediatric and multidisciplinary response to adolescents and their families with developmental and behavioural issues. Child and adolescent Paediatricians and Psychiatrists are not readily available in all regions of Tasmania.



Siblings Australia provides a number of resources and services for siblings, parents and professionals. These include:

- a website with information, resources, and opportunities to connect online
- a Facebook closed group for adult siblings
- workshops for parents and providers on supporting siblings
- Sibworks, a peer support program for young siblings to connect with others who understand and learn ways of coping with challenges <https://apps.aifs.gov.au/cfca/guidebook/programs/sibworks>
- one on one sessions for parents on supporting siblings. These can be claimed via the NDIS Participant Plan as Siblings Australia is a registered provider in Tasmania <http://siblingsaustralia.org.au/assets/parent-page/parent-information-sessions.pdf>

www.siblingsaustralia.org.au

Family Violence: Synopsis and Next Steps

Management of chronic conditions including developmental and behavioural issues, and preventative medicine makes up the bulk of paediatric healthcare presentations. Currently when adolescents are hospitalised they share a ward with babies and young children.

Tasmanians are forced to travel to Victoria to access required sub-specialists and to undergo treatment and review and change of medication.

The feasibilities of travelling with an adolescent with behaviour issues and the cost, in time taken from other family members and work, are prohibitive factors to many for accessing the services they desperately require.

The State Government is aware of these issues as raised by many Tasmanian Health Practitioners in 2015 in response to the State Government Green Paper - Delivering Safe and Sustainable Clinical Services 2014.

NEED: Long term supported accommodation options

GAP: Tasmania has a shortage of accommodation. Tasmania does not have a sufficiently trained and expert accommodation services workforce to support and respond to people with violent challenging behaviour.

An annual Housing stock release by the State Government for specialist disability housing would improve accommodation availability. A sufficiently staffed state-wide outreach multi-disciplinary team is required to assist support service providers in the event of violent challenging behaviour. This in addition to a secure adolescent Paediatric hospital unit would assist to maintain people in supported accommodation options.

NEED: Restoration and support services- counselling and sibling's assistance.

I am relieved to report that Siblings Australia provides fantastic support and that Tasmania has many appropriate counselling options available for families. Schools often provide access to Social Workers and Psychologists. Headspace is also available state-wide and provides mental health and well-being services to children and young people who are aged 12-25years.

ACD is not suggesting that we have all the answers. We understand that many of the ideas presented to address this situation require significant development and financial investment but believe that the cost to society is already greater than the outlay required, and that there are no compelling arguments for maintaining the status quo. Our plan now is to continue to raise awareness of this form of family violence and to gather supporters to campaign for change.

Together we can participate in a movement for social change with a focus on appropriate systemic response and keeping families safe and preventing and stopping violence.

Together we can achieve so much!



Caroline Pegg

CEO - The Association for Children with Disability (Tas.) Inc.

Please contact ACD for individual advocacy and support on **6231 2466** or admin@acdta.com.au

Freecall from landlines: **1800 244 742**



www.findingyourway.com.au

FINDING YOUR WAY

COME ON BOARD THE FINDING YOUR WAY WEBSITE

"Together we can achieve so much"

A user friendly interactive website that provides a central point for the community to supply as well as Find up to date service and support information and resources aimed at assisting people with disability and their families during their life journey.

Finding Your Way is proudly run by ACD Tasmania



Membership Form

Mail to:
The Association for Children with Disability (Tas.) Inc.
GPO Box 730 HOBART 7001
Phone: (03) 6231 2466
www.acdtas.com.au/
 Or pay in person at 83a Melville Street, Hobart.

ACD – “Listening/Empowering/Connecting”

ACD Support Options

Our Vision

People with disability, their families and carers have equal opportunity to reach their potential and lead fulfilling lives

Parent/Carer Support

ACD Intake, Service and system navigation, Option exploration, Collaboration assistance, Referral and follow up

Information

Workshops, Forums, PEP Talk magazine, Resource Library and publications, ACD web page, Finding Your Way website, Facebook

Referral

Services, supports, and navigation information

Case Coordination

NDIS and Private

Systemic Advocacy

In direct response to data collected on family needs and issues.
 Membership and involvement on relevant peak bodies, State wide representation on targeted Advisory and Alliance groups and Committees.
 Correspondence with all levels of Government. Participation and leadership in community and workforce development projects.

Professional Advocacy – Individual/Family

State wide, with Advocates based in the North, North West and South (Children 0-18 years)

Parent/Carer Groups

MyTime groups in Southern Tasmania, Howrah, Kingston, New Norfolk and Sorell.
 Peer Support groups across Tasmania

Community Education and Training Workshops

We can supply training from our packages:
 Working with Families, The Inclusion and Participation of Children with disability, Effective Practice in Working with People Who Display Behaviours of Concern, Instructional Design by ACD and presented by ACD TAE qualified trainers.

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