

**Submission to the**

**Royal Commission into Family  
Violence (Victoria)**

**May 2015**

## About the Parenting Research Centre

Established in 1997, the Parenting Research Centre (PRC) is an Australian independent, non-profit research and development organisation with a focus on families and parenting. We seek better outcomes for children by increasing effectiveness and fostering innovation in the way families are supported in their parenting.

We are a leading intermediary organisation that brings scientific rigour to the practical task of improving the quality and effectiveness of services and supports provided to children and families. We focus our efforts on supporting the work of governments, systems, organisations and practitioners to design and effectively implement evidence-informed policy, programs and practices in parenting and family support. We help our clients to solve problems and achieve their intended outcomes by:

- Undertaking rigorous analytical, evaluation and quality improvement research.
- Making evidence accessible and useful to decision makers through best-practice knowledge synthesis, translation and exchange.
- Improving service quality and effectiveness with evidence-informed practice design and implementation support.

The Parenting Research Centre is a founding member of the Raising Children Network, an evidence-informed website that provides tips and tools for everyday parenting from pregnancy to teens. Its content has a strong emphasis on prevention and early intervention for issues central to raising children and healthy family functioning. Through its mobile-friendly website and award-winning apps, Raising Children Network offers more than 2000 scientifically-reviewed articles on everything to do with parenting, including pregnancy, health, learning and development, and wellbeing.

The Raising Children Network website receives approximately 30,000 visitors' daily, reading approximately 60,000 pages. Also widely used by government and non-government child and family services, it is an effective, universal information delivery system for Australian parents.

Raising Children Network is funded by the Australian government's Department of Social Services. Its member organisations are the Parenting Research Centre and the Murdoch Children's Research Institute with The Royal Children's Hospital Centre for Community Child Health.

In 2013 the PRC had an annual turnover of \$14 million with over 90% of income sourced from State and Federal government grants. We employ 70 staff and are involved in over 30 projects nationally. The PRC is an incorporated association and our Annual Reports can be viewed at <http://www.parentingrc.org.au/index.php/about-prc/annual-reports>

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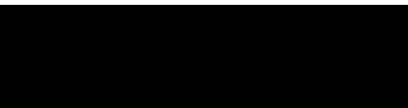
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## Submission to the Royal Commission into Family Violence

### Recommendations

1. There are some evidence-based programs and practices relating to family violence that have been found to show promise, or have proven effective. These should be adopted wherever possible over programs that have little rigorous evaluation. ([Page 7](#))
2. To increase the positive impact of family violence interventions on parents and children there needs to be a focus on supporting parents in their parenting role. This includes parenting skills, parental coping skills, and building social connections. ([Page 9](#))
3. Interventions need to prioritise family safety, particularly that of children. A harm reduction approach to family violence may help to reduce the harmful consequences of family violence for both women and children. Evaluations of this approach are needed to test its effectiveness in this context. ([Page 11](#))
4. To improve the effectiveness of evidence-based programs and practices, such practices need to be implemented in a systematic, rigorous manner. ([Page 14](#))
5. There is a need to harness existing infrastructure to strengthen universal points for parents to access reliable and more nuanced information. Parents need accessible tools to help them reach out, disclose and seek help. ([Page 16](#))

## **Submission to the Royal Commission into Family Violence**

### **Introduction**

Thank you for the opportunity to have input into the Royal Commission into Family Violence. This submission focuses on the Royal Commission's interest in approaches to supporting the ongoing safety and wellbeing of people affected by family violence, including the implementation of evidence-based practice and improving universal access to high quality information.

In this submission we present the findings of a review of family violence programs and their evidence, with a particular focus on programs that impact on the wellbeing of children and families. We give an example of a project we are currently working on to implement a practice framework for working with families experiencing domestic violence. We also outline the Raising Children Network as an example of a web-based source of easy-to-understand, credible information for parents.

### **Defining family violence**

The Commission's Issues Paper summarises the statistics and research relating to the definition and prevalence of family violence; we can provide the following additional information on prevalence and behaviours which has implications for practice.

On prevalence, the rate of family violence occurring in Aboriginal communities is thought to be high (Shea, Nahwegahbow, & Andersson, 2010). However specific research on the prevalence of family violence in Aboriginal communities is currently lacking, and what does exist is generally methodologically weak (Shea et al., 2010). A better understanding of family violence in Aboriginal communities could improve the way in which interventions are targeted, developed and implemented.

There is also evidence that family violence can be reciprocal, which has implications for treatment. In studies of the general population, reciprocal violence was more common than nonreciprocal violence (Whitaker et al., 2007). However, where there is reciprocal violence, men were more likely to inflict injury than were women, and reciprocal intimate partner violence was associated with greater injury (Whitaker et al., 2007). This has implications for treatment, suggesting that prevention approaches also need to address the escalation of partner violence.

## **Services for families experiencing domestic violence with a focus on improving children's wellbeing**

The Commission is interested in hearing about the effectiveness of approaches to family violence. Research suggests that there are few programs for family violence that have a robust evidence base and show long term positive outcomes (Eckhardt et al., 2013).

We recently completed a narrative review<sup>1</sup> of interventions for family violence, with a particular focus on those that aim to improve outcomes for children and families. This was part of our work with UnitingCare Burnside, a non-profit organisation that works with disadvantaged children and families in NSW (see [case study](#) on page 12).

This section presents the following:

- a summary of the key findings of the review
- our proposed approaches to supporting caregivers and children affected by violence
- more detailed information about the interventions explored in the review.

### **Summary of key findings from our review**

- There is very little rigorous research into interventions that address the needs of children who are experiencing domestic violence (Rizo et al., 2011).
- There are few programs in the literature that work with families who stay together once abuse is identified (Eckhardt et al., 2013).
- There are some evidence-based programs for adolescents who perpetrate family violence (e.g. Curtis, Ronan, Heiblum, Reid, & Harris, 2002; Schaeffer & Borduin, 2005).
- Many shelter or refuge based programs are successful in reducing the effects of abuse on victims, both child and adult. Less are successful with reducing re-victimisation, improving parenting or reducing ongoing child abuse and neglect (Johnson, Zlotnick, & Perez, 2011; Ramsey et al., 2009).
- Brief interventions that include safety planning appear to be effective in increasing safety behaviours in the short term (Eckhardt et al., 2013).

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<sup>1</sup> Narrative reviews aim to capture relevant context and key issues or debates within a topic of interest. A narrative review does not necessarily answer a specific research question and may not apply a pre-determined search protocol.

- Programs that work with only the perpetrator have not been found to be effective (Eckhardt et al., 2013).

***Recommendation: There are some evidence-based programs and practices relating to family violence that have been found to show promise, or have proven effective. These should be adopted wherever possible over programs that have little rigorous evaluation.***

### **Proposed approaches to supporting caregivers and children affected by violence**

We propose that there are a number of steps that could be taken to reduce the negative effects of abuse on caregivers, and to improve children's wellbeing. These are based on what we know about current promising approaches and best practice.

- Prioritise family safety, particularly that of the children, by focusing on safety throughout the intervention. Safety plans that are created must be individualised, as no one strategy will be universally effective (Goodkind, Sullivan & Bybee, 2004).
- Tailor the intervention to the particular needs of each family.
- Teach parenting skills, teach parental coping skills such as communication and problem solving, and address parental psychopathology, particularly emotional regulation.
- Aim to increase family support and access to appropriate resources in the community.
- Address reciprocal interpersonal violence and coercive communication exchanges in families.
- Ensure that early intervention occurs by providing evidence-based programs to adolescent who engage in violence.
- Trial and evaluate a harm reduction approach, based on the idea that there is a continuum of options and desired outcomes for dealing with a problem.

### **Findings of our review of family violence interventions with a focus on children and families**

Despite the increasing evidence for the association between family violence and negative consequences for pregnant women, caregivers and children, there remains limited empirical information to guide services to these groups (Eckhardt et al., 2013; O'Reilly, Beale, & Gillies, 2010). Recent reviews by Rizo and colleagues (2011) and Eckhardt and colleagues (2013) on interventions for perpetrators, adult victims, families and children suggest, however, that there are some promising programs that require further research to determine their effectiveness and transportability. Some commonly used interventions are described below.

### ***Interventions during pregnancy***

A 15-year follow-up of a randomised trial of the Nurse-Family Partnerships<sup>2</sup> home visitation program concluded that the presence of domestic violence may limit the effectiveness of interventions to reduce incidence of child abuse and neglect (Eckenrode et al., 2000). The Nurse Family Partnerships program was developed an intervention model and modification process to address domestic violence. The program includes addressing safety and developing strategies to help women leave their partners. It also makes referrals to other programs to address mental health concerns and substance use treatment. Whilst the program holds promise, it is too soon to draw conclusions about its effectiveness, and its impact on children or neonatal health (Jack, et al., 2012).

Hawaii's Healthy Start home visiting program has been shown to have significant effects on partner assault during the 3-year period of its implementation, although not over a longer term follow-up (Bair-Merritt et al., 2010). The reduction occurred despite staff reporting that they were uncomfortable talking to mothers about their experience of violence (Bair-Merritt et al., 2010). Another program run in a health clinic for pregnant women, who were still living with their partners, used Dutton's empowerment model (which prioritises safety, teaches problem solving and provides therapy for PTSD) and was one of the few programs to show significant benefits including reduced re-victimisation (Parker et al., 1999). However, very few of these and other programs are reporting the impact of the intervention on outcomes for the children.

A recent review concluded that while routine screening of pregnant women can increase rates of detection of domestic violence, there was limited evidence of program effectiveness in interventions for pregnant women (O'Reilly et al., 2010).

### ***Interventions for children***

A review by Rizo and colleagues (2011) showed 'promising' findings for addressing the needs of children exposed to domestic violence, although only one out of 31 studies compared outcomes to a randomised control group. The program in that study, by Wagar & Rodway (1995), included developing children's problem solving skills, examining responsibilities and attitudes about behaviour, teaching conflict resolution and promotion of self-esteem.

### ***Parenting interventions***

Parents who are experiencing domestic violence have been found to have higher rates of depression; to be more likely to adopt a harsher parenting style and use physical violence to discipline their children; and to be inconsistent, unemotional and ineffective in their parenting (Barth, 2009; Borrego, Gutow, Reicher, & Barker, 2008). However other studies suggest that parenting styles of mothers experiencing intimate partner violence differs depending on other

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<sup>2</sup> <http://www.nursefamilypartnership.org>



mediating variable such as stress (Renner & Boel-Studt, 2013). There is emerging evidence that programs that target parenting may be useful part of any comprehensive strategy addressing family violence.

Barth (2009) reports that child-parent psychotherapy appears to be effective in reducing behavioural problems and trauma symptoms in children. This approach focuses on relationship enhancement. However, no mention is made as to whether the intervention reduced subsequent re-victimisation. Barth (2009) concluded that there is a need for programs that address social support, treat depression and teach parenting.

Borrego and colleagues (2008) suggest that Parent Child Interaction Therapy (PCIT) could be promising with treating the disrupted parent-child relationship. PCIT teaches parenting skills in play situations and has been shown to be effective with other client groups including maltreated children.

A promising program that may be useful at reducing incidence of domestic violence and improving outcomes for children is the Parenting Inside Out (PIO) Program (Schiffman, Eddy, Martinez, Leve, & Newton, 2008). PIO is designed for delivery to groups of parents in prison (both males and females) and aims to provide parents with motivation, knowledge and skills relevant to their role in the prevention of the development of antisocial behaviour and associated problem behaviours in their children. This includes addressing their maladaptive parenting style, including abusive and neglectful behaviour. Outcomes achieved included reduced recidivism one year post-release compared to a randomised control group; more ongoing family contact; less stress; a reduction in depression; increased use of positive parenting practices; and reduced substance use (Eddy et al., 2014). PIO is intended to be the first in a coordinated set of interventions that occur inside and outside of prisons with the purpose of improving outcomes for the children of incarcerated parents and their families.

***Recommendation: To increase the positive impact of family violence interventions on parents and children there needs to be a focus on supporting parents in their parenting role. This includes parenting skills, parental coping skills, and building social connections.***

### ***Family interventions***

Few programs aimed at improving outcomes for the whole family have been systematically evaluated. Even fewer included both caregivers in the intervention. The programs aimed at mothers and children reviewed by Rizo and colleagues (2011) provided some combination of parenting, therapy and advocacy, however the programs used non-experimental designs so it is difficult to draw strong conclusions.

### ***Programs for adolescents who perpetrate family violence***

Three programs have shown promising international results in reducing violence in young people:

- Functional Family Therapy (FFT; Alexander & Sexton, 2002)

- Multisystemic Therapy (MST) (Curtis, Ronan, Heiblum, Reid, & Harris, 2002; Schaeffer & Borduin, 2005)
- Multidimensional Treatment Foster Care (MTFC) (Westermarck et al., 2011).

Of these treatments, MST is the only approach that is available in Australia. MST is a family and community based treatment approach that has achieved long-term positive outcomes with antisocial youth (aged 10 to 17 years) by addressing the multiple determinants of serious antisocial behaviour. Positive outcomes include reducing offending, increasing school or vocational attendance and reducing the need for out-of-home placements. The approach provides cost savings in comparison with usual mental health and juvenile justice services.

### ***Advocacy interventions***

Advocates engage with individual clients who are being abused, aiming to empower them and link them to community services. Advocates can also provide ongoing support and informal counselling. A Cochrane review<sup>3</sup> of the literature found 10 studies involving 1,527 women and concluded that advocacy for women recruited in domestic violence shelters or refuges was shown to reduce physical abuse one to two years after the intervention, but it is not known if it has a beneficial effect on their quality of life and mental health (Ramsey et al., 2009). Very few studies reported the outcome for children from their mother's participation in these programs.

### ***Structured interventions using Cognitive Behavioural Therapy (CBT)***

Structured programs using CBT<sup>4</sup> in domestic violence shelters show some promise in reducing adverse effects of domestic violence (Johnson, Zlotnick, & Perez, 2011). To give one example, the outcomes of Project DOVE<sup>5</sup> included less re-victimisation at six months, and higher utilisation of social support at six months, with participants receiving twice weekly sessions for 12 weeks in a shelter (Johnson et al., 2011).

### ***Interventions that include the provision of social support***

Lack of social support plays a significant role in the negative psychological functioning of caregivers who have experienced violence (Levendosky & Graham-Bermann, 2001). Support can be equally important for women who are suffering from domestic violence or who have suffered in the past. Levendosky and colleagues (2004) found that access to practical support during pregnancy resulted in higher self-esteem and less anxiety among women experiencing DV. Practical support to help women increase their social supports and job skills and their access to social services, such as legal assistance and orders of protection also show promise (Sullivan et al., 1992).

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<sup>3</sup> Cochrane reviews are systematic reviews of primary research in human health care and health policy.

<sup>4</sup> Cognitive Behaviour Therapy is an approach used in the treatment of a variety of emotional, behavioural and psychiatric problems that helps people to identify unhelpful thoughts and behaviours, and learn healthier skills.

<sup>5</sup> <http://www.projectdoveor.org/>

### ***Interventions based on the Duluth model***

The Duluth model suggests that violence perpetrated towards women is a product of gender privilege and does not acknowledge the effect of social marginalisation or psychosocial deficits as is found in other types of criminal behaviour (Dutton & Corvo, 2006). There is currently no empirical basis for the effectiveness of Duluth-model programs or even for specific elements of this model in predicting intimate partner violence cessation (Eckhardt et al., 2013).

### ***Harm reduction approach***

One approach that has been proposed as having the potential to improve the positive impact of family violence interventions, particularly in relation to children's outcomes, is the harm reduction approach. This is based on the idea that there are a continuum of options and desired outcomes for dealing with a problem (Friend, Shlonsky, & Lambert, 2008). The harm reduction approach involves three goals:

1. Reduce harmful consequences associated with the problem.
2. Provide alternatives to zero-tolerance approaches by incorporating goals that range from abstinence to moderation.
3. Promote access to services by offering low threshold alternatives to traditional treatment. (e.g. telephone support as a first option that focuses on child safety).

The adoption of a harm reduction approach in the context of family violence intervention is in its early stages; evaluations are needed to test its effectiveness. We are exploring this approach in the development and implementation of a Practice Framework for UnitingCare Burnside. The following case study describes the work in more detail.

***Recommendation: Interventions need to prioritise family safety, particularly that of children. A harm reduction approach to family violence may help to reduce the harmful consequences of family violence for both women and children. Evaluations of this approach are needed to test its effectiveness in this context.***

## Case study

### A Practice Framework for Supporting Families Experiencing Domestic Violence

We were commissioned by UnitingCare Burnside to develop a Practice Framework that aims to strengthen parent and family functioning, and improve child outcomes, in families where domestic violence is a current or recent concern. The Framework is guided by the current research into evidence based interventions for working with families and child where there is current or recent domestic violence. It is also informed by the evidence base for improving the safety and wellbeing of children through building caregiver skills, social connections and coping strategies. While centred on increasing family functioning, the practices are aimed at ensuring the wellbeing of children.

The first phase of this project consisted of the literature review, the findings of which were summarised earlier in this submission. While limited evidence for relevant interventions was found, the Framework is also informed by current research on program components that are effective for other similar populations, such as child maltreatment. The current research literature suggests that focusing on parenting, parental coping skills, social supports and the family's current safety may improve the wellbeing of parents and their children and can indirectly reduce the incidence of domestic violence (Barth, 2009, Jouriles, et al., 2009, Maiken, & Katz, 2013, Harwood & Eyberg, 2006; Rizo et al., 2011). The Framework adopts a harm reduction approach with the aim of reducing harmful consequences whatever the situation the family find themselves in (including the parents staying together), and incorporates a range of goals as alternatives to separating being the only solution (Friend, Shlonsky & Lambert, 2008). The approach maintains at it forefront the safety of family members particularly that of the children (Goodkind, Sullivan, & Bybee, 2004).

Based on this evidence, and assessing the organisational and service delivery context, we worked with Uniting Care Burnside to produce a tailored Practice Framework that aims to achieve specific outcomes for families identified through the child welfare system.

Over the last two years we have assisted the Burnside teams to implement this Practice Framework. We use a collaborative, phased approach – Knowledge to Implementation cycle - to work with agencies and services to support the use of strategies that build capacity in service delivery, organisations and systems, and development and use of data systems that support decision making and continuous quality improvement. Implementation teams use coaching and other mechanisms to develop and support the workforce to deliver the model with high quality and as intended and build quality assurance systems to closely oversight safety and safety planning, as well as other program elements.

The Framework is being trialled at two NSW locations, and a third about to be rolled out, with a view to further review and evaluation and broader implementation by the end of 2015. We are currently using the North Carolina Family Assessment Scale (NCFAS), as a tool to track parental and child outcomes and experience of violence at various intervals throughout the program (Kirk, Kim & Griffith, 2005; Reed-Ashcraft, Kirk & Fraser, 2001). Further measures will be introduced once the program is fully operational.

## Effective implementation of evidence-based programs in family violence

We know that the high quality implementation of evidence-based programs leads to more effective outcomes for children and families. We support agencies to implement programs by providing training, technical assistance, coaching and organisational support with the aim of strengthening the use of the evidence-based program to improve outcomes for children and families. This section provides an overview of the evidence for the effectiveness of high quality implementation.

Even the most promising evidence-based model such as MST or PCIT will have limited impact without full and effective implementation (Mildon & Shlonsky, 2011). For families and children to receive the full benefits of an evidence based approach, service installation and delivery need to attend to two components. First, 'the what'; that is, the model used by an agency and second, the 'how', the actions and behaviours that are used to support effective implementation of the new model (Mildon, Dickinson, & Shlonsky, 2014).

By 'implementation', we mean the planned and intentional use of strategies to put into use evidence based programs and practices within real-world settings (Fixsen et al., 2005; Mitchell, 2011). Implementation is a process, not an event, and should be distinguished from 'adoption', which is the formal decision to use an evidence based program or practice model in services (Mitchell, 2011).

Only recently has there been increased effort to systematically assess the extent to which an evidence-based program or practice model is implemented and evaluate the impact of these on outcomes for children and families (Aarons et al., 2009). There is now strong empirical evidence that quality implementation really matters. For example, in a review of over 500 child and adolescent mental health and wellbeing program evaluations, the reviewers found that the impact of the program on child and family outcomes was 2-3 times stronger when that program was well-implemented (Durlak & DuPre, 2008).

Implementing an evidence-based model, though, is complex and challenging (Bond et al., 2009). Passive uptake strategies (e.g., tip or fact sheets and one-off workshop training events) have been shown to be important but insufficient when delivered alone (Fixsen et al., 2005). Instead, the implementation science literature has shown that addressing multiple core implementation elements that build workforce competence and organisational capacity are critical for achieving full and effective implementation (Mildon et al., 2014). These include, appropriate staff recruitment and selection, training, and on-going technical assistance (supervision and coaching), and use of ongoing fidelity and outcome monitoring with staff evaluation.

Thus, many efforts to implement other evidence-based models designed to improve services have not reached their full potential due to a variety of issues inherent in both the service setting and the implementation process itself (Aarons et al., 2011). Organisational characteristics and systems can be limiting because they may not lend themselves to change, there are high caseloads, high staff turnover, and high sensitivity to any negative media exposure, which can discourage system change (Mildon & Shlonsky 2011; Munro, 2009). Without addressing these

larger organisational and individual practice challenges, as a planned part of an implementation strategy, evidence-based models may not work. Purposeful, active, and integrated approaches yield better implementation results (Fixsen et al., 2005; Greenhalgh et al., 2004).

Based on this implementation science informed approach to evidence-based and evidence informed service planning and delivery, we support agencies by providing all the training, technical assistance, coaching and organizational support needed as part of the adoption of an evidence based or evidence informed model by an agency. As mentioned above, this work is grounded in implementation science and practice and aims to consolidate, refine, and strengthen the use of the evidence based program to improve the outcomes for children and families that receive the program.

***Recommendation: To improve the effectiveness of evidence-based programs and practices, such practices need to be implemented in a systematic, rigorous manner.***

## Access to information for people affected by family violence

As highlighted in the Commission's Issues Paper, the availability of information for people affected by family violence is vital. Access to information can often be the first step towards people making informed choices or seeking help; it is an important part of a preventative approach to family violence. However, this information needs to be credible, scientific and evidence-based, rather than based on opinion or ideology.

This section discusses the role of online environments in the context of family violence, and presents information about the Raising Children Network.

The Parenting Research Centre is a founding member of the Raising Children Network, [www.raisingchildren.net.au](http://www.raisingchildren.net.au), an evidence-informed website that provides information on everyday parenting with a strong emphasis on prevention and early intervention. It is a well-established, commonly used online resource that provides credible information for parents, including those affected by family violence.

Online environments can provide people with access to relevant, specialised and local knowledge and/or a potential referral to specific types of services to address the person's immediate, short and longer-term needs (Wathen & McKeown, 2010). People affected by family violence may choose to use an online environment over specific services (including police, health care, and counselling) for a number of reasons, including the level of threat to themselves and their children, the difficulties involved with using formal services, and the expectation/pressure from many agencies that the only acceptable outcome to their help-seeking would be to end the relationship, when many women would prefer to end the abuse and, if possible, maintain the relationship (Fugate et al., 2005). At this stage there is little research on the effect this information has on reducing the domestic violence.

Australia is one of the most digitally-connected countries in the world (Ernst Young Sweeney 2014). Continuous connectivity to the internet marks a point of change for finding and using information. The demand for quality online information by Australian parents continues to escalate (Green & Oberklaid, 2014). Parents, particularly mothers, are very active on parenting websites (EY Sweeney, 2014). The following data from the Raising Children Network website illustrates the demand for easy-to-understand, credible information to guide their decision-making, help them deal with their concerns early, prevent issues from escalating and respond to everyday challenges:

- Approximately 30,000 parents visit raisingchildren.net.au every day (May 2015 site analytics).
- Almost half the visitors to Raising Children Network come to the site via a mobile device, most commonly a smartphone. The portability of smartphones gives parents access to information wherever they are, within and outside the home. Moreover, smartphones provide an element of privacy in accessing information of interest.
- Traffic to the website is constant both day and night, a reflection that continuous connectivity to the internet now enables parents to access information whenever they need it.

- Parents share online information with family members and friends who are also online. A single Facebook post, shared with others, frequently reaches audiences in excess of 100,000. In 2014, there were 80,000 pdf versions of online articles downloaded.
- Facebook posts promoting content with a focus on prevention or early intervention commonly increases traffic to those pages on the website. Data from site analytics (March 2015) for example, shows traffic to selected pages ‘before’ and ‘after’ promotion via Facebook:
  - Disrespectful teenage behaviour article 11,227 views before; 7,236 after (55% increase).
  - Building good family relationships 1,532 views before; 1,196 after (28% increase).
  - Teenage bullying 944 views before; 418 after (125% increase).

Links to current information on related to domestic violence can be found at:

- [More than arguments: domestic violence](#)
- [Getting upset or angry in pregnancy](#)
- [Services and support: an overview](#)

In Victoria, every new mother receives a copy of the Raising Children Network’s companion DVD and website information from their Maternal and Child Health Nurse. As universal services, the Victorian maternal and child health service and the Raising Children Network have the existing infrastructure to disseminate information for parents to access reliable and trusted and more nuanced information on different forms of violence, prevention of violence, children’s safety and the effects of violence on children’s development, and promotion of healthy family relationships.

***Recommendation: There is a need to harness existing infrastructure to strengthen universal points for parents to access reliable and more nuanced information. This includes different forms of violence, prevention of violence, the effects of violence on children’s development, and promotion of healthy family relationships. Parents need accessible tools to help them reach out, disclose and seek help.***

## Summary

This submission has outlined the need to build rigorous, empirical evidence for the effectiveness of a range of family violence interventions. In particular, more research is needed into practices that improve outcomes for children affected by family violence. We recommend that the Commission consider interventions that prioritise children’s safety, and address family functioning through teaching parenting skills and parental coping skills.



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