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### Family violence, homelessness and pregnancy: Keeping the perpetrator in view

A note on language: Safe and Equal recognises that family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and family-like relationships. Consequently, we predominately use the gender-inclusive terms 'victim survivor' and 'perpetrator' to acknowledge the complex ways family violence manifests across the community. Importantly, the term 'victim survivor' refers to both adults and children who experience family violence, recognising that children and young people who experience family violence are victim survivors in their own right. However, where references are being made specifically to the experiences of women, we use gendered language to accurately reflect this. As this article refers to people who are pregnant — who are predominantly women, I have chosen to use gendered language in this article.

As the peak body for family violence services in Victoria, Safe and Equal is very pleased to sponsor this edition of *Parity* and draw attention to the interconnections between pregnancy, homelessness and family violence.

We know that pregnancy and immediately post-birth are times of increased risk of family violence. In the case of intimate partner violence, as relationship dynamics begin to change with the impending birth of a baby, family violence may start for the first time or it may escalate if already present, putting both mother and baby at risk. For young people who are pregnant, family violence risk may be present in the form of intimate partner violence and/or from their family of origin who may not be supportive of the pregnancy, further complicating the level of risk experienced and the types of supports needed to support young mothers and their children.

It is common for women and young people to find a new impetus to leave family violence when they become mothers, or when it becomes clear that their children are also being affected by the violence. Violence against themselves may be tolerated, but violence against their children is not. Thus, pregnancy creates both an opportunity and risk — an opportunity to engage with victim survivors of family violence to talk about safety, and a risk as pregnancy is already a time of increased risk that increases again at times of separation or when planning to leave.

We know that family violence is the leading cause of homelessness among women and children. Many mothers are faced with the dreadful choice of remaining in a

violent relationship or taking their children and leaving only to be faced with the very real prospect of becoming homeless. Family violence is also the leading cause of youth homelessness, as many young people who experience family violence leave home to escape. For young women experiencing homelessness, the risk of family violence, sexual assault and pregnancy increases.

This nexus of pregnancy, family violence and homelessness is why this edition of *Parity* is so important. Research on the experiences of women who are pregnant and homeless has demonstrated that a vast majority of these women have experienced family violence. In the mix of pregnancy, medical needs, homelessness, possible drug or alcohol addiction and/or mental illness, where is the perpetrator?

When working with women who are pregnant and homeless, these critical questions must be asked. Is this woman a victim survivor of family violence? Is attempting to leave family violence the reason they are homeless? Are we recognising and supporting both the woman and her children's acts of resistance and efforts to stay safe in the face of violence? Where is the perpetrator? Is the system keeping them in view? Do services know where they are, what they are doing, and how their actions may have impacted and still be impacting the mother and child? Are we viewing mental illness or substance abuse through a trauma-informed lens, which may reveal that these issues are a response to family violence-related trauma? Are we recognising that, for some of these women and children, family violence may still be occurring?

That this trauma is not an event they have left behind, even if they are being linked in with other services? If the abuse, violence, coercive control and resulting fear are ongoing, recovery from family violence is not possible. Are we able to acknowledge what a mammoth task it may be for the mother to effect certain changes in her life at this time? Are we able to adjust service expectations accordingly, with a view to keeping both mother and child safe and — ideally — together?

In such scenarios, it is critical that we shift our focus to the perpetrator of family violence and assess to what extent their actions are the root cause of many other issues someone who is pregnant and homeless may be experiencing. If the family violence risk from the perpetrator was removed, how might the health, wellbeing and safety of each woman and her baby be improved?

Fortunately, Victoria is starting to make this shift. The introduction of the family violence Multi Agency Risk Assessment and Management (MARAM) framework is supporting non-specialist family violence services who work with victim survivors of family violence to better assess the safety needs of both adult, child and adolescent victim -survivors. The Family Violence Information Sharing Scheme (FVISS), Child Information Sharing Scheme (CISS) and rollout of the Central Information Point (CIP) all are enhancing services' abilities to share risk-relevant information about perpetrators and victim survivors to better inform risk assessments, safety planning and holistic service delivery.

These reforms are still in the early days of implementation, and their full effect on outcomes for victim survivors, including women who are pregnant and homeless who have experienced family violence, is still yet to be felt. But they are also not enough on their own. Even when fully implemented, much will rely on the expertise and experience of individual practitioners to be able to utilise these tools effectively. It is, therefore, necessary that sectors are resourced to support their staff to use these tools and work collaboratively



with other sectors to answer these critical questions through multiple practice lenses to get the best picture of what a client needs.

We also need housing.

Homelessness cannot be solved without housing. No woman should be forced to make the choice between putting herself and her children at risk of homelessness or continuing to experience family violence. We cannot reasonably expect anyone to address mental illness or substance abuse issues when they are homeless, managing a pregnancy and faced with the prospect of bringing a baby into the world without a safe place to live. We also need more crisis accommodation for young people

who are independently fleeing family violence, either from an intimate partner or family of origin, to stop the intergenerational impact of family violence.

The Victorian Royal Commission into Family Violence very clearly found that children experience the effects of family violence prior to birth. Yet the service infrastructure and amount of safe, affordable, long-term housing to support women who are pregnant and experiencing family violence and homelessness remains insufficient to address their needs. We are immensely pleased that attention is being drawn to this group of women and children and look forward to the ensuing conversation about what is needed and how to best support them.