

Focus

ISSN 2209-0053

Inside this issue:

YIFAN WANG: OUR 15,000TH MEMBER /
PAGE 6

SOCIAL WORKERS REGISTERED AT LAST:
SOUTH AUSTRALIA LEADS THE WAY /
PAGE 7

THE 26TH ASIA-PACIFIC REGIONAL
CONFERENCE / PAGE 8

INAUGURAL NATIONAL EXCELLENCE AWARDS
WINNERS / PAGE 10



Intimate partner homicide and the needs of bereaved children

JOHN FREDERICK AND EVA ALISIC



About the authors

John Frederick is a social worker who holds honorary appointments in the School of Population and Global Health, University of Melbourne, the Department of Social Work, Monash University and the School of Social and Political Science, University of Edinburgh. His research interests include adverse childhood experiences and their consequences in later life.

Eva Alisic is Associate Professor, Child Trauma and Recovery, at the University of Melbourne. Her team studies how children, young people and families cope with traumatic experiences, and how professionals can support them.

A key area of expertise is children bereaved by domestic homicide.

In the tragic circumstance where one parent kills the other, the children in the family find themselves facing complex losses. As well as having one parent who has died, the other parent is either in custody, has absconded, or may have suicided. The children are then in the uniquely difficult position of having to deal with a profound loss at the same time as not being able to receive comfort from their attachment figure; indeed, the very person who in normal circumstances could have helped them cope.

Invariably, the children can no longer live at home, losing not only their familiar surroundings, but often having to leave their school and friends. The homicide can result in an absence of guardianship and can lead to disputation between relatives over where the children are placed and any contact with the parent perpetrator. If the children do live with relatives, these individuals' own grief and traumatic stress responses may impact their caregiving capacity. Furthermore, some children may find themselves living with unknown caregivers, which can present another major life change.

According to the Australian Institute of Criminology (2021), intimate partner homicide is the most prevalent type of homicide in Australia, comprising 21% of all homicide incidents. Victims of intimate partner homicide are mostly women. Moreover, one in three female homicides worldwide are a result of intimate partner violence, with many of these women having children. We know very little regarding the circumstances and support needs of the children affected, however.

Indeed, the lack of attention given to this issue is reflected in the fact that there are no official figures of how many

children in Australia are bereaved by intimate partner homicide.

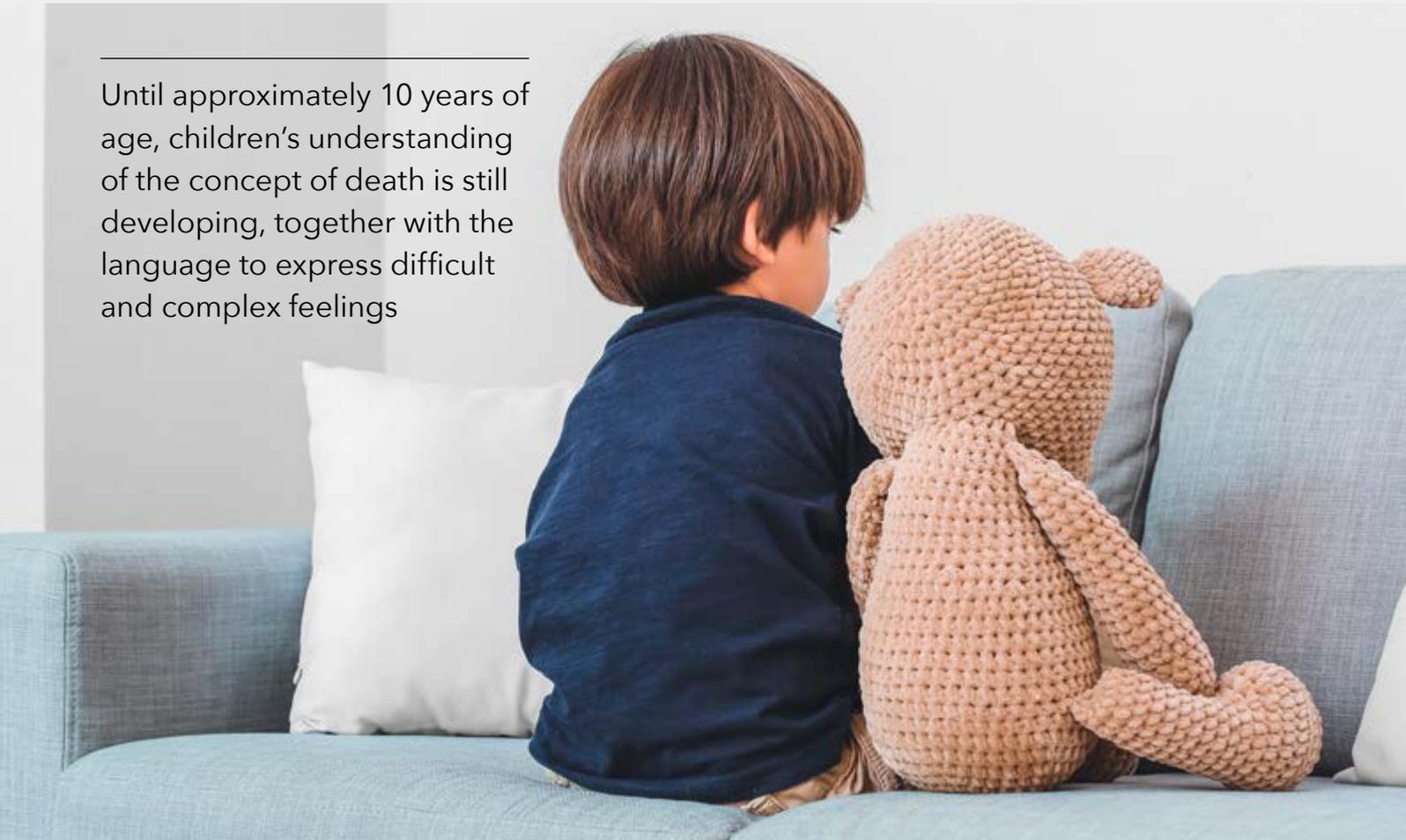
It is surprising how little research has been conducted concerning these children. There is almost no empirical evidence on children exposed to parental intimate partner homicide outside a limited number of studies, none of them in Australia.

There is a compelling requirement to build an evidence base regarding children's mental health and psychosocial wellbeing following parental intimate partner homicide. Guiding principles are needed to inform decision making and interventions, which often need to be made by professionals, including social workers, who only encounter such cases infrequently.

Although there are generic models for children's recovery from trauma and loss, there are unique challenges presented for children bereaved by parental intimate partner homicide that require more specifically focused approaches.

In the few studies that have been conducted, certain mental health and developmental problems have been observed among some of the children

Until approximately 10 years of age, children's understanding of the concept of death is still developing, together with the language to express difficult and complex feelings



who have been exposed to intimate partner homicide.

These can include:

- post-traumatic stress disorder (PTSD) and traumatic grief, intrusive memories, anxiety, sleep disturbances, aggressive and self-destructive behaviour, protracted grief, hyperactivity, and concentration problems
- developmental difficulties involving attachment problems in relation to new caregivers, regression (e.g., language regression), social problems, identity questions, and deteriorating school performance.

The existing research offers the following tentative observations regarding support for children after parental intimate partner homicide (however, it should be noted that the evidence base needs to be strengthened for all these factors):

- In a brief space of time, professionals must make major decisions in relation to communication about the homicide (e.g., what to tell very

young children), custody and living arrangements (e.g., placement with the family of the victim, the family of the perpetrator, or a foster family), mental health support, and the nature of any contact with the perpetrator parent.

- A child's home may be sealed as a crime scene, resulting in children being deprived of personal items, such as those that could offer comfort (e.g., favourite toys). Professionals could help to negotiate access to these items for the children.
- Exposure to the homicide event and the crime scene for many children means that the professionals involved should ascertain children's witness status and consider how to effectively address any consequences of exposure.
- Many children are only young at the time of the homicide. Until approximately 10 years of age, children's understanding of the concept of death is still developing, together with the language to

express difficult and complex feelings. Thus, many children may need additional help to fully understand the meaning of death and how to express their emotional experiences.

- Stability and continuity are essential supportive factors, and it is important that children have one stable, trusted person to go to with any questions and concerns, ideally over multiple years. Professionals involved could enquire who this person might be (e.g., they could be a guardian, a teacher, a counsellor, a therapist, or possibly a family member).
- The children involved may need long-term mental health and social services/case management.
- Cultural differences can be a factor, including possible language barriers and disadvantage due to discrimination, with a need to provide services appropriate to the culture of the families involved.
- Neglect, maltreatment, and family violence experiences have

- been noted in many children's histories pre-homicide, although these circumstances were often discovered only after the homicide. Thus, many children have missed out on safety and support for multiple years.

While it is not possible nor necessary for all professionals in mental health care and child protection systems to be competent in all the areas mentioned above, such systems should endeavour to make people with relevant expertise available as soon as possible.

Finally, because of the multiplicity of factors and outcomes among these children observed so far, it is good practice to approach each case on its merits. The circumstances of the children can be highly variable, each with their own unique background and challenges. This also reinforces the importance of effective collaborations

among the different professionals involved in assisting the children.

To advance understanding of this significant issue in the Australian context, the University of Melbourne is conducting a new research project—'Children and young people bereaved by domestic homicide: Understanding home, relationships and identity'.

Its aim is to help improve support for children and families affected by intimate partner homicide and involves individual interviews with people from the following three groups:

- a) young people (aged 12+ years) and adults with lived experience of bereavement due to domestic homicide during childhood
- b) current or former caregivers of such children (this can also include family members and family friends who have spent considerable time with a child after the homicide)

c) professionals working with such children and/or caregivers.

The interviews include, where relevant, questions about experiences with young people's living arrangements, relationships with family and friends, and evolving self-view. It also provides ample opportunity for participants to share any other topics that they find important to be noted.

Initial insights have led to the development of a resource for reflective practice. *Listen* includes a series of short videos, audio, and text to bring forward the voice of an expert with lived experience and support professionals with regard to the topic of domestic homicide and child trauma and grief more broadly.

More information about the project and the resource is available at <https://bit.ly/childrenDH>

•

JUST RELEASED

Emotion-Focused COUPLE WORK

A PRACTITIONER'S GUIDE

A rich and comprehensive portrayal of the specialised work of the couple therapist

– Elisabeth Shaw, CEO Relationships Australia

Is one that will, and should, be repeatedly referred to by couple therapists – Clare Stapleton DSW (Usyd)



The Annandale approach brings together aspects of humanistic psychology, family therapy and psychodynamic psychotherapy. Couple work involves using the platform of couple talk to work through relationship difficulties.

Emotion-Focused
COUPLE WORK
A PRACTITIONER'S GUIDE



MICHELLE A. WEBSTER

Read more or purchase your copy at The Annandale Institute:
www.annandale.net.au