



Waitakere Children and Family Violence Project

Researching our response to children exposed to family violence in Waitakere

A final report

**Prepared for the WAVES Trust by Deborah Yates
August 2013**

**With heartfelt thanks to all those, too many to name,
who have participated in and supported this work.**

“Ehara taku toa i te toa takitahi, engari he toa takitini”

My success is not of my own, but through the efforts of many.

WAVES Trust (Waitakere Anti-Violence Essential Services), August 2013

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Executive Summary

The Waitakere Children and Family Violence Project (originally The Schools Project) has been funded by the Ministry of Social Development (MSD) and managed through the WAVES Trust. Begun in September 2011, it was the result of concerns within the local family violence sector about the response to children exposed to violence (CEFV) between adults in their family¹. The intention was to work with schools, using a mix of research methodologies with a grounded theory approach, to ascertain their response at the time and to find out how they could be helped to build on that response.

It soon became clear, however, that the problem was well beyond the capability of schools to remedy and the research was extended to encompass wider consultation. By tracking the reporting pathways (see Appendix 1 Pathways Flowchart) and through this consultation it was discovered that the community-wide response to children exposed to family violence is far from adequate, with large numbers of children precluded from accessing help. This is thought to be primarily due to systemic issues related to the focus on reporting to the statutory child protection agency, Child Youth and Family who, in response to overwhelming numbers of notifications have, in partnership with the New Zealand Police, developed a process of triage and high thresholds that attends primarily to the most at-risk children's immediate safety. Coupled with this, relationships between key parties are fraught with issues and sector silos mean there is little dialogue between them. Several key agencies, such as schools and child and adolescent mental health services, are not obliged to recognise the issues of family violence and trauma thereby limiting children's opportunities to disclose or gain access to help. Programmes that are in place are either limited or underutilised. Most social services are yet to become trauma-informed and practitioners often have little training in the potential effects of family violence and trauma on children. Furthermore, training in child therapy appears to be in short supply in New Zealand.

Responses to a survey of young adults who had been exposed to family violence as children hauntingly corroborated these findings. While very few told anyone, 72.5% would have liked to tell a safe adult. Although only 14% received help, all would have appreciated some form of support.

A literature overview was also conducted on the needs of CEFV and strategies and therapeutic modalities demonstrated to meet these. This search highlighted the need for trauma awareness and recovery and earlier collaborative intervention, amongst other things. In the New Zealand context, the Government's Children's Action Plan and Investing in Services for Outcomes may potentially lay the foundations for a serious rethink and revamp of child protection, with a focus on outcomes for children. However, childhood exposure to family violence and the effects of trauma need to be recognised as major contributors to ongoing social issues such as mental health and suicide, substance abuse and crime and ongoing violence, if these are to be tackled with any success.

The Waitakere Children and Family Violence Project, with the backing of WAVES personnel, is proposing a local professional collaboration, designed to develop a multi-sector effort to upskill and inform practitioners and resolve and provide options to the systemic barriers to responding to children and young people in Waitakere who are trapped in both the violence perpetrated by the adults in their lives and the aftermath of that violence.

¹ As distinct from those who are direct targets of violence, although these are frequently the same children. The project initially used the term 'children who have witnessed family violence' (CWFV) but more recently uses 'children exposed to family violence' (CEFV) as it is more inclusive of past and current experiences. The word 'violence' is intended to cover all forms - physical, sexual, psychological/emotional, financial etc.

Introduction

Members of the WAVES Trust and the network of family violence agencies it serves had become increasingly concerned about the response to children exposed to family violence (CEFV) from about 2009. Through the since disbanded Children's Advisory Group, part of the Waitakere Taskforce, they worked at getting a project underway to tackle this and were supported by the Taskforce's Steering Group. The WAVES Trust, under the management of Tiaria Fletcher, was successful in obtaining research funds and so the project was born. A change of management in August 2011 meant that Poto Williams oversaw and supported the project through its first 18 months, when Peter Toews took the helm. All managers and staff have been tremendously supportive and endlessly patient.

Deborah Yates was contracted part-time in late August 2011 to undertake the research and manage the project. Deborah is a registered social worker with an MA in social policy who has worked in social work and policy development within the child protection and child wellbeing sectors for many years, including fairly recently in a clinical role with adolescents.

In October 2012, Deborah reported on her initial consultation with both schools and community agencies working in the family violence field and proposed an early intervention process for Waitakere that would respond to children before their situation became too serious. However, the concurrent release of the Government's White Paper for Vulnerable Children appeared to be proposing something similar nationally, so this local idea was shelved and ways to support the Children's Action Plan were considered instead.

By way of triangulating the findings, Deborah then set out to conduct a survey of young adults who had been exposed to family violence as children and completed a report on this. She also undertook a literature overview of the needs of children exposed to family violence and modalities shown to work in meeting those needs. Her findings are included in this report. An intended survey of those services available to children was put on hold until such time as an initiative was underway, to ensure data is current.

This is the final report of the research to the Taskforce, following a very similar one to the WAVES Board. It is intentionally succinct and links are provided to earlier reports. It summarises the consultation processes and discusses the current policy context in New Zealand. The project's literature findings are outlined for the first time. The report concludes with WAVES' proposal to undertake the setting up of a professional collaborative using a multi-systemic and trauma-informed approach, with the goal of significantly improving Waitakere's response to CEFV. It recommends that the Taskforce notes the findings and the timing in terms of current policy developments and supports this proposal.

Consultation with schools

While this project was to be focused uniquely on improving West Auckland schools' responses to children exposed to family violence, difficulty with this approach quickly arose. The assumption that schools were the primary site for improving the response to this group of children was not a view shared by schools. Furthermore, schools reported that they are deluged by research requests and were in no position to participate, especially at a time in which their relationships with the Government were strained. And, although it was felt that the local principals' association had given its agreement to the research, it emerged that this related to only a small proportion of principals present at an association meeting, rather than being officially rubberstamped by the association's executive. The overall result was a lukewarm response from schools.

In the event, however, over 40 of the 85 school principals were consulted in one form or another (questionnaires, one-to-one interviews and cluster meetings). Seven of the 85 schools agreed to participate in two staff workshops offered on the effects of family violence, the schools' current response and how they would like to be responding. As findings were consistent across the board and some good ideas were generated, these numbers were seen as adequate. However, as only one secondary school participated in the workshops and only one other showed any interest, it was decided to focus instead on primary and intermediate schools, the response from secondary schools requiring quite a different approach.

Most schools made it clear that they believe they are there to teach and that they do not have the skills required to talk to children about their home experience or to deal with disclosures of violence. Despite this, most reported doing their best when situations did arise and some excellent practice was revealed. The schools reported, however, a great deal of anxiety and frustration in working with Child Youth and Family (CYF), especially in terms of CYF reporting back on notifications and working together. Stories of CYF social workers descending on a school unannounced to talk to or remove a child were recounted with horror but there was also appreciation of some really dedicated and effective social workers as well as annual breakfasts put on for principals to help improve interaction. Lack of training for Special Education Needs Coordinators (SENCOs) and the absence of a code of practice for schools suggested a lack of commitment from the Ministry of Education in the field of child abuse and neglect.

Systemic issues

It also became clear that schools could not improve their response to children exposed to family violence without a solid process for serving children in the wider family violence sector. This was therefore investigated through consultation with over thirty local agencies and others. Agencies expressed their concerns that children were getting lost in primarily adult-focused processes and that they don't get a fair share of services. Distrustful and chaotic families tended to elude approaches about the children and a system based around CYF's increasingly high thresholds was seen as severely limiting. They identified a number of issues between agencies, the crippling predominance of silos and insufficient responsibility taken by the Ministries of Education and Health.

As a result of these discussions, a flowchart of the current processes for detecting and responding to children exposed to family violence (mainly through the Police and CYF) was developed and showed clearly that a tight system of triage and high thresholds excludes the majority of children from assistance (see Appendix 1). While a full survey of services was not undertaken, it appears there is no coordinated process to pick up the children who do not meet the threshold, apart from CYF's voluntary Partnered Response offered to some families. Nor was it very clear what sort of service children who were accepted as CYF clients were receiving, the emphasis appearing to be on making them safe rather than aiding their recovery.

That said it seems there are a number of agencies offering services of some type to children, either educational or therapeutic, relating to family and violence issues and some of these receive referrals from CYF. There appear to be more resources, however, going into identifying and working with children and young people as potential perpetrators than as victims of family violence. With some exceptions, services for children tend to be very small and underfunded and are not coordinated into a community response; nor are many schools serviced by them. There is little evidence of trauma-informed screening being carried out with children or adolescents.

These findings indicate that many of the problems identified are systemic and probably true for most other regions in New Zealand, although it is acknowledged that there are some excellent though perhaps isolated initiatives being developed across the country.

These consultations and findings were reported on in depth in October 2012 and widely disseminated within the community. The report and executive summary can be found on: <http://www.waves.org.nz/network-services/projects/waitakere-children-who-witness-fv/>.

A more in-depth survey of exactly what programmes are being offered locally and numbers of referrals was developed, but it has been decided to wait until such time as a community-wide initiative is funded before such data is sought, in order to ensure it is current.

Consulting the true experts

Further consultation was undertaken in the form of a survey of 29 young adults who were exposed to violence between adults in their families when they were children and the findings from this rather clearly corroborate the earlier findings. The participants revealed that they had not received the information² or support they needed in order to disclose. Nor did they receive the recovery services they needed in order to avoid the effects of the violence continuing into their adulthood. Only 4 out of 25³ disclosed to a responsible adult and a similar number told a friend or cousin. Crucially, only 4 out of 29 received any services. The vast majority had lived with fear, sadness and worry for sustained portions of their childhood with little or no support, and 24 out of 29 indicated ongoing negative effects impacting them still, such as recurring memories of the violence and negative thoughts, use of alcohol and drugs to help them cope and getting into violent or bullying relationships.

Perhaps most revealingly, all respondents indicated that they would have appreciated help at the time. From a range of 9 options, 20 chose at least 3. Of these options, 5 covered help to talk or disclose about the violence and four covered post-violence support. By far the highest of both categories was telling 'a safe adult who would listen to what YOU would like them to do, or not do, about it' (21). Only 3 felt they would have welcomed support from CYF, however, perhaps an indication of their parents' (and society's) negative attitudes toward this agency.

A detailed report of this survey and an executive summary can be accessed on <http://www.waves.org.nz/network-services/projects/waitakere-children-who-witness-fv/>

Policy developments and dialogue with the Government

Meanwhile, the Government's White Paper on Vulnerable Children was produced in October 2012 and the Children's Action Plan (CAP) was released. This is seen by the project as having the potential to significantly improve the response to a much wider group of children than are currently supported and many of the proposed changes are applauded, such as:

- sharing responsibility across Ministries for outcomes for children (Cross Agency Care Strategy)
- training on abuse and neglect and how to respond to it for all public employees having contact with children (by end 2015)
- setting up Children's Teams separate from CYF, seemingly to intervene earlier using lower thresholds and to work collaboratively within the local community (by end of 2017)
- evidence-based programmes (Focusing on What Works)

² This may have improved since the It's Not OK campaign.

³ Who indicated in that question

Concurrently, MSD have been developing Investing in Services for Outcomes (ISO) throughout this period. The intention is to a) streamline funding process, b) help MSD-funded organisations to become stronger and more sustainable and c) encourage collaboration amongst agencies. See <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-services-for-outcomes/index.html>. The project sees this programme as being potentially useful in our efforts to improve the response to children exposed to family violence (see proposed action p9). Support for the Children's Action Plan and some concerns were conveyed directly to the Minister of Social Development in November 2012 and via senior MSD and Ministerial staff in early June 2013. Concerns highlighted in the second meeting included:

- the lack of emphasis on children exposed to family violence, despite them being by far the largest group of CYF's notified children and clients. See <http://www.cyf.govt.nz/about-us/who-we-are-what-we-do/notifications-requiring-further-action.html>
- the underuse of the Ministry of Justice's Protected Persons Programme in which children under Protection Orders qualify for therapeutic help to resolve the effects of the violence (only 791 referrals in 2011 for 8000 children under Protection Orders)
- the fact that CAMHS, the free DHB-provided mental health services for children and young people, are not contracted to work with either family violence or trauma and
- the concern that adults working in the social and health sectors are more inclined towards engaging with the adults involved than the children. This may be due to a lack of training in child development and child-focused practice and highlights a shortage of trained child therapists in this country.

Details of this presentation and suggested questions policy makers pose re the CAP are available on <http://www.waves.org.nz/network-services/projects/waitakere-children-who-witness-fv/>

Literature overview

Once the main consultation process was completed, a literature overview was undertaken asking the question: What are the specific needs of children exposed to family violence and what evidence-based programmes exist to meet these needs? Prior reading had already established general acceptance of the view that exposure to family violence can and usually does have a negative and lasting impact on children, although recognition is given to the fact that some children, through good support or good luck, do manage to escape relatively unscathed.

The results of the literature overview have not been reported on hitherto, partly because of the enormity of the task, given the vast amount of literature, although a cross-referenced literature list, by no way complete but including a number of literature reviews, is posted on our website under: <http://www.waves.org.nz/network-services/projects/waitakere-children-who-witness-fv/>. WAVES also holds a list of abstracts from NZ literature on children and FV is also posted there and a full list of New Zealand literature on children and family violence is available on <http://www.nzfvc.org.nz/node/468>.

This reading has influenced the researcher's thinking, work and recommendations throughout 2013. Very clear themes have emerged, which are outlined here:

- **Early intervention.** This means that, rather than being left until they meet high thresholds, families should be supported earlier. In this way, they can be averted from the 'high end' child protection services, thus not only relieving caseloads but averting more serious outcomes for the children.

- **Trauma and its effects on children and their futures.** Overwhelmingly, current literature emphasises the traumatic effects of witnessing violence, even more so when it is perpetrated on and by adults on whom a child depends for safety and care. Understanding the effects of trauma, biologically and psychologically, is essential for anyone working with or on behalf of children exposed to violence. The term trauma-informed is now being used for organisations, care systems, assessment, interventions and therapies, meaning that everything is carried out in the cognisance of trauma and how it is likely to be impacting on service users (and vicariously, on service providers).
- **The need to screen for family violence and trauma.** It is also emphasised that trauma must be identified for two main reasons: a) without this it is possible to inadvertently perpetrate more harm to a traumatised brain, within the home, school and therapeutic settings, and b) without knowing that trauma has occurred, therapy cannot be effective as it will be inappropriate. There is a number of child and adolescent-appropriate validated screening tools available; some are free.
- **The importance of stable, safe, loving attachment.** This cannot be underestimated, as a lack of healthy attachment is likely to hinder any other recovery work. (Re)building the safe caregiver-child relationship is of key importance once the chaos of the violence has begun to subside. This is likely to mean working with the caregiver on their own trauma and stress.
- **Attachment assessment is equally important.** See a simple discussion on: http://en.wikipedia.org/wiki/Attachment_measures
- **A range of available treatment types⁴:**
 - Trauma-informed therapy, as above. There is a wealth of material on this topic also.
 - Attachment and rebuilding safe relationships post the violence.
 - Age, culture and circumstances are all highly relevant in choosing a treatment type.
- **Resilience.** This relates to the importance of understanding resilience theory and the art of helping children to build their own resilience.
- **Recovery.** Understanding and working towards recovery from trauma and disruption. Crisis support is not sufficient for achieving useful outcomes for children.
- **Evidence-based practice.** Although there are some programmes overseas able to scientifically evidence their success, they appear to be time and, probably, money intensive. Other treatments are still in the process of being assessed. This is a dynamic and interesting field.⁵
- **The need for multi-systemic and multi-agency collaborative responses being put in place.** Because of the nature of family violence and its impact, it is generally felt that there needs to be multi-systemic processes in place, between schools, social and health services, treatment programmes, the Police, the courts etc that identify and respond early to children and families. This helps ensure that professionals working across all sectors are family violence and trauma-informed and that they speak the same language. It also allows a range of people to work in a pre-agreed and coordinated way to help the child recover and build resiliency. This model has been particularly developed, trialled and evaluated in the United States⁶ and to some extent elsewhere.

⁴ See <http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>

⁵ Ditto

⁶ See <https://www.childwelfare.gov/systemwide/domviolence/collaboration/> for American examples.

Other activities undertaken in the course of the project

As a means both of dissemination of the findings and by way of expressing some of the concerns encountered, Deborah has been writing a blog, called The Juvenists, in the WAVES weekly newsletter, Making Waves. Juvenist is a term she coined for someone who puts children's needs first, even in the face of adult prerogatives, and she light-heartedly compares juvenism to feminism. The blogs have been outlining the case for an improved response to CEFV with references to other writers and proponents. See <http://www.waves.org.nz/news-and-events/the-juvenists/>.

This research was presented and well received at the Waikato University conference 'Children in Crisis' in October 2013. Deborah has also disseminated her findings in a number of settings in the local community. She has also written a resource for children exposed to violence about adults and their 'issues' and how to keep themselves safe.

Conclusion and proposed action

This research has described, through triangulation, what was certainly suspected beforehand – that most children exposed to family violence get no or very little response to this issue from any sector. It also highlights that the effects of children's exposure to family violence, of trauma and of their needs for recovery are poorly understood. It suggests there is a lack of skills and tools available for recognising and responding, as well as inadequate inter-sector connection and collaboration. While this research relates specifically to Waitakere, it is likely that the findings could be applied more generally to New Zealand at large, with some regional variation.

There are likely to be many structural reasons for this situation, including: the original premise of the family violence sector that women are the sole victims; an historic lack of political interest in children, especially those of the underclass; a lack of recognition of the importance of healthy human development; uncoordinated funding and the silo culture between and within sectors. There can be little doubt, however, that the impact of family violence on children is not only an enormous load on them as individuals but on the whole of New Zealand society, in terms of mental health, suicide, ongoing family violence and parenting issues, crime and so on. It is felt that with an effective response to children exposed to family violence, the largest group of child abuse victims, these global effects could be significantly mitigated.

The Vulnerable Children's Bill, once enacted, is intended to engage a range of Ministers, such as those for Health, Education, Police and Justice, to share the ultimate responsibility for vulnerable children with MSD. Children exposed to family violence make up 50% of CYF's substantiated cases, which represent the tip of an iceberg. This legislation bodes well for an inter-sector response.

A strategic plan to develop a proactive multi-sector collaboration, provisionally named the Children and Family Violence Network, was proposed to the family violence community and positively received early in 2013, although discussion and further ideas were not then forthcoming. Other sectors have not as yet been consulted. An updated version of the proposal is posted online at <http://www.waves.org.nz/network-services/projects/waitakere-children-who-witness-fv/>. It would feature a fulltime coordinator and/or team, based at WAVES, who would: promote and build the community and its culture; organise training; access a tested screening tool; develop a set of criteria for new and current programmes to help them reach an agreed standard; develop a referral process - all in partnership with membership agencies and practitioners.

While the larger vision of a well-informed and responsive community continues to be developed, it is desirable that a carefully planned response is put in action sooner rather than later to begin to

effectively meet the needs of more Waitakere children, within current structures and processes. Open discussion with the community at large is now essential as it is important that a wide range of professionals understands the issues and has a sense of ownership of and active participation in these developments.

With its Taskforce on Family Violence and the long-established WAVES Trust, and with the findings of this research, Waitakere is well positioned to mobilise a creative overhaul of the collective responses to children exposed to family violence. It is hoped that a collaborative response to all children in this plight in Waitakere could potentially provide a model for other regions to greatly improve the safety and recovery of children exposed to family violence across the country.

Recommendations to the Waitakere Taskforce on FV:

It is recommended that you:

1. **Take note of the findings** of this research project, particularly that most children exposed to family violence in Waitakere are not being helped to disclose or cope with the violence, nor to recover and live positive and satisfying adult lives.
2. **Consider the current MSD policy context**, particularly the Children's Action Plan and Investing in Services for Outcomes
3. **Support the setting up of a multi-sector working group on children**, under the auspices and responsibility of the WAVES Trust, to support the strategy outlined in this report
4. **Provide feedback** to WAVES about this proposal.

**“He taonga nui a tatou tamariki”
Our kids, our future, our responsibility**