Good Practice Guidelines

FOR WORKING WITH CHILDREN & YOUNG PEOPLE IN REFUGES

WOMEN'S COUNCIL
FOR DOMESTIC & FAMILY VIOLENCE SERVICES (WA)

Government of **Western Australia**
Department for **Child Protection**
and **Family Support**

keeping KIDS safe

Good Practice Guidelines

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The Women's Council for Domestic & Family Violence Services (WA) would like to thank the Government of Western Australia's Department for Child Protection & Family Support for assisting us with the development of this resource as a part of the 'Keeping Kids Safe' project. The Good Practice Guidelines for Working with Children & Young People in Refuges express the views of the authors and not necessarily represent those of the Western Australian government's Department for Child Protection & Family Support.

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Most of the pictures used in these guidelines are artworks that have been produced by Western Australian children & young people living in Refuges. To protect their identities, no captions are given.

Authorised by the Women's Council for Domestic & Family Violence Services (WA), PO Box 281, West Perth, 6872.

Foreword

Children and young people who accompany their mother or primary care giver into a Refuge have a right to safety and ongoing support, and to heal from their level of distress. For many Child Advocates and Refuge staff this time is a 'window of opportunity' to engage in violence prevention work at the most basic level, through to longer term counselling support.

Children and young people need to know what they can expect when they come and stay at the Refuge and be reassured that it will be a safe place, free from further acts of violence and abuse.

This is a vitally important time for Child Advocates to work with both children and mothers, to assist with restoring the mother-child relationship that has often been disrupted and/or severed by the perpetrators acts of violence and manipulation.

As international expert on child development in the context of violence, Dr. Allan Wade explains:

> *The violence distress responses that are labelled 'disorders' or 'mental health' problems do not arise from deficits or effects within the child. Rather, are responses by the child to complex and devastating experiences of violence. They are a cry from the heart, so to speak. They reveal the child's experience of violence as wrong and adverse. And they reveal the child's desire for safety for themselves and their loved ones (Wade, 2013).*

It is envisaged that these *Good Practice Guidelines for Working with Children and Young People in Refuges* will provide practitioners and agencies with further insight to support their daily practice.

Research shows that most children and young people who experience violence do not go on to commit violence against other adults. Children and youth are much less likely to commit or experience violence as adults if they receive positive social responses from authorities, friends and family (Wade, 2013).

Angela Hartwig
Chief Executive Officer
Women's Council for Domestic & Family Violence Services (WA)

Statement of Commitment

Violence against children, especially domestic and family violence, is a violation of the rights of the child. Children and young people have the right to grow in families that are void of abuse of all types. As an integral part of the *Good Practice Guidelines for Working with Children and Young People in Refuges*, our management and service honours and values the work we do with children and young people who are experiencing domestic and family violence in the following ways, and will do as much as we can within our means to achieve the following:

- Acknowledge that children and young people are the majority of clients within Refuges and it is vital they are seen as clients in their own right;
- Provide children and young people with information about what they can expect whilst staying within a Refuge with their mother or caregiver;
- Embrace the 'window of opportunity' given to Child Advocates to work with children so they do not carry the burden of domestic and family violence by educating them that violence is never their fault, they have the right to be happy and safe, and that there is support for them when they need it;
- Support and resource Child Advocates or those designated to work with children and young people within the Refuge to attain six professional clinical supervision sessions per annum, either externally organised by the Women's Council for Domestic & Family Violence Services (WA) (WCDFVS) or internally through the Refuge; so they are able to provide optimum levels of support to children and young people and refer appropriately;
- Support and resource Child Advocates or those designated to work with children and young people to attend four professional development courses per annum, either organised by the WCDFVS or another agency;
- Encourage Child Advocates to network at events, submit articles in the WCDFVS CAN (Child Advocate Newsletter) and attend conferences with other Refuge practitioners to further develop, maintain and strengthen professional networks that will ultimately enhance good practice;
- Ensure that the child-focused work carried out in Refuges is included within the SHIP system, and;
- Strive to work towards good practice by acknowledging the importance of working with children and young people both at a case management and support level by employing Child Advocates to undertake these activities.

Preamble

The Women's Council for Domestic & Family Violence Services (WA) is committed to ensuring the rights of women and children are upheld in society, and that they live free of domestic and family violence. These guidelines hope to reinforce this message and inform the ways in which Refuges across Western Australia work with children and young people to offer a high level of care and support, and provide for positive developmental outcomes.

For children and young people who have experienced abuse, the early intervention work starts in the Refuge. The time directly after leaving the abusive home environment is a critical period in supporting children and young people. Specialised Child Advocate Refuge staff equipped with theoretical foundations for practice and practical skills-based experiences play a critical role in Refuges to carry out therapeutically-based work, case management, safety planning and numerous other key roles in supporting young clients.

The overarching goal of these guidelines is to set a benchmark for working with children and young people in Refuges. The ways in which the guidelines hope to achieve this are through:

- Ensuring the safety and wellbeing of children and young people in Refuges, and provide them with resources and program knowledge (eg. Safety Planning and Protective Behaviours) to ensure safety after living in the Refuge;
- Teaching children and young people about domestic and family violence and reiterating that the violence is not their fault;
- The acknowledgment of children and young people as *clients in their own right*;
- Strengthening mother-child bonds, and;
- Advancing the role of the Child Advocates in Refuges.

ABBREVIATIONS

AIHW	Australian Institute of Health and Welfare
CA	Child Advocate
CCS	Children's Counselling Service
CEO	Chief Executive Officer
DCPFS	Department for Child Protection and Family Support
DFV	Domestic & Family Violence
EFT	Emotional Freedom Techniques
EWS	Early Warning Signs
MOU	Memorandum of Understanding
NMT	The Neurosequential Model of Therapeutics
SHIP	Specialist Homelessness Information Platform
SHOR	Specialist Homelessness Online Reporting
WCDFVS	Women's Council for Domestic & Family Violence Services (WA)

DEFINITIONS

Child Advocate[1]	A Child Advocate is a child-specific Refuge staff member who actively advocates for the rights of the child, works with the mother to strengthen the parent-child bond, case manages, safety plans, and works therapeutically with their young clients via different methods (e.g. art, music or play).
Childcare	Childcare involves elements of child-minding, but also encompasses running educational activities and encouraging social interactions between children.
Child-minding	Taking care of children with no real educational, social or emotional benefits directed at supporting the young client in Refuge.
Clinical supervision	Where Refuge practitioners have sessions, either in a group setting or individually, with a qualified clinical supervisor (usually external to the service) to discuss any issues that might arise during their work.
Early Warning Signs	Early Warning Signs (EWS) are physiological symptoms of stress or fear. They can include sweating palms, increased heart rate, weak knees, an uneasy stomach, etc. EWS are elicited in dangerous situations. Eg. watching someone be beaten or being sexually abused.
Managerial supervision	Where Refuge management provide internal supervision in the form of mentoring and support to Refuge staff.
Notification	Contacts made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child.
Self-supervision	Where Refuge practitioners self-reflect on their practice by employing various methods to critically analyse their interactions with clients and others.
Working therapeutically	Working with young clients in a therapeutically beneficial way, as opposed to providing clinical therapy. Refuge staff can run activities and use resources, that have therapeutic benefit to young clients e.g. music programs to release tension. The term 'working therapeutically' in this guide does not constitute engaging in therapy sessions.

ICONS

The *lightbulb icon* will be used throughout these guidelines to highlight tips for practitioners.

The *book icon* will be used throughout these guidelines to indicate case studies that can be applied to everyday work in Refuges.

[1] Although there is a formal Child Advocate position within Refuges specific to working with children and young people, **all** Refuge staff should consider themselves advocates for their young clients in some capacity.

Contents

1. INTRODUCTION

These good practice guidelines have been written for those who work with children and young people who have experienced domestic and family violence and reside in crisis accommodation services (Refuges) throughout Western Australia. The guidelines have been funded by the Government of Western Australia through the Department for Child Protection & Family Support (DCPFS) as a part of the Women's Council for Domestic & Family Violence Services (WA) (WCDFVS) Keeping Kids Safe project.

Establishing a benchmark for the ways in which Refuges work with children and young people is the overarching aim of these guidelines. This includes: ensuring the safety and wellbeing of children and young people in Refuge, teaching them that violence is not their fault, and the acknowledgment of children and young people as *clients in their own right*, strengthening mother-child bonds, and advancing the role of the Child Advocate. These key focuses should inform Refuge policies and procedures and translate into everyday practice.

Crisis accommodation services for women/carers and their children escaping domestic and family violence are vital. They form part of an integrated response, in collaboration with other services, to domestic and family violence in Western Australia. The view that children and young people are individuals and should be perceived as clients of the service, in addition to their mother/carer, is a stance that must be taken to ensure their wellbeing. The dated discourses around children being 'silent witnesses' to abuse are fading, and with this comes great opportunity to drive the message that every child matters and is a client who deserves an individualised service.

These guidelines will have a very strong focus on conveying that the safety and wellbeing of young clients is paramount. Crisis accommodation services should employ specialist staff to work with children and young people solely.

These guidelines have been developed out of the need for Refuges across Western Australia to adopt a unified methodology for delivering quality care to children and young people. This is achieved through the reflection of both practitioners and their services about everyday practice, commitment to codes of conduct and internal policies, and a personal and professional ethos that promotes children's and young people's wellbeing.

To be certain that these guidelines are aligned with good practice, the WCDFVS held consultations with various stakeholders, including Managers and Child Advocate staff from several Western Australian Refuges, managers from culturally and linguistically diverse (CaLD) organisations, managers from Aboriginal organisations and also input from crisis accommodation services in regional and remote areas. In addition to this, several Child Advocates and their managers were invited to the forums held by the WCDFVS to have input into the guidelines which proved to be a very insightful process and highly beneficial in developing the guidelines.

It is envisaged that Refuges across Western Australia will adopt these guidelines to deliver a high level of service delivery to children and young people including: ensuring the safety and wellbeing of children and young people in Refuge, teaching children and young people that violence is not their fault, the acknowledgment of children and young people as clients in their own right, strengthening mother-child bonds, and advancing the role of the Child Advocate.

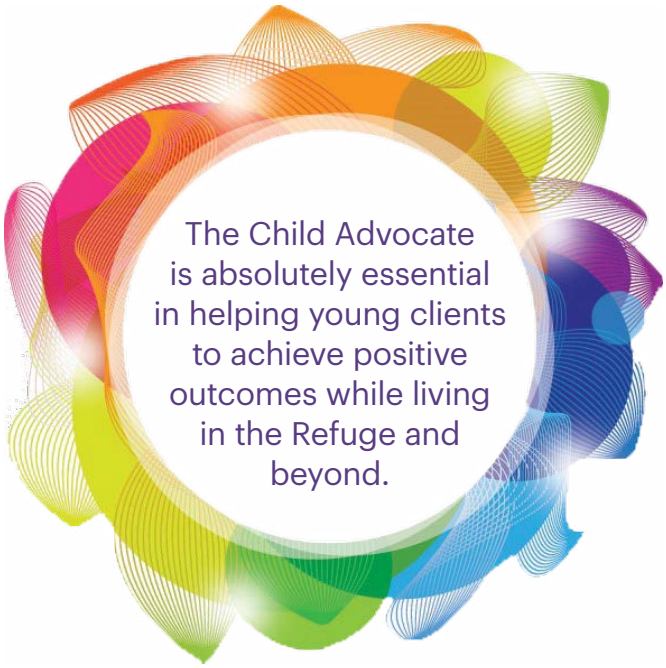
Companion Documents

These guidelines are to be used in conjunction with the[2]:

Common Risk Assessment & Risk Management Framework (Department for Child Protection, 2011): http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/CRARMF.pdf

Western Australia's Family and Domestic Violence Prevention Strategy to 2022 (Department for Child Protection, 2012): http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/WA%20FDV%20Prevention%20Strategy%20to%202022.pdf

National plan to reduce violence against women and their children 2010 - 2022 (Council of Australian Governments, 2010): http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/National%20Plan%20to%20Reduce%20Violence%20Against%20Women%20and%20Children%202010-2022.pdf



Legislative Context

Children experiencing violence sit at the intersection of a range of domestic and family violence responses (e.g. Refuge services, counselling etc.) as well as child protection responses and family law responses. These responses are based on differing assumptions and definitions of violence expressed in policies surrounding children experiencing violence (Taylor, Cheers, Weetra & Gentle, 2004; Murray & Powell, 2009).

Domestic and family violence is considered to be a human rights violation. However, in Australia there is no Commonwealth legislation to protect basic human rights. Australia has no Bill of Rights in a single document, instead, they are expressed in the Constitution, common law or through Acts. In the Constitution there are five explicit individual rights, none of which concern the protection of children and young people[3].

A summary of relevant Federal and State legislation and policy is provided at the Women's Council for Domestic & Family Violence Services' website: http://www.womenscouncil.com.au/policy--legislation.html

For legal information about family domestic and other violence visit the Legal Aid WA website: http://www.legalaid.wa.gov.au/InformationAboutTheLaw/DomesticandOtherViolence/Pages/Default.aspx

[2] The WCDFVS is currently developing the **Codes of Practice for WA**. This future document will also be a companion document to these guidelines.

[3] Constitutional rights include the; right to vote (Section 41), protection against acquisition of property on unjust terms (Section 51 (xxxi)), the right to a trial by jury (Section 80), freedom of religion (Section 116) and prohibition of discrimination on the basis of State of residency (Section 117) (Australian Human Rights Commission, 2006).

2. PRINCIPLES FOR PRACTICE

Statement of Principles

Violence against children, especially domestic and family violence, is a violation of the rights of the child. Children and young people have the right to grow up in families that are void of abuse of all types. The WCDVFS endorse the following principles for practitioners working with children and young people in a Refuge:

- Being free of family and domestic violence is a right that all people deserve. To experience abuse, especially by a family member or someone that is close to the family, is unacceptable and against basic human rights.
- Violence is gendered, patterned and deliberate. Domestic and family violence involves a gendered power asymmetry, where perpetrators are mostly male and victims are predominantly females and children.
- Violence is patterned and deliberate. Using violence is a deliberate act to coerce and exert power over others.
- Victims of violence, especially children and young people, must feel a sense of safety and security when in a Refuge.
- As children and young people have had to leave their homes and seek Refuge, they may also have needed to leave their schools. Refuges should ensure that their young clients are receiving adequate levels of education while in a Refuge.
- It is important for Child Advocates (CAs) to make the appropriate referrals to professionals for assessment and support, where required.
- Young clients must be supported to flourish into healthy young adults. CAs must advocate for the rights of the child or young person to be viewed as an individual, deserving of their own rights.
- There must be support from Refuge staff, Refuge policies and the wider community to provide a strong stance against violence. This can be achieved by positive role models within the Refuge and also in the community. Communities should stand up against abuse and promote anti-violence through leadership.
- Refuges must work collaboratively with other agencies to ensure that the rights of the young clients are upheld and that the most effective positive outcomes for them can be achieved.
- Young clients from diverse backgrounds should be celebrated and accepted into the Refuge openly and with respect. Refuges must be cognisant of promoting cultural safety, especially when working with Aboriginal and Torres Strait Islander clients.
- Domestic and family violence occurs in all families and communities – regardless of age, gender, ethnicity, religion, sexual orientation or socioeconomic background. Domestic and family violence is not acceptable in any culture.
- Child Advocates are essential in delivering positive outcomes for young clients that have experienced violence.
- The voices and opinions of the young clients must be acknowledged and acted upon in any service reforms.

3. WHAT IS DOMESTIC AND FAMILY VIOLENCE?

Domestic and family violence is when someone intentionally uses violence, threats, force or intimidation to control or manipulate a family member, partner or former partner. It is characterised by an imbalance of power whereby the perpetrator uses abusive behaviours and tactics to obtain power and control over the victim, causing fear. The violence is intentional and systematic, and often increases in frequency and severity the longer the relationship goes on. (Carrington, & Phillips, 2003; Tually, Faulkner, Culter, & Slatter, 2008). Violence and abuse is deliberate behaviour in which one person chooses to dominate, harm or control another. In this context it is accurate to speak of a victim and a perpetrator (Wade, 2004).

Common to all definitions of domestic and family violence is that it is an intentional act to harm. Such definitions are at odds with perpetrator responses to their own violence as 'blind rage' and as having spontaneous, uncontrolled outbursts of violence towards others. Violence is calculated and in the case of domestic and family violence, is often patterned.

When considering the intentional nature of violence, it is also very important to understand that violence is always unilateral. That is, there is always a perpetrator and there is always a victim. To say that couples are in an 'abusive relationship' implies that they are mutually violent towards each other and that there is no one individual to blame for the abuse – this is incorrect. It is more accurate to state that "she was in a relationship where her partner abused her and her children".[4]

Family Violence

Many Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse communities prefer the term 'family violence', which includes all forms of violence within intimate and family relationships. Use of the term family violence and not domestic violence demonstrates how violence in the extended family network between grandparents, uncles, cousins etc. affects both the family and individuals, and is much broader than the mainstream perspective. 'Family violence' also highlights 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 (Hovane & Cox, 2011).

[4] This is an example how cases of interpersonal violence are misconstrued by mutualising language such as 'abusive relationship' (Coates & Wade, 2004). See SECTION 11 for more information on mutualising language.

Aboriginal Understandings of Family Violence

> *Conceptualisations of domestic and family violence in Aboriginal and Torres Strait Islander families and communities are different to prevailing dominant western theories of domestic and family violence. It has a different background, different dynamics, it looks different, it is different. It needs its own theoretical discourse and its own evaluations (Hovane, 2015, p. 13).*

Aboriginal and Torres Strait Islander researchers have been critical of feminist theories of violence for not considering enough the position of the non-white, non-Western female (Chung, 2013). The mainstream understanding of domestic and family violence, which focuses on individuals and power and control in intimate relationships, is a narrower concept than the concept of family violence for Aboriginal and Torres Strait Islander people, which is embedded in inter-relational family structures and a social context of colonisation, loss of culture and poverty (Taylor, Cheers, Weetra & Gentle, 2004).

Aboriginal & Torres Strait Islander women are 31 times more likely to be admitted to hospital for family violence related assaults than other women and in remote areas, are 36 times more likely (SCRGSP, 2011, as cited in National Aboriginal & Torres Strait Islander Women's Alliance, 2014).

> *Aboriginal scholar Kylie Cripps (2008, as cited in Chung, 2013) argues that there is no single causative factor for family violence, but there are numerous factors explaining the higher levels of family violence in Aboriginal families across two broad categories:*

1. **Factors commonly experienced by Indigenous people and their communities:**
   - colonisation
   - policies and practices
   - dispossession and cultural dislocation
   - dislocation of families through removal.

Aboriginal women and children are over-represented in family and domestic violence accommodation facilities. It is essential, therefore, to provide access for all staff to quality and community endorsed cultural awareness training and education that will support Refuge workers to understand and respond appropriately to (Victorian Aboriginal Child Care Agency, 2008; Victorian Government Department of Human Services, 2013; Southern Domestic Violence Service and Nunga Mi: Minar, 2007):

- cultural difference and cultural diversity
- one's own cultural bias
- the depth of trauma, grief and loss experienced by Aboriginal peoples as a result of colonisation, historical policies and practices and ongoing experiences of racism and discrimination; and the ongoing impact of these on children through intergenerational trauma – the complexity of which has to be considered while working with mothers and their children escaping family violence
- the complexity of concerns that Aboriginal families may have in relation to child protection agencies, child removal practices and police
- power imbalances and the challenges in establishing trust and rapport with mainstream services
- the importance of involving Aboriginal community members, mothers and children in the planning and development of children's programs
- the role that Elders can play as members of Boards or working alongside the Refuge in other ways
- the importance of self-determination and empowerment

There is much diversity in Aboriginal cultures. Avoid being prescriptive or tokenistic in relation to what it means to work in a culturally appropriate ways. Avoid stereotyping or making assumptions about people's cultural experience. You are not expected to know and understand the customs and norms of diverse Aboriginal cultures and communities. It is more about respecting the unique circumstances, values, beliefs and practices of each person and the sensitivity to recognise that these may lead to specific needs.

Work alongside the mother supporting her to make decisions that are appropriate to her and her children's unique identity. Keep in mind where the woman and her children have come from, what their story is and understand her decisions within that context, rather than through your own cultural perspective. Treat the mother and her children with respect and dignity.

Establish and maintain strong relationships and partnerships with Aboriginal communities and organisations offering specialist services which will support the Refuge and Refuge workers to:

- Support the mother and her child/ren to access services that have a holistic approach to health and healing that incorporates connection to culture, community, land and spirit
- Show a commitment to providing a range of options that support self-determination and empowerment by supporting access to quality culturally appropriate services such health, housing, legal etc. Options should include both Aboriginal services and mainstream services

Provide a welcoming environment that is inclusive and promotes the value of diversity. For example through the use of pictures and brochures that reflect Aboriginal peoples and cultures or publicly displaying, in the Refuge, acknowledgement of the traditional owners of this country and respect for Elders past and present. The environment and interactions with staff should lead to the child feeling that their Aboriginality and culture is respected and appreciated and enable them to be and express themselves.

It is important to highlight the service's understanding of and commitment to confidentiality not only as a safety measure with relation to the current incident, but also as a measure to ensure her and children's cultural wellbeing, and protecting their dignity and their role in the community. It is also important to maintain a strong focus on the mother and children's strengths and their importance in their families and communities.

Aboriginal Drug and Alcohol Service
Wooree Miya Refuge

2. **Factors contributing to high levels of distress which can occur separately or in combination:**

   - marginalisation as a minority
   - direct and indirect racism
   - unemployment
   - welfare dependency
   - past history of abuse
   - poverty
   - destructive coping behaviours
   - addictions
   - health and mental health issues
   - low self-esteem and a sense of powerlessness.

These factors demonstrate how complex issues can impact on families and communities and how they compound the effects of violence. It also highlights why single agencies or approaches will not be successful in redressing this complex social problem (Chung, 2013).

A Gendered Crime

Research has clearly shown that domestic and family violence is a gendered crime that both reflects and reinforces gender inequity (Bagshaw et al. 2010). Violence is more than a risk for women between the ages of 15 and 44 than cancer (UN Women, 2014) and it is estimated that of all the women killed in 2012, 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, and of those women, many have children who witness the violence against them.

Research has clearly shown that there are important differences in the gendered nature of domestic and family violence:

- Women are more likely to experience more severe and ongoing violence including life threatening acts (Bagshaw *et al.* 2010)
- Women experience more threats, including threats of harm to the children and these threats more often occur in a context of intimidation and fear (Bagshaw *et al.* 2010)
- Men do not report the same level of violence or feelings of fear or powerlessness (Bagshaw et al. 2010)
- Family and domestic violence is a gendered crime. Approximately 95% of the victims of family and domestic violence are female, and 90% of the perpetrators are male (Bagshaw & Chung, 2001).

Domestic and family violence is a gendered crime and deliberate behaviour in which one person chooses to dominate, harm or control another. There is always a perpetrator and there is always a victim.

Types of abuse

Table 1: Types of Abuse

TYPE OF ABUSE	BEHAVIOURS
Physical	Pushing, slapping, punching, choking, kicking. Attempting to strangle, breaking bones, knifing. Shooting or using other weapons. Locking the victim out of their home; abandoning them in an unsafe place. Murder.
Sexual violence	Rape – violent acts related to the need for power and control and not sexual gratification.
Economic abuse	Keeping money from the family; trying to stop the victim from earning money. Attempting to force the victim or their children to hand over money. Controlling the money and decisions around its use; taking or limiting money. Excessive gambling and stealing.
Isolation	Trying to stop the victim from access to family and/or friends. Trying to stop the victim or their children from having social contacts, interests, and /or work. Taking away their access to a vehicle or transportation.
Verbal	Threats, put downs, insults, shouting.
Emotional or psychological	Insults, name calling, belittling, constant criticisms. Mocking the victim, humiliating her. Mind games, manipulation, making the person feel worthless.
Spiritual deprivation	Ridiculing a victim's religious/ spiritual beliefs. Using spirituality/religion as a way to attempt to control and manipulate the victim. Keeping someone away from places of worship, forcing them to participate in spiritual/ religious practices they do not want to be involved with. Destroying spiritual scriptures or objects.
Property damage	Smashing objects in the home, punching doors, breaking furniture.
Intimidation/ stand over tactics	Threatening to hurt or kill children, pets, friends or family. Threatening to commit suicide. Attempting to make the victim account for every minute of the day. Threatening to disclose the victim's sexual orientation if they do not do what the perpetrator wants, or release explicit sexual materials ie. photos, videos, etc. Stalking, following and making the person feel scared.
Other forms	Withholding medical treatment. Driving dangerously with the intent to cause harm or fear. Cyber stalking. Cruelty to animals.

Prevalence of Domestic and Family Violence

One in three women experience physical or sexual violence in their adult life and the majority of this abuse is perpetrated by someone they know (ABS, 2007). Recent studies show that in 2012 it was estimated that 41% of all women aged 18 years and over had experienced violence since the age of 15 (ABS, 2012).

The majority (56%) of victims of homicides since 1 July 2003 have been caused by domestic/family violence. Intimate partners accounted for 23% of all homicide victims, and children comprised the second most frequent group of victims of 21% (AIC, 2015).

Children and young people are significantly affected by exposure to abuse and violence in the home. An estimated 60% of child abuse cases occur in homes where there is a history of domestic and family violence. One in four children will grow up experiencing domestic and family violence in some way (Indermaur, 2001).

Of all young people who will be involved in an intimate relationship, 33% will be abused by their partner (Indermaur, 2001).

Pregnancy is a time of increased risk of violence for women, with 17% of women who experience domestic violence doing so for the first time while pregnant (Morgan & Chadwick 2009), impacting on the unborn.

In addition to the official statistics, we know that violence against women and children is highly under-reported – only 36% of women report physical abuse with only 19% of women reporting sexual abuse (ABS, 2007).

The Evolution of our Understandings of Domestic and Family Violence

There are a number of theories that have been developed to explain domestic and family violence and how that violence is patterned and perpetrated by men to women. The two key theories that have been historically used by practitioners in the domestic and family violence field over the past few decades have been:

- The Cycle Theory of Violence
- The Power and Control Wheel

It is vital that our theoretical understandings around domestic and family violence evolve as new literature emerges. These guidelines emphasise the importance of this and the need to use up-to-date empirical data to inform practice. Current understandings should be grounded in the following:

- Ecological Framework of Violence
- Response-Based Contextual Analysis

Cycle Theory of Violence (1970's)

The Cycle Theory of Violence (CTV) (Walker, 1979) is a well-known theory that attempts to describe the behaviours of victims and perpetrators, and looks at the often patterned nature of domestic and family violence. The CTV (Figure 1) describes how perpetrators create a 'tension building phase', explode with aggression, then try to show forgiveness, drawing the victim back in, during the 'honeymoon phase'. The perpetrator then goes on to create more tension and the cyclical process continues. It is vital to note that this theory has been critiqued for its lack of recognition of social factors acting as mediators for abuse against women and children, and that it portrays violence as normal, with natural rhythmic cycles where men cannot control their violence, and women and children become trapped in the 'cycle' (Coates & Wade, 2014). Without a critical anaylsis of the cycle, it can lead to victim-blaming and avoid holding the perpetrator accountable.

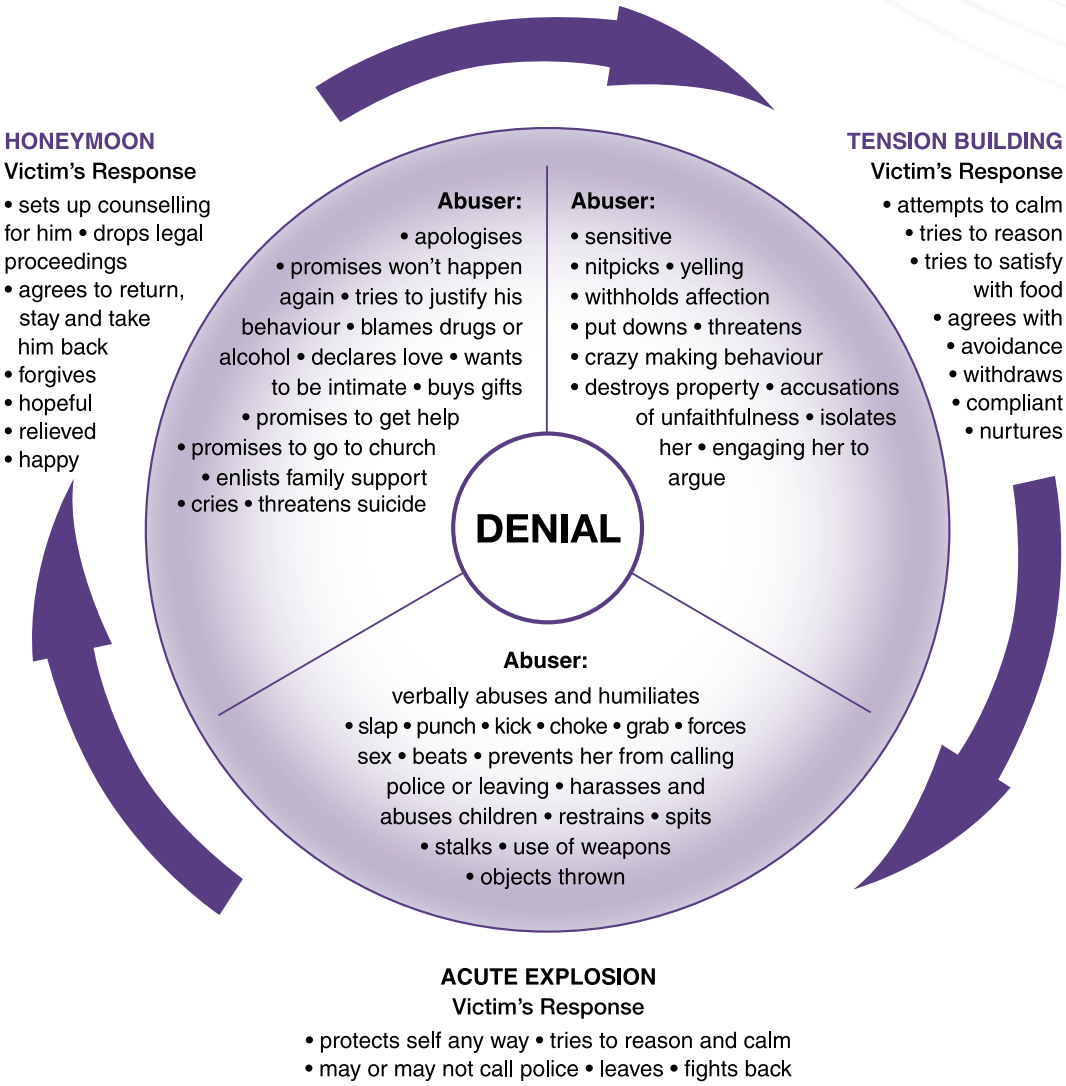
For example, Ciraco (2001, p179) describes the CTV:

> *During the first stage, the batterer engages in minor verbal abuse. At this time, the woman tries to calm, the abuser and often changes her lifestyle to avoid angering the man. This usually sets a precedent of submissiveness by the woman building a gateway to future abuse. The second stage consists of an "uncontrollable discharge of tensions that have been built up during phase one"…During the third stage, the abuser acts remorseful and apologetic, usually promising to change. As a result, many women grant abusers multiple opportunities to repent and thereby fall into a cycle of abuse.*

This explanation of the CTV is representative of the ways in which Western Australian society predominately views the victim and the perpetrator, as often displayed in the media and court rulings. The perpetrator commits an *"uncontrollable discharge of tensions"* while the victim *"sets a precedent of submissiveness"* and gives her abuser *"multiple opportunities to repent"*. Here, it seems as though the discourse is communicating that victims learn to become helpless and passive in the face of violence, when in fact they are always resisting abuse, even in the most subtle and intelligent ways.

The CTV has serious implications for the way females and males perceive themselves; females are construed as helpless victims and males as animals that cannot control their anger.

Figure 1: Cycle of Violence (Walker, 1986)



The Power and Control Wheel (1980's)

In 1984, the Domestic Violence Intervention Project developed the Power and Control Wheel (Figure 2) to show how domestic violence is a pattern of behaviour and to describe the ways male perpetrators establish and keep control over women. A similar wheel (Figure 3) was later developed to better understand and represent the abuse of children.

Both wheels demonstrate that acts of violence can occur across a number of dimensions and often in the presence of other forms of abuse. Both wheels outline that the overall objective of the abuse is to gain and maintain control over the victim.

When viewing the wheels, it is very important to consider that these models were developed over thirty years ago and lack the type of social analysis that is needed to address violence holistically. When observing these wheels, it is important to consider the social context in which the violence has occurred, as these models (like the CTV (Walker, 1979)), do not include social factors.

Figure 2: Power and Control Wheel (DAIP, 1984)

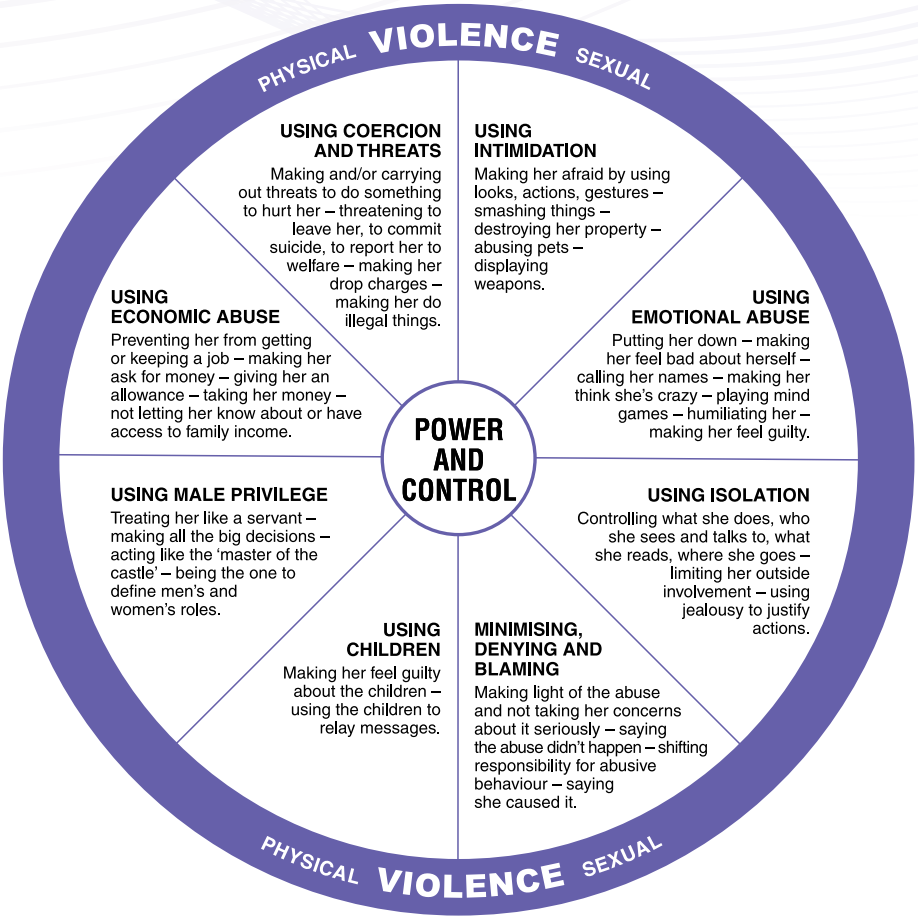


Figure 3: Abuse of Children Wheel (DAIP, 1984)

Ecological Framework of Violence (1990's)

In 1994, Bronfenbrenner stated that in order to understand human development, one must consider the entire ecological system in which growth occurs (Bronfenbrenner, 1994, p1). From his model, ecological frameworks for understanding violence propose that violence is a result of factors operating at four levels: individual, relationship, community and society (World Health Organisation, 2012). In each sphere (Table 2), people can experience influences or trauma that contribute to the risk of domestic and family violence, and influences that can reduce that risk.

Table 2: An Ecological framework of violence

Society	• Structural gender inequality • Norms supporting violence and gender disparity • Policy and legislation supporting victim-blaming and not holding perpetrators accountable
Community	• Poverty • High crime levels • Weak community sanctions • Normalisation of violence in communities
Relationships	• Poor fathering • Economic stress • Male dominance in the family • Unhealthy familial role models • Lack of support networks
Individual	• Living with family violence • Mental health issues as a result of abuse • Substance misuse

Neurosequential Model of Therapeutics (2000s)

Going beyond the traditional medical model, the Neurosequential Model of Therapeutics (NMT) maps the neurobiological development of maltreated children. Assessment identifies developmental challenges and relationships which contribute to risk or positive responses. Therapeutic intervention is combined with rich relationships with trustworthy eg. peers, teachers, Child Advocates and caregivers (Perry & Hambrick, 2008). NMT understands brain development and functioning, especially in the context of violence, and suggests appropriate therapeutic intervention based on these understandings. This model does not intend to pathologise children and young people by viewing them as 'neurobiological damaged', in fact Perry (2010), the founder of NMT states that:

> *Children who are exposed to traumatic experiences can be protected and healed from the adverse effects [of trauma] by the presence and engagement of the parent. The parent is so much more powerful than they realise.*

NMT is based on the fundamental understanding that the brain is the organ that mediates, emotional, behavioural, social, motor and neurophysiological functioning. Therefore, any therapeutic activity that Child Advocates undertake with children, is focused on changing the child's or young person's brain (Perry, 2006). Without an understanding of how the brain is organised and operates, it is difficult for intervention to be as effective as it could be[5].

Response-Based Contextual Analysis (2000's)

A response-based contextual analysis is where there is an acknowledgement that the social context, especially the responses to the victim and perpetrator (by family members, the community, agencies, services, etc.), are key in achieving justice for victims by holding perpetrators accountable. A response-based contextual analysis of cases of interpersonal violence involves six steps to build an accurate story about a young client's experiences, and also honours their resistance to the abuse[6].

[5] See SECTION 11 for the principles informing NMT and how they relate to child advocacy practice in Refuges.

[6] See SECTION 11 for a more theoretical account of Response-Based Practice.

4. UNDERPINNINGS OF GOOD PRACTICE

Values Informing Practice with Children and Young People

Advocacy: the rights of the child or young person must be highlighted by staff in Refuges. Advocacy and the rights of children and young people should not only be heard on an individual level, but on a societal level too.

Autonomy: Children must be allowed autonomy over their lives while in Refuge, and able to gain some control where they may have not previously experienced it. They must be perceived as individuals deserving of rights as a stand-alone client. Practitioners must recognise the child's own expertise in matters relating to them.

Dedication: Practitioners should be dedicated to justice, their agency's mission statement and their duties in working with children and young people. While at times working with youth who have experienced abuse may be difficult, drive and resolve can be drawn from inspirational young clients and can help to motivate practice.

Dignity: An individual's dignity must be preserved by offering positive social responses to the victim.

Diversity: Refuge staff must value their client's diverse backgrounds. This includes the need to be culturally sensitive and considerate of personal differences. There also needs to be a diversity of service responses to young clients and to ensure that all of their wide ranging needs are met.

Empowerment: Children must be empowered via education. This includes using protective behaviours to educate children about the violence, how to stay safe and also about who to trust. This will also act to empower the relationship between the mother and child &/or young person.

Equal access: Refuges should provide equal access opportunities to all women who are seeking Refuge with their children.

Freedom: Freedom is essential in the context of domestic & family violence where otherwise children and young people have been exposed to dominating power and control by people they love. While negative behaviours and loose boundaries should be addressed, freedom of expression in positive forms should be encouraged. For example; this can be achieved through story-telling, play or art.

Humour: Laughter can be seen as a positive coping mechanism in the face of adversity. Practitioners working with children and young people should aim to facilitate an enjoyable environment where appropriate humour and laughter is shared.

Justice: children must be educated about violence and the difference between positive and negative behaviours. Children must have a concept of justice and what it means to enact violence and the consequences that can result from this.

Patience: Practitioners must be patient with clients who are not progressing as rapidly as first thought. What may seem a very slow process for some might actually be considerably fast positive development for others.

Praise: Where Refuge staff can see that a child or young person deserves praise and positive reinforcement, they should act to support and acknowledge their success. In cases where children speak of their experiences of domestic and family violence, staff should make them feel brave, strong and courageous. It is essential that staff also reinforce the critical message that the violence was not their fault.

Respect: Refuge staff must show respect for each client and value their opinions, even if they are at odds with personal attitudes and beliefs. Staff must also respect the rights of the child and ensure that they are seen as *clients in their own right* while in Refuge.

Safety: Children deserve to feel safe while in Refuge with their mother/carer. Practitioners should always put the safety and wellbeing of the child first.

Teamwork: Refuges and other services must work together as a team to ensure positive outcomes for vulnerable clients.

Transparency: Operations of the Refuge and of Refuge staff must be transparent and explained to the child at their request. This will also support and facilitate trust and building rapport between child and staff.

Duty of Care

Child Advocates must take all reasonable care for the welfare children and young people. Refuges and individual workers may be liable for negligence where they fail to take steps to prevent a reasonably foreseeable risk of harm to a child or young person under their care or any other person to whom they owe a duty of care.

Confidentiality and Privacy

Child Advocates must understand and abide by their agency's polices in relation to confidentiality and privacy. These policies usually cover:

- A worker's obligations in relation to confidentiality and privacy.
- Correct procedures for sharing information with other agencies or individuals and seeking informed consent.
- Circumstances and procedures for notifying other agencies or individuals where an overriding obligation to protect the client or another person requires a notification, regardless of consent.

In a case where the child or young person discloses sexual abuse, wanting to harm another person or themselves, staff must report the matter. Abuse is to be reported to the DCPFS[7].

All files, case notes and other material that children and young people have produced that is relevant to their experience of violence and abuse should be kept in a lockable and secure storage. Refuges should have a policy on the length of storage of child client files/material and how to locate files if they are subpoenaed in court proceedings. It is good practice to keep files for a period of seven years.

[7] See SECTION 5 for a detailed discussion on how to deal with disclosures of abuse.

Boundaries

While building rapport is important, it is also important to be wary of crossings boundaries i.e. stepping beyond one's professional role.

Clear boundaries will help both practitioners and young clients. For workers, maintaining professional boundaries will serve to prevent biases during assessment, prevent subjectivity, minimise burn out, and reduce co-dependencies. For young clients, maintaining boundaries helps children and young people understand what can be expected from support workers and what behaviours might be considered unacceptable. In experiencing violence or abuse, the perpetrator (and sometimes others who have responded to the violence) have crossed acceptable boundaries. Children and young people who have experienced violence or abuse may have confused understandings of personal boundaries and appropriate behaviours. It is important that Child Advocates model and maintain clear boundaries.

Clear boundaries include:

- Knowing and showing that the relationship is a professional one. Whilst premised on compassion, caring and warmth, a Child Advocate is not a personal friend of the child's, and the relationship is likely to end when the child leaves the Refuge.
- Ensuring that self-disclosure on the part of the Child Advocate is used in an appropriate, limited sense to create authentic connections, without crossing the line of being a helping professional.
- Redirecting the child or young person if they begin to interact with the Child Advocate as a parental figure. The Child Advocate should at all times strive to support the primary mother/child bond, and not replace or replicate it.
- Having a level of self-awareness and self-reflection to know when professional judgment is becoming impaired, where bias is occurring or where the Child Advocate is being unfairly influenced by their own personal histories or stereotypes.
- Being able to separate the role of support worker from other roles in cases where a worker may have a dual relationship with a young client. For example, in small towns, the child or young person may be known to the worker - the child may be friends with the worker's children or the worker may be the young client's coach in sporting activities.

If practitioners have personally experienced domestic and family violence previously, it is especially important to be able to reflect on their practice to determine whether their experiences are acting as a strength or interference with their work.

Jackie has recently commenced work as a Child Advocate and is very driven to support women and their children who have experienced domestic and family violence. Part of Jackie's motivation is because she was abused by her previous partner. Jackie has a broad understanding of the types of violence that perpetrators use against their victims and also how other victims may be feeling after their experiences of abuse.

Since taking the job, Jackie has found herself thinking about her abuse. She remembers in detail the abuse and finds it hard to stop thinking about it. One day, a woman and her two children entered the Refuge to seek accommodation. After hearing some of the stories the children had told, Jackie felt herself getting agitated and annoyed at the mother, especially when she was disclosing the abuse she and her children had suffered. Jackie thought, "Why is she complaining? What I went through with my ex was far worse!" Despite Jackie's extensive knowledge and experience of domestic violence, Jackie was being judgmental and found herself blaming the woman. Her personal life was interfering with her professional boundaries.

After reflecting on her attitudes towards her young client's mother, Jackie sought the advice of her manager. Jackie's manager said that this was expected in the context of Jackie's past experiences and suggested additional clinical supervision for her. Her manager commended her on her honesty and her ability to recognise and address struggles with maintaining professional boundaries.

After the clinical supervision by a counsellor, Jackie was able to stop herself from dwelling on her past; identified her 'triggers' that might lead to her thinking about the abuse; improved her ability to self-reflect and analyse her own attitudes when working with clients; and be more ready to speak with her manager when issues arose. At the end of each day, Jackie now makes an active and conscious effort to spend 15 minutes reflecting on her daily practice and her thoughts and her interactions with her clients.

Empowering Children and Young People

When working with children and young people who have experienced domestic and family violence, empowerment in practice is where the young client:

- has the right to expression;
- has autonomy in decision making, as appropriate to age and development;
- has their choices respected;
- has a voice that is respected by staff and the broader community; and
- is seen as a client in their own right.

Responses to victims should always aim to empower the victim and shift the blame onto the perpetrator, where it should rightfully be. Young clients should be able to make autonomous decisions regarding their own welfare. They should have input into their referrals and be provided space to speak about what they think they require. Empowerment is also achieved through feelings of safety and security when at the crisis accommodation service.

It needs to be acknowledged however, that in the client/worker relationship, the principle of self-determination cannot always be purely applied in practice. Young clients need to be informed that in certain situations Refuge workers will be bound by ethical and/or legal considerations when there is a perceived risk that the client may seriously harm themselves, harm others or may be seriously harmed by the perpetrator.

Crisis accommodation services also need to empower young clients by providing them with a range of resources and access to various services. By addressing violence responses holistically and ensuring that services are unified in their approach to victim wellbeing, children and young people will be empowered to grown into healthy young adults.

Child Advocacy

> Children have the right to be protected from being hurt and mistreated, physically or mentally, and governments [and non-government services] should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. (Unicef, 2013b)

Advocacy involves a "set of actions whose main objective is to influence decisions about a cause or policy in a stated direction" and is done by "pleading or arguing in favour of something" (Shah & Garg, 2011, p1). Advocacy can be categorised into three main groupings:

Self-advocacy: Representing one's own rights and interests and seeking solutions to a problem by oneself.

Individual advocacy: Advocating on behalf of a specific child or young person.

Systemic advocacy: Advocating on behalf of a group (e.g. children) to influence sociopolitical systems to make positive changes for the group.

A good foundation for advocacy work is the understanding of the *United Nations Convention on the Rights of the Child* (UNCRC) and how it can be applied[8]. The Australian government ratified the UNCRC in 1990. While the UNCRC has not been incorporated into Western Australian law, it can inform policy and processes within Refuges and inform good practice for Child Advocates.

The Child Advocate works across all three types of advocacy.

She seeks to:

- Support the young client to advocate for themselves;
- Advocates on behalf of the young client when required; and
- Works for systems change at the Refuge, community, state, or wider levels.

[7] See APPENDIX 1 for the UNCRC

THE NINE DOMAINS OF ADVOCACY

Parkerville Children and Youth Care (2013) use a framework of nine domains of advocacy when working with children and young people that have experienced abuse. These domains are a useful guide the advocacy work of Refuge Child Advocates.

1. Ensuring that the service is accessible and known to the local community, with a strong reputation.
2. Ensuring that the service comes from a position of a child-led service provision.
3. Facilitating informed decisions, with options offered and discussed.
4. Empowering the young client to regain a sense of power, choice and control.
5. Providing emotional and practical supports that validate the young client's experience.
6. Providing an independent service - free from agency and advocate bias.
7. Providing advocacy through the criminal justice system without contaminating evidence.
8. Ensuring the young client has access to coordinated, multi-agency support.
9. Having clear processes for hearing and responding to client complaints and feedback.

Approaches to Advocacy that Disempower

When advocating for children and young people, it is important to reflect upon practice and determine if actions have empowered the client and prompted them to make their own decisions, or whether advocacy has been forceful or patronising. While intentions may be good, not all styles of advocacy facilitate wellbeing; some can actually act to disempower victims.

When practitioners take a stance of 'saviour' instead of simply supporting the child or young person to make their own decision with their mother/carer, this can become frustrating and disempowering. Pointers to assessing whether an advocacy style is empowering or disempowering (Arizona Department of Health Services, 2000) include:

- Pushing forwards while the victim is withdrawing.
- Feelings that the practitioner is doing most of the work.
- Becoming irritable with the client.
- Making all of the suggestions regarding options.
- Making numerous phone calls, especially when the victim has not requested a need or asked for assistance.

Child Advocates who adopt a 'savior' approach must be aware of the damage these power dynamics can cause a victim, especially in the context of previous experiences of extreme control due to domestic and family violence. Taking over a young client's life and doing everything for them instead of supporting them to make their own decisions is disempowering and inadvertently mirrors the power and control dynamics of abuse. There are four styles of advocacy that can be considered to be disempowering for children, young people and their mothers/carers (Arizona Department of Health Services, 2000, p26):

AGGRESSIVE ADVOCACY

The advocate takes over and does everything, often leaving the woman and their children out of the picture entirely. This style is often tempting because of a desire to be helpful or save time.

SMILE AND BE NICE ADVOCACY

The advocate plays up to her contacts in agencies to get what the woman or child needs. The two agency workers engage with each other but not directly with the client, rendering both the woman and child(ren) invisible and not in control.

PASSIVE, SURRENDERING ADVOCACY

The advocate lacks confidence, is easily intimidated and is unassertive. It is a "Could I please have?" rather than "We would like" attitude. The advocate is easily overwhelmed and gives up when obstacles are encountered.

DO-GOODER, BLEEDING HEART ADVOCACY

The advocate feels sorry for the woman and her children and does things for them that they are capable of doing for themselves. This style of advocacy is based on a 'poor thing' attitude and often involves biases (class, race, sexuality, disability, etc.) disguised as sympathy.

Good Practice Foundations

The Women's Council for Domestic and Family Violence Services (WA) promotes the following good practice foundations for all agencies and professionals working with children and young people who have experienced domestic and family violence.

1. All professionals who have mandatory reporting commitments will screen and assess the risk to children.
2. Where risk or harm is identified, the victim's safety will be the main priority and the Department for Child Protection and Family Support will be notified.
3. If there is no risk to the child, a referral may be made to a Women's Domestic Violence Outreach Service for other levels of support and/or information around domestic and family violence or to develop a safety plan.
4. The child will always be treated as an individual client in their own right.
5. Workers will respond to the child in a positive way and acknowledge the capacities evident in their responses to, and resistance of, the abuse, including their protection of family members or others.
6. Affirm that the violence is never their fault.
7. Use language that clearly conveys the unilateral nature of the violence, so as to minimise blaming of the non-offending parent.
8. Where possible and helpful, acknowledge the ways in which the non-offending parent has responded to and resisted the violence, to restore the parent-child bond.
9. Work in a way that is therapeutically beneficial for the children and young people, ie. music programs, art programs, protective behaviours.

5. PRACTICE GUIDELINES IN REFUGES

Figure 4 provides an outline of five key steps to working with children and young people within a Refuge setting. This section will go through each of the five major steps in detail. While this model lists Advocacy as a step, it is important to recognise that advocacy is also a framework in which this entire model should be contextualised.

Intake

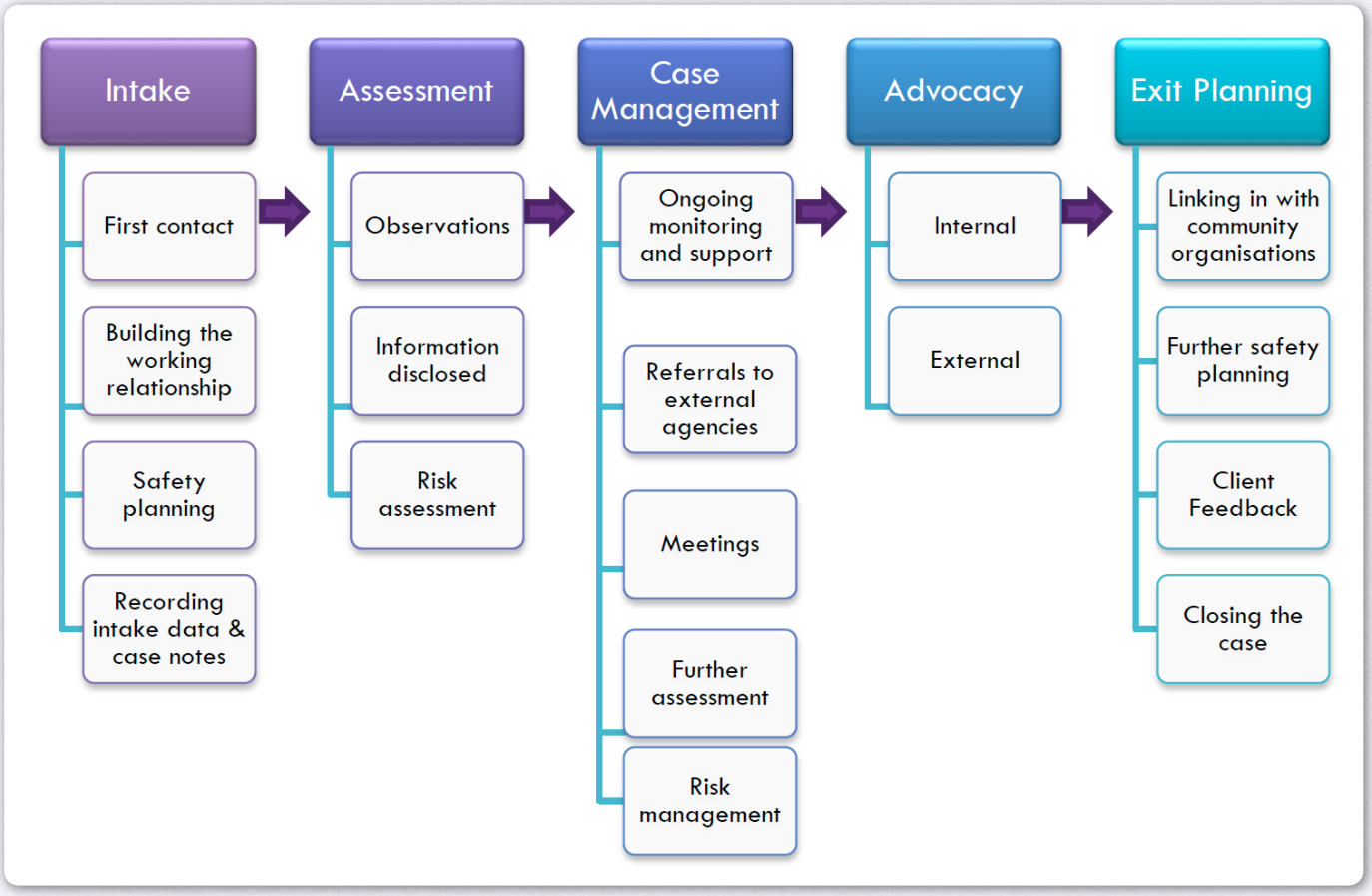
When working with new clients to the service, specific intake procedures need to be undertaken. The purpose of intake is to establish first contact, begin building the working relationship and record the necessary intake data.

One of the most crucial aspects of intake is to make sure that the child/young person feels safe. Settling the child and reassuring them that they are safe in the Refuge with their mother/carer is vital. In some cases women and their children might only be in Refuge overnight, in other cases they may stay on for several months. Irrespective of whether they are short or long stay clients at the service, ensuring they are safe and conducting intake assessments (including developing a safety plan) defines this step.

First Contact

First contact is the early phase of working with the young client and should be a positive experience, as this will help to build the working relationship. The first point of contact is the beginning of the engagement phase and includes elements of assessment – particularly safety – as well as the provision of timely information about the service or other service options, in a welcoming and inclusive manner.

Figure 4: A suggested process for working with clients



Important points to remember in the first contact stage:

- During the intake assessment mothers should be asked about their child's history, the history of experiences of abuse and the child's medical and educational histories.
- During the first contact period with the young client, her or his past experiences of abuse should be documented, if disclosed.
- It is vital that the intake process is undertaken carefully and thoroughly documents the abuse and the victim's response to the abuse. This can have implications for legal proceedings.
- The mother or carer should be told of the Child Advocate's role and what specific supports they can offer the child or young person. The mother and child/young person should have clear expectations about what the service can offer them and also about the 'house rules' in the Refuge.
- Determine if there are urgent, immediate needs, such as medical assistance, and attend to these needs.

When speaking with the child or young person, determine if their basic needs are being met. If they are hungry, feeling cold, feeling unwell etc., be certain to assist them.

Building the Working Relationship

During the phase of engagement with the new client upon intake, Refuge staff should strive to develop trust and rapport with the child or young person. Building good working relationships with young clients will enable them to become comfortable with the service and with their Child Advocate. It will help the young client gain insight into the functions of the service, what they can expect from the service and what they can expect from staff that will be working with them.

Children and young people should be told of their rights when accessing the service in a way that is clearly understood by them and that they will be treated as a *client in their own right*[9]. This will contribute to facilitating a positive relationship, one that is open, respectful and includes transparency.

Child Advocates should always try to develop a good working relationship with the young client's mother. This relationship should be founded on the best interests of the child or young person and trying to strengthen the bonds between the child and their mother/carer. It is a good idea to have welcome pack for the child or young person so that they can have ownership over something. A diary or notepad can be included in the pack so that children and young people are encouraged to write about their feelings.

It is important to explain to both the child/young person and their mother/carer the role of the Child Advocate and how they will be working with, and supporting them.

Safety Planning

Safety plans are critical for children and young people that are, or have been, victims of violence[10]. Safety planning will aid in emergency situations and help to prevent future abuse. On its own, separation or seeking Refuge is rarely an effective strategy for securing a child's ongoing safety.

Safety planning for Aboriginal victims must incorporate concepts of cultural safety[11] and cultural appropriateness, as shown in the case study.

[9] See APPENDIX 2 for children's right

[10] See APPENDIX 3 for an example of a child/young person's safety plan

[11] The WA Aboriginal Justice Agreement describes cultural security as the 'maintenance and protection of cultural identity'. Generally it means that we do not force people to work or be serviced in ways that compromise their cultural integrity or safety. It is also about putting in place systems and processes that support cultural integrity and safety – be it from a physical, mental, emotional or spiritual perspective (Hovane, 2007, p3).

10-STEP SAFETY PLANNING

1. Safety plans should be developed immediately, as crisis accommodation services are transient by nature and young clients may not have an opportunity to plan for safety with a worker at a later date.
2. Planning must be straightforward and use age-appropriate language.
3. Plans should emphasise that it is not the role of the young client to try and protect their mother/carer when witnessing the abuse.
4. Mothers/carers can be a part of the safety plan, and include agencies that may be involved in monitoring and managing any risks for children when they go on access visits with the abusive parent.
5. It is important for mothers/carers to plan for the safety of their children as well as themselves, and equip children with the tools to keep themselves safe when appropriate.
6. Early warning signs can lead to the need to contact people listed on the safety plan. Early warning signs or physical symptoms of fear (butterflies in the stomach, weak knees etc.) should be explained to young clients when developing the safety plan.
7. Safety plans should identify and focus on the strengths and existing safety strategies being used by the woman and child.
8. A mother/carer should not be asked to undertake strategies that might jeopardise their safety e.g. seek a violence restraining order in circumstances where they know that this will escalate the risk.
9. Engaging other family members and friends in the safety planning process should be considered carefully. They may not be aware of the abuse and/or may not understand the full extent of it. They might overtly or covertly condone the violence or there may be risks to their safety.
10. Check assumptions when developing safety plans. Sometimes what may seem like a safety strategy from a Refuge worker perspective may not feel safe to the client.

A safety plan is one of the most important things a child or young person can take away from their stay at the Refuge.

Sandra is an Aboriginal woman that has two children and is staying at a Refuge. A Refuge worker asked Sandra to develop a safety plan with her so that she can seek help if she needs after living in the Refuge.

The Refuge worker puts the Police, DCPFS, and the local hospital's phone numbers into the safety plan. Sandra's mother was stolen as a child and Sandra has had distrust towards government agencies and services since she was very young. The Refuge worker also suggests a family member that is very close to her husband (the perpetrator) to include in the plan. Sandra doesn't say anything but she knows she will not use the safety plan and does not feel safe after her meeting with the Refuge worker.

Every client should drive their own safety plan.

Recording Intake Data and Case Notes

The Australian Institute of Health and Welfare requires crisis accommodation services across Australia to record their intake data through the Specialist Homelessness Online Reporting (SHOR) website. This data, in most cases, is derived from the Specialist Homelessness Information Platform (SHIP). Child Advocates should record intake data and ensure that every young client at the service is represented in the data. Child Advocates should also be able to view and extract the data when necessary i.e. for the writing of reports. So as to obtain the most complete picture of children and young people living in crisis accommodation in WA, all questions should be filled out in the greatest detail possible.

The WCDFVS also collects intake data through the year. This data should be inputted by the Child Advocate into the secure online WCDFVS database.

A regular client of a Refuge has presented due to her partner's problematic drug use and aggressive behaviour towards herself and the children. She and her children had to leave quickly and didn't have time to grab their belongings, so they came to the Refuge with nothing. The Child Advocate assisted the children to find suitable clothing, helping a four year old girl with a physical impairment to try on some shorts. During this interaction the child told the worker she was sore on her back and that her Daddy had hit her with some keys. The child lifted up her shirt and showed two bruises and three cuts to her side. At this point, the Child Advocate reassured the child that she was very brave to tell and that no one should hurt her like that. The child told the advocate that she had cried when this happened and that Daddy had hurt her. Her mother could hear the conversation and confirmed that her partner had hit their daughter.

The mother was asked if the Child Advocate could take some photos of her daughter's injuries and was given verbal approval to do so. The advocate asked the child if it was ok to take photos of her injuries and she also agreed. The worker discussed with the mother contacting the DCPFS, and she supported this decision. The Refuge worker informed the DCPFS of this incident, who then came to the Refuge and got copies of the photographs. Sometime later this evidence was used to assist in the prosecution the perpetrator who was charged with breach of restraining order and received a seven month sentence.

TIPS FOR GOOD CASE NOTES

- Practitioners write case notes as if they were going to be used in court.
- Case notes should be clear, factual, accurate and legible (do not use abbreviations).
- Never interpret information provided by the client and draw conclusions void of evidence, as the notes will need to withstand critical examination in court.
- Be wary of expressing opinions in case notes that might not be supported by your professional capacity e.g. are you qualified to produce certain opinions on a young client's case that may be scrutinised in court?
- Coming from a response based practice perspective (Wade 2014), always reveal how the client acted to resist abuse. Include information about the social conditions prior to the abuse, the offender's actions, the victim's responses and resistance, the social responses of others and the victim's responses to the social responses.
- Never use mutualising language, as such language does not reflect the true experience of the abuse and violence.

Assessment

Observations

During formal assessment record any observations that might indicate abuse. Formal assessments, including physical examinations, may be done in metropolitan areas conjunction with King Edward Memorial Hospital's Sexual Assault Resource Centre or Princess Margaret Hospital.

PHYSICAL SIGNS OF ABUSE

Typical signs of abuse involve physical symptoms such as: bruises, cuts, scratches, burns, scars, fractured or broken bones etc. If any physical markings on the child or young person are present, with their and their mother's permission, take photographs. Ensure a point of reference in the photographs and that it is clear that the physical marking is belonging to a particular child or young person. This can be used as evidence of abuse in court.

BEHAVIOURAL SIGNS OF ABUSE

Behavioural symptoms include: aggression, verbal abuse, sexualised behaviours, avoiding eye contact, intense shyness and introversion. When recording behavioural observations note any gendered violence displayed or negative gendered attitudes.

PARENTING

It is important to observe and document any positive interactions between the young client and their mother. Any behaviours that can identify the strengths of the woman and her capacity to parent should be recorded. This can have implications for court cases where perpetrators may try to allege that a woman is 'unfit to be a mother'. It will also serve to empower the woman and restore the bond between mother and child.

INAPPROPRIATE SEXUALISED BEHAVIOURS

Disinhibited and inappropriate sexualised behaviours may be observed in children and young people who have experienced sexualised abuse. During assessment of the young clients behaviours and interactions with other children, it is important to note any sexual conversation or content; comments and jokes of a sexual nature; inappropriate touching; and/or explicit sexual behaviour. Disinhibited and inappropriate sexualised behaviours can also typically include sexualised play with dolls, insertion of objects into the body, excessive or public masturbation, age-inappropriate sexual knowledge, and behaviours that are precocious for the child's developmental level (Offermann, Johnson, Johnson-Brooks & Belcher, 2008). If any of these behaviours are observed, it is important to record them in case notes and notify the manager/supervisor.

A suggested four-step intervention strategy has been proposed by Patricia Ryan (Ryan, N.D., p1 & 2), detailing how inappropriate sexualised behaviours should be addressed in the Refuge.

> It is good practice to intervene if a child or young person is behaving in an inappropriate way.

Information disclosed

When asking young clients questions about their experiences of violence, the Child Advocate should:

- Find a comfortable and quite area that is isolated from the rest of the service so that the client feels safe to speak.
- Communicate respectfully and culturally sensitively.
- Listen to the client's narrative and provide positive social responses (such as reinforcing that the violence was not their fault, they are very brave, their mother is strong for protecting them etc.).

> Children who disclose abuse must be believed, reassured and praised for telling someone.

When working with the young client, asking the following questions might lead to depicting a broader picture of the social context in which violence occurred (Wade, 2014):

- "Who knows about the violence, who have you told so far?"
- "What has that been like for you?"
- "Who can you tell? Who is trustworthy and who is not?"

It is also good practice to ask children and young people about any possible instances of sexualised abuse perpetrated against them, but this must be done carefully and only after trust has been established! This can be done by providing the child with an opportunity to disclose abuse with a non-direct line of questioning, such as:

- "Sometimes there are boys and girls that live here in the Refuge that have been touched in their private parts by adults. Has this ever happened to you?"
- "Has an adult ever touched your penis or vagina & breasts?"
- "Have you ever been asked to keep a special secret by an adult when they might have touched your private parts?"

The abuser will often tell the young victim that the abuse is a 'secret' and that if they tell anyone they will either be punished or no one will believe them. Children and young people may modify their answers, withdraw answers under the guise of misinterpreting the question, or simply not give an answer to protect themselves, their parents or others. It is vital that Child Advocate take all allegations of abuse seriously, believe the child or young person and commend them for their bravery in telling someone.

It is equally important to acknowledge that some clients may not wish to disclose anything as they do not have trust of the practitioner. How the conversations are started and the way questions are asked will also influence a young client's answers.

Kira is a Child Advocate that uses Protective Behaviours (PB) every day. She does designate an hour every time she works with her young clients to read out of books and use puppets to show PB, but she also knows that it doesn't stop after she has closed the books and put down the puppets. PB isn't a 'tick the box' type of activity. Kira is very mindful that PB should be used in everyday casual conversations with her young clients, as this is also really helpful in getting disclosures of sexual and physical abuse.

Kira is in the playroom one day with a young boy, Owen. There are no other children running around, Owen's mother is in the kitchen preparing a meal, and there are posters up around the room that say "every child has the right to feel safe at all times" (Kira has made sure that the environment is conducive to a disclosure). Owen is sitting on a little couch that has dinosaurs printed all over it. In a very casual way, Kira asks Owen about the dinosaurs. Owen says that they are scaring each other, and chasing each other. Kira asks Owen if he had ever been scared like that. He said that his dad was scary. Kira started to talk about PB and the Early Warning Signs (EWS). Owen told her that he got his EWS and had "butterflies in his tummy" when he saw his dad, like the dinosaurs do when they are scared too.

Kira allowed Owen the space and time he needed to disclose abuse, through casual child-led conversations about EWS, and using the dinosaurs as non-invasive characters in the narrative. Owen told Kira that his father sexually abused him several times before they entered into the Refuge. Kira told Owen that he was very brave to tell her and that what his father did was against the law and nobody is allowed to touch Owen like that.

Kira then followed her policy on reporting child sexual abuse and referred Owen for counselling. PB was very helpful in facilitating the disclosure.

Responding to disclosures of abuse

The most important point in handling a disclosure of abuse by a child or young person is to respond immediately to ensure that the young client is referred to the appropriate authority so that she or he only has to fully disclose the abuse once. Making a child disclose the abuse multiple times can re-traumatise them.

DISCLOSURE TO REFUGE EMPLOYEE OR VOLUNTEERS

Any disclosure of child abuse (or reason to suspect abuse) should be taken seriously and processes should be followed immediately to ensure the child's or young person's protection. The young victim should have their safety concerns immediately addressed.

All disclosures of abuse should be documented in case files and immediately brought to the attention of the senior Refuge worker or the manager.

In the process of attaining a disclosure, Refuge staff are advised to avoid:

- being judgmental;
- asking leading, intrusive or repetitive questions; and
- reaching conclusions by asking and clarifying who the young client is alleging abused them (e.g. "dad" might mean step-dad or mother's partner).

In the case that the child/young person has recently been abused or is continuing to be abused, the Refuge staff must explain:

- that confidentiality cannot be maintained;
- that they will be believed; and
- the process involved and any actions that are likely to eventuate e.g. what the consequences will be and who will know about the alleged abuse.

If the mother is not the perpetrator and the child or young person feels comfortable, involve the mother in the discussions too.

The child or young person should always be informed of the progress of the reported abuse.

When asking children and young people about possible sexualised abuse against them, it is important to approach the questioning in a very non-invasive way by prefacing the questions with a comment that sometimes there are children and young people who are sexually abused by people close to them, either in their family or by family friends and neighbours.

This may allow the child/young person to see that sexualised abuse happens to others and is not unique to them. This can provide them a chance, and more confidence, to confirm that it is also happening/has happened to them. It is then good practice to not only ask about their "private parts" in questioning, but also to explicitly and in an anatomically correct way, name their body parts i.e. vagina, breasts, penis, anus etc. If a child or young person does disclose sexualised abuse, it is important to ask if this has happened to them by anyone else.

Upon disclosure, staff are to immediately notify their manager who will then notify the DCPFS.

It is critical to believe the child/young person, reiterate that the abuse was not their fault and ensure them know how brave they were for telling someone about it.

NOT CONTAMINATING EVIDENCE

To reduce the likelihood of contaminating evidence, Refuge staff responding to disclosures of abuse must allow the young client to tell their story in their own words insofar as the abuse is disclosed. Once abuse is disclosed the matter should be brought to the attention of the DCPFS. Then, the child should make a single disclosure in front of a police officer, counsellor and anyone else that may be able to use the information to prosecute the offender.

IF ABUSE HAS OCCURRED BUT THE CHILD/ YOUNG PERSON IS NO LONGER IN DANGER

Where it is deemed necessary, the DCPFS should be contacted. If the child/young person has a reasonable level of comprehension, Refuge staff should ensure that the child/young person understands about the decision to inform the DCPFS; why the Refuge decided to contact the DCPFS; and that they should discuss the matter with their mother if she is unaware and if there is no risk.

Where it is ascertained that immediate intervention by the DCPFS is not necessary, other support services may be provided to the child/young person such as counselling, group therapy etc. This referral should be in conjunction with the mother or carer.

WHERE THE MOTHER RESUMES A RELATIONSHIP WITH THE PERPETRATOR

If it is known that the perpetrator has abused the woman's children (or the child/young person has been affected by viewing the abuse) and the woman decides to resume a relationship with the perpetrator, the Refuge should:

- inform the woman that it is necessary to notify the DCPFS; and
- ensure that the woman and her children receive intensive support.

DEALING WITH ALLEGATIONS OF ABUSE DURING CONTACT

In cases where contact with the perpetrator may lead to further abuse towards the woman or her children, the Refuge manager should offer written or verbal evidence to be used in court. All allegations or evidence of abuse should be recorded in case notes and where the child or young person is traumatised by contact arrangements, their behaviours should also be documented.

Perpetrators may allege that the woman is an unfit mother. Refuge services should seek to document all of the positive growth and experiences that the woman and her child(ren) have together. This will support that she is a good mother in a court setting.

A MOTHER/CARER ABUSING A CHILD

While women, children and young people are clients at a Refuge, women must be responsible for their own children. This includes health, safety and behaviour. It is standard Refuge policy that under no circumstances is smacking allowed as a form of disciplining children or young people. Non-violent methods for addressing problems should be encouraged.

If it is suspected that abuse or neglect by the mother or carer is occurring, the Refuge should:

- assess the urgency of the response required;
- monitor the situation;
- record areas of concern;
- discuss concerns with the woman;
- ensure the woman understands the child's/young person's needs;
- ensure that the woman understands the Refuge's policies around child protection; and
- offer practical assistance and support including referrals to other agencies.

The woman should be informed if a referral is made to the DCPFS. If it does not place the child at risk, the Refuge can suggest that the woman self-refer to the DCPFS. If a woman leaves the Refuge to avoid further action, a referral should still be made to the DCPFS.

Abuse should always be documented in the young client's file. If the written report does not put the child/young person or employee in danger, it may be shown to the mother if requested.

Where there is a conflict of interest, the wellbeing of the child/young person must take priority.

WHERE A CHILD/YOUNG PERSON IS SERIOUSLY INJURED

If a child or young person is seriously injured, the Refuge should ask the mother/carer before they are taken for treatment. If consent is not given, the service should take immediate action to ensure the child or young person's safety and health needs are met.

Staff should document the nature of the injury and how it was attained in a report. The report should include: the account of the injury(ies); the child/young person's account of how the injury occurred; the mother/carer's account; and the actions taken by the Refuge staff.

WHERE ANOTHER RESIDENT REPORTS ABUSE OF A CHILD BY THEIR MOTHER/CARER

Where another resident witnesses the abuse of a child or young person by their mother and notifies Refuge staff, staff should investigate and respond in the same way as if a child discloses abuse by their mother.

CHILDREN/YOUNG PEOPLE ABUSING SIBLINGS, OTHER YOUNG CLIENTS OR ADULTS

Where a child/young person is found to be abusing their siblings, other young clients or adults (residents or staff) the Refuge service should:

- inform the mother/carer that the behaviour is unacceptable;
- assist the child/young person to manage their emotions and responses;
- help the child/young person to empathise with the victim;
- ensure the other children/young people are safe;
- monitor the child/young person's behaviour; and
- refer the child/young person for counselling.

If it is seen that there is a significant risk to others at the Refuge, an assessment should be undertaken to determine alternate accommodation options. If the family is to move to another Refuge, a full report clearly stating risks to other residents must be provided.

ALLEGED ABUSE OF A CHILD/YOUNG PERSON BY ANOTHER RESIDENT

Where Refuge staff are notified that a child/young person has been abused by a resident, staff will respond to the resident the same way as if a child discloses abuse by their mother. If the allegation is seen to be a high risk, alternate accommodation may be sought.

ALLEGED ABUSE BY AN EMPLOYEE OR VOLUNTEER

Alleged abuse or inappropriate behaviour by a staff member or volunteer should be brought to the attention of the manager immediately. An investigation should be carried out by the manager and Refuge policies and procedures in relation to criminal misconduct followed. A full report should be written, regardless of the outcome.

Risk Assessment

When conducting risk assessments, Refuges are required to use Common Risk Assessment and Risk Management Framework (CRARMF). The common framework includes:

- victim assessment of the risk
- consideration of key indicators
- professional judgement.

The key risk indicators that must be incorporated into family and domestic violence risk assessments are outlined in the CRARMF.

Staff conducting risk assessments must have a solid understanding of domestic and family violence; its common patterns and dynamics; factors that affect risk; and issues or factors that may make some population groups more vulnerable.

Once a risk assessment is complete, the outcome should be used to inform the response (risk management). Where immediate safety concerns are identified, the agency must take all necessary steps to ensure the immediate safety of the victim and any accompanying children[12].

[12] For more information on the DCPFS Common Risk Assessment and Risk Management Framework visit http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/CRARMF.pdf

Case Management

An outcome of the assessment phase of children and young people should be a clearly documented in a case plan and subsequent case management. Women in a Refuge will have a case plan, and case plans should also be developed for the young client[13]. Case planning and management entails assessment, goal setting, implementing agreed actions, referral to other agencies, organising case management meetings and conducting further assessments.

In cases where child sexualised abuse is disclosed, the Refuge will follow a team approach to case management, where the relevant staff members will be responsible for the management of the case and ensure adequate time for a handover amongst workers occurs between shifts.

Ongoing Monitoring and Support

Children and young people's views and needs are always changing, therefore continuous assessment and monitoring is an important process. While in the care of the crisis accommodation service, children and young people should be monitored throughout their stay to ensure their wellbeing and positive development is being nurtured and encouraged.

Child Advocates and other Refuge staff have a role in discussing and sharing information with mothers about programs and parenting techniques in the context of domestic and family violence[14]. Child Advocates should be compassionate and caring, with an objective view on parenting. Mothers should be encouraged to discuss their approach to child rearing and have space to reflect on their own hopes for their children (Ginsburg, 2007).

Referrals to other Agencies

In addressing a young client's holistic needs, and those of their mother, there are a range of services that may be referred to as part of an integrated service response. Each Refuge will have their own list of local agencies that workers can refer to and utilise.

Good practice in service provision for young clients that have experienced domestic and family violence addresses the fragmentation across agencies and strives to close gaps. Multi-agency service collaboration can range from a loose alignment within local networks to fully integrated systems.

Many Refuges have developed protocols between local schools, healthcare services and local community groups and agencies. Some of these arrangements are informal and others are based on a written

[13] See APPENDIX 7 for the Case Management Template

[14] See APPENDIX 10 for listed programs/resources

Greg has come in to the refuge with his mother and younger sister. Initially, he is very angry about having to move house and change school. He swears at his mother and doesn't want to be part of anything happening at the refuge. However, over the first few weeks he starts hanging out with the other children staying at the refuge and seems to be going to school a little more easily. During the after school sessions in the Child Support Unit and the PB sessions at school, the CA notes that Greg speaks regularly about missing his Dad and that it is all Mum's fault because she made a decision that was best for her, without thinking about him. He is angry that he cannot see his old friends and that his Mum did not bring the things that were important to him, like some of his favourite video games and his scooter. The CA lets Greg speak openly in one on one sessions and talks about him, his sister and his Mum needing to be safe. He retorts with statements like him not feeling safe with her.

During this time the CA has also completed the parent interview with Greg's mother and she speaks of Greg being in trouble at school for not being able to control his anger. Given this situation the CA decides to make a referral to the CCS. She discusses the referral with CCS and how to manage the situation until an appointment can be made. The counsellor make some suggestions for parenting strategies for mum and some ideas the CA can implement. The mum asks whether CCS is the best place to refer Greg and wonders whether she should take him to a private psychologist. The CA explains that this could be an option if she'd prefer but it would cost money. CCS is a free service and the counsellors are experienced in working with children who have experienced FDV. If Mum decides to access a GP Mental Health Treatment Plan (GPMHTP) to receive Medicare Rebate to reduce the cost of seeing a private psychologist/therapist, this may mean Greg's mental health plan will be recorded with Medicare. Eligibility for the GPMHTP is for "patients with an assessed mental disorder" (Department of Health and Ageing, 2015). This process could stigmatise Greg and be used against his mother in court. The CA explains Greg will have 8 -10 counselling sessions with CCS and adds that if the counsellors at CCS feels that Greg requires more assistance, they will refer him on and that the CA can help with that process.

memorandum of understanding (MOU). Agreements can cover issues such as how referrals will be made; the types of assistance that will be provided; how information will be shared; and how the safety of the client will be ensured[15].

When referring a young client to another service (e.g. health service, counselling or group support), is it vital to consider any legal and ethical issues surrounding consent to treatment and information sharing. The young client and their mother/carer should be part of the referral decision.

In cases where child sexualised abuse is disclosed, it is recognised that the DCPFS is responsible for investigation and assessment of the need for statutory intervention to protect the child. The Western Australian Police are responsible for the criminal investigation of child sexualised abuse and for decisions about the prosecution of the perpetrator.

Meetings

Case management meetings assist with a young client's access to different services; identify how each service can benefit the client, and plan how services can work together effectively to ensure a client's needs are met. The case manager will organise and facilitate meetings concerning the young client. The case manager may be a Refuge worker or may come from another agency that is undertaking case coordination.

Case management meetings:

- define the roles and responsibilities of workers and organisations;
- agree on the primary/key worker for the case;
- define the purpose, intent, and direction of the intervention;
- discuss an assessment;
- develop a case plan;
- progress a case plan;
- make decisions;
- review goals/actions; and,
- plan towards case transfer and/or case closure.

The child, young person and their mother or carer may not be expected to attend the meeting but it is good practice that they are invited and encouraged to attend wherever possible. Any other key agencies or interested parties may also be asked to attend. Meetings usually involve the following set of criteria (Family & Community Services NSW, 2014):

- be chaired by the worker or organisation with case management responsibility (this may need to be negotiated between organisations);
- include the child, young person and their family, where appropriate;
- represent the views of all stakeholders, including those who did not attend;
- occur at regular intervals in line with monitoring of agreed actions;
- have a clear agenda;
- have clear meeting outcomes; and,
- be documented, recorded and disseminated by the worker or organisation with lead case management responsibility within an agreed timeframe.

Further Assessment and Risk Management

During the ongoing monitoring and support of children and young people, if needed, the Child Advocate should conduct further formal assessments (including risk assessments) to ensure the young client's wellbeing and healthy development.

Further formal assessment can be used when monitoring identifies that a young client may need additional supports such as legal, counselling or medical assistance; or may be subject to a risk not identified in the first risk assessment. Formal assessments can also help to identify any missed information concerning abuse or neglect and gain more details from the young client about other issues related to domestic and family violence, including the history of violence; their personal history of resistance to the violence; and their mother's or siblings' history of resistance to the violence.

[15] See APPENDIX 9 for an MOU template

Advocacy

Advocacy for children and young people is about advancing their rights and ensuring their needs are met, both while in the service (internally) and also in the general community (externally).

Internal Advocacy

Internally advocating for children and young people should be supported throughout their time in the Refuge. This support takes the form of advocating for their rights and also ensuring that their needs are met within the service. Advocacy in this context can be a part of case work and case management, or it can be provided on an intermittent as-needed basis. Internal advocacy can include working with, or on behalf of, individual children and young people to be certain that their needs are adequately met by agency services or systems.

External Advocacy

External advocacy is where workers advocate for their clients externally to other agencies or individuals. It may be necessary when clients are confronted with barriers to accessing other services or access to information which should be provided to them.

The Child Advocate can advocate with the client, or on their behalf. In order to advocate for the client successfully, practitioners must be aware of how various systems operate and the services available to young victims of domestic and family violence and their mother/carer. A commitment to honouring the victim's resistance and fostering strong professional relationships within professionals in other services is good practice in advocating for clients.

Child Advocates should be aware of the disempowering consequences of poor advocacy[16].

Exiting Planning

Exit planning is essentially the process of moving with a client towards leaving the service. Exit planning must be done with both mother/carer and child(ren). It is important for the Child Advocate to have an exit planning meeting with their young client and their mother/carer, as it will help with proper planning and provide a sense of closure for the Refuge staff as well as the clients. Exit planning involves a range of strategies developed with the clients for their personal circumstances and includes linking in with community organisations, further safety planning and eventually closing the case once these objectives have been completed.

Linking in with Community Organisations

Women and their children should be provided with as much support from community organisations as possible. Positive social responses from Refuge staff and those working in other community organisations will help in achieving better outcomes for the mother and child(ren). Clients should be linked in with community based services such as health, education, therapeutic support and recreation; as well as services that can offer practical, social or spiritual support.

Further Safety Planning

Safety planning is critical in mitigating the likelihood of risk when the mother and their child(ren) exit the Refuge. Further safety planning and the revision of safety plans made at the beginning of their stay in Refuge are vital.

- Ensure that safety plans include the correct information, phone numbers, street addresses etc.
- Ensure that all contacts in the safety network on the safety plan are trustworthy and do not have close connections with the perpetrator.
- Confirm whether the people in the safety network are reliable and that they know they are part of the safety network.
- Make provision in the safety plan for clients re-accessing the service and ensure that the Refuge's phone number is included on the safety plan.
- Ensure that if an agency's number is placed in the safety plan, that the client feels comfortable making contact with these government services.

A good safety plan is one that is tailored to the young client and one that they are happy with.

Getting Client Feedback

Getting children's and young people's feedback on the Refuge's provision of service is critical to ensure operations are effective and clients feel supported[17].

Closing the Case

Prior to closing the case, the Child Advocate should reinforce key messages given to the child or young person during their stay in the Refuge, such as:

- they have a right to feel and be safe
- the perpetrator's violence is not their fault
- strategies on how to be safe and the importance of safety planning
- who they can contact in the community for support

[16] See SECTION 4 for further information on Child Advocacy.

[17] See SECTION 9 for more information on client feedback

- the importance of talking about personal body safety (protective behaviours)
- the importance of maternal bonding

Once the young client and their mother or carer have been linked in with community supports (healthcare, education and community recreation), they have had their safety plans revisited and updated, key messages have been reiterated, and they have provided feedback about the service, the client is ready to exit the Refuge.

In some cases, clients may refuse support from community organisations for a variety of reasons. If this occurs, it is important to reinforce that they have a safety plan in place, which can be implemented if needed. General messages of positive reinforcement, giving hope and seeking to empower the client, is also important (Domestic Violence Victoria, 2006).

Priority Areas when Working with Children and Young People across Different Timeframes

In some cases women and their children might only be in the Refuge overnight, in other cases they may stay on for several months. Table 3 outlines some of the key objectives that should guide the Child Advocate in supporting children and young people across various timeframes. Irrespective of whether the child or young person are short or long stay clients at the Refuge it is vital to:

- ensure they are safe (including developing a safety plan);
- provide a positive social response to the abuse;
- conduct needs and risk assessments; and
- discuss and plan support options.

Amanda is a Child Advocate in a Refuge in the Wheatbelt area of WA. She has been working with Aiden (4) and his mother Jennifer for two months while they have been at the Refuge. Jennifer tells Amanda that she is going to return to the perpetrator, as he has all of their money and she has nowhere else to stay. Amanda told her that she can stay longer if she needs, but Jennifer is also hopeful that this time her partner will behave respectfully towards her and Aiden. Amanda establishes that she has only two more days to undertake exit planning with Aiden. Initially this was going to be one day, but Amanda was able to find out that Jennifer felt ok to stay on another night so that Aiden could work with Amanda on safety strategies and planning for when they leave the Refuge.

Firstly, Amanda ensures that Aiden and Jennifer know the Refuge's telephone number, and that they can return if they need to. Then, Amanda works with Aiden over the two days on reiterating the safety plan that they have developed when he first arrived at the Refuge. Aiden has his teddy with the 'hidden pocket' containing a list of numbers and his safety network (000, and five safe people that he can call if he needs to in a non-emergency). Amanda gives Aiden the Refuge phone (that is unable to make outside calls unless activated to do so). Amanda talks to Aiden and does a roll play with him, she then tells him when he should call "000". She instructs Aiden to run to the other side of the room, hide behind a large object, and dial 000. She tells him to say the address of his house and that "mummy is hurt". Amanda also gives Aiden a Kids Helpline sticker, but tells him not to show his dad, that this is just something special for him to have (be careful not to use language involving 'secrets' with young children, as often paedophiles will try to use this language. Children should never be encouraged to keep 'secrets').

Amanda asks Aiden about what he thought about living in the Refuge and the help he got from her. Amanda documents his feedback on the children's feedback form which is shown to the Refuge manager, along with the other feedback from other young clients at the regular Refuge staff meetings. During the meeting service delivery for children and young people is discussed and is a standing agenda item at every meeting.

Table 3: Primary objectives across different timeframes

24 hours	Settle the child and build rapport. Make sure basic needs are met e.g. a meal or medical attention. Provide a welcome pack. Clarify the role of the Child Advocate and what can be expected. Clarify the rights of the child whilst in a Refuge and relevant house rules. Initial need and risk assessment. Commence safety planning.
48 hours	Continue to build rapport. Further need and risk assessment. Develop a case plan for the child or young person. Continue safety planning. Enroll in school or assist in attending current school. Establish a routine for the child or young person.
One week	Begin case management and implementation of the case plan. Start to refer to external agencies for integrated service response. Engage the child or young person in Refuge or community based programs. Build on the routine that has been established. Begin to work with the mother on child specific issues as identified and support the mother/child bond.
Two weeks	Ensure that the children have had their immunisation and that health needs are met (this is a period when colds start to spread around). Continue to build rapport and implement the case plan. Check in with the young client about how they are experiencing living in the Refuge and if there are any school related issues. With the mother, communicate with the school to check progress. Set up homework assistance if required. Ensure that house rules are understood and followed. Continue case plan implementation and engagement with programs.
One month	Review progress against case plan and reassess needs, risks and goals. Continue with the programs/activities that support the child's specific needs. Continue to work with the mother on child specific issues and support the mother/child bond. Begin to plan services and supports that can be put in place before and after a child or young person leaves the Refuge. Participate in case management.
More than one month	Be mindful of attachment issues with the child or young person, by this stage they will probably be a strong sense of trust and rapport with the Child Advocate. Continue to work with the mother on child specific issues and support the mother/child bond Prepare the child or young person for exiting the Refuge. Begin exit planning and further safety planning.

SCENARIO: James (8) comes into the Refuge with his mother, they intend on staying until she can find some more permanent accommodation. James does not have any clothes with him, he is hungry and he has the beginnings of a cold. He needs to change schools, but his mother does not have enough money to buy him a lunchbox, backpack, or school uniform. His mother also mentioned during the intake assessment that he has problems socialising with other children, in that he is quite introverted, and has been drawing pictures of people crying. Despite his introversion, James commented during intake that he loves sports, but does not belong to a team. He also mentioned that with regards to his relationship to his mother, he sometimes feels like he gets along with her really well, but then at other times, finds it hard to get close with her. During intake, the Child Advocate asks about possible abuse suffered. James commented that he had been pushed to the ground by his dad, and that his side was hurting.

CHILD ADVOCATE'S APPROACH: In line with the priorities when working with children and young people (see Table 3), Jan addresses the best way to work with her new young client, James. In the first 24 hours of James being in the Refuge, Jan welcomes him and his mother, shows them the welcome pack waiting on their bed with a new toy for James, shows them around the rest of the Refuge, and introduces them to the other families. Within the first two hours Jan assesses James' basic needs, and determines that he needs; clothing, food, and to see a doctor for his cold. Jan also asks James if he is hurting or has been hurt. James says that his side is very sore. Jan asks James' mum to ask James if it is ok to lift up James' shirt (Jan will never lift up a client's shirt, or never be alone in a room with a young client where they need to show cuts, burns, etc.). James' mum shows his side where it is bruised. Jan asks his mother to take a picture of the marking after Jan has left the room. This can be used as useful evidence in a court trial. Jan then refers James to the doctor within 24 hours for the cold and to document the brusies.

In the next 48 hours, Jan talks to James' mum about whether she wants him on the VRO. She explains that if James is on the VRO, he can remain at his school, if not, he will need to move schools. James' mother is too scared to put him on the VRO. Jan talks one on one with James about moving schools, the local school, how they will look after him, how Jan will go on the first day with his mother to support him, how she can pick him up and drop him off, etc. Jan speaks with the principal and has a great relationship with him and other staff at the school. The principal tells Jan that they have second-hand uniforms. The Refuge is given a uniform for James. Jan grabs a lunchbox, some stationery and backpack from the Refuges storage cupboard and gives it to James. The day before James is due to start school, Jan and James meet the classroom teacher, are shown where his class is, and where the toilets and school canteen is. Jan tells the classroom teacher that James is quite introverted, and the teacher suggests a student to 'buddy up' with James until he settles in. James is given an orientation before he starts school thanks to Jan organising it with the school. On James' first day of school, Jan drives him and his mother. She goes to the classroom with them and they meet the teacher again. James is paired up with another student.

In the next week, the Case Management Plan is written up and the suggested future actions are discussed between James, Jan and his mother. Jan finds out that James loves sports, so she speaks with the school about after-school acitivites and the fees/uniforms involved. The Refuge has the fees and uniform subsidised, and James becomes part of the school cricket team.

During the first week of living in the Refuge, James is asked by Jan about his relationship with his mother. By this time, rapport has been developing and James feel comfortable to tell Jan. He says that sometimes he feels close to his mum, and other times not. In a safe, quiet room in the Refuge (one on one), Jan asks about why he doesn't get along with her at times (trying to find out if it is just because she is strict with him, or if there is a deeper underlying issue). James will not say why. Jan suggests counselling, but James says no. Jan speaks with his mother and she says if James doesn't want it, that's up to him. Jan goes back to speak with James about it, but frames it so it is understood by James as "a special person, just for you, who you can tell anything you like to for a whole hour. You can even paint, play lego, or do whatever else you feel like doing in that hour. Its just for you".

Cont'd next page

James agrees to have a session to see what it is like. Jan calls a counsellor that the Refuge has an MOU with and they are able to come to the Refuge for the session within a week.

Within two weeks of James living in the Refuge, the Case Management Plan is revised and the progress on current goals is discussed between James and Jan. Jan includes other goals and changes the Plan, as she knows that children's needs are always changing. The Plan is reviewed weekly.

Jan discusses PB with James' mum. She goes through the program, explains why it is done and that it is done at school. After agreeing to Jan carrying out the program with James, Jan contacts the school to discuss when is suitable day and time for the PB session. She begins PB with James in week 3 or 4 once he has settled into counselling, he is more comfortable living at the Refuge and has some rapport with Jan.

Towards the end of counselling and/or as the family approach the end of living at the Refuge, Jan reviews what other agencies or programs may be useful in supporting James and makes appropriate referrals.

6. RESOURCES AND PROGRAMS TO USE WITH CHILDREN AND YOUNG PEOPLE

There are many programs and resources in Western Australia that have been established and developed for children and young people. It is good practice to, at a minimum, have programs and resources available to young clients that teach them about:

- domestic and family violence;
- personal body safety (i.e. protective behaviours);
- how they can be safe (i.e. safety planning resources);
- that they have rights (i.e. UN Convention on the Rights of the Child), and;
- the importance of maternal bonds.

Resources and programs should reflect the importance of mother-child bonding. Listed below are suggested resources and programs that can be used by Child Advocates to support their young clients. It is good practice to be able to use your professional judgement to tailor certain resources and programs to fit the needs of each individual client. Determine what will be the most helpful for each child/young person and work towards ensuring they are involved in that program or resource.

Resources

- Alannah & Madeline Buddy Bags on intake
- Art/craft resources
- Body puzzles so children learn to name their body parts
- Books on personal body safety
- Orbit online game to prevent child sexual abuse
- Reward charts for doing chores, completing homework etc. with gold star stickers as incentives
- Children's Welcome Packs including toys, toiletries and welcome books
- Worry box to store worries so children do not have them as a burden
- The Bear Cards 48 bears showing a variety of different emotions
- Safe from the Start (e.g. using puppets to demonstrate ways to be safe from violence)
- Bravehearts Ditto's Keep Safe Adventure Show to teach protective behaviours
- Smiling Mind for age appropriate meditation and relaxation methods

Programs and Other Supports

When working with children and young people in Refuge, Child Advocates can run or refer their young clients to the following programs.

- 1-2-3 Magic program for effective parenting
- Arafmi Counselling offers free professional counselling and support to children/youth aged 8-18 years who have a friend or family member with a mental illness
- Best Beginnings Program (DCPFS)
- Best start program for Aboriginal families (Aboriginal Early Years)
- Building Animal Relationships with Kids (BARK) Program
- Church play groups for younger kids
- Circle of Security parenting program
- Clan Parent Workshops (teaches communication and boundaries)
- Edmund Rice Camps for Kids for children aged 7 - 16 and their families who are 'at risk' or experiencing some form of disadvantage
- Family Fun Program (ages 4 - 15 years, discussion around feelings/emotion)
- Family Rhyme Time (ages 0 - 5yrs years, language and social skills)
- Halo Leadership (mentoring for Aboriginal young people, ages 14+)
- Food Cents program offers free workshops for Refuges
- Homework sessions for older kids
- Local library for story-time
- Mother's Group at Women's Health & Family Service, Northbridge (crèche, workshops for mums, cost free)
- Mums and Bubs (ages 0 - 4 years)

- Music Program (e.g. sing + grow helps with mother-child bonding)
- Patricia Giles Children's Counselling Service
- Protective Behaviours Program to teach personal body safety
- PCYC Programs (e.g. Kindy Gym)
- Puppets and theatre (using imaginative play for kids to tell their stories)
- Recreation Camps (Department of Sport and Recreation)
- St Johns Ambulance First Aid Course
- St. Vincent De Paul camps
- Uniting Care West – Child and Family Therapeutic Service (CAFTS)
- WA Parenting (group or one-on-one parenting advice)
- Young Carers WA support people under the age of 26 who help look after a family member who needs extra support at home
- YouthFocus offers youth counselling and works exclusively with young people or where appropriate in partnership with their family and a Youth Focus Family Counsellor
- Yoga Space for Kids to help with relaxation

1. The Alannah and Madeline Foundation offer "Buddy Bags" to crisis accommodation services that support women and children. To find out more, visit http://www.amf.org.au/buddybags/.
2. Women's Aid (UK) have developed downloadable Children's Welcome Packs across various age ranges, which you can find on their website at http://www.womensaid.org.uk/page.asp?section=00010001001400100003
3. Contact the local school to see if the children &/or young people in Refuge can receive school uniforms, school bags, lunch boxes, canteen credit etc. donated by the school as a part of an MOU between the Refuge and school. Be proactive in working towards building the relationship with the local school and strive towards supporting your young client with any of their school-related needs.

The Child Advocates at Koolkuna Refuge run a "Family Fun Program" (FFP). The FFP is a six week program that was developed by a psychologist and children's counsellor, and looks at the ways in which domestic and family violence influences the development of children, including their relationship with their mother. It is a one-on-one program where mother and child work together, and is facilitated by the Child Advocates. It builds on strengthening their attachment. At first, a memory box is made, and the over the next five weeks there are different sessions run which focus on mother and child making things and cooking together. The Child Advocates take photographs of their time together. These photos are printed and placed in an album in the memory box with other items they make together during the sessions. At the end of the six weeks the whole family chooses an outing to go on together with the Child Advocates.

If you are interested in running this program the Child Advocates at Koolkuna would love to speak with you about it. Call them on (08) 9255 2202.

WHAT THE CHILD ADVOCATES SAY

"The Protective Behaviours Program teaches personal body safety and assertiveness training for children of all ages. We use it because it is research-based and comprehensive, yet easy to deliver and backed by a large range of excellent resources and support for staff that use it too. It is easy to share with parents and caregivers and can be integrated into daily activities and routines. The two-day training workshop for facilitators is excellent and should be mandatory for all Child Advocate/support staff in Refuges and also childcare workers."

Child Advocate at Rebecca West House

"The food cents program is really good in teaching mums things like; how to budget for groceries, how to cook nutritious meals for themselves and their children with the delicious recipes provided, food safety and how be hygienic when cooking, how to avoid wasting food, especially if they are on budgets, etc. What is really good too, is that they come to the Refuge and show the mums how to do all of these things. Each mother gets a recipe booklet, a budging sheet and a booklet outlining the whole program. Another benefit of it is that is allows them time to relax and build up relationships with other mums in the Refuge. It creates a real sense of togetherness.

Child Advocate at Orana

"Family Rhyme Time encourages language and social skills. Children learn new songs and role-model appropriate behaviours. It provides an opportunity for mums to socialise with other mums who have experienced domestic violence and are moving on."

Child Advocate at Koolkuna

7. WORKING THERAPEUTICALLY WITH CHILDREN AND YOUNG PEOPLE

This section looks at ways in which Child Advocates can work therapeutically with children and young people, as opposed to providing therapy. Working therapeutically in this sense is where practitioners might employ certain programs or activities that have some therapeutic value, but do not provide structured therapy sessions per se with their young clients. Anyone who provides therapy must have the appropriate qualifications, whereas all Child Advocates can work with children and young people in ways that may have some emotional and/or social benefit.

Play

The importance of child-led unstructured play should not be underestimated. Despite the numerous benefits derived from play for children and their mothers, time for free play is often markedly reduced, especially in the context of domestic and family violence and crisis services.

The lives of children and young people in Refuges are fairly adult-driven - there is a lot of parent/child and Refuge staff/child time spent arranging appointments or in the transport of children - simply letting children play can become diminished.

While structured activities or programs are beneficial for children, it is important not to 'overcrowd' a child's life with too many structured activities and less time to play and to allow the young client time to enjoy being a child, particularly when that sense of 'childhood' might have been ruptured by abuse (Ginsburg, 2007).

Refuge staff must advocate for children to be able to develop through play and understand the importance of play and its advantages. It is highly recommended staff encourage mothers to be engaged in child-led play wherever possible.

Advantages of play include:

- Allows time for children to be children and enjoy freedom.
- Has also been found to improve many aspects of emotional wellbeing such as minimising anxiety, depression, aggression, and sleep problems (Burdette & Whitaker, 2005).
- Provides an opportunity for parents to engage with their children, enhancing and strengthening the parent-child bond (Ginsburg, 2007).
- Play is a basic mechanism for both survival and protection, and it is thought that children can actually create their own well-being through playing (Lester & Russell, 2010).
- Children developing within a context of family violence are limited in the protective benefits of child-driven play activities due to severe disruptions within the family (Ginsburg, 2007).

Play therapy

Play therapy is an activity in which the worker engages in play with the child in a purposeful manner. Play therapy is an effective means of responding to the needs of young children and is widely accepted as a valuable and developmentally appropriate intervention (Homeyer & Morrison, 2008). According to Huth-Bocks, Schettini and Shebroe (2001), the goals of play therapy for young victims of domestic and family violence include:

- helping children learn to identify and express their feelings;
- teaching children problem-solving and conflict resolution skills;
- providing them with a safe place to express themselves and to create a positive social experience;
- correcting misconceptions that children are responsible for the violence/loss they witness; and,
- providing them with corrective emotional experiences through interactions with therapists.

USING SANDTRAYS DURING PLAY

Sandplay is a play-therapy psychotherapeutic technique where young clients are able to arrange miniature figures in a sandtray to create a 'sandworld' that corresponds to various dimensions of their social reality (Dale & Wagner, 2003, as cited in Campbell, 2004). The process of sandplay involves the use of sandtrays and a variety of small figures including people, animals, buildings, vehicles, vegetation, natural objects and symbolic objects. The objective of using these small figures to create the child's sandworld, is that the objects may represent people, ideas, situations and feelings and facilitate children's expression (Campbell, 2004) - "an unconscious problem is played out in the sandbox, just like a drama; the conflict is transposed from the inner world to the outer world and made visible" (Kalff, 1980, p. 32).

Mothers who have been living with domestic or family violence are likely to have been told by the perpetrator that they are terrible parents. These self-perceptions will probably present themselves to Refuge staff in general conversations on parenting, and also particularly when mothers are encouraged to play or interact with their children. A lack of confidence may be evident.

If this is the case, it is essential that Child Advocates counteract these beliefs about parenting and try to get the mother to simply play with, and enjoy, the chance to just be with their child in a safe and secure environment. Some mothers may have almost 'forgotten' how to enjoy time with their children if they have constantly been hyper-vigilant and unable to relax at home. Likewise with the children, they may have been hyper-aroused and unable to spend time enjoying play with their mother.

If Child Advocates can facilitate free 'play time' between mother and child this will help strengthen their bond and provide the mother with improved confidence in her parenting ability.

The Child Support area is set up in a way that allows the children to explore and have access to a variety of toys, spaces and activities. While there are some specific rules about sharing and tidying up, children are free to choose what they want to play with and where they want to play. Play is an important way for children to work through any questions, problems or worries they may be experiencing. To give children the opportunity to do this in different ways we provide access to different toys and materials, including a dolls house, dress ups, figurines, puppets and play dough. Play is child directed and workers follow what the child wants to do and talk about and participates the way the child wants and asks open questions to engage with the child. This may mean letting a child feel in control by assigning the worker roles in their play or helping them set up a scenario with figurines they can use to talk about their relationship with their parents. We also ensure that we have toys available that encourage mothers and children to connect in a calm and caring way with each other. This includes having a kitchen and tea set so that mothers and children can serve and make food for each other, a medical kit so that they can give each other 'check-ups' and puzzles that they can solve together.

Child Advocate at the Patricia Giles Centre

Music

> The infant is a virtuoso performer in his attempts to regulate both the level of stimulation from the caregiver and the internal level of stimulation in himself. The mother is also a virtuoso in her moment-by-moment regulation of the interaction. Together they evolve some exquisite dyadic patterns (Stern, 1985, p. 109, as cited in Robarts, 2006).

Using music to help children and young people heal from trauma and strengthen bonds with their mothers is an important component of early intervention. Music has been recognised for its therapeutic effects since ancient times, including relieving symptoms of depression, pain and anxiety; and improving social skills (Gouk, 2000;

Hordern, 2000; Tyler, 2000, as cited in Robarts, 2006). A recent meta-analysis of the effects of music therapy for children and adolescents by Gold, Voracek, and Wigram (2004) found that music therapy produces a clinically relevant effect, particularly with children with behavioural or developmental disorders. There are also significant improvements in mother-child relations, in children's behaviours, parental mental health and child communication and social skills (Nicholson et al., 2008).

The Child Advocate (CA) at Orana runs a music program (MP) at her Refuge for children aged 0- 4 years and their mothers. The main aim of the MP is to help families reconnect after the bond between them was damaged due to the perpetrator's use of violence. Other benefits include developing; speech, social networks and skills, and emotion regulation.

Children enjoy the music and movement, while mothers can have the opportunity to experience their child's pleasure. The CA uses songs (including nursery rhymes), dance, and instruments to give the mothers an opportunity to learn new ways of interacting with their child(ren).

The CA did initially contact Sing&Grow™ to provide music sessions at the Refuge. They did go to the Refuge twice to run their own MP, but it was getting too expensive to continue. She knew that it was not sustainable, but she observed the overwhelming benefits of having the program running. She spoke with her manager about developing their own MP. The CA then took the initiative to develop her own five week program. After each hourly session, she would get verbal feedback about its effectiveness, then after each five week program, she would ask the mothers to fill out a feedback form. She would document how the women felt about the music program over its five week duration.

All of the feedback ever received about the program was positive. Because she saw the benefits of the initial Sing&Grow™ program, she developed, ran and evaluated her own MP. One key piece of feedback was that the five week program was not long enough, and could be made into an eight week program.

Contact the CA at Orana for more information on (08) 9370 4544.

Art

Art therapy is where a therapist uses different art mediums to allow the child to express their emotional, developmental or behavioural issues, problems or concerns (Waller, 2006). For many young clients, it is easier to use non-verbal forms of communication such as that offered via artworks (Case & Dalley, 2006). The fundamental principles of art therapy include (Waller, 2006):

- Visual image making is an important aspect of the human learning process.
- Art may enable a child to get in touch with feelings not easily expressed in words.
- The art can act as a 'container' for powerful emotions.
- It may be a means of communication between child and therapist.

Children may not wish to speak about how they are feeling with the Child Advocate, but using art can be a safe way for children to speak about how they feel and receive positive reinforcement from adults[18]. However, in the case that making art together draws a disclosure of abuse from the young client, the Child Advocate will need to inform the child that they will have to alert others and that they might need to tell their story. Child Advocates are reminded that they should never try to undertake a therapy session with their young clients.

"Different art materials are provided to allow children to express themselves through sculpture, drawing and painting. Open ended questions are asked about what the children are creating and no predetermined ideas are placed upon them nor are any judgements (good or bad) are made about the art work. Art can also be used as a form of relaxation for some children who respond to it, for example threading, weaving or colouring mandalas."
- Child Advocate

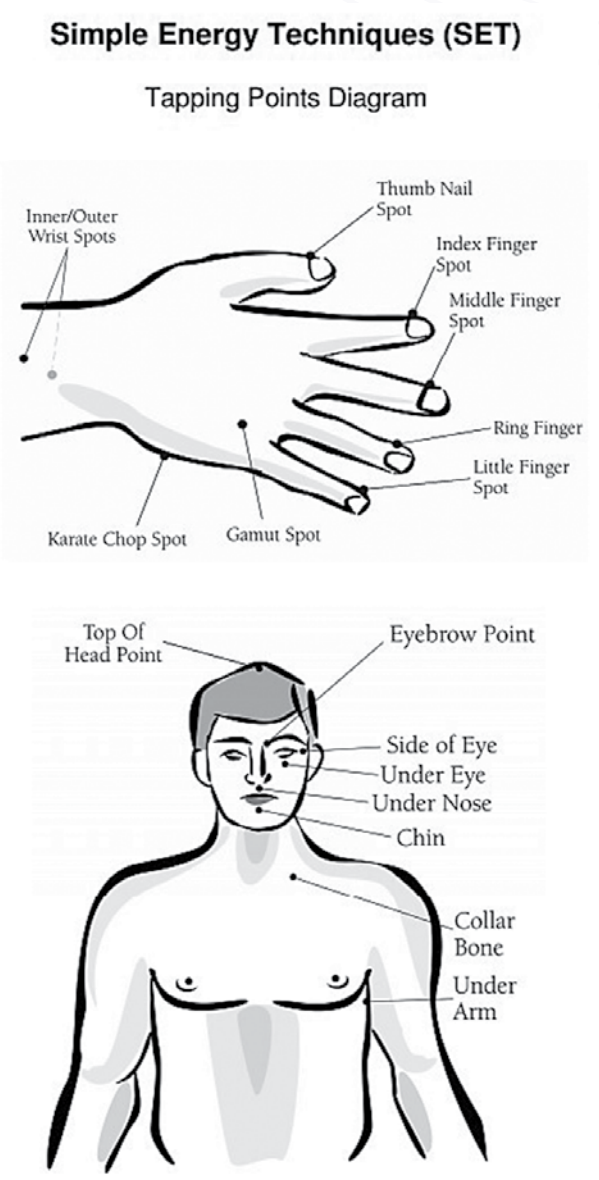
[18] Fifteen examples of practical art therapy techniques can be found in Hall, T. M., Kaduson, H. G. & Schaefer, C. E. (2002). **Fifteen Effective Play Therapy Techniques, Psychology**, Research and Practice, (33)6, 515–522.

Emotional Freedom Techniques as Emotion Regulation

Clinical Emotional Freedom Techniques (EFT) is an evidence-based practice that practitioners can use when working with young clients that have experienced abuse (Church, 2013; Wells & Lake, 2009). EFT involves acupoint stimulation and the 'tapping' of points on the body with the mental activation of a targeted psychological issue (Feinstein, 2012, p1)[19]. At its foundation, EFT is derived from energy psychology, a clinical and self-help modality that combines verbal and physical procedures for effecting therapeutic change (see Figure 5).

The acupuncture points can be found on the hands and on the upper half of the body, and can be stimulated when thinking of a traumatic event. Acupoint tapping has also been suggested to be effective in relieving the effects of PTSD (Karatzias et al., 2011; Church, Geronilla, & Dinter, 2009) and in reducing phobias (Wells et al., 2003).

Figure 5: Tapping Points for SET (Wells & Lake, 2009)



[19] A video for children on learn EFT tapping points can be found at https://www.youtube.com/watch?v=S1efrIBI9BY

8. SELF-CARE FOR REFUGE STAFF

Stress

A Refuge can be both a wonderful and stressful environment to work in. Work demands, high client needs and limited resources can produce a level of work related stress from time to time.

Strategies to manage general stress include:

- taking lunch and coffee breaks
- regular exercise, plenty of sleep, a healthy diet and only drinking in moderation
- having regular supervision and seeking extra supervision if required
- ensuring that you have the training and knowledge needed to do your job properly
- taking regular holidays
- talking to your manager if you feel the workload has become too high
- having realistic expectations of yourself and others
- having and maintaining interests that are completely separate from work.

Critical Incidents

A critical incidence in work is a stressful event that is out of the ordinary. Examples can include a death, serious injury, assault or threat to self, a client or a colleague. Critical incidents can overwhelm a worker's normal ability to cope with work related stress.

Each Refuge will have a policy and procedure for how to respond to critical incidents. The first step (after responding to the immediate situation) is to inform the Refuge manager. Depending upon the circumstances, all affected staff may be offered critical incident debriefing - either individually or as a group.

To be most effective, critical incident debriefing occurs within 1-3 days after the event.

Beth is a Child Advocate who was witness to a critical incident at her Refuge last month. She saw a woman who was a client of the service come into the Refuge, high on amphetamines, with her three young children aged between three and eight years old. Beth gathered the children and took them into a room in the Refuge while the other Refuge staff tried to restrain the hysterical and aggressive woman. Beth called the ambulance for the woman and her children who were all in shock. Beth accompanied them to the hospital, where the children were exhibiting typical signs of shock (shaking, shallow breathing and anxiety).

After leaving the hospital and arriving back at the Refuge, all of the staff were debriefing together about the critical incident. Beth thought it felt good to be able to speak with everyone about it, but she couldn't focus on talking just about herself and how she felt. So, Beth went to her manager. The Refuge Manager was helpful in providing a bit if debriefing, but, Beth needed to speak with a counsellor as she felt that she was becoming vicariously traumatised.

Beth called OPTUM™ to access the Employee Assistance Program that her Refuge had signed up to and paid upfront for (this allows staff to call whenever they wish and the Refuge is not charged per call, staff can call as much or as little as they need). After just one call she felt much better and was able to go back to work.

Vicarious Trauma

Working with victims of violence may cause Refuge staff to suffer from vicarious trauma. Vicarious trauma, also referred to as secondary traumatic stress or secondary victimisation, is a term used to refer to detrimental changes in a person that can occur when they are repeatedly exposed to traumatic stories and witnessing the pain that survivors have endured.

Vicarious trauma can be experienced by anyone who engages with victims of traumatic events - it is a normal reaction and does not reflect any defect in the worker. When working with victims of violence, vicarious trauma is an occupational health and safety hazard.

Vicarious trauma can:

- Impact a worker's professional performance and result in errors in judgment.
- Cause a worker to question their own views of the world, themselves and the safety of their daily life.
- Impact on a worker's personal life, relationships, health and emotional wellbeing.

Symptoms of vicarious trauma will be different for each person, however Table 4 provides an indication of common experiences.

It is important to acknowledge the symptoms of vicarious trauma and communicate this with the Refuge manager. If Child Advocates experience some of these symptoms for extended periods of time, professional assistance should be sought.

Table 4: Common experiences of vicarious trauma

Common Experiences of Vicarious Trauma for Child Advocates	
Depression	**De-personalisation**
Feeling overwhelmed by emotions such as anger and fear, grief, despair, shame and guilt	An increased sensitivity to violence and other forms of abuse, for example when watching television or a film
Anxiety	Dealing with intrusive thoughts about clients
Procrastination	Low self-esteem
Withdrawal and isolation from colleagues	Feelings of hopelessness
Diminished feelings of satisfaction and accomplishment	Sleeping problems
Substance abuse	Disruptions in interpersonal relationships
Disruption in ability to maintain a positive sense of self	Feeling profoundly distrustful of other people and the world in general
Having no time or energy for self or others	Feelings of reduced personal accomplishment
Increased irritability	Avoiding situations perceived as potentially dangerous
Increased feelings of cynicism, sadness or seriousness	Increased feelings of cynicism, sadness or seriousness

Jade is a Child Advocate at a Refuge and helped a client during a critical incident at work. The client went with the child advocate on the school pickup and discovered that her children were not at school for collection. The school staff advised the mother that their father had come to pick them up and they were released to him. Jade helped speak to the mother and calm her down as she was scared and panicking. They returned to the Refuge and phoned the Police. The Police managed to recover the children and Jade accompanied the mother to the Police station to collect them. The client was hysterical throughout the whole ordeal, worried about her children. Jade spoke to the mother and reassured her.

After Jade returned back to the refuge with the client and her children she sat around with the staff and debriefed. The manager spoke to the staff individually to see how they were after the incident. Afterwards Jade emailed her external supervisor and asked if she could move her session to a week earlier, due to the critical incident she had experienced at work. The supervisor agreed and Jade saw her for her session by the end of the week. After the session Jade felt a lot better. The external supervision was paid for by the workplace and Jade was allowed to seek supervision once every month.

9. GOOD PRACTICE FOR EMPLOYERS

Defining Agency Values and Philosophies

It is important for all Refuges to define their values and philosophies. This in turn will define and guide policies and the practices of staff. As domestic and family violence is a gendered crime, it is important for Refuges to be aware of feminist philosophy, which seeks to recognise and understand the power imbalance between men and women in society and how this intersects with domestic and family violence. Refuges should also have an appreciation of Aboriginal frameworks that place family violence within a broader context of historical and current race relations.

Refuges must also be guided by social justice and non-discrimination. Agencies must value that families differ and work within a broad definition of "family" (Gevers, 2003). Within the context of funding parameters, Refuges must be able to work with all types of women and children, regardless of age, race, religion, sexual orientation, disability, class and legal status.

In terms of children and young people, Refuge value statements and policy should clearly define the child as a client in their own right, with a right to support and services in the same way as is provided to women. Valuing the rights of the child and young person is critical and will help to inform a child-centric practice for all Refuge staff.

Children and Young People's Participation

Children and young people are clients in their own right and Refuges require appropriate policies, procedures and practices to ensure quality services. As with other forms of consumer participation, children and young people should be included in the planning, review and evaluation of services wherever possible. Whilst often a challenge to include young consumers in service design and review, there are creative ways in which this can happen:

- Asking children and young people for evaluative feedback on their experiences in a Refuge e.g. 'what do you like best about staying here?' or 'how do you think we could make this a better place for children/ young people?'
- Holding age appropriate children/young people discussion groups when introducing a new idea to hear their thoughts on the proposal.
- Having young people reference groups - either time limited or ongoing.
- Ensuring methodology to include children and young people are part of all consultation and evaluation plans.
- Ensuring that Refuges have key documents written in a child friendly manner such as the rights of children living in a Refuge[20].

Attracting and Selecting Staff

Where children and young people are clients of a Refuge, it is imperative that Child Advocates are employed to help in meeting their special needs. Child Advocates support young clients, advocate for them, link in with other agencies and work with mothers in the context of achieving the best outcomes for children and young people.

It is important that the management of Refuges, as well as the sector as a whole, advocate for adequate resources to:

- employ Child Advocates
- provide adequate resources and training for Child Advocates
- have a well-designed child specific area in the Refuge.

Job descriptions

Working with children and young people is a specialised skill, and this should be reflected in the Child Advocate job description. It is not a role that can be done by anyone and requires knowledge, skills and experience that are particular to working with children and young people. The job description should clearly outline:

- expected duties; and
- selection criteria in regard to qualifications, experience, skills, knowledge and values

[20] See APPENDIX 1 for children's rights

Applicants should have qualifications in an appropriate field (e.g. human services, youth work, early childhood education) or less formal qualifications but extensive experience. All applicants must be able to comply with Working with Children Checks and police clearances[21].

Refuges must clearly articulate to all potential staff that the service is child-focused and views children and young people as clients in their own right. This expectation should be reflected in all Refuge job descriptions, not just those related to Child Advocates.

Selection

The selection of Child Advocates will be governed by agency staff selection policies and procedures. At a minimum, when selecting competent staff who will be working with children and young people:

- Interview questions should probe an applicant's attitudes to working with children and young people who have experienced domestic and family violence, as well as their qualifications and experience. Hypothetical case studies may be a useful tool to use.
- Employees should share the same values as the agency in trying to address gender-based violence and to seek justice for all women and children. It is vital that agencies clearly articulate to potential staff members that the service is child-focused and views children and young people as clients in their own right.
- Contacting an applicant's referees is essential.

Applicants should be asked if they have personally experienced domestic and family violence and how they think this could affect their work. A lived experience of domestic and family violence can be a strength and help employees to empathise and effectively work with victims, but it can also re-traumatise the employee and potentially elicit victim-blaming responses such as "I survived violence and left a violent perpetrator, so why can't you?"

Backfilling

The Child Advocate role is a specialised position. The Child Advocate might be tasked with training, mentoring or sharing their knowledge with other Refuge staff members. However, Refuge staff who receive mentoring or training in child centric issues should not be considered a Child Advocate as such and should not be responsible for working as a Child Advocate.

It is not suitable for another Refuge staff member to backfill as a Child Advocate, unless they are qualified to do so.

When management are contacting a potential employee for an interview, a list of possible questions may be provided to them. Questions relating to having a lived experience of violence must be on the list of questions, to prepare the potential employee and avoiding putting them on the spot. An applicant may wish not to answer the question, however management must assess whether the applicant is a suitable candidate for the position. Where potential employees answer the 'lived experience' questions, managers should use their professional judgement to determine whether they are suitable to work in the Refuge environment. Many Refuges have policies regarding the minimum time allowed between commencing employment at a Refuge and an applicant's last experience of abuse.

Where the Child Advocate is not at the Refuge (e.g. on leave or at training), another other Child Advocate should be asked to cover their working hours.

Subcontractors

A subcontractor is a person or agency that has formed an agreement to provide a service in exchange for a fee. Subcontracted arrangements may be used by Refuges who do not have the capacity to employ a Child Advocate and/or Refuges that wish to purchase a specific service e.g. children's counselling. Service standards, requirements and expectations should be clearly negotiated with the subcontractor prior to accepting any formal subcontracting agreement.

Orientation and Induction

An induction package for all new staff is recommended. This should include general information about the service, the agency's policies and procedures, information about linking in with other services, expectations in terms of codes of conduct, and other important information.

Induction should also include information and/or training about:

- Understanding domestic and family violence (see SECTION 3)

[21] An example job description is provided in APPENDIX 6.

- The frameworks that the Refuge supports in working with children and young people, such as response-based practice and mutualising language (see SECTION 11).
- Understanding and appropriately working with the diverse experiences of women, children and young people escaping domestic violence (see SECTION 10).
- Occupational health and safety, including dealing with vicarious trauma (see SECTION 8).

The induction process should set clear expectations for how the service operates and what clients and staff can expect. Agencies should keep a copy of the *Working with Children Check* on file for any practitioner who will be working with children and young people.

Retaining Staff

From anecdotal evidence in Western Australia, the turnover rate for Refuge staff working with children and young people that have experienced domestic and family violence is relatively high. It is important that Refuges strive to make the Child Advocate position as rewarding as possible in an effort to sustain and retain the employee.

Staff turnover can be minimised by creating staff retention policies and practices that focus on work satisfaction and sustaining and supporting an employee. This can be achieved by:

- Allowing staff some autonomy in developing programs.
- Supporting staff to attend professional development courses/training/conferences to enhance their knowledge base and network with others.
- Supporting and expecting staff to attend sector wide child support meetings.
- Encouraging teamwork, collaborative practice and respect for the role of Child Advocates.
- Having effective and efficient administrative practices and systems.
- Offering incentives such as bonuses or promotion.
- Providing ongoing support, positive feedback and regular supervision.
- Listening to staff and considering their feedback and comments about the service.
- Creating a positive physical environment.

Working Hours

Depending on the number of school aged children in a Refuge at any given time, a Child Advocate's ability to access and work with children and young people may be limited if only working traditional office hours. Refuge management may need flexibility in the hours they allocate to the Child Advocate position and such workers may need to be employed on the basis that they will be required to be flexible with the hours they are asked to work. For example, both management and staff may agree that working hours on weekends or after school hours are more appropriate - either on an ongoing or as needed basis.

Child Advocate tasks during school hours

While school-aged children are attending school during the day, Child Advocates will be working with mothers and their younger children. In the case that Child Advocates have time during the day where they are not working with clients, such workers may be engaged in:

- Following up case plans and liaising with local services to strengthen partnerships.
- Organising programs or outings for young clients.
- Researching up-to-date evidence-based approaches to practice.
- Designing new programs for young client depending on their needs.
- Researching and applying for grants to finance programs, resources etc.
- Reviewing case notes and expanding on them where required.
- Documenting SHIP data.
- Networking with other workers and attending professional development activities.
- Accessing online training.
- Undertaking professional supervision and goal setting.
- Writing articles for the Women's Council for Domestic & Family Violence Services (WA) Child Advocate Newsletter.

Among her other tasks, a Child Advocate from a Perth metropolitan Refuge organised a local community event day. She also arranges for many other activities, just like other CAs. She has a strong commitment to ensuring that the Refuge and her as the CA, have good relationships with other agencies in her local area.

"Community events like family fun days and excursions, Mother's Day and Christmas parties provide occasions for mothers and children to enjoy each other's company and the company of other families in similar situations. It also offers the chance for families to experience something new or different, for example going to the beach and learning how to be safe at the beach or going into the city to see the ballet. Other times it may involve learning about and connecting with other organisations that might be able to support and assist a family, for example Ngala, libraries, child health nurse or Women's and Family Health Service. There may be other occasions where organisations would like to hear from CAs about their experiences with children who have experienced FDV".

Inclusive Practice

As Western Australian society is increasingly becoming more diverse, crisis accommodation services should be able to cater for children, young people and women from different backgrounds seeking Refuge from violence. Services should be easily accessible to all the demographics groups which it supports; seek community input into service delivery to ensure inclusiveness; and provide services to Aboriginal and CaLD people within a broader understanding of family violence.

Parallel development is where two or more cultures grow and develop side-by-side to achieve a common goal - supporting clients that have experienced domestic and family violence in a culturally appropriate way.

The Patricia Giles Centre achieves this by liaising with the Aboriginal early years' service, Coorrt Coolong. Coorrt Coolong is a home visiting parent support service for Aboriginal families in the northern suburbs and has office space at the Refuge. Aboriginal families living in the Refuge can be referred into the service after they leave if they are living in the northern suburbs. The staff of Coorrt Coolong are always Aboriginal women and advise Refuge staff on Aboriginal issues and provide training at staff development days on Aboriginal culture and history.

Employing Aboriginal staff

The overall number of Aboriginal children and young people in crisis accommodation services has been shown to be 55% or more of all young clients for some periods (Stainton, 2014). Culturally appropriate services are needed for young Aboriginal clients of Refuges. Refuges should ensure that Aboriginal staff are employed where possible, this could even be employing Aboriginal consultants. If there is no Aboriginal input into service design and day-to-day practice through the employment of Aboriginal staff, the cultural safety of the service may be fundamentally compromised (Hovane, 2007).

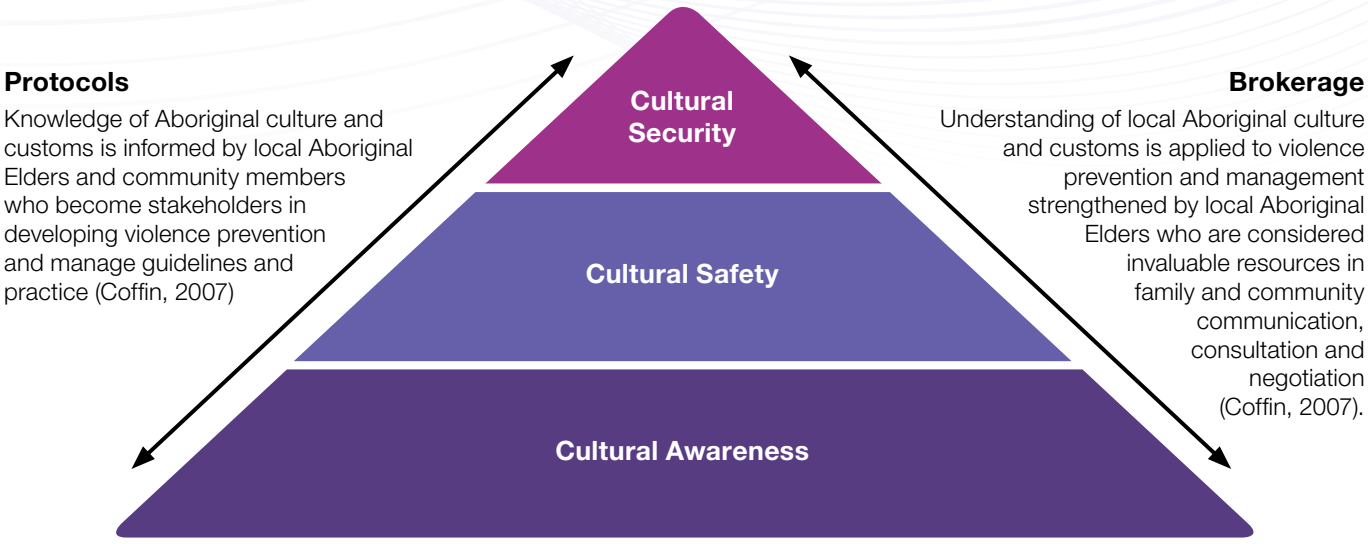
Parallel development

Providing a relevant service provision to diverse women, children and young people can be achieved through what is often termed 'parallel development'. The parallel development model lends itself to similar notions such as 'cultural security' and 'cultural competency'.

Parallel development is where Aboriginal people have input into an agency's organisational structure and service provision. This model attempts to end the homogeny of mainstream approaches to service provision by addressing issues of dominant culture and incorporating Aboriginal ideas through partnerships between Aboriginal and non-Aboriginal people and agencies (Nikora & Robertson, 1995). In practice, parallel development may include:

- Aboriginal staff members working at the agency.
- Consultations with Aboriginal women and community groups on inclusive service models, policies and practices.

Figure 6: Coffin's (2007) Cultural Security Model



- Recommended training for staff that focuses on Aboriginal family violence and how to work with Aboriginal women, children and young people.
- Practice partnerships and agreements with Aboriginal agencies and/or consultants.

An important part of the parallel development policy is that professional development for staff should include dimensions of racism, cultural imperialism, and colonisation (Nikora & Robertson, 1995).

Coffin's (2007) Cultural Security model *(see Figure 6)* describes how the often interchanged terms: Awareness, Safety and Security are very different. For example:

Awareness: *'I know that most Aboriginal people have very extended families.'*

Although the Child Advocate demonstrates a basic understanding of a relevant cultural issue, it leads to no action being taken. There is no accepted practice in the Refuge and the actions taken depend on the individual worker and their knowledge of Aboriginal culture and cultural security.

Safety: *'I am going to make sure that I ask about which extended family members are safe and those that are not safe so we can include/omit them from the child's safety plan.'*

Safety involves the Child Advocates working with individuals (mother and child(ren)), organisations and sometimes, the community. Most of the time however, cultural safety consists of small actions and gestures, and is usually not standardised as policy and procedure.

Security: *'I am going to help write the Safety Plan with the child, and with permission, communicate with the local Aboriginal elder or another Aboriginal community member. I will check with the Elder to see if they can help keep the child safe. While following my policies around confidentiality and duty of care, I will ensure that my client is support as best as they can be by the local Elders and that they are secure in their communities".*

The examples given here in relation to Aboriginal inclusive parallel development equally apply to people from other diverse cultural and social backgrounds.

Ensuring Safety and Rights are Upheld

When children and young people are in the care of a crisis accommodation service their safety and rights must be a priority. Young clients have a right to feel safe and secure. They also have the right to privacy and confidentiality, within policy, legal and ethical parameters. Child's rights in living in a Refuge should be articulated in child friendly language and explained to them so that they understand that they do have rights[22].

Integrated Service Provision

An integrated service provision is where the Refuge and other agencies in the community work together to achieve positive outcomes for young clients. A coordinated approach includes consistent responses aimed at enhancing victim safety and holds abusers accountable for their violence. It can also reduce secondary abuse, as a lack of an integrated response is a form of systemic violence and can be a source of re-abuse for victims.

Family and domestic violence is a complex problem requiring a range of responses across government departments and the community services sector. Coordinated responses are important because very few agencies have the capacity to achieve victim safety and perpetrator accountability without the involvement of other services and agencies. Refuges can strive to achieve collective responses to victims by establishing memorandums of understanding (MOUs) with other agencies, such as; local schools, recreation services and child specific community services and government agencies, such as the Department of Child Protection and Family Support.

Khaldun (13) and Nubia (9) came into a Refuge in the Perth metropolitan area with their mother. Khaldun is older, and has seen the abuse perpetrated against his mother from a young age. He has also started to become abusive towards her and exhibits stereotyped ideas about gender roles, ie. what it means to be a male. Nubia is younger, she is very quiet and her mother suspects possible sexualised abuse by her father but cannot be sure. Nubia too has stereotyped ideas about what it means to be a female. Amina is the Child Advocate who works with Khaldun and Nubia, she begins to teach them protective behaviours, and is interested to see if Nubia discloses sexualised abuse. Amina also suggests to their mother that they receive some counselling for what they have experienced (especially for the potential sexualised abuse of Nubia) and also to challenge some of their ideas around power and control.

Amina knows of a few generic counselling agencies in Perth, but she needs a specialist counsellor who can address domestic violence, sexualised abuse, role modelling for young men, etc. She knows that CentreCare in Perth provide a culturally sensitive counselling service and also have experience in these specialty areas. Amina asks her manager to contact CentreCare so that they can meet with the CEO to discuss the development of an MOU. After a few meetings between Amina, her Refuge Manager, and CentreCare's CEO, a draft MOU was developed. Amina discussed the children's needs with the CEO and did a lot of the groundwork for the MOU. After their group meetings, the Refuge Manager and CEO had one last meeting to finalise and sign off on the MOU. The Refuge now receives specialist, in-house, counselling so that Khaldun, Nubia and other children do not have to travel around to the appointments. The Refuge is now able to run group art therapy sessions and one-on-one sessions with a male or female counsellor. Khaldun now sees a male counsellor which has a positive impact on him as he can have a male role model and is challenged about gender stereotypes.

Amina notes that there are many benefits of having the MOU, including: specialty counselling to adequately address the children's needs; offering both male and female counsellors, and; having less waiting periods for counselling.

[22] See APPENDICES 1 & 2

The Family and Domestic Violence Response Team are triaging a Domestic Violence Incident Report (DVIR) from the previous day. As they work through they find a report related to a young mother (Melissa) who has two children under the age of two (Jack and Jerome).

The DVIR says that Melissa's partner Dave has punched her to the face, pushed her up against the wall and used his forearm to choke her. When police arrived, Dave was no longer at the property. A quick risk assessment from the attending officers' indicated that this most recent assault was part of a broader pattern of escalating violence, which included physical and sexual assaults, threats to kill, threats with weapons and increasingly controlling behaviour. Police contacted crisis care and made arrangements to transport Melissa, Jack and Jerome to a Refuge. Due to the severity of the assault, prior history and the age of Melissa and the children, the child protection worker in the Response Team recommended that the case should be intaked for further assessment (usually referred to as a 'safety and wellbeing assessment').

During the assessment process, the Refuge staff and child protection worker maintain regular contact. The purpose of this working relationship is to exchange information relevant to case planning and information about the risk/danger that Dave poses to Melissa, Jack and Jerome. The Refuge is also actively involved in supporting Melissa to navigate the process. They provide support during meetings and ongoing advocacy to make sure that Melissa is not blamed or held responsible for Dave's use of violence and abuse. Even with support, the involvement with child protection is hard for Melissa. She is frightened that Jack and Jerome will be taken away. Refuge staff provide ongoing emotional support to Melissa and act as a 'go-between' for Melissa's questions or concerns.

The assessment determines that emotional harm to the children has occurred. The person responsible for the harm is Dave. The assessment recommends that 'child centred family support' is necessary due to the continued risk that Dave poses to Melissa, Jack and Jerome. The case is handed over to a new child protection team (the Child Centred Family Support Team) and a new child protection worker is introduced to Melissa.

The objective of child centred family support is to reduce or manage the risk posed by Dave. To do this, a number of things happen:

1. The Department convenes multi-agency case management (MACM), which the Refuge participates in. The purpose of MACM is to assist in the coordination of service responses and to develop a thorough multi-agency safety plan. The multi-agency safety plan works towards safety for Melissa, Jack and Jerome; and accountability for Dave.
2. The Department asks Melissa to identify a 'safety network', which can include friends, family or service providers. The safety network are key people that can provide support and safety for Melissa, Jack and Jerome. Melissa nominates the Refuge to be part of the safety network.
3. The Department engages Dave to communicate their concerns about his use of violence and develop a case plan, which includes his participation in a men's behaviour change program.

After three months, the Department closes the case with monitoring arrangements in place for Dave, a safety network for Melissa, Jack and Jerome and a multi-agency safety plan.

"In Earth people are very cool" –
Boy, aged 11, living in Refuge with his mother

Creating a Positive Environment

Refuges must seek to create a positive environment where young clients are be able to relax, feel safe to express their thoughts and feelings and begin to heal after experiencing violence.

Child Specific Spaces, Toys, Activities and Art

A child and young person focused service should provide appropriate spaces and objects for their young clients, such as children's' rooms, activity rooms, homework spaces, toys, books, stationary, paint, craft supplies, computer/s and an outdoor area.

When providing children with toys, fewer toys around the Refuge reduces the chance of conflict among other children or siblings. Children cooperate more when there is less - fewer toys can foster more cooperation (Payne & Ross, 2010). It is also a benefit for the child's development if the toy promotes imagination and creativity. Neutral toys such as teddy bears or figurines are suggested. The way toys are stored is important too. If an activity room is cluttered and untidy, this could create a sense of anxiety among the child and a feeling of being overwhelmed by stimuli in their environment.

While play time indoors is great for children, outdoor activities promote physical development in addition to social and emotional connections to others and connection to the natural environment. By providing balls, hoola-hoops, skipping ropes etc., children develop physically, learn to socialise with others and simply enjoy spending time outside.

The Influence of Colour and Light

Colours have a significant impact on children's lives. For example, they have a role in self-presentation and in impression formation. An Australian study conducted by Hemphill (1996) demonstrates that bright colours elicit mainly positive emotional associations, while darker colours elicit mainly negative emotional associations. Supporting Hemphill's work, Kaya and Epps (2004) go on to demonstrate that principle hues (i.e. red, yellow, green, blue, purple) comprised the highest number of positive emotional responses. The colour green evoked most positive emotions because it reminded respondents of nature. However, the colour green-yellow had the lowest number of positive responses because it was associated with vomit and elicited feelings of disgust (Kaya & Epps, 2004, p1).

Colours can also be described in temperature terms, such as 'warm' or 'cool'. The cool colours (e.g., blue, green, purple) are generally considered to be restful and quiet, while the warm colours (e.g., red, yellow, orange) are seen as active and stimulating (Ballast, 2002, as cited in Kaya & Epps, 2004). Lang (1993, as cited in Kaya & Epps, 2004) made observations about the effects of colour on perceptions of room size and psychological response, noting that cool colours such as blue and green make a space restful and increase spaciousness; however warm colours such as red, orange, and yellow make a space less spacious, while increasing stimulation. People exposed to red and yellow colours reported higher levels of anxiety than did people exposed to cool blue and green colours (Kwallek, Lewis, & Robbins, 1988; Mahnke & Mahnke, 1993, as cited in Kaya & Epps, 2004).

When deciding what colours to paint the Refuge's activity room or crèche, research on colour-emotion associations indicate that bright "principle hues" such as red, yellow, green, blue, purple are associated with positive emotions. The "warm" principle hues such as red, orange and yellow can stimulate children and create the perception of a smaller room, while the "cool" principle hues such as green, blue and purple can translate into a room feeling more spacious and relax the child. In the context of providing crisis accommodation to children and young people that have experienced violence, it is suggested that the "cool" colours should be used (green has been found to be especially calming). Red and orange typically represent passion, anger and energy and if used on the walls of an activity room, should be used minimally.

Exposure to daylight can be beneficial for healing (Choi & Beltran, 2004) and studies have also shown that children who learn in classrooms with natural light as opposed to fluorescent lighting have better outcomes (Kuller & Lindsten, 1992). Refuges should aim to have abundant natural lighting in play rooms or rooms where children complete homework or are engaged in therapeutically-based activities with Child Advocates.

The colourful "cool principle hues" (green, blue and purple) have been used effectively in this non-cluttered activity room with natural light streaming through the windows for children and young people at the George Jones Child Advocacy Centre in Armadale, Western Australia. (Image sourced from: George Jones Child Advocacy Centre website, 2014).

Child-Staff Ratio

There is no agreed national standard for the staff ratio Refuges should have between child workers and children. However, the WA Department of Local Government and Communities (2014) provides information and guidelines for centre-based care that can serve as a benchmark for Refuges. The Department suggests that centre-based services use the following WA Education and Care Services National Regulations 2012 as a guide for staffing ratios:

- one staff member for every four children aged up to two years
- one staff member for every five children aged two to three years
- one staff member for every 10 children aged over three years.

Establishing a child to staff ratio is vital and will show good practice in helping to support young clients. It will also help in mitigating possible negligence on the part of the Refuge.

Strengthening the Mother-Child Bond

The professional environment in the crisis accommodation service should be conducive to facilitating a positive relationship between mother and child. The Child Advocate can work with both their young client and also the mother, to strengthen bonds between them. The Child Advocate should facilitate bonding activities, but always keep in mind the need for a client-lead practice. Providing an environment where practitioners can professionally seek to restore the potentially fractured bonds between the child or young person and their mother is good practice.

Supervision, Self-Supervision and Mentoring

There are two types of supervision that can be provided to Child Advocates: managerial supervision and clinical supervision. To ensure a high level of quality service and to reduce the risk of burnout, both types of supervision are important.

Managerial supervision is where Refuge managers supervise Refuge staff insofar as they provide direction and feedback on tasks undertaken; suggestions to enhance good practice; and are available when staff have a personal or professional issue that has arisen from their work they wish to discuss. Having regular managerial supervision will assist staff in everyday activities and tasks undertaken. Managerial supervision is usually undertaken by a worker's line manager.

Clinical supervision sessions enable practitioners to reflect upon their professional practice when working with children and young people and assists staff to talk about issues that might be troubling them and overcoming trauma that could be impacting on their professional life. Clinical supervision will also help with enhancing professional capacities, such as interactions with clients and others, so as to avoid biases and judgment. Clinical supervision is where a trained therapist (sometimes external to a Refuge) conducts the supervisory session and should be understood as part of a service's obligation to carry out their duty of care requirements to employees. Clinical supervisors might provide directed reading material, didactic teaching, role playing or tape review[23], with reflection on the practitioner's interactions with the young client (Bennett-Levy & Thwaites, 2007).

Clinical supervision allows practitioners to develop both personally and professionally, for the betterment of the client, service and self. Clinical supervision should be offered to all employees of a service and may be one-to-one or group-orientated.

In addition to supervision, agencies should use a range of strategies to monitor and minimise the impact of the work on their staff, including (Domestic Violence Victoria, 2006, p57):

- Encouraging workers to take accrued leave/time in lieu and creating policy that ensures workers do not accrue an excessive level of leave/time in lieu.
- Creating opportunities for support workers to vary their caseload and work activities.
- Encouraging support workers to take time off for illness, or grief and loss issues.
- Encouraging participation in continuing education and professional development.
- Encouraging self-care activities and ensure self-care strategies are discussed in group and individual supervision sessions.

Self-Supervision

While all Refuge workers should receive supervision, there is also an opportunity for self-led supervision. This can be in the form of reflective practice or where the practitioner consults frameworks such as feminist theories of violence, response-based practice approaches to violence and honouring young clients' resistance. These frameworks will help when reflecting on the quality and appropriateness of practice.

Reflecting on interactions with children, young people, mothers, colleagues and other agencies is important to ensure a high standard of work is being carried out when working with young clients. Reflective questions can include:

- Have I used any mutualising language when conversing with my young client?
- How have I responded to my client's stories that they have decided to share with me?
- Have I tried to facilitate a stronger bond between the mother and child?
- Where have I been subjectively reactive in my practice and why was I reactive?

Self-directed reading is also a method for self-supervision that should be endorsed by agencies. This involves reading literature on child development in the context of violence, interpersonal skills, the need for interagency service provision, response-based practice etc.

Self-supervision should in no circumstances replace managerial supervision and clinical supervision. It should be seen as an additional component of ensuring wellbeing, continuous professional development and burn-out reduction strategies.

Mentoring

New staff working with children and young people should be paired with a more experienced Child Advocate to draw from their knowledge and skills and help them to settle into their new role. The mentor should be available to give guidance about making important judgment calls, set a good example for the ways in which practitioners operate within a service and educate the new staff member about policies, procedures and good practice models. Depending on the structure of the agency and the number of staff, a mentoring arrangement with Child Advocates from other Refuges may be a viable option.

[23] Agencies and practitioners must be cognisant of confidentiality issues around recording interviews and assessments with young clients. This can be a highly beneficial tool for development, but the wishes of the young client and their mother/carer must be a priority.

Professional Development

Opportunities for professional development through learning new skills and building on pre-existing professional capacities is essential for people working with children and young people who have experienced domestic and family violence. Agencies should allocate a portion of their budgets to providing professional development to staff. Training, workshops, seminars, online educational tools etc. are all methodologies for enhancing professional capacity. It is recommended that all staff attend at least four professional development events over the course of a twelve month period. Agency managers are encouraged to support their staff who work with children and young people to develop their skills and knowledge as well as provide them with opportunities to attend workshops, seminars and conferences.

Networking

Building and maintaining strong relationships with professionals from other agencies and sectors is important in ensuring interagency collaboration and is also necessary to expand on professional knowledge and skills. Professional development courses, meetings, community events etc. are all ways in which professionals can network and expand their sphere of contacts and support. Agencies should provide an opportunity for staff to network and meet others. This can help with referrals, provide motivation for workers, put their practice into perspective and subsequently provide better outcomes for young clients.

Valuing the Child Advocate Role

Children and young people make up the largest client base in Refuges that support both women and their children. The Child Advocate is absolutely essential in helping young clients to achieve positive outcomes while in a Refuge. Refuge management and other Refuge staff must see the Child Advocate role as imperative and one of the most critical roles at the service. Child Advocates should not be viewed as child minders, or given tasks by other Refuge staff that detracts from their primary roles in supporting young clients. Finely tuned skills and abilities are needed to support children and young people. Working with women should not be seen as a more superior or critical function at the Refuge.

Research, Evaluation and Feedback

Programs for children and young people that are built on clearly defined frameworks, such as response-based practice, are better able to identify whether they meet the accepted Good Practice Principles discussed in this guide. Programs based on research that provides evidence of their effectiveness or appropriateness reflects good practice.

Refuges should seek to research and evaluate children and young people's perceptions of service provision and programs to ensure their needs are met[24]. Once evaluation or research has been concluded, agencies are encouraged to share the findings with other services to ensure good practice.

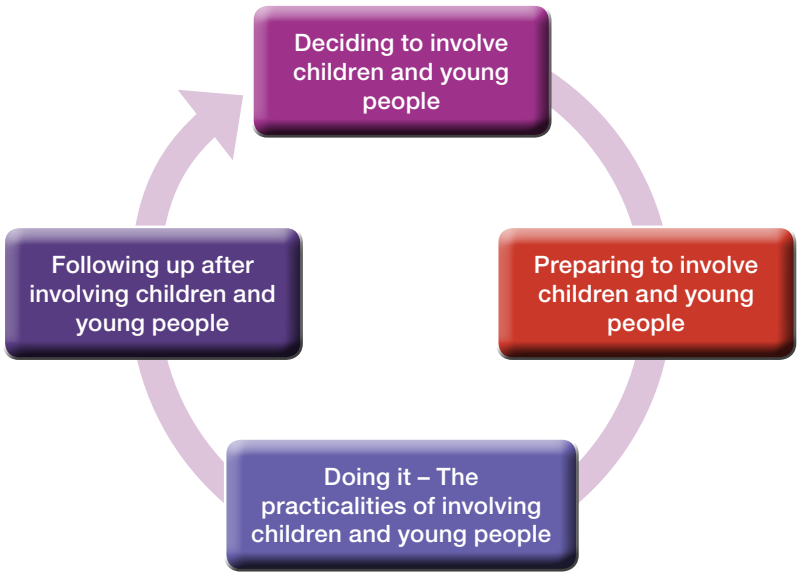
Eloise was a new Child Advocate (CA) that started working at a Refuge that did not have another CA, and did not have a CA prior to her getting her job. Eloise did not receive any mentoring from people at work, as they did not know much about the CA position and what the role involved. Eloise attended a CA meeting organised by the WCDFVS where other CAs got together and spoke about issues relating to advocacy work. Eloise sat next to a CA that had been in her role for over 10 years, Alison. Alison invited Eloise to contact her to talk about the role in more depth. So, Eloise called Alison and they arranged to meet at Alison's Refuge. They met for over two hours and went through everything from intake, case management, programs and resources, referral pathways, to how the playroom could be set-up, how management could be approached if Eloise had an issue, etc. Alison provided support, motivation and mentoring to Eloise. After their meeting, Eloise had more of an in-depth idea about child advocacy, the day-to-day operations and expectations of a CA, resources to use, etc. She took her ideas and suggestions to her manager. Eloise is now much more confident in her role and calls Alison every now and then for advice.

[24] See Figure 7 and APPENDIX 5 for more detail

Clients should also be aware of formal complaints processes and how to give constructive feedback to the agency. Feedback should then be evaluated and considered for integration into practice. Client feedback is also a valuable method for promoting accountability and transparency. Child Advocates should also be encouraged to provide input into the service's operations. This will help to ensure that the young client's needs are being met and that the service is inclusive.

Child Advocates should be supported to research programs to run with their young clients (e.g. music, art, sport programs) and then evaluate how effective they have been in achieving positive outcomes. Evaluation of the effectiveness of programs can be useful when applying for grants or presenting findings at Child Advocate meetings or training workshops.

Figure 7: The Participation Cycle for involving children and young people (Commissioner for Children and Young People Western Australia, 2009)



At is good practice for Refuges to constantly invite and implement feedback from children and young people who are living or have lived in the Refuge. This feedback can be ongoing during daily activities where the Child Advocate may ask the child "Do you like doing this activity?" Or "How do you think this activity could be better?" or "If you could do another activity, what would it be?". It should also be part of the Exit Planning phase whereby children, young people and their mothers are asked questions about:

- the Child Advocate worker;
- the programs/resources/activities/referrals etc. available;
- how conducive the Refuge was in facilitating healthy outcomes for the young client(s) in general;
- the living arrangements of the Refuge;
- the social cohesiveness of the Refuge;
- what the children and young people liked the most, and;
- what they think needs improving.

Questions do not need to be limited to this list. The questions should at least address some of these points. The Child Advocate has a critical role in ensuring the voices of the young clients are heard, recorded, and acted upon. While it is ultimately up to the Refuge Management staff to enact policy-level decision informed by the feedback, the Child Advocate has an important role in collecting the feedback, making sure management are aware of it, and ensuring that they are actively pursuing ways in which to implement the feedback. If management is slow to enact changes, Refuge staff should advocate for change as much as possible for the best interests of the children and young people.

10. DIVERSE EXPERIENCES OF VIOLENCE

THE INCIDENCE RATE IN AUSTRALIA OF CHILDREN EXPERIENCING FAMILY AND DOMESTIC VIOLENCE IS ONE IN FOUR (INDEMAUR, 2001)

There are many social factors that influence women, children and young people's experience of domestic and family violence. For example, culture, class, religion, level of ability, locality, and sexuality are some of the factors that can influence not only the primary experience of violence, but also influence barriers to seeking help and how others respond to the violence. When considering children and young people's diverse experiences of violence, it is vital to understand how these different factors can influence specific needs and what might be required in responding to these needs.

Below are some of the diverse experiences of domestic and family violence. It is however important to remember that whilst understanding culture and social/economic circumstances helps us better tailor our responses, we have to be careful not to assume everyone in a particular sub-group will have the same experience. Children and young people are all different. Understanding difference should not be the same as stereotyping.

Aboriginal and Torres Strait Islander Children and Young people

For a range of reasons, Aboriginal and Torres Strait Islander women and children often bear the brunt of family violence. Aboriginal and Torres Strait Islander women are 45 times more likely to be a victim of domestic and family violence than non-Aboriginal women; and nine times more likely to be a victim of domestic homicide.

Aboriginal and Torres Strait Islander children are more likely to experience violence against their mother (42% reported seeing violence against their mother compared with 23% of all children, Flood & Fergus, 2008).

Refuge staff working with Aboriginal clients must have insight into our shared history and the legacy that colonisation has left for Aboriginal and Torres Strait Islander people, and how this manifests today in the context of family violence and a range of other disadvantages experienced by Aboriginal children and young people.

Children and Young People from Culturally and Linguistically Diverse Backgrounds

Culturally and linguistically diverse (CaLD) children and young people encounter a range of complex problems which may reduce the chance of healing after violent episodes or seeking help when experiencing domestic or family violence. Pillay (2014) notes that additional problems for young CaLD clients can include:

- language barriers;
- issues with interpreters conveying inaccurate information to protect their community (children being used as interpreters);
- lack of practitioners displaying cultural sensitivity and self-reflection;
- migration and acculturation issues (different levels of acculturation between parents and children in particular);
- culturally patriarchal principles;
- spiritual and religious leaders determining safety;
- barriers to disclosure (shame to family or community);
- fear of deportation;
- fear of retribution (here or for other family members in their home country);
- disciplining children (via physical punishments or extended family involved); and/or
- separation issues after violence.

Arriving in Australia as a refugee from war or conflict is also factor to understand. For example, Pittaway and Rees (2006) estimate that many refugee women, children and young people have suffered repeated rape and sexual assault prior to arriving in Australia.

In an effort to make our Child Support area inclusive for children from other cultures we invite children to write labels in their language for different phrases or objects in the room, play music of their culture and we also have instruments, dolls and puzzles from different cultures that the children can play with. We make sure we have plenty of non-verbal activities for children to engage with, for example, art and crafts and tactile toys. We also have a world map in the Child Support area that children are able to mark the country/ies they or their parents are from. Difference and diversity is also explored in after school and holiday programs through arts, dance, music and literature. For example, we might use stories like 'Giraffes Can't Dance' and then guide children to create costumes to express their identity. For a longer program, we would partner with dance and music groups to explore our different cultures and identities and celebrate with a dance party at the end.

Child Advocate at the Patricia Giles Centre

Children and Young People from Rural Communities

In 2006, around one third of people in Australia lived outside of major cities, including 1.4% in remote areas and 0.8% in very remote areas (ABS, 2007, as cited in Australian Institute of Health and Welfare, 2008). Increased financial pressure has prompted many women to leave their farms in search of more work, but due to limited childcare support, transport and scarcity of employment opportunities, they are increasingly dependent on their husbands and partners (Gibson, Baxter & Kingston, 1990). Alston (1997, in Hastings & MacLean, 2002) has identified several factors compounding difficulties for rural children, young people and women who experience male perpetrated violence. These include:

- geographic isolation;
- the lack of public transport;
- the lack of crisis accommodation;
- the lack of financial support;
- the prevalence of guns;
- a perception that violence must be physical;
- uninformed workers;
- the normalisation of violence;
- fears of breaches of confidentiality if violence is disclosed;
- complicated financial arrangements in farming families; and
- a reluctance to leave the farming lifestyle.

Diverse Sexuality and Gender

In Australia there have been few studies conducted to analyse the prevalence and issues surrounding domestic and family violence for lesbian, gay, bisexual and trans sexual people, and even less about the experiences of their children. Studies in the United States show that between 22% and 46% of lesbians had experienced physical violence in their intimate relationships (Bagshaw et al., 2000). Research has shown that while it is estimated that a significant number of lesbian women (and potentially their children) will be abused in their intimate relationships, mainstream services are still orientated towards heterosexual clients and their children and lesbian victims of partner abuse have stated that it is difficult to receive an adequate response to their claims of abuse (Bagshaw et al., 2000).

While the research on children and young people who have lesbian or bisexual mothers who have been either abused or abusive is very limited, there are perceived implications (Bagshaw et al.,2000):

- Hidden abuse and homophobia, as children and young people may not want to raise the issue out of wanting to keep their mother's personal relationship private.
- Limited chance to confide in family and other social networks due to homophobic attitudes or parents not being 'out' in their community.
- Responses to children and young people from the legal system and the public are not equivalent to those of children and young people from heterosexual families.
- Parenting issues where the biological parent may be the abuser and where the other partner has no legal rights to protect the child or young person from abuse.

Children, Young People and Women with Disabilities

It is estimated that the global rate of abuse against disabled children is almost four times higher than for non-disabled children, whilst women with disabilities are 1.5 times more likely to be victims of abuse in comparison to non-disabled adults (Jones et al., 2012). Cockram (2003) states that the implications for children and young people of mothers with a disability can include:

- Less opportunity to be free of the violence as their mother/carer may be heavily reliant on the abusive partner and there may be no other care arrangements available to them.
- Less contact with friends and family as they could be more vulnerable to isolation tactics from the perpetrator.
- More likely to experience poverty as perpetrators may control family finances.
- Fears that the authorities may wish to take the child, therefore they may not disclose abuse against them or their mother/carer.
- Fear that they might not be believed if they disclose abuse as the perpetrator could be seen to be admirable for being in a relationship with a woman that is disabled.

Homeless Children and Young People

Domestic and family violence and its consequences directly contributes to homelessness in Australia. Children and young people are the most vulnerable victims of homelessness and family violence. Statistics on children and young people's homelessness (Homelessness Australia, 2010; ABS, 2012) have found that:

- One in every two female clients with children in the homelessness sector is escaping domestic and family violence.
- In 2011, children under the age of 18 made up 27% of people experiencing homelessness.
- 1 in every 38 children in Australia aged 0 - 4yrs accessed a homelessness service in 2010 - 2011.
- Just over 26.1% of the children accessing homeless assistance services are Aboriginal and Torres Strait Islander children.
- Every day, 2 in every 3 children who request immediate accommodation are turned away from homelessness services.

Homelessness can lead to children and young people having less opportunities for education, increased chances of living in poverty and young people may not be able to find employment when they reach the legal age of employment if homeless. Decreased access to education as a consequence of homelessness impacts on the child's/young person's opportunity to expand their social circle and increase protective factors (Vostanis, 2002).

Children with Mothers/Carers that (mis)Use Substances

The relationship between domestic and family violence and the use of alcohol and other drugs use has been well established (Nicholas et al., 2012). The use of alcohol and other drugs by perpetrators does not cause violence, but it can influence the way in which violence is manifested and the impact of the violence. For example, the extent of harm caused by the violence can increase where alcohol or methamphetamines are used, resulting in more severe injuries.

Women who have experienced abuse may use substances as a way of coping with trauma. One study found that women experiencing domestic and family violence were almost six times more likely than non-abused women to misuse alcohol and drugs (Golding, 1999).

The experience of substance misuse in addition to domestic and family violence can add further complexity and barriers to women's decisions to seek support and/or leave. Some of these additional barriers include (Newbigin & Leggett, 2009):

- Fear of the involvement of statutory authorities such as Police or Child Protection.
- Additional shame and embarrassment related to substance misuse.
- Fear that if they seek help for one issue then the other will be uncovered.
- Fear that if they leave the violence they will be unable to fund their substance use and unable to access their drug of choice.

Children and Young People with a Mental Health Diagnosis

Children and young people can appear to show symptoms of poor mental health from experiencing violence in the home. The literature on the mental states of children and young people after experiencing domestic and family violence has pointed to several psychopathological diagnoses, including major depressive disorder, PTSD, anxiety disorders and attention deficit hyperactive disorder. These psychological labels can fail to explore the context of the victim's responses to experiencing interpersonal violence.

Mainstream mental health professionals can actually hinder the recovery of young victims of violence by focusing in on how they felt when they were witnessing abuse, and not how they were responding to the abuse. If children's and young people's very commonsense responses to abuse are then turned into psychological diagnostic labels, the mental health professional is providing them with poor social responses and ironically decreasing chances to restore wellbeing[25].

Lulu (10) came back from a counselling session as the counsellor had to leave for another appointment. There was unfortunately no time for 'hand-over' and Erica, the Child Advocate, could not speak with the counsellor and address some of her needs. Lulu and her mother were booked in the 'Family Fun Program' run at the Refuge a few hours after the session. The program runs weekly and tries to facilitate healthy attachment between mother and child, allowing them to reconnect and discuss their feelings and emotions. Age appropriate art and music is used as a therapeutic tool so that Lulu and her mother can relax and express themselves. Erica is mindful that Lulu has just been to a counselling session only hours before the program. Erica asks Lulu and her mother if they would still like to participate, they both are looking forward to it and both agree to give it a try. Erica is very careful not to continue on with the therapy session and is in no way trying to be a therapist to Lulu and her mother. What Erica does do however, is try to offer alternative ways of connecting with Lulu, eg. through the program, or using protective behaviours resources (this is also being taught to Lulu during her stay at the Refuge), etc.

While Lulu is participating in the program, she expresses her emotions by using a drum. Lulu becomes very upset and starts banging harder and harder still. While Erica notices Lulu beating down on the drum very hard, she directs her mother to try to diffuse her aggression. Once Erica sees that Lulu's mother is finding it hard to settle Lulu, she steps in and uses the Emotional Freedom Techniques (EFT)* she remembers learning that helps to calm children. While Lulu is "tapping", Erica gently suggests to Lulu that she practice this when she is upset, and reinforces the Refuge's rules around aggression. Erica successfully redirects Lulu's negative behaviour into something positive.

Erica also shows Lulu's mother the EFT, so now she can calm Lulu if she becomes aggressive or is behaving in another negative way in the future. Erica is careful not to do the parenting, but instead to show examples of good parenting and allow Lulu's mother to parent (she is careful not to come across as condescending in the process). Lulu is acting out because of role modelling aggression as a way to deal with emotion. If, with the help of Erica, Lulu's mother can adjust this, Lulu can learn alternate ways to behave.

**See Section 9 for more information on EFT.*

[25] See SECTION 5 on response based practice and social responses for further information.

11. CURRENT THEORETICAL UNDERSTANDINGS OF WORKING WITH CHILDREN AND YOUNG PEOPLE

The impact of domestic and family violence can be extremely detrimental to children and young people. However, there has been a shift from viewing children as passive victims of violence towards recognising how children utilise coping strategies and respond to violence (Heugten & Wilson, 2008; Humphreys, 2001a; Humphreys 2001b). It is vital to consider the broad contextual factors when responding to children's experience of violence in order to avoid reactive responses that may compound the impacts of violence and not consider the uniqueness of children's responses (Edleson, 2004).

The recognition that children are not passive victims is vital in challenging the deficit discourses surrounding children experiencing domestic and family violence and recognising them as unique and valued, instead of forcing them to occupy the position of the invisible victim (Eriksson, 2009; Buckley et al., 2007).

The rise of a new sociology of childhood has provided opportunities to recognise children as social agents, constructing their own realities, and expressing opinions (Eriksson, 2009; Holloway & Valentine, 2000). This perspective has enabled a paradigm shift to concepts such as resistance, protective factors and coping mechanisms (Heugten & Wilson, 2008; Humphreys, 2007; Margolin & Gordis, 2000). The focus on resistance and recognition of autonomy is working towards a more comprehensive review of children's experiences of violence, and research involving children in their own right (Buckley et al., 2007).

It is this contemporary understanding of children and young people's strengths in resisting violence that has helped to formulate these guidelines and drive the message that children and young people are in fact clients in their own right.

Trauma-Informed Practice

Traditionally, practitioners working with children and young people who have experienced domestic and family violence have worked from a framework of trauma-informed practice. In the medical model, trauma is a complex psychopathological ailment that decreases quality of life, leading to a number of social disadvantages for the individual. It is associated with a diversity of mental health issues, poor physical health, substance abuse, eating disorders, relationship and self-esteem issues (Kezelman, 2013, p3). Instead of viewing trauma as a complex issue embedded in a social context that is, in part, resultant from negative social responses by others, some trauma-informed practices can tend to focus on the victim and view them as neurobiologically and psychosocially damaged (Routledge, 2014).

While brain development is somewhat influenced by genetic factors, it is also continuously manipulated by its environment and actively responds to the social world. The brain is in a systemic balance with the world it perceives and it has many adaptations to different social environments. This understanding shows that responses to extreme adversity, such as violence, are not illness but adaptation (Routledge, 2014).

Both the theoretical and practice-based work of NMT are discussed in this section. NMT is grounded in both neurodevelopment and traumatology and seeks to address the ways in which practitioners can consider brain development when proving children and young people with therapeutic activities.

Neurosequential Model of Therapeutics

Alongside RBP and the need to consider social context and language, NMT also demonstrates how powerful positive social responses can be in helping to promote positive brain development in the child or young person. The following section outlines the six principles of NMT and briefly demonstrates their significance in relation to child advocacy practice.

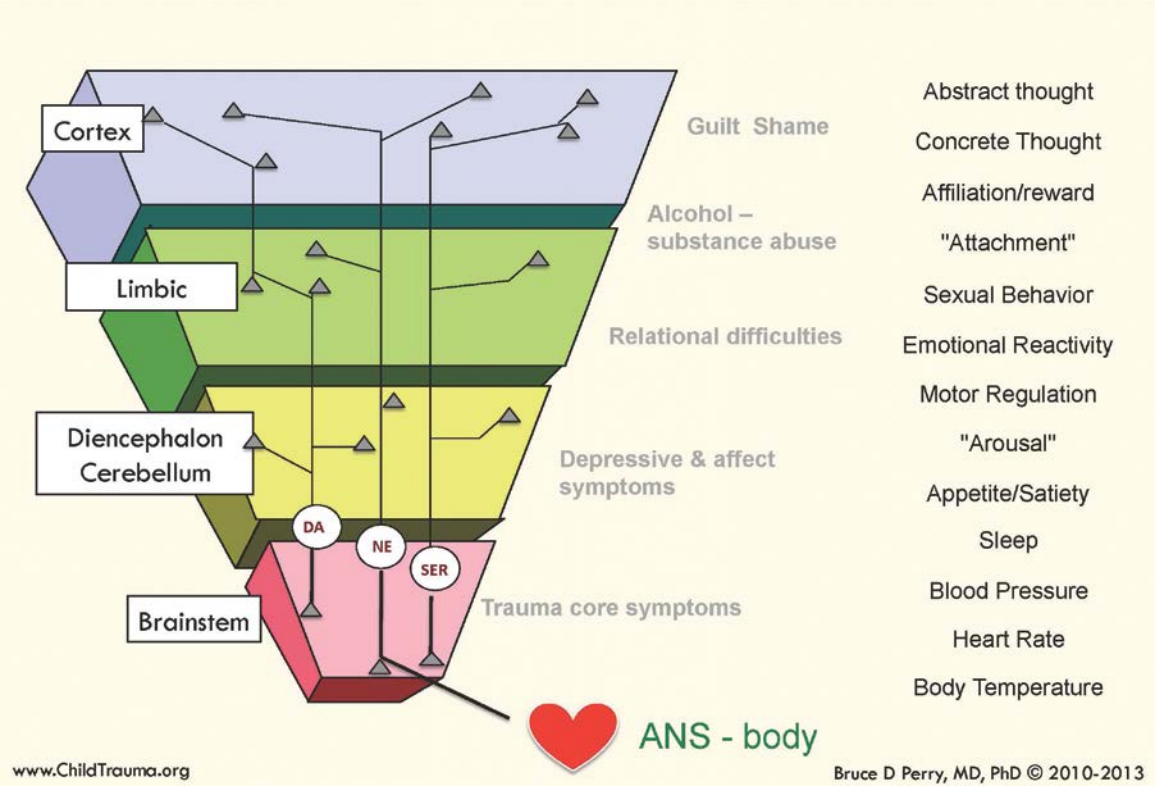
THE SIX PRINCIPLES OF NMT

The **first principle** of NMT is that *all information that enters the brain, does so in a hierarchical way*. It first enters the lower part of the brain (the brainstem) and continues to send signals upwards towards the cortex *(see Figure 8)*. In practice, this has implications for the ways in which practitioners work with young clients. For example, for children to be able to use their cortex to undertake tasks such comprehension of mathematics, read literature, undertake scientific projects, etc. they first need to ensure that their brainstem is functioning properly and is ready to send signals towards the upper regions of the brain. It is advised that young clients do undertake these activities at school or when they are completing homework, but the Child Advocate must keep in mind that after reasonably short time periods (ie. every 45mins), the brain will need to "reset" and undertake tasks that impact on the brainstem, ie. play musical instruments, dance, practice yoga, etc. in preparation for higher levels of thought and comprehension. Music, exercise and healthy touch are said to be the three ways in which children and young people can activate their brainstem and prepare it so that information can be passed onto higher levels of brain functioning and organisations.

The **second principle** is that *neuron and neural systems are designed to change in a "use-dependent" fashion*. This means that connections within the brain will strengthen or weaken depending on how much they are used. Pattered and repetitive experiences of violence can harm the child in a number of different ways[26]. However, if the child can experience consistent, predictable, loving relationships, the child can enhance their neurobiological chances of happiness, creativity and productivity (Perry, 2006). Trauma-related symptoms originate in the lower part of the brain – the brainstem. Therapeutic approaches to traumatised children must target this region (using music, art, movement, etc.). The therapeutic implications of this principle cannot be emphasised enough – repetition is key (Perry, 2006).

The **third principle** is that *the brain develops in a sequential fashion*. The brain is undeveloped at birth, but experiences rapid growth up until around five to six years of age. The brain develops from the brainstem (the regulatory region) up to the cortex (the region responsible for the execution of complex thinking). As the stress response originates in the brainstem, if this is not developed properly, it can have implications for the development of the cortex (Perry, 2006). In practice, this means that therapeutically, practitioners must work on developing the brainstem by using art, music, movements etc. as mentioned previously, so that the child can then build on their diencephalon, limbic and cortical development.

Figure 8: The Brain Hierarchy (Perry, 2013)

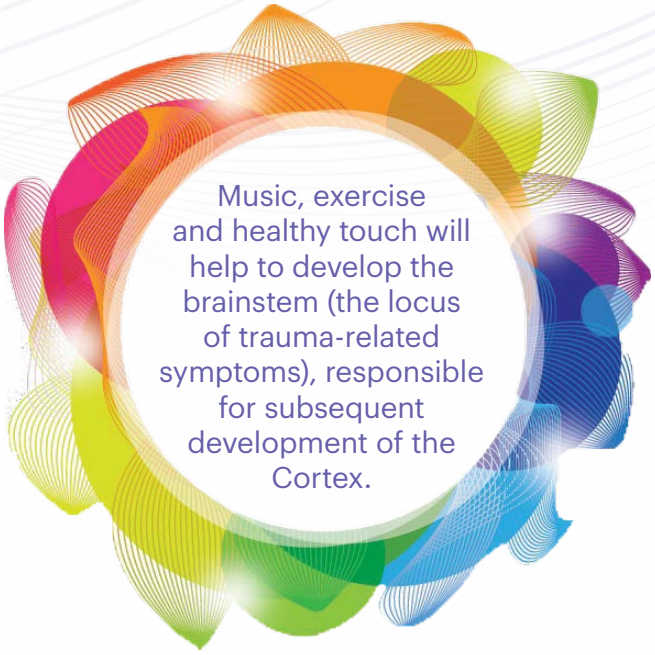


[26] Which is explained further in Section 4.

The **fourth principle** is that *the brain develops most rapidly in early life*. By the age of four, a child's sequential and use-dependent brain development is 90% completed (Perry, 2006). The young brain is very vulnerable and any traumatic events that occur, especially between birth and four years, can have implications for the ways in which the brain develops later in life. The earlier Child Advocates can work with their clients, or refer them on to other appropriate services in the community (once the child and their mother have left the Refuge), they will have an increased chance for healthy outcomes.

The **fifth principle** is that *neural systems can be changed, but some systems are easier to change than others*. Child Advocates provide activities that have some therapeutic benefit in hopes to change the child's state ie. social, emotional, behavioural etc. this also means that Child Advocates can hope to change the brain structure and stimulate the brainstem to lead to higher brain development in the cortex. The brain will change with repetition, but brainstem development is far less malleable than cortical development, even though it sets a foundation for the development of the cortex. Therefore, once again, Child Advocates must concentrate on repetitious activities to develop the lower regions of the brain.

The **sixth** and **final principle** is that *the human brain is designed for a different world*. Historically, humans have been nomadic hunter-gathers, living in groups of around 40 - 50 people (Perry, 2006). The brain has evolved in an environment that was rife with strong relational bonds and attachments. Children were consistently around at least four adults, however, in contemporary Western societies, children predominantly live in nuclear families where there are two adults, and go to schools, childcare centres and even Refuges, where the number of adults they interact with is inadequate. In practice, this is why the quantity (and quality) of Child Advocates who work with the children and young people is so critical. These guidelines advocate for two FTE Child Advocates to work in each Refuge with the children and young people. While carrying out activities that involve only children is important, having programs that can involve a range of children from different ages, and also adults, will constitute the most effective therapeutic methods in the context of healthy brain development.



Response-Based Practice

Moving beyond the CTV, the power and control wheels, the ecological frameworks and the medical model's view of trauma, is response-based practice (RBP). RBP differs from other psychologically-based modes of care in that it takes into account the resistance to violence displayed by the victim. RBP is a way of caring for young clients that challenges mainstream approaches.

RBP was formally documented in 1997 by family therapist, Dr. Allan Wade (Wade, 1997). RBP is a relatively new, innovative and evidence-based way of approaching practice when working with victims of interpersonal violence. The maxim of RBP is that wherever there has been abuse from the perpetrator, there has also been resistance from the victim.

Children and young people resist oppression in many ways, all of which can be seen as intelligent forms of self-preservation when perceived in the context of abuse perpetrated against them. These acts of resistance can often be mislabeled as psychopathological illness, which further disenfranchises young victims. Responses should not be pathologised, but commended and highlighted to the victim as forms of resistance to abuse.

RBP positions the victim as an agent who actively responds to abuse instead of an object that is acted upon. Wade (1997, p25) 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".*

There are two key foundations of RBP:

1. An understanding that whenever people are oppressed they will always resist. While violence and abuse is often documented, the resistance to the abuse often goes unnoticed, even by the victim themselves.
2. An understanding that language and social responses are powerful tools in shaping outcomes for victims and perpetrators.

Coates and Wade (2004) describe how language is more often than not used to support four discursive operations:

- conceal violence;
- obscure and mitigate perpetrator responsibility;
- conceal the victim's resistance; and
- blame or pathologise victims.

By knowing how language can support these four discursive operations, RBP tries to counter them by highlighting the violence, holding perpetrators accountable, honouring the victims resistance and challenging dominant discourses that blame the victim for their abuse. The topic of mutualising language is discussed in greater detail further in this section[27].

Resisting Violence

These guidelines use the term resisting violence to illustrate the ways in which children and young people respond to violence, and to frame the child as an active participant or agent throughout violent episodes. Resistance must be acknowledged and documented. It is especially important for children and young people who may not understand why violence occurs and perceive it to be their fault. In addition to this, it will help to enhance the mother-child bond, which is so often a target of the perpetrator's abusive tactics (Humphreys, Thiara & Skamballis, 2011).

It is widely understood that children do not have to directly witness or be involved in the violence to elicit a response (Bedi & Goddard, 2007; Mulroney, 2003).

People working with children and young people that have had exposure to violence must acknowledge that the experience of domestic and family violence for their young clients is not one simply of 'effects'. This notion of effects is the reason for the attribution of the 'silent witness' mentality evident in past mainstream discourses. To reduce abuse to the end-point of an effect does not consider the social context in which the abuse occurred and the resistance of the young client.

Children and young people's responses to abuse involve a dynamic series of social and psychological mechanisms, which exist within a context of resisting abuse. Children and young people have an innate drive to preserve their personal dignity by responding to the abuse in a number of different ways:

- avoiding eye contact;
- orientating their bodies away from the yelling abuser;
- kicking and hitting;
- 'sacrificing themselves' to protect their younger sibling or mother;
- thinking of something else while experiencing violence, etc.

The examples are endless, but they are all ways in which children and young people act to resist the forced dominance and power of the perpetrator over themselves and their family members. This approach to domestic and family violence also addresses the need to consider the social environment when working with the children and young people, instead of reducing their experiences to passivity or acceptance of violence void of contextual analysis.

When children and young people are thought to be 'affected' by abuse, this implies:

- victimisation
- lack of control
- no power to change the circumstance
- no context
- no empowerment.

When children and young people are thought to respond by resisting violence, this implies

- control
- interaction
- empowerment
- social context
- frames the child and/or young person as resisting the oppression.

[27] Please visit the Response Based Practice website for more information: http://responsebasedpractice.com/

"AFFECTED" VS. RESPONDED

In the following case study, Rebecca (9) talks about her experience of seeing her father act violently towards her mother. In the example she is resisting the violence and carefully acting to diffuse the situation while protecting her mother. If practitioners can communicate with children and young people about their resistance of and responses to violence, there is a better chance to restore the mother-child bond and frame the child or young person as an autonomously acting agent, which will help to reinforce that child is a *client in their own right*.

"When mum and dad are fighting I get really upset. I know that mum gets really upset too and I don't want her to be sad. I know that dad causes the fights, but I don't think mum thinks I know that. I think she thinks that I don't love her … My dad comes home at night and yells at mum. He just keeps yelling and throwing things around the house like chairs, plates, anything that he picks up he throws. I tell my dad that mum is silly and she doesn't know what she is talking about. I tell him to just go outside and ignore her because we both know how mum can be. So dad listens to me and leaves the room."

– Rebecca (9)

In Rebecca's response she recalls resisting the violence by explaining to her father that her mother is irrational and that he is correct in what he is saying to her. If Rebecca was never asked how she *responded* to the violence and instead was asked how she was *affected*, it might not be clear that she was actually acting to protect her mother. If Rebecca was asked how she was affected she may have replied; scared, anxious, upset etc. This question does not allow room for Rebecca to give an accurate account of the violence and does not explain why it appears that Rebecca would be telling her father that he is correct and her mother is wrong. This 'effects-based' questioning has implications for disrupting the mother-child bond furthermore, could lead to Rebecca being diagnosed with anxiety disorder, depressive disorder etc. and completely disregards Rebecca's father's use of violence.

Empowering victims of violence by acknowledging and honouring their resistance is essential in helping to depict an accurate account of the violence, and will assist in delivering just outcomes (Calgary Emergency Shelter, 2015).

Social Response

The term 'social response' refers to the actions of family, friends, and authorities toward the victim and offender, whenever violence is identified (Richardson & Wade, 2013, p148). Children and young people can experience trauma not only from the primary acts of violence, but also from the social responses of government and non-government agencies the abuse. Harm as a result of social responses by agencies, can be viewed as systems abuse.

Dolby and Brennan (1994, p.11 as cited by Australian Law Reform Commission 1997, p.223) define system abuse as:

> Preventable harm [that] is done to children in the context of policies or programs which are designed to provide care or protection. The child's welfare, development or security are undermined by the actions of individuals or by the lack of suitable policies, practices or procedures within systems or institutions.

When working with victims of violence it is essential to provide them with positive social responses, as it has been shown that the quality of social responses might be the single best predictor of victim stress, even greater than the level of violence perpetrated against them (Andrews & Brewin, 1990; Andrews, Brewin & Rose, 2003, Wade, 2014).

Positive social responses includes reinforcing to the child or young person that the violence was not their fault, that they are very brave, and that they should be proud of their mother for keeping them safe and that is why they are in Refuge (trying to strengthen the mother-child bond). Refuge staff should be careful not to judge the mother, as this is a poor social response that will negatively affect the mother and could also affect the mother-child bond.

As Wade (2013) illustrates, children and young people need positive social responses if the trauma relating to their experiences of violence is to ease. Young clients require positive responses not only from individual practitioners, but also from government and non-government services.

Trauma can be perpetuated and/or exacerbated by poor responses by agencies. Policies and practices that fail to address the needs of the child or young person, do not consider them as a client deserving of their own rights and simply as an extension of their mother or carer, are all forms of systemic abuse towards young clients.

The social response of family, friends, professionals and the larger society (media, police, child protection, courts) when violence is disclosed is a major determinant of the ability of the victim to heal effectively (Richardson & Wade, 2014). Social responses in the context of working with children and young people in Refuges include the actions of practitioners towards young clients and the structural dimensions of Refuge services (including policies and procedures).

Social Responses, Psychopathology and Victim Wellbeing

Poor or negative social responses to disclosures of abuse have been shown to be a significant factor for victim's acquiring psychopathological labels.

For example, post-traumatic stress disorder (PTSD) is a common psychopathological diagnosis received by children, young people and their mothers after experiencing violence. Negative social reactions upon disclosing assault is related to greater PTSD symptom severity and victims from minority groups are even more likely to receive poor social responses to reports of violence (Ulman & Philipas, 2001). PTSD is not just a response by the young victim to the violence they have experienced, but also a response to the negative reactions of family, peers and social services when disclosing or reporting violence. Poor responses to the victim can increase PTSD symptomatology.

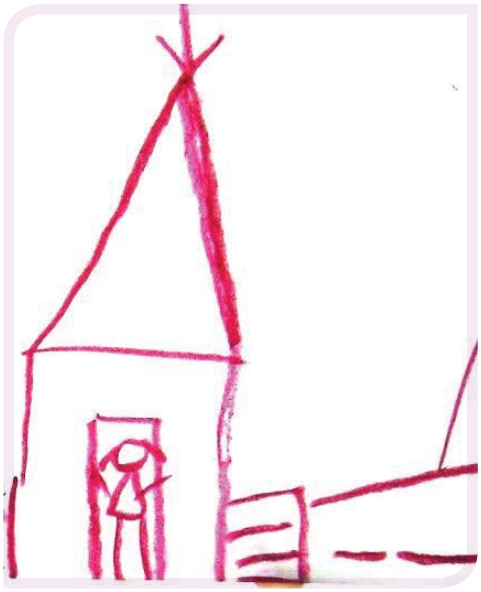


Figure 9 shows how negative or positive social responses can increase or decrease the psychopathology of victims of violence (Andrews et al., 2003).

Although children and young people who experience violence may be disadvantaged in their optimal development, researchers have examined ways in which protective factors, such as positive social responses and effective social supports, can ameliorate the consequences of violence (Kennedy et al., 2010; Sperry & Widom, 2013).

Victims' Responses to Social Responses

Young victims that are given positive social responses (Wade, 2014):

- tend to recover more quickly and fully
- are more likely to work with authorities
- are more likely to report violence in future.

Whereas young victims of violence that are responded to negatively are (Wade, 2014):

- less likely to cooperate with authorities
- less likely to disclose violence again
- more likely to receive diagnosis of mental disorder.

Mutualising Language

As previously noted, language is more often than not used to minimise and misrepresent violence and its impacts (Coates & Wade, 2004).

Mutualising language acts to obscure and mitigate the perpetrator's responsibility for the abuse. It is associated with reduced jail sentences; implies the victim's consent to abuse; depicts the victim as a co-agent for the abuse; conceals the victim's resistance; and blames and pathologises the victim (Coates, Richardson & Wade, 2010).

Figure 9: Social responses to domestic and family violence and the psychopathology of victims

Table 5: Mutualising VS. Non-Mutualising Language (Coates, Richardson & Wade, 2010)

Common Experiences of Vicarious Trauma for Child Advocates	
Mutualising	**Non-Mutualising**
Grooming	Entrapment
Kissing	Forcing their mouth onto the victim
Unwanted sex	Forced penile penetration into the victims vagina &/ or anus
Unwanted oral sex	Forced penile penetration into the victims mouth
Group sex	Gang rape
Abusive relationship	Assaulting your partner
Fight, conflict, argument	Beating, attack, assault
Personality conflict/ mismatch	Bullying
War, fighting, historical relationship issues	Invasion, genocide
Sex tourism	International child rape

Non-mutualising terms should appear in the case notes of Refuge staff to more clearly and accurately document the experiences of their clients. Alongside the non-mutualised account of violence against the victim, ways in which the victim has responded to each of instances of abuse against them should also be documented.

When working with victims of violence it is essential to provide positive social responses, this includes using non-mutualising terms. The quality of social response might be the single best predictor of victim stress. Trauma can also be perpetuated or exacerbated by poor social responses (Wade, 2014).

Rape

Sex is a mutual act that occurs between consensual adults. Therefore, any act that occurs between people that is not consensual cannot be termed sex as it is not mutual. Children cannot have sex as they are not old enough to consent. Adults cannot have 'sex with a minor', as this is legally, developmentally, socially and ethically not possible. Adults do however rape children. Children or young people who have been raped must be able to understand that rape is not sex (Coates & Wade, 2004).

Entrapment

The term 'grooming' has been well documented in the literature relating to the behaviours of the perpetrator prior to the abuse of children and young people. While grooming indicates the motivations of the perpetrator, it does not describe their behaviours adequately enough. In the context of wanting to abuse children and young people to gain power and control over them, the perpetrator's behaviours should be referred to as trying to entrap the child or young person. The process of entrapment, as opposed to grooming, can be seen as a more accurate reflection of the intentional behaviours of the perpetrator.

Relationships Involving Abuse

Children and young people do not witness an 'abusive relationship' between their caregivers, they witness the abuse of one party towards the other. This is a vital distinction to draw in the context of revealing how violence is unilateral and how the bond can be ruptured between the mother and child by the perpetrator (as sometimes the mother will be blamed by her children for the separation of the family).

Other terms such as 'violent relationship' etc. also have the same impact as using the term 'abusive relationship' as it implies a sense of mutual violence. When speaking with clients or writing case notes it should be made clear that they were not in an abusive relationship - they were involved in a relationship where abuse was perpetrated against them.

When you are working with children and young people that disclose their mother/carer was in an "abusive relationship" it is important to make a distinction between this and the fact that their mother was in a relationship where their husband/ partner abused them. This will help your young client to correctly perceive their mother/carer as the victim of the violence and not the cause of the violence (as children might have been lead to think this by the perpetrator).

This may also subsequently help to restore the bond that is often ruptured by the perpetrator between the mother/carer and child &/or young person.

Using Response-Based Practice in Refuges

Honouring Resistance

Wherever people are badly treated, they resist. Resistance is:

> *"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 form of disrespect) or the conditions that make such acts possible, may be understood as forms of resistance (Wade, 1997, p.25)."*

People will always find some way to resist violence and abuse. They will stand up against the violence, not comply with the perpetrator and try to stop or prevent the violence. In many cases, resistance is concealed because open resistance would be too dangerous (Coates, Todd & Wade, 2000). Perpetrators of violence know that victims resist and try to stop or suppress that resistance.

Wade (2014) uses the following social analysis of responses to victims and perpetrators of violence to demonstrate how poor social responses to the victims of violence can either mask the victim's strengths and resistance, or empower the victim and hold the perpetrator accountable for the abuse.

The six-part model is suggested by Wade (2014) as a way of demonstrating good practice when carrying out an assessment[28]. Each of the interactive sections of the model can be divided into headings where information can be gathered for each key area (avoid mutualising language).

Contextual analysis model

Figure 10: Response-based contextual analysis model

1. **Social and Material Conditions**

   Information is gathered about the social context. Questions such as "What is the background or history of the victim's narrative of violence?", "What is the social, cultural and/or family history of violence?", "Where are the kids when violence is occurring?", "What is your social network doing about this?", "Do your social network know?" can be asked here.

2. **Situation Interaction**

   This step determines the connections between the social material conditions and perpetrators actions. It is important to determine how the perpetrator is enabled to be violent. Questions such as: "Does he socially isolate you so that he can be violent? If so, how does he do this?", "Does he cancel your after school plans so you have to come home where he might hurt you?" etc.

[28] Please visit the Response Based Practice website for more information: http://responsebasedpractice.com/

3. Offenders Actions

This step documents the perpetrators deliberate and calculated use of violence, detail the strategies used. If there are any physical signs of abuse, take photographic evidence and statements. Write about how the perpetrator navigated the social situation so others were not aware of the abuse – "How did the perpetrator conceal the violence and abuse towards you or your mum?" The greater the detail in this section the greater the chances of positive outcomes for clients in the judicial system.

4. Victim Responses and Resistance

Asking the victims how they were impacted or affected by the violence leads to descriptions of internal states of mind which may seem too ambiguous for younger children. Asking questions that will lead to a description of the social situations in which violence was occurring will provide a more accurate picture of abuse. Ask victims "How did you respond to that incident? What did you do?" Remember to praise children and young people for their strengths and reinforce that it was not their fault. Document in as much detail as possible the victim's actions in response to the violent perpetrator.

5. Social Response

The fifth step is to document social responses to the victim. If the police were called how did they respond to the claims of abuse? If the victim attended a counselling session, how were they responded to? Were they labelled with a mental health diagnosis? How did the family respond to the news? Here the practitioner is trying to understand whether or not the victim has had positive or negative responses.

Typical responses can include:

- **Negative social responses:** Taking the child to a psychologist and labelling them, medicalising them, not believing the child's reports of abuse, having biases against the child and blaming them.
- **Positive social responses:** Believing the child, reinforcing that is was not the child's fault, telling the child they were brave, courageous, strong, and inspiring.

6. Responses to Social Responses

The final step is to document the victim's responses to the social responses they received. If they told their family, the police or their case worker about abuse before and they were not believed, do they have issues with trusting authorities? If they were labelled using the DSM IV criteria, received psychometric tests and subsequent psychological labels, do they legitimately believe that there is something inherently wrong with them (if the victim is terrified this is communicated as them being 'anxious' or having anxiety issues. If they are unhappy about the abuse and feel sad because their mother is being abused, they are labelled as 'depressed'). If they went to court and experienced re-traumatisation from court processes, do they have a problem trusting the law? How do they perceive justice and morality? Practitioners will not be able to understand the child or young person's responses to violence if they do not understand the responses the child or young person received and how they felt and acted in response to those social responses.

12. IMPLEMENTATION

There are two types of implementation; task-oriented implementation where there is a specific intervention or specific procedure implemented, or organisational implementation where there is a systems-wide transformational change in the Refuge. It is hoped that these Good Practice Guidelines for *Working with Children and Young People in Refuges* are organisationally implemented, and that they create a culture where children and young people are seen as clients in their own right, and all Refuge staff will advocate for their young clients as much as possible to achieve best possible outcomes for them.

Organisational Implementation

The implementation of the guidelines should be structural, and assist in the governance of the organisation and ways in which practitioners work with young clients. They should pervade all aspects of Refuge work, challenge attitudes and beliefs, and promote the importance of child advocacy work and viewing children and young people as clients in their own right.

Upon implementation, there should be an internal process of evaluation and review of current policies and procedures in place within the organisation against the guidelines in this document. This review of internal systems should be an ongoing effort to ensure that policy and procedure is in line with current research and empirical data regarding service provision in Western Australia, nationally and internationally.

The implementation of these guidelines should also be integrated alongside other new state and federal mandates and initiatives such as the; *Common Risk Assessment & Risk Management Framework, Specialist Homelessness Data Collection, etc.*

As service contexts differ greatly across the state, the implementation will be variable. Smooth implementation will depend on the leadership style of the Refuge Manager/CEO, the capacity to reflect and evaluate policy, and the availability of resources needed to be able to translate the guidelines into practice.

More established and better resourced organisations may implement the guidelines in a relatively short time, while smaller less resourced services may take longer. Services may wish to focus on areas of their service to begin implementation in incremental stages as opposed to an entire overhaul of the organisational system. Usually, successful methods that have been tested previously should be employed. Once an implementation plan has been developed, this will allow for smoother transition and a transparent progression towards systems change. As all stakeholders have an interest in the operations of the service, Child Advocates, Managers, Supervisors, and Board of Directors etc. should also be involved in the implementation process.

Promoting Action on Research Implementation in Health Science

It is absolutely essential that all stakeholders understand Refuge policies and how they are implemented in practice. From Boards of Refuges to newly employed staff, everyone needs to ensure that policies are accessible, have been read, have been understood, and are implemented correctly.

There are different frameworks around how to most effectively ensure evidence-based research (such as the information contained in these guidelines) are translated into policy reform. One such framework has been used by the health professions since the late 1990s and continues to be relevant today; the Promoting Action on Research Implementation in Health Science (PARIHS) (Kitson, Harvey & McCormack, 1998).

PARIHS was initially created as a conceptual framework for answering why implementation of research fails or succeeds in health care settings. The framework suggests that there are three broad drivers for successful implementation:

1. Evidence
2. Context
3. Facilitation

PARIHS explains the relationship between these three factors and how they can be viewed to increase the likelihood of successful policy reform.

Evidence

Knowledge synthesis methods acknowledge that all types of knowledge are essential in broadening the collective understanding on any given topic. There are three distinct types of knowledge noted; evidence-based knowledge, practice-based knowledge, and local knowledge *(see Figure 11)*.

In the development of these guidelines, among other practitioners, several Refuge staff were consulted, including Refuge management and Child Advocates. Information on evaluated Refuge programs or resources used with children and young people contributed to the practice-based knowledge component. General discussions and anecdotal evidence contributed to the local knowledge component, and of course, literature reviews and research of peer reviewed articles contributed to the evidence based practice component.

Figure 11: Knowledge synthesis acknowledges that all forms of knowledge are relevant

Context

Context is a significant factor in the success of these guidelines being implemented. Research on children's and adolescent's health in the context of violence is always evolving, just as the Refuge is a part of a political, historical, psychosocial, cultural, economic, etc. context. These variations may contribute to difficulty in implementing these guidelines.

Implementation will also depend, in part, on the structural organisation of the Refuge service and whether it is highly centralised, or decentralised. In a centralised Refuge, where the relationship is clearly Manager to Child Advocate, strong leadership will be a major factor.

Transformational leadership is needed for these guidelines to be implemented most effectively. Transformational leaders inspire their staff, are able to change the culture of the workplace, challenge their staff in a stimulating and an enabling way, and clearly define staffs roles in the Refuge. Contextual factors also include the capacity for a Refuge to reflect on its practice and have mechanisms for evaluating success.

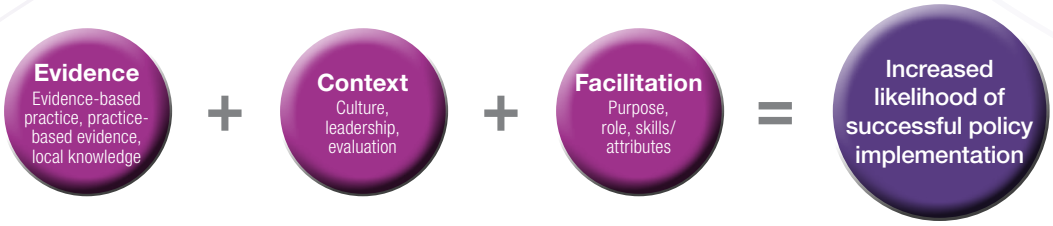
Facilitation

A facilitator influences the context (changing culture/attitudes) and can translate these guidelines with clarity to their staff. The facilitator is responsible for the transference of knowledge.

There are three broad elements involved with effective facilitation (Kitson, Harvey & McCormack, 1998):

1. Purpose
2. Role
3. Skills/Attributes

Figure 12: The promoting action on research implementation in health science (PARIHS) framework



Alina, a Refuge Manager in the Pilbarra region, has just received these guidelines via the Women's Council website. Alina is strongly committed to implementing the guidelines into her Refuge's policies and procedures and seeks the Board's full endorsement of them and ensures that they are a standing item on meeting agendas.

However, Alina is reading through them and comes across the "Statement of Intent" at the beginning of the guidelines. Alina does not have a Child Advocate. She does have staff that carry out this role to some extent though. Alina has asked the DCPFS for more funding so that they can have a Child Advocate, but they tell her to use her core funding in a different way if she has to. Alina, decides to use her core funding to employ a part-time Child Advocate, as she understands that children and young people need specialist care and support. Although she knows part-time is not enough, she has done what is within her means to be able to provide a specific service to young clients of the Refuge.

Alina also notices that Child Advocates should be attending six professional clinical supervision sessions per annum, and four professional development courses per annum. She can also see that the guidelines suggest that Child Advocates network at events to share good practice.

Alina manages the Refuge in the Pilbarra, and rarely gets a chance to visit Perth. Therefore, she feels that she and her staff will struggle to have four training sessions per/year, and network with others. Alina does recall reading that the Women's Council has training up on their website and that other community services provide free online training. She also remembers that there are meetings where her staff can add agenda items to resolve any issues they may be faced with. Alina also knows about a phone service where her staff can assess clinical supervision at any time (such as the Optum™ employee assistance program). While Alina cannot fully commit to the "Statement of Intent" she will be highly proactive in ensuring that she tries to achieve all that she can within her means.

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Appendices

APPENDIX 1: United Nations Convention on the Rights of the Child

From Meerilinga, **www.meerlinga.org.au**

United Nations Convention on

the rights of the child

CHILDREN'S WEEK

A collaborative Children's Week Project between Meerilinga Young Children's Foundation Inc.and the United Nations Association, WA Branch.

Children's Week acknowledges UNICEF for kindly permitting the reproduction of their original text and poster design.

'Rights' are things that every child should have or be able to do. All children have the same rights. These rights are listed in the UN Convention on the Rights of the Child. Almost every country has agreed to these rights. All the rights are connected to each other, and all are equally important.

Sometimes, we have to think about the rights in terms of what is the best for children in a situation, and what is critical to life and protection from harm.

As you grow, you have more responsibility to make choices and exercise your rights.

Article 1
Everyone under 18 has these rights.

Article 2
All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3
All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Article 4
The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

Article 5
Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

Article 6
You have the right to be alive.

Article 7
You have the right to a name, and this should be officially recognised by the government. You have the right to a nationality (to belong to a country).

Article 8
You have the right to an identity – an official record of who you are. No one should take this away from you.

Article 9
You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

Article 10
If you live in a different country than your parents do, you have the right to be together in the same place.

Article 11
You have the right to be protected from kidnapping.

Article 12
You have the right to give your opinion, and for adults to listen and take it seriously.

Article 13
You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

Article 14
You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

Article 15
You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

Article 16
You have the right to privacy.

Article 17
You have the right to get information that is important to your well being, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

Article 18
You have the right to be raised by your parent(s) if possible.

Article 19
You have the right to be protected from being hurt and mistreated, in body or mind.

Article 20
You have the right to special care and help if you cannot live with your parents.

Article 21
You have the right to care and protection if you are adopted or in foster care.

Article 22
You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

Article 23
You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

Article 24
You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 25
If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

Article 26
You have the right to help from the government if you are poor or in need.

Article 27
You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

Article 28
You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

Article 29
Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

Article 30
You have the right to practice your own culture, language and religion – or any you choose. Minority and indigenous groups need special protection of this right.

Article 31
You have the right to play and rest.

Article 32
You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

Article 33
You have the right to protection from harmful drugs and from the drug trade.

Article 34
You have the right to be free from sexual abuse.

Article 35
No one is allowed to kidnap or sell you.

Article 36
You have the right to protection from any kind of exploitation (being taken advantage of).

Article 37
No one is allowed to punish you in a cruel and harmful way.

Article 38
You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

Article 39
You have the right to help if you've been hurt, neglected, or badly treated.

Article 40
You have the right to legal help and fair treatment in the justice system that respects your rights.

Article 41
If the laws of your country provide better protection of your right than the articles in this Convention, those laws should apply.

Article 42
You have the right to know your rights! Adults should know about these rights and help you learn about them, too.

Article 43 to 54
These articles explain how governments and international organisations like UNICEF will work to ensure children are protected with their rights.

UNAA

Meerilinga™
promoting positive childhoods

APPENDIX 2: Children and Young People's Rights whilst Living in Refuge

The right to Safety	You have the right to live without violence, not fear violence, learn how to be safe and be assisted in helping you respond to threats to safety
The right to Respect	You have the right to be respected. Respected for diversity, your individual needs, and much more!
The right to Empowerment	You have the right to be listened to, trusted and believed. You have the right to information, the right to make decisions and be supported in those decisions.
The right to Advocacy	You have a right to someone that will help you, advocate for your rights and speak for you on your behalf.
The right to have a Voice	You have the right to tell people how you feel and express your emotions. You have a right to have a say about referrals and your experience in Refuge.
The right to Referral and Agency Collaboration	The right to receive information about other services and to be referred to other services. You can expect others to work professionally with to achieve the best outcomes for you.
The right to Service Provision	The right to a quality service, the right to request policies, information about the complaints process, and the ability to comment on your case worker and the overall service.
The right to Confidentiality	You have the right to confidentiality when you tell your case worker something you don't want others to know. If you say something and the case worker is worried you or someone else might be hurt, they will need to say. You will need to give approve to having your information shared with other agencies and you have the right to have your records kept secure.
The right to Education	You have the right to go to school and learn with others, this might mean going to another school and meeting new friends. You have the right to be able to do your homework and be supported in this.
The right to Complain	You have the right to say if you don't feel comfortable at the service or if you don't like your case worker or anyone else who might work there.
The right to not be Discriminated Against	It doesn't matter if you are older or younger, if you were born in Australia or not, or if you are a boy or a girl, or anything else that makes you unique, you have the right to non-discrimination.
The right to be Informed	You have the right to be informed about anything that relates to you, and in a way that does not promise unrealistic outcomes.

Being Safe at Home

When my mum and dad are fighting I will not get in between them.

I will call my neighbour or call my _____ who will make me feel safe.

My neighbour's name and number is _____

My name and number is_____

If I start to get my 'Early Warning Signs' I can call five people on my safety plan.

Do you know what 'Early Warning Signs' are?

Have a look at the activity below to find out!

What are my warning signs?

Warning signs are in your body and you can feel them when you get a little scared or worried about something. If you get a balloon and someone pops it in front of you, you might feel shocked and a little scared. These feelings are called the warning signs.

Can you draw a picture of a boy or girl and list where these early warning signs might be on the body? *Butterflies in the tummy, wobbly legs, faster heartbeat, sweaty palms, sweaty head, goosebumps*. Can you think of any more warning signs that you might like to draw too?

Hand Safety Planning

This is the hand safety planning exercise. It is important that kids have a safety plan, but even teens and adults need one too. Make sure that you have 5 trusted adults on your hand. You can always put the Kids Helpline on the hand too, but just place it to the side. If you don't want to put anyone on the safety plan, don't feel bad, you don't have to. If you ever get your 'Early Warning Signs', make sure you call someone on the hand safety plan.

Make sure that all the people on the hand:

1. Are people you trust
2. Are adults
3. Are near to you and able to help if needed (not overseas or interstate)
4. Know that they are on your safety plan

I will have these five people on my safety plan:

1. _____ Phone number: _____
2. _____ Phone number: _____
3. _____ Phone number: _____
4. _____ Phone number: _____
5. _____ Phone number: _____

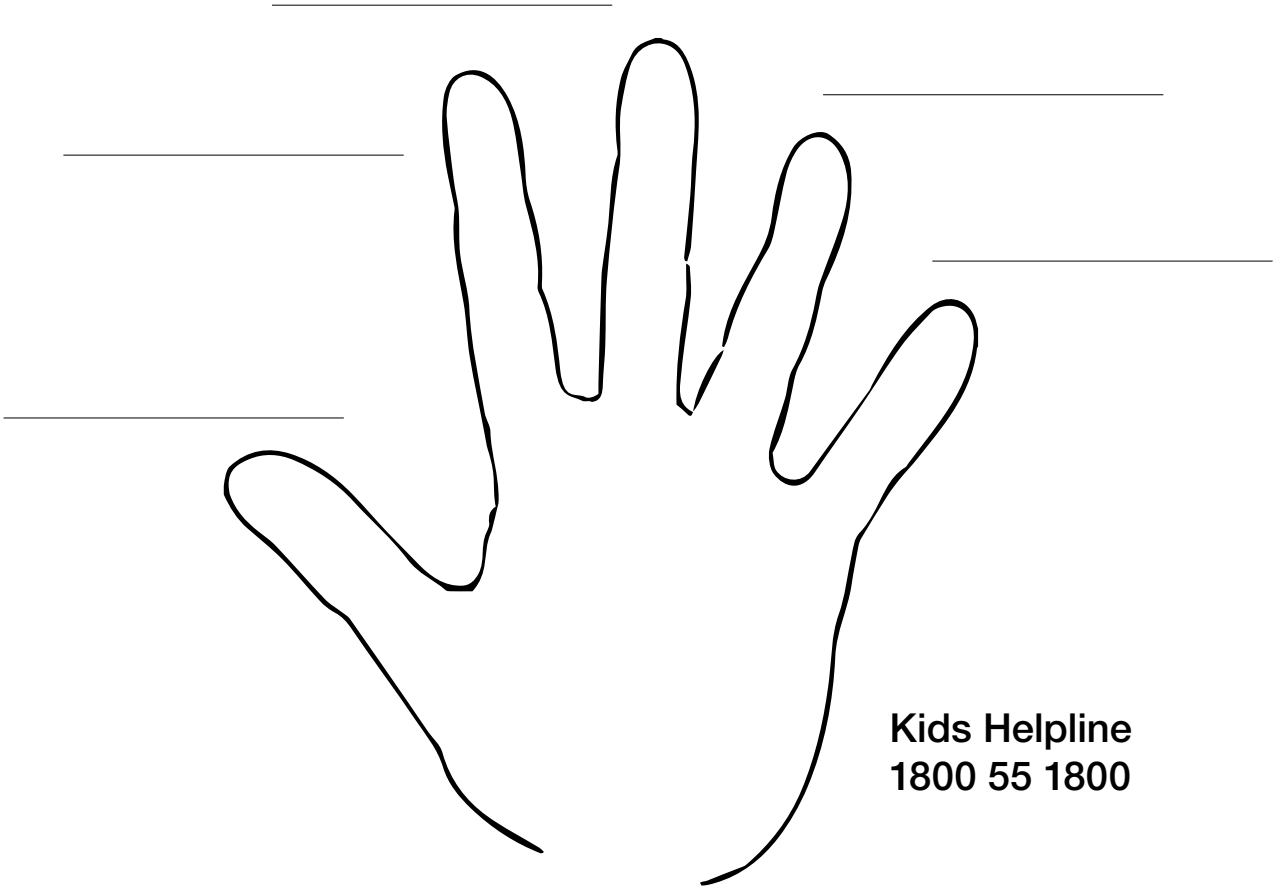
I can also call the Kids Help Line on 1800 55 1800 if I need to talk to someone.

My Hand Safety Plan

Write the names of the trusted adults on the hand below. Make sure you ask them if they can go on your safety plan, never just assume.

My name is_____and this is my hand safety plan:

Print out a hand and have a go yourself!



Being Safe in the Refuge

If anyone asks me what the Refuge address is I will not tell them, even if it is my dad.

My Child Advocate at the Refuge is_____ . Sometimes if my mum needs to do something she will look after me and teach me how to be safe. Anytime I feel unsafe or I need something I can ask her.

I can also call the Kids Help Line on 1800 55 1800 if I need to talk to someone.

There are other kids at the Refuge too, just like me. We can all play nicely together and be friends. There are some rules at the Refuge, just like there might have been rules in your house too. We must all follow the rules and be respectful of each other.

Having Special Codes

Code can be special words or objects that only you and a few other people know about. They will help you to keep safe when you are feeling scared or you have been hurt.

If someone wants to pick you up after school but your mum didn't tell you about them getting you, the special code word they will say is:

If you are at a friend's house and you don't feel right and want to go home but you are worried what your friend or their parent's might think, the code is:

(an example might be that you are "worried about nan" or "you forgot your medicine" etc.) then you will be picked up.

If you move your favourite toy in your room and place it in the 'special place', your mum will know something is wrong. That 'special place' is:

APPENDIX 4: Children's & Young People's Resistance Activity

This example by Wade (2013) demonstrates the resistance shown by a young boy to his stepfather's abuse.

Nathan (10) lives with his Mom, Deena, and younger sister, Angela (3). Nathan's father is out of the picture. Angela's father, Owen, is Nathan's stepfather. Deena and Own are separated and Deena claims there is a history of violence by Owen, who denies the charge. Police have attended the home previously in response to calls from Deena and Owen was once charged with assault.

After separation, Owen demanded equal custody of and access to Angela. Deena refused to support visits because, she argued, Angela was not safe with Owen. A psychologist concluded Deena has a personality disorder and is alienating Angela from Owen, her father. Deena's lawyer commissioned a second report, which focused partly on Nathan's responses and resistance to the alleged violence.

Here is an excerpt from the second interview with Nathan:

N: "Owen was putting Angela in his car and Angela was screaming and trying to get away.

Q: What did you do when you saw this?

N: I yelled, Mum!

Q: What was happening in your body?

N: Tears were coming down my face.

Q: What happened after you yelled for Mum?

N: I knew it wouldn't stop things. I knew that for a fact. I wouldn't expect him to stop because I yelled.

Q: What did you do then?

N: I stayed and watched the rest. I heard Angela screaming but Owen put her in the car and drove away.

Q: What happened when your Mum realised you saw what happened?

N: She came inside and came into my room and talked to me. She got me to write down what I saw. It was kinda obvious this would happen."

The conversation shifted to Nathan's experience of living together with his family. Nathan made the following statements:

"After the first 10 times, I got used to the fighting, so it was nothing new."

"I played video games. It makes me content so I don't go out there and separate them (Dad assaulting Mum). To defend my Mum would be suicide. Every time I tried I got red marks. Sometimes he wears boots – he would kick me or slap me."

"I just hide in my room. Angela would come running in and hide under my bed. She did have her own room, but she didn't like hiding in it. If she wanted she was under my bed then I triple sealed my door."

"The first seal was closing my door. The next seal was putting duct tape on the top and bottom of my door so no-one could open it – to keep Dad out. The next seal was putting pillows on the bottom of the door to keep out the noise. The only time I would hear is if they were really yelling. I also hid under the bed with Angela sometimes, or I played video games really loud so I wouldn't have to hear. No-one could get in unless they had a knife."

"One time me, Mum and Angela all hid in Mom's room and locked the door. We watched Mario Brothers. We were going to have a Christmas party, and he phoned everyone so nobody came after Mum made all the food and stuff. That was a really bad time. Mum barricaded the door. Angela cries and hides when she's scared. He finally drove away."

While discussing Nathan's relationship with Angela, Nathan made the following statements:

> *"We get Angela every other weekend. We used to have her all the time until Dad stole her. It's quieter without her. It's fun chasing her around."*
>
> *"Mum cries a lot. I try to support her. I say 'everything will be alright' and sometimes she says 'no, everything won't be alright'."*

Questions:

1. What kinds of skills and awareness are evident in Nathan's responses to Owen's actions?
2. How would you describe Nathan's orientation to the violence?
3. How could you use this information in working with Nathan and his Mum?
4. Write several questions you might ask Nathan, in response to any of his comments.

APPENDIX 5: Four Steps to Consider: Children's & Young People's Feedback

The **first step** is deciding to involve children and young people. Here, Refuges will decide what the benefits will be of their involvement:

- policies, programs and services that are more relevant and more likely to meet the needs of children and young people and improve their wellbeing;
- improved outcomes for the Refuge - more efficient and cost effective ways of supporting young Refuge clients
- a better community now and for the future by engaging with the energy and creativity of a relatively silent but hugely important group in our community enabling children and young people to feel connected and that they belong, so they can experience a better quality of life and achievement.

The **second step** is preparing for their involvement. This should be an ongoing process in the Refuge and a standardised form should be provided during the Exit Planning phase. Involvement from young clients can also be sought for specific programs/projects the Refuge organised for them too.

- Do strategic planning documents, policies and project plans describe their involvement?
- Do processes and resources support staff to build respectful, ongoing relationships with children and young people, to listen to their views and have it influence their work?
- Is the Refuge prepared to seek and respond to feedback from children and young people about ways their participation could be improved in the future?
- What is your timeline? (Ensure there is time to incorporate children and young people's contributions meaningfully)
- Do you have sufficient resources (including staffing and budget)?
- Have you enlisted the support of key organisational decision makers?

The **third step** is taking action and involving young clients. Refuges can:

- use creative, engaging and fun presentations and activities
- ask children and young people to help plan activities
- encouraging and training children and young people to be co-facilitators or peer researchers
- presenting information in easily understandable ways suitable for different learning styles (for example, use everyday language, pictures and diagrams)
- ask children and young people to write, edit or review documents before distribution
- selecting child and young person friendly venues and facilities – children and young people can give good advice on this
- scheduling plenty of breaks and variation in activities seeking feedback from children and young people about what they enjoyed, what they would like to see more of and what could be better

The **fourth** and **final** step is following up on the feedback young clients have provided the service with. Refuges can:

- acknowledge children's attendance and work they completed and acknowledge their contributions
- updating them about the progress of their suggestions
- allowing them to review documents that record their views
- responding to queries, requests and suggestions
- describe how their views will influence Refuge work including any actions taken and decisions made

This information has been sourced from the Commissioner for Children and Young People's (2009) publication ***Involving Children and Young People: Participation Guidelines***.

CHILD ADVOCATE POSITION

PRIME OBJECTIVE

To advocate for children and young people residing in the Refuge to ensure that their physical, social, developmental, educational, emotional, legal, cultural and spiritual needs are addressed. The advocate will assist the child, young person and their mother/carer to access relevant internal services/programs and external agencies to meet these needs.

RESPONSIBLE TO:

Chief Executive Officer/Refuge Manager

SELECTION CRITERIA

Essential (E) Highly Desirable (HD)

QUALIFICATIONS

- Certificate III, Certificate IV or Diploma in: Human Services, Youth Work, Early Childhood Education and Care, a Tertiary Qualification in Social Work, Counselling, Psychology, Behavioural Science and/or equivalent experience in the human services sector (HD)

  or

- Less formal qualification with specialised skills sufficient to perform to this level;

  or

- An equivalent level of experience and expertise attained through previous appointments and/or study (E)

EXPERIENCE

- Demonstrated experience in working with young people and/or in the human services, or youth sectors (E)
- Demonstrated experience in the development and delivery of educational and therapeutic programs for children and young people (E)
- Demonstrated experience working with Aboriginal, Torres Strait Islander and/or Culturally and Linguistically Diverse peoples
- Lived experience of domestic &/or family violence

SKILLS

- Demonstrated highly developed oral and written communication skills with an ability to communicate and interact well with young people (E)
- Demonstrated ability in facilitation, and/or group work (E)
- Demonstrated case or project management skills and/or relevant experience (HD)
- Computing skills in word processing and windows system (E)

KNOWLEDGE

- Demonstrated knowledge regarding domestic and family violence and/or passionate about promoting and protecting the rights of children and young people
- A clear understanding of domestic and family violence and its impact on victims and perpetrators (E)
- An understanding of issues faced by young people in the community (E)
- A working knowledge of cross-cultural issues for CaLD and Aboriginal children and young people (HD)

OTHER

- Current 'C' Class Driver's Licence
- National Police Clearance (E)
- Comply with the Working with Children (Criminal Record Checking) Act 2004 (E)

DUTY STATEMENT

GENERAL DUTIES

- Work within the Refuge's Mission Statement
- Work within a social justice framework with a sensitivity to cross-cultural issues
- Ensure adherence to the Refuge's policies and procedures
- Ensure that the Refuge's property and properties are maintained and accounted for
- Ensure confidentiality of information in relation to clients, staff and organisational matters
- Maintain co-operative working relationships with other staff and contribute to a cohesive team approach to service delivery

ADMINISTRATION

- Prepare monthly reports for the Management Committee
- Attend and contribute to staff meetings

- Record financial expenditure/vehicle log book/file receipts
- Maintain records and statistics for children and young people within the Refuge
- Plan and budget for holiday programmes for children of school age, and run in conjunction with other workers
- Maintain the childcare room/equipment to high levels of cleanliness and safety
- Maintain and restock childcare supplies and equipment, according to the childcare budget limits

SERVICE DELIVERY

- Provide childcare to community outreach clients for counseling and group sessions.
- Provide practical and emotional support to children
- Foster an effective team work approach with all staff and provide support and assistance to any students
- Demonstrate non-sexist, non-ageist, non-racist, non-homophobic attitudes and behaviour within the work environment
- Provide assessment and case-management for each child on entry to the service

NETWORKING & REPRESENTATION

- Liaise and advocate with government, private and community organisations with/on behalf of clients
- Represent the Refuge at network and/or case conference meetings
- Work cooperatively with other agencies to deliver programs to meet community needs

WORKING WITH CHILDREN AND YOUNG PEOPLE

Developmental

- Undertake a written assessment of each child's developmental milestones and make appropriate referrals as required
- Initiate programs and activities that can address identified gaps in the short term with children

Social/Emotional

- Provide opportunities for children to express their feelings, build self-esteem, and acknowledge their strengths in resisting abuse through play activities, art, and social interactions
- Provide one to one emotional support to assist the child or young person to recover from the experiences of domestic and family violence by acknowledging their strengths in the face of adversity and honouring their resistance to abuse

Safety

- Document with the mother an assessment of the child's or young person's experience of violence and the impact of this on the child and any concerns the mother identifies
- With the mother's permission, meet with child or young person to explore their experience and understanding of the violence they have experienced. Always use response-based language and reinforce the strengths of the young client in this process
- Develop and implement an individual program to support the child
- After discussion with child's or young person's mother, when considered necessary, refer the child or young person to a counselling service

Education

- Liaise with schools to enroll children and young people, and provide material items for school.
- Provide individual support to children and young people to address gaps in their education levels.

PARENTING

- Support and assist parents when they are attending a child's or young person's external appointments
- Liaise with mothers and provide support, parenting information, resources and referrals when appropriate
- Never judge a mother for her parenting style
- Always try to foster a strong bond between mother and child or young person to help increase parenting

DEVELOPMENT & MAINTENANCE OF SKILLS AND UNDERSTANDING

- Attend regular supervision
- Engage with peers for de-briefing as required
- Attend relevant training
- Demonstrate a commitment to updating knowledge and skills in domestic and family work
- Develop computer skills
- Develop interpersonal and communication skills
- Continually update your knowledge of services relevant to your clients
- Continually update your knowledge of evidence-based methods for working with children and young people
- Be aware of good practice guidelines, implement these into practice, and maintain and develop necessary skill sets accordingly.

CHILD'S/YOUNG PERSON'S CASE MANAGEMENT PLAN				
Child's/Young Person's Name:			Date:	
Mother's/Guardian's Name:			Consent of Mother/Guardian:	
Needs	**Goals**	**Action Required**	**Progress**	**Date Goal Achieved**
Medical *How many times in hospital?* *Do they sleep well?* *Are they prone to colds? Etc.*				
Educational *Are they at the same level as others?* *Are they moving schools? Etc.*				
Therapy *Have they witnessed much abuse?* *Have they been abused? Etc.*				
Developmental *Compare them to others their age, eg:* *Do they have delayed speech?* *Can they run properly? Etc.*				
Legal *Is the abuser their father?* *Does he have access visitation?* *Is the child on the VRO? Etc.*				
Parenting/Significant Relationships *How is the relationship between mother and child?* *Do you they have many safety contacts, ie. nan? Etc.*				

Needs	Goals	Action Required	Progress	Date Goal Achieved
Special, Religious or Cultural Needs *Are they special needs?* *Do they need cultural support? Etc.*				
Exit Planning *Who should you refer them too?* *Have you revised the safety plan?* *Have you gotten their feedback?* *Etc.*				
Risks involved in implementing the plan?				
Risk Mitigation Strategy				
Frequency of Case Plan Review				

Additional Notes:

_____

_____

_____

Case Management Plan agreed to with client/s

Mother's/Guardian's Signature:_____ Date:_____

Client Signature (if old enough to understand Plan):_____ Date:_____

Child Advocate's Signature:_____ Date:_____

SIX-STEP CLIENT ASSESSMENT FORM			
Child's/Young Person's Name:		Date:	
Mother's/Guardian's Name:		Consent:	
Social and Material Conditions Information is gathered about the social context. Questions such as *"What is the background or history of the victim's narrative of violence?", "What is the social, cultural, and family history of violence?", "Where are the kids when violence is occurring?", "What is your social network doing about this?", "Do your social network know?"* can be asked here.			
Situation Interaction This step is to determine the connections between the social material conditions and the perpetrators actions. It is important to determine how the perpetrator is enabled to be violent. Questions such as: *"Does he socially isolate you so that he can be violent? If so, how does he do this?", "Does he cancel your after school plans so you have to come home where he might hurt you?"* etc.			
Offenders Actions Document the perpetrators deliberate and calculated use of violence, detail the strategies used. If there is any physical evidence of abuse be sure to take photographic evidence and statements. Also write about how the perpetrator navigated the social situation so others were not aware of the abuse – *"How did the perpetrator conceal the violence and abuse towards you or your mum?"* The greater the detail in this section could lead to more chances for positive outcomes for clients in the judicial system.			

Victim Responses and Resistance Never ask the victim how they were impacted or affected by the violence, as this will lead to descriptions of internal states of mind and may seem to ambiguous for younger children. Always ask questions that will lead to a description of the social situations in which violence was occurring as this will provide a more accurate picture of abuse. Ask victims *"How did you respond to that incident? What did you do?"* Remember to praise children and young people for their strengths and reinforce that it was not their fault. Document in as much detail as possible the victim's actions in response to the violent perpetrator.	
Social Response The fifth step is to document social responses to the victim. If the police were called how did they respond to the claims of abuse? If the victim attended a counselling session, how were they responded to? Were they labelled with a mental health diagnosis? How did the family respond to the news? Etc. Here the practitioner is trying to understand whether or not the victim has had positive or negative responses.	
Responses to Social Responses The final step is to document the victim's responses to the social responses they received. If they told their family, the police or their case worker about abuse before and they weren't believed, do they have issues with trusting authorities? If they went to court and experienced re-traumatisation from court processes, do they have a problem trusting the law? How do they perceive justice and morality?	

Practitioners will not be able to understand the child or young person's responses to violence if they do not understand the responses the child or young person received and how they felt and acted in response to those social responses.

APPENDIX 9: Memorandum of Understanding Template

A Memorandum of Understanding (MOU) is helpful in highlighting the objectives and management arrangements of a partnership between a Refuge and another organisation/s. The MOU also outlines communication strategies, information sharing and consultation processes. An MOU is not a legally binding document, however, it does include the partnership's governance structure and the source of authority. Below is an MOU template that Refuges can use with other organisations that have a stake in supporting young victims of abuse.

1. Rationale/Scope

Include a statement of purpose, and/or a brief description of expectations, and/or a justification for the partnership.

2. Goals and objectives

Include a description of the goals and objectives of the partnership.

3. Partner organisations

Include the organisations names here.

4. Roles, Responsibilities & Expectations

To be discussed with the organisations and clarified before the MOU is signed off. What will the role, responsibility and expectation of the Refuge be? What will the role, responsibility and expectation of the school or healthcare clinic (for example) be?

5. Governance structure and reporting

Include a description of the governance structure and reporting responsibilities.

6. Meetings

Include the nature of the meetings, the frequency in which they will be held, who they will be attended by, and where. All meetings will be chaired by (insert name and organisation). Meeting agendas and minutes will be provided by (Insert name and organisation), who will:

- prepare agendas and supporting papers
- prepare meeting notes and information.

Meetings will be held (how often) for (specify time) at (specify location). If required, subgroup meetings will be arranged outside of these times at a time convenient to subgroup members.

7. Communication, information sharing and consultation processes

Include an outline of how information and data that is generated by the partnership is to be handled by all parties to the agreement and include confidentiality considerations.

8. Conflict resolution

In this important section, describe the process for resolving disputes that may arise amongst the partners to the agreement.

9. Review and evaluation

Set out plans and methods to determine whether the partnership has met its objectives. Include how to get feedback from partners and any other key players who can provide information on the effectiveness of the partnership. Include a strategy to regularly review operational processes and identify issues of concern. Collect data on success rates and re-assessments.

10. Resources

Identify the equipment, resources and materials facilities that will be contributed by partnership members.

11. Authorisation

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach the objectives stated in the MOU, to the best of their ability.

Partnering Organisation:

Name _____ Date _____ Title _____

Partnering Organisation:

Name _____ Date _____ Title _____

APPENDIX 10: Support for Mother's/Carer's

Financial Support

- Resources such as the "My Money Book" developed by the Sussex Street Community Law Service can help mothers/carers with budgeting, saving, debt and financial crisis and getting financial help.
- The Consumer Credit Legal Service (WA) Inc. (CCLSWA) is a not-for-profit charitable organisation which provides legal advice and representation to consumers in WA in the areas of credit, banking and finance
- The Salvation Army's Moneycare service provides free and confidential financial counselling
- The Financial Counsellors' Association of Western Australia offer free, independent information, options and advocacy to help people to take control of their own financial situation ((08) 9325 1617).
- The Financial Counselling Australia's (FCA) role is to support the financial counselling profession, providing a voice in national debates. FCA also advocate on behalf of the clients of financial counsellors for a fairer marketplace that will prevent financial problems in the first place (1800 007 007).
- The Centrelink Crisis & Emergency Payments are one-off payments for domestic and family victims and others in extreme circumstances.
- SouthCare provide a free and confidential financial counselling and advocacy services to low-income residents of the City of South Perth who are experiencing financial hardship.

Parenting Support

- Aboriginal Early Years Best Start is for families with Aboriginal children from babies to five year olds. It provides early childhood programs that respect Aboriginal culture and ways of raising children. Best Start helps families build strong relationships and nurture their children's health, learning and development. The program encourages links with schools and supports children's transition to school.
- Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents and children.
- CLAN WA works alongside families in WA to help build resilience. CLAN WA offer support to parents who are looking for support in parenting, relationships, reducing isolation or the impact of mental illness
- Communicare Family Support Services helps children, youth, families and individuals within the City of Canning and surrounding areas through individual and small group consultations, workshops and community events.
- Meerilinga promotes positive parenting through integrated services such as resources, home visiting, telephone support and advice that is informative, researched and delivered in a friendly and caring way. Staff build relationships with families so that as their needs change and children grow, their support develops too.
- Ngala is a provider of Early Parenting and Early Childhood services with a passion for supporting and guiding families and young children through the journey of parenting. Their services are available for families with young children who work or reside in Western Australia
- Parenting WA (run through the Department of Local Government and Communities) offers an information, support and referral service to parents, carers, grandparents and families with children up to 18 years of age. Parenting WA services are free and no referral is needed
- Triple P gives parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems developing and build strong, healthy relationships.

Respite Care & Support

- The angelcare-at-home service provides a full range of respite services 24 hours a day, 7 days a week. An experienced Angel comes to your home (or the home of the person you care for) so that you can go out for a few hours. Or, they may take the person you care for on an outing for a few hours while you have a break.
- MercyCare's In-Home Respite service is a Commonwealth funded initiative aimed at providing relief and support to the carer to enable them to continue in their caring role with the knowledge that there is someone caring for them. In Home Respite provides flexible respite services for carers of people with dementia and challenging behaviours.

Social Support

- Women's Health & Family Services Mothers Support Program (Mental Health Community Outreach Program) is a free service, providing social and emotional support and advocacy to women who may be experiencing, or at risk of, a mental health problem, in the inner-city and lower north metro area. Their Aboriginal Family Support Service aims to support and strengthen Aboriginal grandparents and their families through the generations. The program provides information, advocacy and referrals as well as group activities, respite camps and peer support groups. Their Rural in Reach program also offers free counselling and support, information materials, community workshops and professional training, access to women's health and family services programs, full privacy and confidentiality.
- Southcare's Aboriginal Family Support Program is a community service offering support and advocacy and referral for Aboriginal families and individuals residing in Como, Karawara, Kensington, Manning, Salter Point, South Perth and Waterford. It is funded by the Department for Communities and the City of South Perth. The program provides support through a range of crisis situations including family violence.

Legal Support

- Legal Aid WA's Domestic Violence Legal Unit advises and assists women with restraining order matters. For women who are non-English speaking, the unit can arrange for an interpreter to be present, free of charge. Information and referrals can also be provided on non-legal matters such as: Centrelink benefits, counselling and medical matters.
- The Women's Law Centre is a community legal centre funded to provide free legal services for women of Western Australia. We provide information about legal issues and referral to support services, legal advice, casework, community legal education and law reform advocacy.
- The Citizens Advice Bureau can provide legal advice on financial matters and family court matters

Psychological/Counselling Support

- Arafmi Counselling is where professional family support counsellors are available free for one-to-one counselling by phone or in person, or by appointment.
- Relationships Australia offer Relationship Counselling to individuals, couples or whole families if necessary. They offer telephone counselling for people who cannot attend a session, including those who live in rural or remote regions.

Medical Support

- The Department of Health lists numerous after hour General Practitioners clinics on their website if women/carers need non-emergency medical assistance after they leave the Refuge.
- Healthdirect Australia is a free 24 hour telephone health advice line staffed by Registered Nurses to provide expert health advice. The advice line provides fast and simple expert advice about any health issue and what to do next. Healthdirect is a 24 hour service you can use any time you are anxious about any health issue. The service can also help with general health information and direct you to local health services (1800 022 222).

Home Support

- Silver Chain provides home and garden maintenance to support clients in maintaining or regaining independence in their own home. The Home and Garden Maintenance service provides minor domestic upkeep for safer day-to-day living, and can assist with identifying and adapting the client's garden to be more manageable.
- Southcare's Home and Community Care (HACC) is funded by the State and Commonwealth Government and provides basic support services to some older people, people with a disability and their carer's to assist them to continue living independently at home.
- White Oak Home Care & Support delivers an extensive range of home support services to clients of all ages. A staff member will be allocated to assist with tasks that will reduce the fatigue or discomfort often associated with general home duties: routine household duties, meal preparation, shopping and bill paying, ironing etc.

Childcare

- The Department of Human Services Child Care Benefit can help with child care fees.

WOMEN'S COUNCIL
FOR DOMESTIC & FAMILY VIOLENCE SERVICES (WA)

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