

SUBMISSION

Family and Domestic Violence – Its Impact upon Children and Young People in Tasmania

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Contents

Introduction to Anglicare Tasmania	1
Anglicare’s expertise in family and domestic violence.....	2
Response to general discussion questions	4
How are Tasmanian children and young people affected by family and domestic violence?.....	4
What do children and young people affected by family violence need?.....	6
What are the outcomes for children and young people when they engage with services, programs and support?.....	9
How can Tasmanian services and organisations best respond to the needs of children and young people affected by family and domestic violence?.....	10
How are the views of children and young people considered in the design and delivery of services?	12
What opportunities exist for improvement or innovation?.....	13
Conclusions.....	16
References.....	17

Introduction to Anglicare Tasmania

Anglicare is the largest community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport and Burnie, and a range of programs in rural areas. Anglicare's services include emergency relief and crisis services, accommodation support, employment services, mental health services, acquired injury, disability and aged care services, alcohol and other drug services and family support. In addition, Anglicare's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, staff, research and advocacy.

Anglicare's work is guided by a set of values which includes these beliefs:

- *that each person is valuable and deserves to be treated with respect and dignity;*
- *that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;*
- *that support should be available to all who need it; and*
- *that every person can live life abundantly.*

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Anglicare's expertise in family and domestic violence

Anglicare has many years' experience providing services to individuals and families who experience family and domestic violence. We were closely involved with the implementation of the *Family Violence Act 2004* and the subsequent Safe at Home reforms.

Anglicare provides targeted early intervention services that support positive family functioning and child development in the North of the state. As well as assisting individual families, we take a collaborative whole-of-community approach to the integration of children's services, including providing specialist consultancy services for other service providers.

For the past six years, our North West Early Start Therapeutic Support (NESTS) has supported families in North West Tasmania to improve parent and child outcomes by providing opportunities for children to thrive, learn and develop safely in their care. Also in the North West, Anglicare provides long-term counselling, support, information, advocacy and referral for women, men and children experiencing or affected by family or domestic violence.

We also provide intensive therapeutic support for vulnerable young people; a wide range of mental health services; support, counselling, information and advocacy for individuals and families; housing support; and, where appropriate, reunification services of children in out-of-home care with their family of origin.

In 2008, Anglicare's Social and Action Research Centre (SARC) contributed to the government's review of the *Family Violence Act 2004*. At the time, Anglicare was concerned that the critical shortage of affordable housing directly and negatively impacted upon both perpetrators and those who experience family and domestic violence. Anglicare was pleased to see a significant commitment in the 2016-17 State Budget to support *Tasmania's Affordable Housing Strategy 2015-2025* and its action plan. As well as commitments to increasing the social housing stock and investing in more crisis housing beds, of particular relevance to this submission is the *Rapid Rehousing from Family Violence* initiative. Anglicare hopes that these initiatives will greatly assist families who experience family and domestic violence.

SARC has also conducted numerous research projects that have looked at family and domestic violence and its impact on children and young people. In 2011, we invited twenty people to share their experiences of mental illness and homelessness, some of whom identified family and domestic violence as part of their experience (Pryor 2011). In 2014, we focused on the experiences of young Tasmanians who experienced homelessness and again found family and domestic violence to be a contributing factor (Pryor 2014). A key

recommendation from this research was that young people felt the social services system often struggled to provide both support and protection for them. For example, young people told us they felt Child Protection Services often provided less intervention than the young person thought was necessary. In particular, young people also reported that when they are homeless and living in a shelter, Child Protection Services rarely provided support. A clear preference of many of the young people involved in the research was to have supports brought into their home rather than having to leave to get the support they needed.

Our major piece of research that looked at family and domestic violence investigated the experiences of parents in the child protection system (Hinton 2013). It is estimated that 50 per cent of families involved with the child protection system in Tasmania experience family violence (Parliament of Tasmania 2011, cited in Hinton 2013). Our research found children and young people being taken from their mothers for the mother's 'failure to protect' and fathers told us they would never get access to their children again regardless of the changes they made to their lives. Although the intersection between family and domestic violence and the child protection system is clear, in this research Anglicare was concerned by the disjointed support offered to families in crisis. Of particular relevance to this submission, Anglicare recommended that the State Government invest in the provision of intensive support for families at risk of entering, or already within, the Child Protection Service (Recommendation 3); that every family in the Child Protection Service be provided with a care/support plan that has clear goals that are regularly reviewed (Recommendation 4); and that the Child Protection Service be resourced to assess and meet the therapeutic needs of children and young people in the out-of-home care system (Recommendation 12) (Hinton 2013).

Response to general discussion questions

How are Tasmanian children and young people affected by family and domestic violence?

Family and domestic violence is well recognised as posing a potential risk to children, and a child's exposure to it has been identified as a form of child abuse (Hinton 2013).

Family and domestic violence may be physical, emotional, psychological or financial and may be perpetrated against one parent, between parents or directed at the child (Hinton 2013). All types of family and domestic violence have a negative impact on a child and it is important that no one form is prioritised over another. In addition to being disrupted by the violence itself, families are further disrupted by each individual family member's response to family and domestic violence. For these reasons, each individual child will have individual responses to violence and requires individualised therapy.

Exposure to family and domestic violence may cause trauma for the child and lead to long-term psychological problems. In addition, many children are removed from their families and placed under the protection of the State, which while hopefully providing a safe environment for the child, does not necessarily alleviate the trauma the child has experienced and can cause additional problems in their connection with family (Hinton 2013). On the other hand, our workers have concerns that children are being forced to have contact with the perpetrator of the violence, which can further negatively affect the child's wellbeing. We believe it is vital that each child's situation is assessed case by case, with the aim of keeping the child safe and preferably with a family member if possible.

Anglicare's services observe a wide range of negative developmental, social, emotional and behavioural consequences for infants, children and young people affected by family and domestic violence. In particular, children may develop insecure attachments if the parent who has experienced the violence, usually but not always their mother, is emotionally unavailable to them. There may also be neglect or emotional or physical abuse arising from the mother in response to her experience of violence. Research and our service experience suggest that insecure attachment can result in a child or young person suffering from anxiety, poor impulse control, lack of emotional and behavioural regulation, inability to regulate sensory environment, low levels of resilience, mental health problems, and cognitive and social difficulties. Our workers also see many children with Post-Traumatic Stress Disorder (PTSD) and we have clients as young as nine years old who have suicide ideation as a result of family and domestic violence. Family and domestic violence can also affect a developing foetus in utero as the mother's stress hormones influence the development and organisation of the central nervous system and developing brain.

Anglicare's experience is that schools play an important role for children affected by family and domestic violence. For example, a child who experiences family and domestic violence may exhibit anger by breaking things or harming other children, refusing to follow direction, reacting against authority figures or having difficulty concentrating, all of which can lead to disengagement from school. A child who experiences family and domestic violence may also be exhausted at school due to being hypervigilant at home and they may struggle to make friends as their emotions are poorly regulated. Poor role modelling at home may lead to poor behaviour with peers as a child acts out their home story towards others. If the school treats such behaviour as issues requiring discipline and perhaps suspension or expulsion – that is, in the school's perspective the child is 'bad' – the underlying cause of the behaviour, family and domestic violence, will remain unaddressed.

Anglicare is also concerned that the behaviour of children is sometimes seen by schools as needing medical intervention with children sometimes diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiance Disorder (ODD) and medicated without the cause of the symptoms, the family and domestic violence, being directly addressed.

In summary, Anglicare's experience of the way family and domestic violence affects Tasmanian children is the development of trauma which affects all of a child's interactions with family and at school. We believe there is a risk of over-medicalisation of 'problem' behaviour and that schools and health professionals should look at each child's individual circumstances when behaviours that are well known as symptoms of family and domestic violence are displayed.

What do children and young people affected by family violence need?

The most important thing for a child or young person who experiences family violence is that the violence stops. A child's brain cannot begin to heal from trauma until they are in a safe environment. All service delivery directed towards a child or young person must identify and remove the risk factors for violence.

Anglicare expects the 'system' to protect children. By this, Anglicare means the education, medical and social systems, especially the child protection system. Anglicare is concerned that too often a child's safety and wellbeing is overlooked because of lack of resources or inadequate knowledge. Anglicare has many child clients who have experienced years of family and domestic violence despite numerous notifications having been made. There is no excuse for children experiencing ongoing family and domestic violence after the abuse has been reported.

Anglicare believes that a developmental trauma-informed attachment framework of practice is the most effective way to work with children and young people who experience family and domestic violence. Anglicare's experience is that to minimise the effects of trauma, children need long-term intensive therapeutic interventions that are timely and age-appropriate and provide a routine for the child and the parent or teacher when the child experiences stress.

For example, our North West Early Start Support (NESTS) program explores the underlying issues for a child, helps parents to understand why children behave the way they do and provides parents, teachers and children with tools to help children calm down in difficult times. We do this by teaching parents and teachers to do 'brain therapy' for children who need help to heal from trauma.

It takes a long time for a child to heal from trauma caused by family and domestic violence and to trust people again. They are often wary of connection. For example, one of our child clients received a full time aide at school to assist them throughout the day. However, due to this child's experience of family and domestic violence and response to trauma, even with intensive support the child was unable to go outside at lunch time or interact with other children.

To build trust, children need to develop a long-term, stable and reliable relationship with an adult where they have a 'safe space' in which they can learn to trust. Anglicare workers use a range of techniques such as play, routines and boundaries to establish trust.

According to Anglicare workers, children need:

- *"good role modelling in how to connect and maintain friendships and relationships";*
- *"to have someone listen to them and believe them";*

- *“their experience of family and domestic violence to be validated”; and*
- *“relationships with people that are predictable and they can trust”.*

Children affected by family and domestic violence also need therapeutic interventions that provide frequent and consistent ‘replacement experiences’ that are safe, predictable and nurturing. In this way a child’s positive neural pathways are strengthened. For example, our workers say that “sports and hobbies can act as anchors when all else falls apart” and that “it is also important that pets are looked after”.

It is important that trauma-informed services are available for the child and their family. Children need both of their parents to receive help for the trauma caused and experienced as soon as possible after the first incident. For example, a non-offending parent may need help to exercise authority over their children while an offending parent may need assistance to deal with their own childhood trauma.

Anglicare workers report that men are often reticent to seek help, whether they are perpetrators or victims of violence. We therefore think it would be worthwhile investigating family and domestic violence programs that work at a community level so that men can participate as part of their broader community in reducing violence.

Opportunities for the child to connect with the offending parent should only be considered if Child Protection assesses it to be safe. In addition, in some cases, we have child clients who are forced by the Family Court to have contact with a parent even though the child has stated their wish not to have contact or the child is too young to express their preference. In these circumstances, our child clients can suffer additional stress and feel like no one is listening to them or their opinion is not valid, which causes further distress.

On the other hand, we also see cases where the offending parents feel they are willing to do “whatever it takes” to have the children returned to them but with no acknowledgement of the changes they have implemented. For example, a violent male partner who participated in an anger management program told Anglicare, “It was very good. He told you right from wrong and taught you how reactions cause more reactions and just cause more trouble. Me being headstrong and a proud person, it takes another man to get in your face to explain to you what mistakes you’re actually making. It was fantastic” (Hinton 2013, p. 108).

Another father who had perpetrated family violence told Anglicare, “I think the system itself is opposed to men in general and with the Department I haven’t been given a fair go from the word go as a father. They can’t cope with the fact that people can make mistakes and learn by them and go on to a future and move on. They won’t let you move on” (Hinton 2013, p. 113).

It is also important for children not to be removed from the non-offending parent unless staying with this parent is assessed as being unsafe for the child. Within the Tasmanian child protection system, violent fathers and partners often remain invisible while mothers may be blamed for a failure to protect their children from family violence. Unfortunately, we

see too many cases where the child is removed regardless of the mother's parenting capacity. Australian and international research is clear: a parent who experiences family and domestic violence needs help to be safe and to deal with their despair, loss, grief, feelings of powerlessness and shame; and continued contact between parent and child is extremely important for their resilience, identity development and attachment (Harries 2008, cited in Hinton 2013).

Anglicare believes it is the responsibility of the State to protect children from family violence. It is also the responsibility of the State to protect the non-offending parent, usually the mother, and to help this parent establish a safe home for the child. With about 50 per cent of families involved in the child protection system experiencing family and domestic violence (Parliament 2011, cited in Hinton 2013), it is vital that the child protection system and other State interventions to family and domestic violence respond in an integrated way that is based in trauma and attachment theory.

Children who suffer from family and domestic violence also need their school to be supportive and use a trauma and attachment framework. However, Anglicare finds too often that children who experience family and domestic violence are treated by their school as having behavioural problems without identifying or understanding the underlying family and domestic violence. If a child who has experienced family and domestic violence is suspended, their poor behaviour is likely to be reinforced because the intervention (suspension) does not deal with the underlying cause and does not provide the child with tools to change their behaviour.

All children need schools to provide effective ongoing education on preventing violence and developing respectful relationships. Family Planning Tasmania's Growing Up program (for primary schools) and Relationships and Sexual Health (RASH) Decisions program (for high schools) provide evidence-based education for students including family and domestic violence. Unfortunately, these programs are only run at schools if the school community decides to fund them. The one-day LOVEBiTES workshop and the 13-week Respectful Relationships program provided through the National Association for Prevention of Child Abuse and Neglect (NAPCAN) also offer opportunities for violence prevention education, but as far as we are aware these programs are not running in Tasmania. Anglicare would like to see an evaluation of violence prevention education in Tasmanian schools and for the State Government to commit funding for evidence-based education programs to be run consistently through all schools in Tasmania.

In summary, the key things that children who experience family and domestic violence need are for the violence to stop, the system to protect and support them, for intensive trauma-informed long-term therapy for themselves and all members of their family, and a supportive trauma-informed school.

What are the outcomes for children and young people when they engage with services, programs and support?

Anglicare's experience of working with children and young people who experience family and domestic violence is that achieving outcomes takes a long time, will not be known until many years later and will vary depending on the approaches taken by various services and programs. Because of the difficulty in achieving lasting outcomes, Anglicare sees the importance of acknowledging small or incremental improvements for either the child or their family.

Small outcomes that may be identified include a child becoming comfortable to talk about their family or experiencing a slight reduction in anxiety or anger. Our long term goal for children is to provide therapeutic services that change the development of their brain so that it heals and new neural pathways can develop.

A key outcome for children from our work is that they learn to name their emotions and identify how these emotions make them feel within their bodies. By learning techniques for releasing tension a child is able to regulate their emotions, choose better behaviour, improve attachments and begin to function better on all developmental levels.

It is our experience that in most situations it takes years of intensive therapy with the family to improve the attachment relationship between the main caregiver and the child. If a therapeutic relationship is working for a child it is extremely important that there is consistency with the people working with them while being careful about service-client dependency.

In summary, outcomes for children who experience family and domestic violence take a long time and vary depending on the therapy the child receives. If effective, the child will learn to link their feelings with their behaviour, trust other people and develop new and strengthen existing attachments.

How can Tasmanian services and organisations best respond to the needs of children and young people affected by family and domestic violence?

Services can best respond to children and young people affected by family and domestic violence by providing trauma and attachment-informed therapeutic interventions that are targeted for each individual child and young person. Children need services to focus on their emotional and physical regulation, development of impulse control, awareness of their body and bodily sensations and integration of their senses. Through these foci, a child's brain can, over time, repair from the damage caused by the family and domestic violence.

Anglicare uses a number of techniques in its therapeutic work with children, all of which are informed by a knowledge of trauma and attachment. For example, we find providing therapeutic play experiences disarms the fear response system and creates an environment for learning, and we use story and narrative work to help children create coherent understanding of memories to minimise risk of Post-Traumatic Stress Disorder.

Physical activities such as walking and various sports and opportunities to gain skills outside of the school system can help build self-esteem. For example, one Anglicare worker who was able to assist a young person to gain their boat license provided the young person with a graduation party that involved key adults in the young person's life. The whole process was photographed and videoed so the young person could easily access these memories. Anglicare assesses that this young person gained self-esteem from the public recognition of their achievement.

In family and domestic violence situations, we need services to work with mothers and infants to promote attachment. Anglicare has found both the Peek a Boo Club (PABC) and the BuBs (Building up Bonds) On Board programs to be effective and we encourage further opportunities for these programs to be delivered. They aim to create a therapeutic service for the infant and mother to form and consolidate a healthy attachment. Coupled with these programs, there is a need for mothers to receive education about the effects that family and domestic violence has on their child's brain.

While some services are effective in helping parents and children learn new skills in a service context, services also need to work, where possible, with families in their homes and schools. This allows a more intensive and real-life use of skills with on-site advice from a support worker. It is also vital that children and their families are helped to understand and manage the range of services that are involved with them so there is a consistency in the therapeutic approach taken.

Schools need to be flexible with their suspension rules and ensure that children who suffer family and domestic violence are provided with sufficient access to the school social worker, senior staff or a specialised worker to help them throughout the day. Anglicare workers also note the importance of supporting vulnerable children in the time before school starts,

during recess and lunch and after school finishes for the day, as these are times where the child may be particularly vulnerable.

There is also a need for more services for male adolescents who have witnessed family and domestic violence to help them learn from a responsible male role model. We note in particular that unless a young male in the North West of the state becomes a school refuser or enters the youth justice system there is a lack of services for this cohort.

It is through a therapeutic trauma and attachment informed practice that is consistent and long term that services can best serve the needs of children and young people in Tasmania who suffer from family and domestic violence.

How are the views of children and young people considered in the design and delivery of services?

Anglicare believes the opinions and experiences of children and young people need to be honoured and incorporated into services that are provided to them. We find that if a child or young person feels in control of their therapy, they are more likely to heal. At an individual service provision level, Anglicare staff work with the child or young person to develop a program that suits their individual needs. While Anglicare does not have a youth reference group, we see value in the State Government setting up a group of young people to advise the development of programs across Tasmania.

What opportunities exist for improvement or innovation?

Anglicare believes that all services working with children and young people who have experienced family and domestic violence need to be informed by trauma and attachment theory with, ideally, the whole of the organisation being trauma-informed, from the CEO to admin staff. This means that all staff would receive training in trauma and attachment theory and would use trauma-informed practice that is flexible, adaptive and targeted to each child's personal experience of family and domestic violence.

Trauma and attachment theory would especially help services such as general practitioners, paediatricians, psychologists, social workers and schools to assess the wider causes for a child's presenting behaviour and reduce the 'quick fix' of medication or suspension. Anglicare is concerned that many families seek advice and diagnosis from medical practitioners in relation to the child's behaviour without the practitioner obtaining a full history of the family's experience of family and domestic violence. This may in some cases be because family and domestic violence has been 'normalised' through intergenerational trauma.

It is therefore important that the reasons for the behaviour, or 'symptoms', are investigated. Understanding issues such as the survivor parent's coping strategies, mental health of each family member, the child's relationship with the perpetrator of the violence and the level of attachment the child has with the non-offending parent are all important to assisting the child to heal. When a service is trauma-informed, body-based therapies can help reorganise the brain and the central nervous system of the child and the parent can be helped to become the therapist in the child or young person's everyday life. This is more likely to have positive and beneficial long-term outcomes than treating symptoms.

Teachers can make an enormous contribution to the lives of their students. Anglicare works with many children and young people who have experienced family and domestic violence and who are further traumatised by the school suspending or expelling them for their behaviour. Anglicare also observes that some families seem to be considered by schools to be 'worthwhile' investing time into because they believe these families are more likely to be able to 'change'. Our workers observe that this seems to depend on the family's social and economic status and the complexity of the issues presented. We acknowledge that it may be a lack of resources that results in some schools using a more punitive approach at times. All children and young people would benefit from the State increasing its investment in a trauma-informed approach across the school system.

Although in its first year, the Hobart Flexible Learning Centre at Chigwell, which is one of a few around the country, is seen by our workers as an effective innovation of which we need more in Tasmania. Flexible Learning Centres balance academic and social development and rely on developing authentic relationships between teachers and children.

It is clear to us that our schools need more resources to be trauma-informed. Our workers believe Tasmanian schools could incorporate more from the Victorian programs Calmer Classrooms and Great Expectations. These programs provide guides for teachers to work with traumatised children. Calmer Classrooms has two key mechanisms for teachers: to understand traumatised children and to develop relationship-based skills to help the child develop a positive attachment to school. Great Expectations focuses on children in the out-of-home care system and has many strategies that are also useful for children experiencing family and domestic violence. Our workers believe these programs work well together and, along with Family Planning Tasmania's Growing Up and RASH Decisions programs, Anglicare suggests that Tasmania's education department considers using them widely.

Anglicare is also concerned by service gaps across the state. For example we see a shortage of occupational therapists working in the North West of the state who are trained in trauma and sensory processing disorders. We also observe different approaches within the State Government's Child and Adolescent Mental Health Services (CAMHS) depending on the region and staff we interact with: CAMHS is not consistent in their approach to whether the developmental trauma behind a child's behavioural issues warrants mental health intervention, which in some cases limits the assistance available to the child or young person.

Anglicare workers are aware of many effective or innovative services for children and young people who suffer family and domestic violence. We utilise a range of methods, depending on the child and their circumstances, including, but not limited to, aspects from the following:

- *Narrative therapy, Dyadic developmental psychotherapy and Story Life Work, which we find especially effective if the family and domestic violence has developed into Post-Traumatic Stress Disorder as it allows the young person to understand and be able to articulate a clear and linear narrative of their life experiences.*
- *The Canadian program Mothers in Mind, a relationship-based group for mothers who are concerned that exposure to family and domestic violence or trauma may be affecting their parenting and relationships with their children.*
- *The Victorian Drummond Street Services that provides support to families throughout their lives through normal and difficult transitions.*
- *Theraplay®, which teaches the parent how to become the therapist, enabling them to develop positive and attuned relationships every day with their child.*
- *Yoga and mindfulness, which provide unique sensorimotor opportunities for improved mind-body integration.*
- *Provision of support for children and young people to maintain an active lifestyle through team sports and specialised outdoor activities.*

Anglicare workers also make use of a variety of resources to assist them in their work, including, but not limited to:

- Dr Bruce Perry's work on understanding the effects of maltreatment on brain development.
- *Mother and infant attachment theory and domestic violence: crossing the divide*, from South Australia's Flinders University.
- *The science of neglect: the persistent absence of responsive care disrupts the developing brain*, a Harvard University publication.
- Dr Sandra Bloom's *Trauma theory abbreviated* and the Sanctuary Model developed from this theory.
- Online training modules from the Australian Childhood Foundation's *Strategies for Managing Abuse Related Trauma (SMART)*.
- *Calmer Classrooms* and *Great Expectations*, as described above.

Our workers find working with children and young people who have experienced family and domestic violence to be both rewarding and difficult. They are eager to improve our service delivery and incorporate innovative methods. We believe it is important that all services working with children and young people affected by family and domestic violence are long-term and informed by trauma and attachment theory, have evaluation tools to monitor their effectiveness and that all staff have professional supervision from experts in trauma. It is essential that the child protection and court systems protect children; schools provide flexibility to students affected by family and domestic violence; and the entire family have opportunities to understand and heal from the family and domestic violence.

Conclusions

Anglicare's service, research and public policy experience finds that children who experience family and domestic violence are affected by the development of trauma, which affects all of the child's interactions with its family and at school. We are concerned that rather than a trauma-informed approach, there can be a medical or punitive approach to 'problem' behaviour. Such approaches will fail to identify the behaviours as symptoms of family and domestic violence and result in children not getting the support they need.

Children who experience family and domestic violence need the violence to stop, the system to protect and support them, long-term intensive trauma and attachment theory-informed therapy for themselves and all members of their family, and a supportive school. Outcomes for children and young people who experience family and domestic violence take a long time and vary depending on the therapy the child receives. If effective, the child will learn to link their feelings with their behaviour, trust other people and develop new and strengthen existing attachments.

We hope to further contribute to knowledge and best practice in family violence interventions in Tasmania through our ongoing service provision and upcoming research – working with foster carers to promote education aspiration and achievement in out-of-home care and a project looking for better outcomes for highly vulnerable teenagers. We also hope to see significant improvements for children and young people from State Government commitments to affordable housing and rapid rehousing out of family violence.

In conclusion, Anglicare recommends the following four key areas of support for children and young people experiencing family and domestic violence:

1. *The violence to stop;*
2. *The system to support and protect the child and young person through trauma and attachment-informed practices;*
3. *The child and young person to be offered long-term intensive trauma and attachment theory-informed therapy for themselves and all members of their family; and*
4. *Schools to be supportive and trauma and attachment informed.*

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