

Children's exposure to domestic and family violence

Key issues and responses

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Children’s exposure to domestic and family violence has become a prominent policy issue comparatively recently. In the past two decades, empirical evidence about the extent to which children are exposed to domestic and family violence and the negative effect this has on their development, has created an impetus for policy responses to this issue. Such responses are also reflected in the recognition that exposure to family violence is a form of child abuse in some state and territory child protection frameworks, the Australian Government’s National Framework for Protecting Australia’s Children 2009–2020 (COAG, 2009b), and the federal *Family Law Act 1975* (Cth).

This paper examines the literature assessing children’s exposure to domestic and family violence, and findings that domestic and family violence can affect children’s behaviour, schooling, cognitive development, mental and physical wellbeing, and is the leading cause of homelessness for children. Children who grow up in families where domestic and family violence occur are also more likely to experience other forms of child abuse, such as sexual, physical and emotional abuse/maltreatment. The effects of such multi-victimisation require attention in policy, practice and research.

There is relatively little research that examines the best responses to children exposed to domestic and family violence; however, therapeutic responses that work with both mother and child are thought to be beneficial. Responding to children exposed to domestic and family violence should occur alongside primary prevention. Primary prevention should be universally delivered, should help children to become critical of gender norms and violence-supportive attitudes, and equip them with the skills to form healthy and respectful relationships in adulthood.

KEY MESSAGES

- Significant numbers of Australian children are exposed to domestic and family violence.
- Domestic and family violence affects children’s physical and mental wellbeing, development and schooling, and is the leading cause of children’s homelessness in Australia.
- Domestic and family violence often co-occurs with child abuse including child sexual abuse. This co-occurrence needs particular attention in policy and practice.
- Policy responses to children exposed to domestic and family violence are complicated by the intersecting policy jurisdictions of child protection, family law and domestic violence sectors.
- Exposure to domestic and family violence *alone* does not seem to be a factor in future perpetration. Recent multi-country studies suggest that gender roles, stereotypes and violence-supportive attitudes are important for understanding the correlation.
- Therapeutic responses to children exposed to domestic and family violence should include working with mothers (or the non-offending parent) and children to strengthen attachment and should be trauma-informed.
- Primary prevention of domestic and family violence with children and young people is crucial and there is a promising evidence base for the effectiveness of school-based programs.
- Prevention strategies with children should be universally delivered and work to help children be critical of gender norms and violence-supportive attitudes, and equip them with the skills to form healthy and respectful relationships in adulthood.

Children's exposure to domestic and family violence has become a prominent policy issue comparatively recently. In the past two decades, mounting empirical evidence about the extent to which children are exposed to domestic and family violence, and the effect this has on their development has created impetus for policy responses to this issue (Humphreys, 2014; Richards, 2011). Such responses are also reflected in the recognition that exposure to family violence is a form of child abuse in state and territory child protection frameworks, the Australian Government's National Framework for Protecting Australia's Children 2009–2020 (Council of Australian Governments [COAG], 2009b), and the federal *Family Law Act 1975* (Cth).

As signatories to the United Nations (UN) Convention on the Rights of the Child, which recognises that children have a universal right to live free from all forms of violence, Australia has international obligations to protect children from violence in the home (UN, 1989, Article 19). In 2011, the UN Committee on the Rights of the Child released an expanded comment regarding Article 19, re-emphasising the obligation of signatory states to ensure this right, including, among other forms of violence, the right to be free of violence in the home. The committee stated that this obligation includes nations acting to “prohibit, prevent and respond to violence against children through legislative, judicial, social and educational measures” (UN, 2011, p. 6).

This paper will provide an overview of the prevalence of domestic and family violence, the effects of domestic and family violence on children (including the co-occurrence of domestic and family violence with child abuse), the intergenerational transmission of violence and the implications of these for preventing domestic and family violence. It provides an overview of insights from studies that have sought to determine the various psychosocial and long-term health and development outcomes in children via longitudinal research, meta-analyses and experiential studies, as well as findings from studies that have examined children's experiences more directly via qualitative interviews and surveys. The paper will also examine the literature on evidence-based responses to children exposed to domestic and family violence.

Defining domestic and family violence

There is some debate with regard to the terminology used to describe violence experienced by women and children, and varying terminology is used in policy, practice and research (Campo, Kaspiew, Tayton, & Moore, 2014). The Australian Government's National Plan to Reduce Violence against Women and their Children (COAG, 2009a) adopts the UN (1993) definition, which states that violence against women is:

any act of gender-based violence that results in, or is likely to result in, physical or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty.

This can include a range of specific forms of violence experienced by women and girls, including sexual violence, intimate partner violence, and domestic and family violence, as well as practices that are harmful to women and girls, such as female genital mutilation and forced marriage (UN, 1993; World Health Organization [WHO], 2010).

“Intimate partner violence” or “domestic violence” generally describe violence perpetrated by a current or previous partner, and is the most common form of violence against women (Phillips & Vandenbroek, 2014; WHO, 2010). “Domestic violence” and “family violence” are the terms commonly used to describe violence perpetrated against women in the home. Family violence is a broader term encapsulating violence between family members as well as intimate partners (Phillips & Vandenbroek, 2014). Family violence is the preferred term in Indigenous populations as it better captures the kinship and extended family relationships in Indigenous communities (Cripps & Davis, 2012).

The National Plan (COAG, 2009a) also distinguishes between domestic violence and family violence:

Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal, and non-criminal. Domestic violence includes physical, sexual, emotional and psychological abuse

... Family violence is a broader term that refers to violence between family members, as well as violence between intimate partners ... the term family violence is the most widely used term to identify the experiences of Indigenous people, because it includes the broad range of marital and kinship relationships in which violence may occur. (p. 2)

Sexual violence includes sexual harassment, sexual bullying, sexual coercion, unwanted touching or kissing, and sexual assault (Tarczon & Quadara, 2012). Sexual violence can occur in community or work contexts as well as in intimate relationships and/or families. Intimate partner violence, domestic violence and family violence include behaviours that are coercive and controlling and include physical abuse, emotional/psychological abuse, sexual abuse, financial deprivation and social and cultural isolation (COAG, 2009a). Domestic and family violence may also refer to violence experienced by men in the home; however, most definitions recognise that domestic and family violence is gendered in nature and that the overwhelming majority of violence experienced in the home is perpetrated by men against women and children (Australian Bureau of Statistics [ABS], 2013; Australian National Research Organisation for Women's Safety [ANROWS], 2014).

This discussion paper uses the term “domestic and family violence”, as it best reflects the types of violence children are directly and indirectly exposed to in the home. The nature of children's exposure to domestic and family violence is manifold, ranging from witnessing (including seeing and overhearing violence and witnessing its effects) to being directly involved. As Powell and Murray (2008) explained, children were previously seen as “silent witnesses” to domestic and family violence; however, a now substantial body of research indicates children may be involved in domestic and family violence in a range of ways, including being forced to watch or participate in assaults or intervening to stop the violence occurring (Buckley & Holt, 2007; Carroll-Lind, Chapman, & Raskauskas, 2011; Edleson, 1999; Edleson, Mbilinyi, Beeman, & Hagemester, 2003; Indermaur, 2001; Morris, Humphreys, & Hegarty, 2015; Mullender et al., 2002; Stanley, Miller, & Richardson Foster, 2012).

Prevalence

Violence against women is widespread in the Australian population; however, it is not possible to establish the full extent of the problem since many cases of sexual assault, domestic and family violence and other violence go unreported (Phillips & Vandenbroek, 2014). Recent statistical evidence suggests significant numbers of Australian children are exposed to domestic and family violence in the home. The 2012 Australian Bureau of Statistics' (2014) Personal Safety Survey found:

- Thirty six per cent of women over 18 years of age have, since they were 15 years old, experienced physical or sexual violence by a known perpetrator ($n = 3,106,500$).
- The most likely known perpetrator was a *former* partner, with 15% of women having experienced violence since they were 15 years old from a former partner ($n = 1,158,700$).
- Of those women who had experienced violence by a *current* partner, 54% had children in their care at the time of the violence and 31% of the children had seen or heard the violence.
- Of the women who had experienced violence by a *former* partner, 61% had children in their care at the time of the violence and 48% of the children had seen or heard the violence.

Children are at particular risk of experiencing domestic and family violence during and after parental separation. The AIFS Longitudinal Study of Separated Families (Kaspiew et al., 2009) found that of the 10,002 separated parents surveyed, 17% of fathers and 26% of mothers reported experiencing physical hurt from their partner.¹ Of the parents who reported experiencing physical violence before separation, 72% of mothers and 63% of fathers reported that their children had witnessed the violence (Kaspiew et al., 2009). Similarly, the AIFS Survey of Recently Separated Parents (De Maio, Kaspiew, Smart, Dunstan, & Moore, 2013) found that the experience of family violence was common among separating families:

- Sixty-eight per cent of mothers and 58% of fathers reported emotional abuse.
- Twenty-four per cent of mothers and 16% of fathers reported physical violence.
- Of the parents who reported emotional or physical violence prior to separating, 53% of fathers and 64% of mothers reported that their children had either seen or heard the violence or abuse.

¹ Kaspiew et al. (2009) defined domestic and family violence as either physical or emotional abuse.

Similar rates of child exposure to family violence were reported by parents in the 2015 Experiences of Separated Parents Study (in Kaspiw, Carson, Dunstan, De Maio et al., 2015).

The Victoria Police's (2014) *Family Violence Incidence Reports* showed that for the year ending 30 June 2014:

- Victoria Police attended 65,393 family incidents; and
- children were present at 22,445 (34%) of these incidents.

Within Indigenous populations, the prevalence of child exposure is more frequent, reflecting the higher rates of domestic and family violence that exist more generally within Aboriginal and Torres Strait Islander populations (Human Rights and Equal Opportunity Commission [HREC], 2006; Mouzos & Makkai 2004; Millward 2013; Steering Committee for the Review of Government Service Provision (SCRGSP), 2011). Indigenous women and girls are 31 times more likely to be hospitalised as a result of domestic and family violence than non-Aboriginal women and girls (SCRGSP, 2011). A nationwide survey of Aboriginal and Torres Strait Islander people (Cripps, Bennett, Gurrin, & Studdert, 2009) found that:

- one in four Indigenous women living with dependent children younger than 15 years reported being victims of violence in the previous year; and
- violence was more prevalent in regional and city areas, and less in remote areas.

Other populations—including women and children from culturally and linguistically diverse (CALD) communities, and women and children with disabilities—are also at higher risk of experiencing domestic and family violence (Dawson, 2008; Frohmader, Dowse, & Didi, 2015).

Box 1: Methodological considerations

Several authors suggest that studies assessing the effects of children's exposure to violence may be fraught with methodological problems, and urge caution in drawing cause and effect assumptions regarding children's exposure (Chan & Yeung, 2009; DeBoard-Lucas & Grych, 2011; Gewirtz & Edleson, 2007; Goddard & Bedi, 2010; Heugten & Wilson, 2008). Studies assessing children's exposure, for example, are often based on unique populations of children drawn from women's refuges or shelters, thus representing the most recently and severely affected population (Gewirtz & Edleson, 2007).

It is also important to note that children's exposure to domestic and family violence occurs within what DeBoard-Lucas and Grych (2011) called a "constellation of risk" and disadvantage. That is, domestic and family violence often occurs alongside a host of other risk factors, such as parental substance abuse, poverty, family dysfunction, other forms of child abuse and neglect, mental ill health and social isolation (Bromfield, Lamont, Parker, & Horsfall, 2010; Gewirtz & Edleson, 2007; Goddard & Bedi, 2010; Higgins, 2004). As Holt, Buckley and Whelan (2008) highlighted, "the presence of multiple stressors in a child's life may both elevate the risk of negative outcomes and possibly render indistinct the exact relationship between domestic violence and those negative outcomes" (p. 803).

Developmental difficulties, psychosocial problems and poor outcomes in children who experience domestic and family violence might, therefore, reflect a convergence of risk factors that are consequently difficult to separate from the effects of exposure to domestic and family violence (Gewirtz & Edleson 2007; Holt et al., 2008). Price-Robertson, Higgins, and Vassallo (2013, p. 2) noted, for example, that focusing on individual forms of abuse can create the misleading impression that there are strong lines of demarcation between different types of childhood adversities and that they occur in isolation from each other.

A further methodological point of contention/concern is that studies generally only examine the effects of children's exposure to physical violence or do not distinguish between exposure to physical violence and exposure to emotional violence, such as coercion, control and verbal abuse.

Effects of children's exposure to domestic and family violence

Homelessness

Domestic and family violence is the leading cause of homelessness for children in Australia (Bland & Shallcross, 2015; Spinney, 2013). A significant proportion of women and children (33%) presenting to Supported Accommodation Assistance Program services (SAAP) in Australia are escaping domestic and

family violence (Australian Institute of Health and Welfare [AIHW], 2014). According to the latest data from the AIHW, the number of children using SAAP services as a result of domestic and family violence has increased by 14% since 2012.

It is widely recognised in the literature that homelessness has wide-ranging effects on children's long-term physical and mental health and wellbeing (Bland & Shallcross, 2015). Homelessness also disrupts children's schooling, friendships and links to community and cultural activities (Spinney, 2013; Tually, Faulkner, Cutler, & Slatter, 2008). Spinney (2013) argued that women and children made homeless by domestic and family violence experience a "double-whammy" of disadvantage as domestic and family violence "disrupts and violates the sense of safety and belonging" within their homes while the violence is occurring, but making the decision to leave the family home usually results in losing it permanently (p. 399). This loss of the family home itself can have traumatic effects on children.

Learning, behaviour and wellbeing

A range of longitudinal, meta-analytic and population-based studies have found that exposure to domestic and family violence can affect a child's mental wellbeing and contribute to poorer educational outcomes and a range of behavioural issues. These may include:

- impaired cognitive functioning;
- behavioural problems;
- poorer academic outcomes;
- externalising and internalising behaviours;²
- learning difficulties;
- depression and poor mental wellbeing;
- low self-esteem;
- low school attendance; and
- bullying (both as victim and perpetrator).

A meta-analysis of 118 empirical studies published between 1978 and 2000 (Kitzmann, Gaylord, Holt, & Kenny, 2003) found that 67% of children exposed to domestic and family violence were at risk of a range of developmental and adjustment problems and fared worse than other children, in terms of academic success, cognitive ability, mental health and wellbeing. Similarly, Wolfe, Crooks, Lee, McIntyre-Smith, and Jaffe's (2003) meta-analysis of 41 empirical studies concluded that children's exposure to domestic and family violence was associated with a range of cognitive and behavioural problems and poorer academic outcomes.

The previously mentioned AIFS Survey of Recently Separated Parents (De Maio et al., 2013) examined the relationship between child wellbeing and family violence among a sample of 6,119 recently separated parents. Parents in the study reported that 1,011 children had witnessed violence before or during separation, 402 had witnessed violence since separation, and 1,389 had witnessed violence before, during and since separation. Assessments of child wellbeing were based on parents' assessments of children's physical health, satisfaction with overall child wellbeing, behavioural problems and social and learning difficulties. The study found:

- There were higher levels of reported behavioural problems in children aged between 1 and 3 years who had witnessed physical violence compared to children who had never witnessed violence.
- There were higher levels of reported behavioural problems in children who had been exposed to emotional violence.
- Children aged 5 to 17 years who had experienced violence over an extended period (before/during and since separation) were faring worse in terms of schoolwork, peer relationships and overall wellbeing than children who had never witnessed violence.

Similarly, another Australian study tracking 1,507 first-time pregnant mothers (Gartland et al., 2014) found that 29% of mothers reported experiencing violence from a male partner within the first four years post-

² Externalising behaviours may include aggression, lack of emotional control, disobedience and destructiveness, whereas internalising behaviours may include anxiety, social inhibition, sadness and withdrawal (Onyskiw, 2003).

partum. Children of mothers who reported violence were more likely to have emotional or behavioural difficulties at age 4 (as reported by mothers in the study). Ongoing exposure to violence (at both study points: 1 year and 4 years) was associated with the highest likelihood of behavioural difficulties, even after accounting for socio-economic factors, maternal depressive symptoms, child's gender and child health issues. However, children exposed to domestic and family violence at 1 year, but not at 4 years, had fewer reported behavioural difficulties.

In the USA, Lundy and Grossman (2005) analysed data from 40,436 children relating to children's behaviour, physical and mental health, and schooling, collected from a state-wide domestic violence service over a period of seven years. Over half the children were reported as having significant behavioural problems, and just over one-fifth had difficulties at school, including poor class behaviour, learning difficulties, low school attendance and poor academic performance. Further, Schnurr and Lohman (2013) undertook a longitudinal analysis of data from a sample of 2,000 children from a large child welfare study in three US cities. Children were recruited to the study as toddlers, and then interviewed and assessed according to a variety of psychological and developmental measures four years later, when aged between 8 and 10 years. Schnurr and Lohman found a correlation between early exposure to domestic and family violence and behavioural and academic problems and low engagement with school during middle childhood; however, there was little effect on cognitive ability or physical health. In qualitative studies assessing children's experiences, children and young adults describe experiencing significant effects on their schooling as a result of living with domestic and family violence, including poor academic performance, bullying and high absenteeism (Tuyen & Larsen, 2012; Yates, 2013).

Physical health

The effects on children's physical health have also been documented in a US longitudinal study of 631 children (Rivara et al., 2007). Rivara and colleagues studied the health care use of children whose mothers had experienced domestic and family violence, compared to those whose mothers had not. Their study found that children whose mothers had experienced domestic and family violence were significantly more likely to use a range of health services—including mental health services, primary care, speciality health services and pharmaceutical services—and were more likely to be admitted to an emergency department.

Trauma

A great deal of research on children exposed to domestic and family violence over the last 20 years has focused on the effects of trauma and post-traumatic stress disorder (PTSD). The general concept of trauma, although not an officially recognised diagnostic term, is often used to describe a broad range of disorders, symptoms and social problems that are not captured by the more limited PTSD category (Price-Robertson, Rush, Wall, & Higgins, 2013; Wall & Quadara, 2014). Trauma is associated with sustained or cumulative exposure to abusive interpersonal relationships in childhood (but this is not an exclusive context). A range of psychological and behavioral symptoms may be evident in those suffering trauma, including an inability to manage internal states/emotions, alterations in attention or consciousness and alterations in self-perception (Bateman, Henderson, & Kezelman, 2013; Margolin & Vickerman, 2011; Wall & Quadara, 2014).

Children exposed to domestic and family violence over a sustained period of time may experience trauma symptoms, including PTSD, resulting in psychosocial and sometimes physical responses that, if left untreated, can have longlasting effects on children's development, behaviour and wellbeing (Jaffe, Wolfe, & Campbell, 2012). These include:

- depression;
- low self-esteem;
- anxiety;
- poor coping mechanisms;
- suicidal thoughts;
- eating disorders;
- self-harm;

- substance abuse; and
- physical symptoms such as chronic pain (Jaffe et al., 2012; Knight, 2015).

Furthermore, sustained and chronic exposure to domestic and family violence can result in trauma that may distort survivors' sense of identity and concept of others, leading to mistrust, social isolation and inability to relate to others (Knight, 2015; Price-Robertson et al., 2013). Trauma arising from continued exposure to harm differs from single-incident trauma because it is cumulative and repetitive, but as Bateman et al. (2013) pointed out, this doesn't mean that one form of trauma is more "worthy" than another.

Margolin and Vickerman (2011) examined the literature about trauma, children and domestic and family violence, with a particular focus on PTSD. They found that PTSD has particular qualities when it occurs in relation to childhood experiences of domestic and family violence, and that the cumulative effects of long-term exposure might result in complex disturbances, such as an inability to regulate emotion, and cognitive and behavioural developmental delays.

Multi-victimisation

Trauma seems to be particularly pertinent for children who have experienced multiple forms of maltreatment (Price-Robertson et al., 2013). The co-occurrence of domestic and family violence with other forms of child maltreatment, including physical, emotional and sexual abuse, is well established in international research (Bromfield, et al., 2010; Finkelhor, Ormrod, & Turner, 2007; Gewirtz & Edleson, 2007; Goddard & Bedi, 2010; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Higgins, 2004; Holt et al., 2008; Price-Robertson et al., 2013). There is growing recognition that outcomes of experiencing different types of maltreatment are thus hard to differentiate (Price-Robertson et al., 2013). Long-term exposure to multiple forms of child maltreatment is thought to result in what has been described as "cumulative harm", which has similar effects to trauma, but with more specific outcomes for children's development and behaviour (Price-Robertson et al., 2013). These include aggression towards self and others, self-hatred, lack of awareness of danger, and disturbed attachment behaviours (Price-Robertson et al., 2013).

Herrenkohl et al.'s (2008) widely cited systematic review examined the intersection of child abuse and domestic and family violence. The review of over 500 studies found a considerable overlap between domestic and family violence and other forms of child maltreatment. Herrenkohl and colleagues concluded that child abuse compounds the effects of domestic and family violence and increases the likelihood of psychosocial problems in youth and adulthood. Finkelhor et al. (2007) undertook a study of poly-victimisation among a nationally representative sample of American children (2,030 children aged 2–17 years). They concluded that the majority of children experience more than one type of victimisation. Therefore, previous research that has focused exclusively on one type of victimisation (e.g., sexual abuse, exposure to domestic and family violence, neglect) may have "overestimated the unique association between these single forms and various negative outcomes" (p. 20). Finkelhor and colleagues also found that the cumulative effects of multiple types of victimisation are linked to trauma: poly-victimisation was more predictive of trauma than any other single type of victimisation. As such, not all forms of victimisation should be viewed "as equivalent in their traumatic potential" (p. 21).

Likewise, Higgins (2004) suggested that the distinction between the effects of different types of child maltreatment is unclear, as children have often experienced more than one type of maltreatment. Higgins therefore suggested that child maltreatment types, including exposure to domestic and family violence, "should not be considered in isolation due the large degree of overlap between each form of abuse and neglect" (p. 54). Higgins (2004) and Finkelhor et al. (2007) argued that there is a need for research, practice and policy to address the varying degrees to which individuals have experienced different types of maltreatment. Finkelhor et al. further argued that research needs to focus on trying to identify why some children are multi-victimised, and resilience and vulnerability factors.

Parenting and domestic and family violence

Of particular focus in the literature, are the effects of trauma and/or cumulative harm on mother-child attachment relationships and the consequences this has for children's development and future intimate relationships. The relational model of trauma (Lannert et al., 2014) theorises that children develop insecure attachments to primary caregivers when the ability of these caregivers to emotionally shield the

child from the experience of trauma is compromised because of domestic and family violence (Gewirtz & Edleson, 2007; Lannert et al., 2014; Margolin & Vickerman, 2011). Since secure attachment relationships support healthy child development and are considered to be the foundation of healthy adult functioning, the long-term effects of insecure attachment relationships are viewed with considerable concern. Margolin and Vickerman suggested that children's capacity to cope with trauma is compromised by the non-offending parent's inability to act as a buffer to the trauma in the context of their own stress, trauma and depression. Holt et al.'s (2008) review of the literature found that domestic and family violence affects parental capacity, which, in turn, negatively affects children's psychopathological outcomes. Holt et al. cited several studies indicating that maternal stress, depression and trauma may result in emotionally indifferent and unavailable parenting.

Howell's (2011) review of the literature had a particular focus on children of pre-school age. She suggested that exposure to domestic and family violence for children in this age group raises some particular concerns because of their developmental stage and the fact that they may spend a greater proportion of time with their parents compared to school-age children, and are thus not able to benefit from the potential buffering effects of exposure to a school environment. Her analysis showed that trauma symptoms are evident in pre-school-age children exposed to domestic and family violence and can result in both physical and psychological symptoms. Howell argued that where infants and children cannot rely on parents or caregivers to protect them from or buffer traumatic events, children may instead rely on self-protective behaviours such as withdrawal, anger and aggression, and may have difficulty with developmental tasks due to poor emotion regulation or have difficulty recognising emotions in others.

Several authors, however, have cautioned against holding non-offending parents—most often mothers—responsible for children's exposure to domestic and family violence (Bedi & Goddard, 2007; Buchanan, Power, & Verity, 2014; Holt et al., 2008; Humphreys, Thiara, Sharp & Jones, 2015). They point to several studies suggesting that mothering in the context of domestic and family violence does not necessarily result in poor attachment relationships, and that non-offending parents sometimes go to great lengths to protect children. For example, a UK qualitative study of 54 children and 24 mothers who had experienced domestic and family violence (Mullender, 2002; Mullender et al., 2002) indicated that while mothers' relationships with their children were "deeply affected" (Mullender, 2002, p. 158), over half the mothers in the study felt they had made significant efforts and used various strategies to shelter their children from the violence that was occurring in the home. Similarly, Buchanan et al. (2014) undertook interviews and focus groups with 16 women who had given birth to a baby in the context of domestic and family violence. Their study concluded that "maternal protectiveness" was paramount to the women in the study, but the "sustained hostility" of living with domestic and family violence constrained the "availability of space to form a relationship with their babies" (p. 722). Despite this, most women did manage to create the time and space away from the violence that allowed them the opportunity to have time to bond with their babies.

While many studies assess the mother-child relationship in the context of domestic and family violence, there is a lack of attention in research given to the father-child relationship (Guille, 2004; Humphreys et al., 2015). The limited number of studies in this area suggests that violent fathers often fail to see the effects of their behaviour on their children (Holt, 2015; Rothman, Mandel, & Silverman, 2008). Humphreys et al. argued that domestic violence can be conceptualised as an attack on the mother-child relationship. Perpetrators often directly and indirectly undermine the relationship between mothers and their children as a tactic of control and abuse (Morris et al., 2015; Mullender, 2002; Thiara & Humphreys, 2015). For example in Mullender's (2002) study, described above, despite mothers' efforts, many felt they could not fully protect their children from emotional or physical harm, as offenders sometimes deliberately used children to hurt and control mothers. Coercion, control, abuse and undermining of the mother-child relationship often continues, or worsens, following separation from the perpetrator (Bagshaw et al., 2010; Katz, 2014; Morris et al., 2015; Radford & Hester, 2015)

A focus on fathers' influence on the psychosocial and behavioural outcomes of children exposed to domestic and family violence is scant. However, a study by Febres and colleagues (2014) studied the association between domestic and family violence, father characteristics, and child psychosocial functioning in a sample of 145 US men arrested for domestic and family violence. The study found a correlation between antisocial personality traits in fathers, domestic and family violence, and children's overall psychosocial impairment. The authors suggested that children may learn the hostile behaviours and poor emotion regulation modelled by their fathers. Further, the authors postulated that hostile

fathers create an overstimulating environment, making it difficult for children to concentrate, or causing them to use attention-seeking behaviours. Another earlier study (Sullivan, Nguyen, Allen, Bybee, & Juras, 2000) also suggested that children's behaviour and development was affected directly by witnessing the father's violence, rather than from any lack of maternal buffering. Ferbers et al. thus recommended that interventions for perpetrators should help men understand how their behaviour directly affects their children.

Intergenerational transmission of violence

Longitudinal, meta-analytic and population-based studies have consistently linked childhood exposure to domestic and family violence with future perpetration. There is, however, some debate on the question of whether exposure to domestic and family violence *alone* is a factor in future perpetration of violence. Not all children who experience abuse or family violence go on to become perpetrators or victims and, likewise, not all perpetrators have a history of childhood violence or abuse (Casey, Beadnell, & Lindhorst, 2009). Participants in studies where a correlation is established tend to have experienced childhoods characterised by several risk factors (such as socio-economic disadvantage, parental mental ill health, parental substance abuse and child abuse) (Fergusson, Boden, & Horwood, 2006; Fulu et al., 2013; Higgins, 2004; Temple et al., 2013). Moreover, gender roles and stereotypes and violence-supportive attitudes are important for understanding the correlation (Fulu et al., 2013).

Fergusson et al.'s (2006) longitudinal analysis of a cohort of 10,000 young adults in New Zealand found that the association between adult perpetration of violence and child exposure to domestic and family violence was weak. They suggested that the correlation could be explained by the "confounding psychosocial context" in which the domestic and family violence took place (p. 103). Their study found that domestic and family violence was more common among participants whose childhoods were characterised by a number of adversities, such as parental mental ill health, unemployment, poverty, family dysfunction, sexual abuse and impaired parental bonding. In a smaller sample involving 36 male perpetrators, Bevan and Higgins (2002) found a unique correlation between childhood exposure to domestic and family violence and the psychological abuse of spouses. However, closer analysis of inter-correlations of variables suggest that "rather than physical abuse or witnessing family violence ... other forms of child maltreatment ... are important risk factors for the perpetration of domestic violence in adulthood" (Bevan & Higgins, 2002, p. 239). Bevan and Higgins found that neglect in particular had a strong association with future physical perpetration of domestic and family violence.

Within a psychosocial framework, it is thought that different forms of maltreatment and abuse result in complex trauma or cumulative harm, as described above, which is thought to have long-term effects on a child's development and psychosocial outcomes, including the ability to form attachments and healthy, respectful relationships in adulthood (Price-Robertson et al., 2013). Re-victimisation through violence and abuse may also be a common outcome of sufferers of trauma, particularly for children who have suffered multiple forms of abuse (Price-Robertson et al., 2013).

However, recent large multi-country population-based studies examining men and violence have found that gender inequality, rigid gender roles, and in particular harmful modes of masculinity, are important for understanding the correlation between childhood exposure and future perpetration (Barker et al., 2011; Fulu et al., 2013; Hagemann-White, Kavemann, Kindler, Meysen, & Puchert, 2010). For example, the United Nation Multi-Country Study of Men and Violence (Fulu et al., 2013) analysed population-wide questionnaires from several countries across the Asia-Pacific region to discover why some men use violence. This study found that:

at least one form of childhood abuse was associated with intimate partner violence perpetration in all countries, with childhood abuse or neglect, sexual abuse, or witnessing the abuse of one's mother the most common. (p. 77)

However, Fulu et al. (2013) stressed that overall, the study showed that intimate partner violence (including sexual violence) was largely driven by structural inequalities, gendered power imbalances and harmful gender norms, such as forms of masculinity associated with power, control, domination, aggression and sexual entitlement. As such, the link between childhood experiences of violence/abuse and perpetration of violence against women, should be understood within the historical and societal contexts that also contribute to violence against women (p. 6).

Social learning theory (Bandura, 1977) offers a framework for understanding how gender norms are related to the intergenerational transmission of violence. According to social learning theory, violent behaviour is learned in childhood through behavioural modelling and observations of parents and peer relationships (Bell & Naugle, 2008; Cochran et al., 2011; Ellis, Stanley, & Bell, 2006; Flood & Pease, 2009; Shorey, Cornelius & Bell, 2008). Children who grow up with domestic and family violence may internalise family norms that may serve to “neutralise the stigma of intimate partner violence, to accept it as normal, and perhaps even approve it under certain circumstances” (Cochran et al., 2011, p. 794). According to Jaffe et al. (2012), gender role modelling is an important aspect of this theory, as it is thought that children model behaviour on the parent with whom they identify; boys may learn from their father that violence is an acceptable and appropriate method for dealing with conflict, and girls may learn from their mothers to internalise victimisation. There is some evidence to suggest that exposure to violence in childhood has a greater effect on boys, who are more likely to condone and perpetrate violence in adulthood (Markowitz, as cited in Flood & Pease, 2009, p. 131). Within this framework, responses to children exposed to violence should focus on facilitating children to develop skills and knowledge that foster healthy, respectful relationships and enable the learning of non-violent methods of dealing with conflict (Ellis et al., 2006).

Children’s experiences

Much of the literature on children and domestic and family violence is quantitative, and research directly assessing children’s experiences is lacking, particularly in the Australian context; however, a small body of qualitative research examines children’s views and experiences of domestic and family violence (Bagshaw et al., 2010; Buckley & Holt, 2007; Carroll-Lind et al., 2011; Holt, 2015; Morris et al., 2015; Mullender et al., 2002; Stanley, 2011; Stanley et al., 2012; Tuyen & Larsen, 2012; Yates, 2013). This research shows that children have articulate and coherent understandings of the violence that they and their mothers experience. Their views are thus important to hear, particularly as they offer insight into how best to support children and facilitate them having greater agency in negotiating safety (Morris et al., 2015) and having input into post-separation contact decisions affecting their lives (Holt, 2015).

Buckley and Holt (2007) undertook in-depth interviews with 22 children who had experienced domestic and family violence in Ireland. Children described living with fear, anxiety and dread, and worried about the safety of their siblings, mothers and themselves. Children further conveyed feelings of shame about their home life, and thus lacked confidence and self-esteem, resulting in poor peer relationships. Moreover, some children described direct involvement in the violence; acting as mediators or attempting to protect younger siblings and their mothers.

The widely cited Mullender et al. (2002) study was based on qualitative interviews with 54 children and 24 mothers who had experienced domestic and family violence in the United Kingdom. The children in this study described being present in a full range of domestic and family violence incidents, including attempted murder, emotional abuse, and sexual abuse. Like the Buckley and Holt (2007) study, children described living in constant fear and anxiety and reported feelings of powerlessness and anger. They also described physical symptoms such as insomnia, headaches and stomach upsets. Children used a variety of coping strategies to deal with the violence, including “blocking it out” by retreating into private worlds, leaving the house (if old enough), hiding, distracting themselves through television or noisy play, talking to friends or relatives, and attempting to mediate the violence.

In a national violence survey of 2,077 New Zealand children aged 9–13 years (Carroll-Lind et al., 2011), children were asked what kinds of violence they had been exposed to. Twenty-seven per cent had witnessed emotional or physical violence between their parents, and this was reported as having more of an effect on them than peer, community or media violence. Children in this study reported feeling powerless about parental violence, and feeling shame or stigma, which acted as a barrier for seeking help.

Tuyen and Larsen (2012) conducted a cross-sectional survey of 150 children in the USA, drawn from churches, youth groups, schools and sporting organisations. Thirty-two per cent of the children in the study had witnessed parental violence and these were more likely to indicate symptoms of depression. Children who had experienced domestic and family violence also reported anger, anxiety and insomnia. Older children and adolescents in the study described how they would take on roles of responsibility in the family and felt obliged to protect siblings and mothers from violence. Some expressed resentment at having to take on these roles, particularly as it had the effect of isolating them from their peers. Moreover,

many described major disruptions to their schooling, including having poor concentration, being victims of bullying, being absent from school, and exhibiting poor academic performance.

The SARAH project (Morris et al., 2015) undertook focus groups interviews and semi-structured interviews with 23 children and young people (aged 8–24 years) recruited from a larger primary care study of women who had experienced domestic and family violence. This study highlighted the ongoing the vulnerability and danger children experience, which often continues into the post-separation period. Children described attempting to lead normal lives in the face of persistent danger, control and intrusion into their lives by the perpetrator, which had wide-reaching effects on all aspects of their lives. A minority of children and young people described family contexts that “enabled them to experience a sense of agency” in negotiating safety in their lives and relationships (p. 25). This agency and safety was facilitated by contexts where children were able to have physical distance from the perpetrator, and having trusted sibling and adult relationships.

Culturally and linguistically diverse (CALD) children

The effects of domestic and family violence on CALD and asylum-seeker children can be compounded by cultural and language barriers, experiencing discrimination and racism, isolation from peers, and a history of trauma arising from having witnessed conflict in their homeland or from their journey to Australia (Dawson, 2008).

According to research undertaken by InTouch Multicultural Centre against Family Violence (Dawson, 2008), children who have come to Australia as asylum seekers may already be traumatised. Further, the effect of exposure to domestic and family violence may be amplified by children having:

- witnessed war/conflict in their country of origin;
- been forced to flee their homeland in perilous conditions;
- spent time in refugee camps or in detention centres; or
- been separated from parents during the journey to Australia and/or on arrival.

It is important for service providers working with children and families from CALD communities to be aware of these issues.

Aboriginal and Torres Strait Islander children

Within Indigenous communities, domestic and family violence needs to be understood in the context of a history of colonisation, dispossession of land, forced child removal, racism and discrimination and the resulting intergenerational trauma that has arisen from this history (Cripps & Davis, 2012; Millward, 2013; Victorian Indigenous Family Violence Taskforce, 2003). According to the Victorian Indigenous Family Violence Taskforce (2003) report, the trauma of living with domestic and family violence may be just one of the many traumas Indigenous children face. The report also identified the following issues as all needing to be considered in understanding domestic and family violence in Indigenous communities:

- breakdown of kinship systems and Aboriginal law;
- experiences of racism, discrimination and vilification;
- economic exclusion and entrenched poverty;
- alcohol and drug abuse;
- institutionalisation and child removal policies; and
- the effects of grief, trauma on parenting.

Responses to Indigenous children need to be culturally sensitive and community-informed (Cripps & Davis, 2012).

Resilience

Several authors have noted that while the existing research on the outcomes of exposure to domestic and family violence have been important, future research should examine what factors lead to resilience in children (De-Board-Lucas & Grych, 2011; Heugten & Wilson, 2008; Humphreys & Houghton, 2008). Humphreys and Houghton suggested that there is a danger of over-pathologising children who have

experienced domestic and family violence, as the research indicates that some children draw on a number of coping strategies and show resilience, while others do not exhibit any negative outcomes at all. For example, in Kitzmann et al.'s (2003) meta-analysis, described above, 37% of children who had experienced domestic and family violence fared better or no worse than the average child.

The literature suggests that there are several factors that may mitigate children's exposure to violence including:

- the extent of children's peer and social support;
- the relationship with their mother or other primary caregiver;
- whether the violence is ongoing or short-term;
- the age of the child when the domestic and family violence occurred; and
- whether the child received an adequate response/treatment following the domestic and family violence (Gewirtz & Edleson, 2007; Heugten & Wilson, 2008; Holt et al., 2008; Howell, 2011; Humphreys & Houghton, 2008; Richards, 2011).

Howell (2011) found that age was a significant factor in children's resilience. Older children fared better than younger children, probably because they were able to engage in activities outside the home and develop supportive relationships with peers or other relatives.

In qualitative studies, children have reported that strong relationships with peers, engagement in school activities and being able to escape the family home were important coping strategies (Heugten & Wilson, 2008; Mullender et al., 2002; Thompson & Trice-Black, 2012; Willis et al., 2010; Yates, 2013). For younger children, Howell (2011) found that the most significant factor in resilience was a strong parent-child attachment, and therefore recommended that responses to children experiencing domestic and family violence should focus on strengthening the relationship between mother and child. For CALD children, having strong connections with members of their extended family has been identified as a protective factor (Dawson, 2008).

Responding to children exposed to domestic and family violence

Policy responses

The complexity of the relationship between the different policy responses of family law, child protection, and domestic and family violence, and their respective effects on children, has been widely examined in the literature (e.g., Hester, 2011; Humphreys, 2008; Powell & Murray, 2008). Hester referred to the fraught relationship between these sectors as the "three planet model", with each sector having their own histories, philosophies, laws and sets of professionals, which makes responses to domestic and family violence involving children difficult, contradictory and, at times, leading to unsafe situations for the children.

Domestic and family violence and allegations of child abuse and/or neglect in the context of the breakdown of parental relationships in Australia may intersect two separate legal systems. This is because the state/territory-based child protection system is responsible for investigating child safety concerns but these concerns are issues that are also relevant to the resolution of post-separation parenting arrangements in the federal family law system (Higgins & Kaspiew, 2011). Significant issues have been identified in relation to the interaction of these legal systems in terms of achieving effective and timely outcomes in the best interests of children (Australian Law Reform Commission [ALRC] and NSW Law Reform Commission [NSWLRC], 2010; Chisholm, 2009; Family Law Commission [FLC], 2009; Higgins & Kaspiew, 2011). The Family Court of Australia's Magellan case management system has, to some degree, ameliorated difficulties arising from the lack of coordination between these overlapping frameworks for family law cases involving serious allegations of child sexual abuse (Higgins, 2007). However, a comprehensive approach that deals with the "jurisdictional (and consequently philosophical and administrative) gaps" (Higgins & Kaspiew, 2008, p. 236) between the child protection system and the family law system remains outstanding, particularly as only a small number of cases with safety concerns are heard in the Family Court of Australia; the majority are heard in the Federal Circuit Court of Australia, which does not use the Magellan system.

This absence of a comprehensive approach is particularly pertinent given the prevalence of concerns about domestic and family violence and child abuse and neglect in family law cases (Carson et al., 2013; Kaspiew et al., 2009; Kaspiew, Carson, Dunstan, Qu et al., 2015). The recent AIFS Evaluation of the 2012 Family Violence Amendments (Kaspiew, Carson, Dunstan, Qu et al., 2015)³ showed that there is an increasing emphasis on identifying family violence and safety concerns across the family law system, but that “refinements in practice in this area are required” (p. ix), as well as the development of effective screening approaches across the family law system, including in family dispute resolution.

Another area of contention in policy and practice, is that the recognition that domestic and family violence is a form of harm to children has led to policy and legislative responses to women and children that are potentially problematic (Buckley, Whelan, & Carr, 2010; Cross, Mathews, Tonmyr, Scott, & Ouimet, 2012; Humphreys, 2008, 2014; Powell & Murray, 2008). Mandatory reporting of domestic and family violence where children are present is enshrined in law in New South Wales, Tasmania and the Northern Territory (CFCA, 2014). Children reported to child protection as a result of domestic and family violence are recorded as at being risk of “emotional abuse”, which now accounts for the majority of mandatory notifications (Zannettino & McLaren, 2014). This increase in reporting to child protection authorities has overburdened the system, without necessarily improving child safety (Humphreys, 2007; Jacob & Fanning, 2006). Studies in the USA and Australia suggest that an unintended consequence of mandatory reporting is that women living with domestic and family violence are less likely to call the police because of the fear of mandated child protection referral, which is of particular relevance in Indigenous communities, given the history of child removal (Cross et al., 2012; Humphreys, 2008).

Humphreys (2008) identified a philosophical/theoretical tension arising out of the different historical trajectories of domestic and family violence services and child protection (see also Hester, 2011). While domestic and family violence services arose from the feminist movement of the 1970s and 1980s, child protection has a more ambiguous and coercive history linked to the forcible removal of children (Humphreys, 2008). Furthermore, there are problems in the way in which child protection responds, whereby it can hold women responsible for children’s safety; failure to protect may therefore become an accusation levelled at mothers rather than the perpetrators of violence (Douglas, Walsh, & Blore, 2009; Humphreys, 2008, 2014; Powell & Murray, 2008).

These differences in understanding pose a problem for effective collaboration between sectors. For example, a study assessing barriers to collaboration between child protection workers and domestic and family violence workers undertaken in South Australia (Zannettino & McLaren, 2014) found that differing perceptions of domestic and family violence and families’ needs stymied effective collaboration. Child protection workers tended to hold mothers responsible for protecting their children from abuse, while domestic and family violence workers were more focused on the perpetrator and the “ways that domestic violence affected a mother’s relationship with her children and capacity to parent effectively” (Zannettino & McLaren, 2014, p. 427). Lack of a shared/common response to child safety limited collaboration. Zannettino and McLaren argued that the sectors may find common ground for more effective collaboration by developing practices that “focus on empowering abused mothers, strengthening the mother–child relationship, enhancing children’s emotional wellbeing” and going beyond the immediate crisis response to ensure there is a continuum of service providers available to support mothers and children (p. 430).

There is general consensus among practitioners and researchers that collaboration between the domestic and family violence and child protection sectors (and across other sectors such as health, social support and education) is essential to improve the outcomes of vulnerable children (Campo, Kaspiew, Tayton, & Moore, 2014; Healey & Humphreys, 2013; Sabates & Dex, 2015; Zannettino & McLaren, 2014). Yet, as Walsh, Tilbury and Osmond (2013) pointed out, collaboration is not straightforward:

The interface between child protection system and adult service system is a maze of differing eligibility thresholds, knowledge bases, service types, funding and contract requirements, and ethical and legal considerations. (p. 68)

3 Substantial reforms were made in 2012 to the *Family Law Act 1975* with the introduction of the *Family Law Legislation Amendment (Family Violence and Other Measures) Act 2011* (Cth). The reforms were intended to improve the family law system’s response to family violence, and better support disclosures of family violence, child abuse and child safety by parents within the family law system (Kaspiew, Carson, Dunstan, Qu et al., 2015).

Healey and Humphreys (2013) stressed the importance of governance structures to facilitate collaboration between sectors. They argued that a clear governance system must be implemented in some form in order for integration/collaboration to survive in the long term.

Child-aware approaches

One way in which policy has responded to children's needs, is the development of child-aware approaches, an initiative of the Second Three-Year Action Plan for the National Framework for Protecting Australia's Children 2009–2020 (COAG, 2012). Child-aware approaches work within a framework of early intervention and prevention, emphasising family-sensitive, child-inclusive, strengths-based, collaborative and culturally appropriate approaches to delivering family and social support services (Hunter & Price-Robertson, 2014). Child-aware approaches recognise that parental problems can “adversely affect children in a number of ways” (Hunter & Price-Robertson, 2014, p. 4). Building the capacity of adult services—including domestic and family violence, drug and alcohol services, mental health and homelessness services—to “be sensitive to the needs of children, and more generally to the ways in which children and families are often implicated in parents' ‘personal’ problems” is a key component of the national framework (p. 13).

Adult-centred domestic and family violence crisis response services have not always been child aware, and have been critiqued for failing to meet the needs of children. For example, Humphreys (2011; 2014) critiqued the traditional fracturing of women's and children's services, arguing that adult services need to be better equipped to respond to the needs of children (see also Bell, 2006; Bunston & Sketchley, 2012; Spinney, 2013; Walsh, Tilbury, & Osmond, 2013). The Salvation Army's Safe from the Start program is a good example of a child-focused program operating within an adult service (Spinney, 2013). The community-run program uses play-based therapy in adult crisis refuges with specifically sourced books and toys that help children (aged 0–6 years) to make sense of their experiences of domestic and family violence.

Preventing homelessness: Safe at Home programs

Another example of a policy response to children and domestic and family violence is the development of Safe at Home programs. As described above, domestic and family violence is the leading cause of homelessness for children. The right of women and children to remain safely in their home is increasingly being recognised as a best practice response to women and children experiencing domestic and family violence (Crinall, Hurley, & Healey, 2014; Spinney & Harper, 2013; Tually et al., 2008), and several policy initiatives have been developed accordingly (Barrett Meyering & Edwards, 2012; Tually et al., 2008). The development of these policies and practices has been in response to the acknowledgment that a lack of housing options may mean that women and children stay in, or return to, violent homes (Tayton, Kaspiew, Moore, & Campo, 2014). Safe at Home programs allow women and children to stay in the family home through legal exclusion of the perpetrator. This recognises that women and children have a fundamental right to remain free of violence in their own homes and that perpetrators should be held accountable (Barrett Meyering & Edwards, 2012; Crinall et al., 2014). Existing research indicates that current programs are effective at meeting the needs of children (Mackay, 2011; Spinney, 2012; Tually et al., 2008). However, they require “collaboration, cooperation, consistency, information sharing and formal agreements ... between a range of agencies and sectors” (Crinall et al., 2014, p. 42).

Therapeutic responses

There is relatively little literature that considers the most effective responses to children who have been exposed to violence. As Bunston, Pavlidis, and Cartwright (2015) pointed out, this is generally because children are a “hard to reach, sometimes hidden cohort and service provision is often variable” (p. 3). Furthermore, while many programs exist for children in the community, very few have been evaluated, as they tend to be delivered by community-run, underfunded organisations with little capacity for undertaking evaluations (Bunston et al., 2015; Kwok, 2013). For example, in the AIFS review of domestic and family violence response and prevention services and programs for children, stakeholders and service providers described a range of interventions for children delivered across major metropolitan and regional areas, but very few had been evaluated (Campo et al., 2014).

Therapeutic responses can include individual counselling, group work and mother–child interventions, with the aim of strengthening parent–child attachment relationships through play-based or counselling-based therapy (Bunston et al., 2015). There is emerging evidence suggesting that therapeutic programs that work conjointly with mother and child are promising (Bunston, 2008; Bunston & Heynatz, 2006; Bunston et al., 2015; Graham-Bermann & Hughes, 2003; Humphreys, 2011; Humphreys, Thiara, & Skamballis, 2011; Humphreys et al., 2015; Lieberman, Diaz, & Van Horne, 2011). Such programs allow mothers and children a safe space to talk about their experiences and recognise the effects of the violence on their relationship; however, they should also be customised to meet the diversity of issues facing women and children (Humphreys et al., 2015).

Many mother–child therapeutic interventions are based on neurobiological theories or attachment theories and evidence-based practice (e.g., Bunston et al., 2015; Lieberman et al., 2011) but, as Morris, Toone, Utter, & Christovitchin (2011, p. 38) argued, they present challenges to both policy-makers and services, as they require adequate flexible funding, supportive work environments and appropriately skilled and trained staff. In the AIFS review of domestic and family violence response services and interventions aimed at children (Campo et al., 2014), practitioners and service providers consulted for the study reported that there was a lack of both funding and adequate qualified staff to meet demand for therapeutic interventions, and existing programs had long waiting lists.

Box 2: Trauma-informed care or practices

As discussed above, the co-occurrence of domestic and family violence with other forms of child maltreatment is high and the effects of trauma on children exposed to domestic and family violence have been well established in the literature. As such, trauma-informed care is often recommended in therapeutic responses to children (Australian Centre for Posttraumatic Mental Health, & Parenting Research Centre, 2013; Bunston, 2008) and is particularly emphasised for Indigenous children who may be exposed to multiple forms of maltreatment (Atkinson, 2013).

Trauma-informed practice doesn't necessarily imply that the service/intervention will focus on treating childhood trauma; rather it refers to models of service/care/interventions that are sensitive and aware to the possibility that people seeking help or using services may be victims of trauma, and that the issues/behaviours they present with might therefore be symptomatic of that trauma (Knight, 2015).

Atkinson (2013) states that in trauma-informed care in therapeutic responses should:

- “understand trauma and its impact on individuals (such as children), families and communal groups
- create environments in which children feel physically and emotionally safe
- employ culturally competent staff and adopt practices that acknowledge and demonstrate respect for specific cultural backgrounds
- support victims/survivors of trauma to regain a sense of control over their daily lives and actively involve them in the healing journey” (p. 1).

Working with children to prevent domestic and family violence

Responding effectively to children exposed to domestic and family violence is pertinent, but recent policy approaches to violence against women emphasise the urgency of addressing domestic and family violence before it occurs through the development of primary prevention strategies targeting people across the lifespan, including in childhood. Evidence shows that no *single* factor causes violence against women; rather it is determined by a complex interplay of multiple and interrelated factors at four levels of influence: individual, family, community and society (Fulu, Kerr-Wilson, & Lang, 2014; VicHealth, 2007; WHO, 2010). Gender inequality, including norms regarding gender roles and identities, are central to understanding the perpetration of violence against women and children. However, the way in which gender inequality intersects with other factors—such as exposure to violence and abuse in childhood, substance abuse, mental health and poverty—are also important (Heise & Fulu, 2014; WHO, 2010). Current thinking and policy on primary prevention of domestic and family violence promotes targeted and universal strategies delivered in various contexts and across multiple levels of influence, prioritising a cultural shifting of attitudes and norms regarding gender, and violence-supportive attitudes (Fulu, et al., 2014; VicHealth, 2007; WHO, 2010).

Though evidence of effectiveness is only emerging, it is believed that primary prevention targeting children and young people should focus on:

- increasing children and young people's knowledge and attitudes toward violence against women;
- promoting gender equitable attitudes;
- equipping children with critical skills to challenge violence-supportive attitudes and dominant gender stereotypes; and
- developing respectful relationship skills (Carmody et al., 2009; Flood & Kendrick, 2012; Fulu et al., 2014; Our Watch, 2015).

Though a number of localities (including sporting clubs and community groups) might be appropriate, schools are seen as the most obvious and convenient locale for this kind of work, though it is important that programs are based on a whole-of-school approach, and focused on achieving meaningful change across the school community, not merely one-off workshops (Carmody et al., 2009; Flood, Fergus, & Heenan, 2009).

The evidence regarding the efficacy of school-based primary prevention programs in changing attitudes and reducing future violence is promising, though results vary widely (Fulu et al., 2014; Stanley, Ellis, Farrelly, Hollinghurst, Bailey, & Downe, 2015; Whitaker et al., 2013; WHO, 2010; Wolfe et al., 2009). Evidence for achieving changes in knowledge and attitudes is stronger than for reducing future violence (Stanley et al., 2015), and longitudinal data from at least one US-based program and one Canadian program show some limited evidence of reduction in future violence (Foshee et al., 2004; Wolfe et al., 2009). It is important, however, that programs for children and young people are culturally appropriate and adequately address the diversity of needs in specific populations of children (Stanley et al., 2015; Tayton et al., 2014). A key finding in a review of interventions, programs and studies of primary prevention targeting children (Stanley et al., 2015) was that many programs fail to cater for diverse groups, including children already exposed to domestic and family violence, CALD children, and lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) children and young people.

School-based primary prevention with children and young people is widely supported in advocacy and policy frameworks such as in the National Plan to Reduce Violence against Women and Their Children (COAG, 2009a). The nationwide Respectful Relationships in Australian Schools program is funded through the national plan and delivered through secondary schools across the country. There are several other evaluated Respectful Relationship programs, such as LoveBites (Flood & Kendrick, 2012), which target older children and young people. The review of prevention and early intervention services undertaken by AIFS (Campo et al., 2014) found that while there were several emerging programs for primary-school-aged children across Australian locales, such as the Growing Respect program (Walsh & Peters, 2011), there were many more targeting secondary-school-aged children and young people, including several that had been evaluated (e.g., Fergus, 2006; Flood & Kendrick, 2012; Flood et al., 2009). There is a need to further develop school-based domestic and family violence programs for younger children.

School-based early intervention and response programs

Since significant numbers of children are already involved in violent relationships or exposed to domestic and family violence in the home, activities categorised as primary prevention can come, in fact, after the event for some children (Ellis, 2008; Ellis, Downe, Farrelly, Hollinghurst, & Stanley, 2015). In light of this, there is some discussion in the literature around the advantage of schools as sites for early intervention and response programs (Ellis, 2008; Thompson & Trice-Black, 2012). For children exposed to domestic and family violence, it is thought that a social learning theory model of prevention and early intervention should focus on developing skills and knowledge that will enable children to learn different ways of dealing with conflict, and in “unlearning” problem or undesirable behaviours (Ellis et al., 2006). However, given that all children are exposed to harmful gender norms and violence-supportive attitudes through media, advertising, peer groups and their own families, it is thought that primary prevention work that challenges these norms and attitudes would be beneficial for all children, including those already exposed to domestic and family violence (Our Watch, 2015).

For example, Ellis et al. (2006) argued that the social learning approach might be useful in interventions aimed at children, as long as gender is also addressed in these programs. They argued that this approach can be both universal and specific: those living with domestic and family violence can gain support and protection in non-stigmatising ways, while simultaneously enabling all children and young people to

develop skills, knowledge and attitudes “to conduct non-abusive relationships” (p. 70). Ellis’ review of school-based programs in the United Kingdom (Ellis, 2004; Ellis et al., 2006) suggest that school-based programs can serve several functions: awareness-raising about domestic and family violence, promotion of respectful relationships, challenging gender stereotypes and fostering non-violent conflict resolution, as well as providing support for children who may be experiencing domestic and family violence. Thompson and Trice-Black (2012) also proposed that schools are an ideal location for providing group counselling and play therapy to children exposed to domestic and family violence, and additionally, to act as a “safe and neutral” site in which to develop healthy, positive relationships, gain academic and emotional support and develop resilience and healthy coping skills. It is crucial that school-based programs addressing domestic and family violence manage disclosures appropriately by establishing close links and with external support services and ensuring that schools have the skill and capacity to adequately respond to children’s potential disclosures (Ellis et al., 2015; Stanley et al., 2015).

Conclusion

This paper has considered the effects of domestic and family violence on children. Significant numbers of Australian children experience domestic and family violence, and while outcomes vary for different populations of children, the literature suggests that there are several potential negative outcomes for children exposed. These include poor social, behavioural and academic outcomes and homelessness. Serious negative psychosocial developmental outcomes associated with trauma, including poor attachment to caregivers in infancy, are also thought to be prevalent in children exposed to domestic and family violence. Children exposed to domestic and family violence are also at an increased risk of experiencing abuse, including sexual abuse in their home. The co-occurrence of domestic and family violence alongside other forms of child maltreatment needs particular attention in policy and practice, and responses to children experiencing domestic and family violence should thus consider that children might be multi-victimised.

The correlation between exposure to domestic and family violence in childhood and future perpetration of violence against women is established in a number of studies; however, participants in studies where a correlation has been established have experienced several adversities, such as socio-economic disadvantage, parental mental ill health, parental substance abuse and child abuse. As such, exposure to domestic and family violence alone does not seem to be a factor in future perpetration. Moreover, recent multi-country studies suggest that gender roles, stereotypes and violence-supportive attitudes are important for understanding the correlation.

Policy responses to children exposed to domestic and family violence are complicated by the intersecting policy jurisdictions of child protection, family law, and domestic and family violence sectors. Collaboration and effective integration of these sectors are crucial to providing timely and adequate support to children, as is ensuring that service responses to domestic and family violence are child-inclusive and trauma-informed. There is a great deal of evidence in support of the effectiveness of therapeutic responses to children that focus on rebuilding relational attachments between the non-offending caregiver and child. As resilience in children seems linked to strong relationships with the non-offending caregiver, these approaches are important; however, existing therapeutic services are currently underfunded and there is a lack of suitably qualified therapists.

Finally, primary prevention of domestic and family violence with children and young people is crucial, and there are promising results for the efficacy of school-based programs. Primary prevention strategies with children should be universally delivered and facilitate children to become critical of gender norms and violence-supportive attitudes, and equip them with the skills to form healthy and respectful relationships in adulthood.

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If you are experiencing family or domestic violence or sexual assault, or know someone who is, please call **1800RESPECT** (1800 737 732) or visit www.1800respect.org.au



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