Understanding connections and relationships: Child maltreatment, intimate partner violence and parenting

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Key Messages

This Issues Paper reviews the evidence on the frequency with which intimate partner violence and child maltreatment co-occur. The United States NatSCEV study showed:

- 34% of the children who had witnessed intimate partner violence had also been subjected to direct maltreatment in the past year, compared to 9% of those who had not witnessed intimate partner violence.
- Over their lifetimes, over half of those (57%) who had witnessed intimate partner violence were also maltreated, compared to 11% of those who had not witnessed intimate partner violence.
- Men were more likely to perpetrate intimate partner violence incidents that were witnessed by children than were women, with 68% of children witnessing violence only by men.

Exposure to violence can have ongoing negative impacts on children and young people's health, education, social and economic wellbeing.

Recommendations from this paper include the need for greater recognition of:

- The links between child maltreatment and intimate partner violence
- The detrimental effects of children's exposure to intimate partner violence
- The disruption to mother-child relationships due to intimate partner violence
- The poor fathering that can accompany perpetration of intimate partner violence

This needs to translate to greater understanding of the importance of supporting children's relationships with the non-abusive parent. This work needs to include creating conditions of safety, and may need to include active work to help restore relationships between non-abusive parents and their children. Work to address poor fathering is also necessary.

NZFVC Issues Paper 4, *Policy and practice implications: Child maltreatment, intimate partner violence and parenting*, explores the system responses required to support children exposed to intimate partner violence.

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Terminology

Term	Definition
Child maltreatment	The direct maltreatment of children, including physical, sexual and psychological/emotional abuse.
Children	Children and young people aged 0-17 years.
Intimate partner violence	Includes physical violence, sexual violence, psychological/emotional abuse, economic abuse, intimidation, harassment, damage to property and threats of physical or sexual abuse towards an intimate partner.
Family violence	Violence and abuse against any person whom that person is, or has been, in a domestic relationship with. This can include sibling against sibling, child against adult, adult against child and violence by an intimate partner against the other partner.
Exposure	Includes children seeing, hearing, being aware of, becoming directly involved in (e.g. intervening in an attempt to stop the abuse) or dealing with the aftermath of intimate partner violence.
Co-occurrence of IPV and child maltreatment	Children who are both exposed to intimate partner violence and directly maltreated.
Father	Children's biological fathers, adoptive fathers, stepfathers, foster fathers and other father figures such as their mother's or other primary caregiver's new male partner.
Mother	Children's biological mothers, adoptive mothers, stepmothers, foster mothers and other mother figures such as their father's or other primary caregiver's new female partner.
Intimate partner	Includes spouses, cohabiting partners, dating partners, boyfriends/girlfriends and separated or divorced partners.

1. Introduction

In a high proportion of families where intimate partner violence (IPV) occurs, children are also being directly maltreated.[1] IPV can profoundly affect children by disrupting their relationships with their primary caregivers (most often mothers). Children's exposure to violence against a parent or caregiver is both an adverse experience itself, and a risk marker for experiencing of other types of violence and adversity.[2,3,4]

Despite this, the discourse around children and IPV remains largely separate in New Zealand. The current focus on 'vulnerable children' at the policy level does not include a significant focus on addressing IPV, nor consider ways to: support children around their exposure to IPV, address parenting specifically in the context of IPV or to strengthen the relationship between children and their mothers who have experienced violence.[5,6] The lack of cohesion in system responses or approaches to addressing IPV where children are involved can lead to the development of interventions that can place children and women at risk of further violence or death.[7-9]

This paper and NZFVC Issues Paper 4, *Policy and practice implications: Child maltreatment, intimate partner violence and parenting*, explore issues that arise from the artificial separation of IPV and child maltreatment. The papers describe ways that the policies and practices surrounding these forms of family violence could be brought closer together for the benefit of the parent-child relationship. The purpose of these *Issues Papers* is to stimulate discussion around the most appropriate policy and practice responses to children exposed to IPV and raise awareness of the need to address IPV in order to reduce children's vulnerability.

The majority of the literature reviewed in the *Issues Papers* comes from investigations conducted in Australia, the United States and the United Kingdom. Very little New Zealand research has specifically addressed the overlap and relationship between IPV and child maltreatment. Discussions with New Zealand practitioners working in the area were also held to identify current concerns and emerging themes.

Much of the research on children's exposure to IPV is focused on children and their mothers (as opposed to fathers or other caregivers) and the paper reflects this. In addition, while there is some literature on the long-term (lifelong) impacts of childhood exposure to IPV, in these *Issues Papers* we focus on the impacts on children and young people aged 0-17.

2. Gendered nature of intimate partner violence and child maltreatment

This paper works from the understanding that IPV is a gendered issue. While women sometimes perpetrate IPV (against men or in same-sex relationships), the majority of violence is perpetrated by men against women.[10-14] Studies that examine men's and women's use of violence against an intimate partner indicate that men are usually the predominant aggressors and that their violence tends to be more frequent and severe.[15] As a result, women are more frequently hospitalised for physical injury and more likely to use refuge facilities.[12]

Men are also more likely to use violence as part of coercive control, which has been described as "a course of calculated, malevolent conduct" which can interweave repeated physical abuse with three equally important tactics: intimidation, isolation, and control.[11]

In addition to findings about the nature of violence perpetrated by men against women, New Zealand research shows that the more severe forms of abuse and injuries experienced by children are also perpetrated by fathers, stepfathers or their mother's male partners, particularly younger men.[14]

In the context of *Issues Papers 3* and *4*, acknowledging this dynamic facilitates further understanding of the impact of IPV on the health and welfare of the child, and for understanding and assessing how patterns of behaviours affect relationships between partners, and between parents and their children. These patterns of behaviours can carry on after a relationship ends. Understanding this gendered dynamic has important implications for responding to child maltreatment, IPV and the overlap between them.

3. Prevalence and co-occurrence of intimate partner violence and child maltreatment

In this section we describe the prevalence of child maltreatment in New Zealand and children's exposure to IPV, drawn from both New Zealand and international investigations. We then describe the co-occurrence of child maltreatment and IPV.

3.1 Child maltreatment in New Zealand

There are a number of steps in the process of the statutory identification of child maltreatment in New Zealand. A report of concern (notification) is initially lodged with the Child, Youth and Family (CYF) contact centre. Notifications fall into two groups – (i) those that require no statutory response and may be for providing information only, for example, the discussions and conclusions reached in a FVIARS (Family Violence Interagency Response System) meeting; and (ii) those that require further action by CYF.

For those cases that require further CYF action, there are three possible outcomes: (i) the partnered response pathway which involves referring to a NGO provider to provide social support to the family, (ii) a child and family assessment, or (iii) investigation. Investigations are reserved for cases of sexual abuse, serious physical abuse, serious wilful neglect, or when a child witnesses violence resulting in or having the potential to result in death or significant injury to a family or household member.[16] Investigations are jointly conducted by CYF and the police as they have a forensic focus as well as an assessment of needs. This allows the information collected to be used for prosecution, if required. Any form of substantiated abuse (including emotional abuse) can be found in either a child and family assessment or an investigation. However the majority of substantiated cases of physical and sexual abuse are found in the investigation pathway. Emotional abuse and neglect are the majority of substantiations in the child and family assessment (Nova Salomen, personal communication, 29 Jan 2013).

In the year to June 2012, 152,800 notifications were made to CYF. This included 78,915 family violence referrals made by police. There were 21,525 substantiated cases of physical, sexual or emotional abuse or neglect.[6]

Since 2000, the number of notifications has been increasing. CYF has attributed some of the increase to increased community awareness of child abuse.[17] The increase has also coincided with the introduction of Police Family Violence Coordinators and a national policy requiring police to notify CYF when children are present at family violence callouts. The policy was introduced in some localities in 2000 and rolled out at the national level in 2004.[6,16,18-20]

Specific population groups are disproportionately affected. For example, in the period 2008/09 to 2010/11, of the notifications to CYF requiring further action, approximately 46% of the children and young people concerned were identified as Māori (31% were identified as Pākehā/European, 11% were identified as Pacific people and 12% other ethnicities) (p.184).[17]

New Zealand data on the prevalence of maltreatment experienced by disabled children are not available, however rates are likely to be disproportionate. The World Health Organization commissioned a review of 17 studies utilising data from 18,374 children with disabilities from high-income countries (Finland, France, Israel, Spain, Sweden, the United Kingdom and the United States).[21] The results indicated that children with disabilities were 3.7 times more likely than those without disabilities to be victims of any sort of violence. They were 3.6 times more likely to be victims of physical violence, and 2.9 times more likely to be victims of sexual violence.

3.2 Prevalence of intimate partner violence

A survey of a representative sample of New Zealand women found that the lifetime prevalence of physical and/or sexual IPV was over 1 in 2 for Māori women (57.6%), 1 in 3 for European/Other women (34.3%) and 1 in 3 for Pacific women (32.4%). Asian women reported a significantly lower lifetime prevalence of IPV (1 in 10, 11.5%).[22] In the 12 months prior to the survey, 14.1% of Māori women, 9.3% of Pacific women, 3.9% of European/Other women and 3.4% of Asian women had experienced physical and/or sexual IPV.[22] When psychological/emotional abuse was included, 55% of New Zealand women ever partnered with men had experienced IPV in their lifetime.[23] In the 12 months prior to the survey, 18.2% of women had experienced one or more forms of IPV.

3.3 Children's exposure to intimate partner violence

> *Advocate: "What do you do when there is fighting in the home?"*
> *Ten year old boy: "I hide under my bed or under my computer table or on the roof sometimes."*
>
> *Advocate: "Do you ever get hit or hurt when there is fighting?"*
> *Ten year old boy: "Yeah, he punched me and yelled at me... I got punched when I told Mum and him to break it up and he said shut up."* (p.7)[24]

Children can be impacted by IPV from the very beginning of their lives. They may be conceived when men who use violence refuse to use contraception[25-28] or as a result of rape.[26] Pregnancy and the time immediately after birth are known times of heightened risk of IPV.[29] Violence during pregnancy highlights the intertwined nature of IPV and child abuse; it has been termed a form of 'double intentioned violence'[30] where the perpetrator intends to hurt both the woman and her unborn child.[8]

In New Zealand, children are present at about half of all family violence[a] callouts by police. Police report that in approximately 70% of family units where IPV exists, the children are also direct victims of some form of violence.[31] Despite mothers frequently making concerted efforts to shield children from knowledge of IPV, research consistently reports that children are aware of the abuse at an early age and in much greater detail than parents realise.[32-35]

Almost half of young New Zealand people reported being exposed to some form of violence in their homes.[b] A nationally representative survey of almost 10,000 secondary school students asked about violence in their home during the previous 12 months and found that:[36]

- 48.2% had witnessed adults yelling or swearing at each other.
- 45.9% had witnessed an adult yelling or swearing at another child.

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[a] The New Zealand Police use 'domestic relationships' as defined within the *Domestic Violence Act 1995* as a basis for establishing whether an occurrence was 'family violence' related.

[b] Note: Data collection from the Youth 2000 survey asked about yelling, swearing and physical assault while much of the international research presented in this paper is concerned with sexual, physical assault and psychological abuse (threats). As such, the prevalence estimates obtained from the Youth 2000 survey are substantially higher than those presented (for example) from the NatSCEV.

- 16.6% had witnessed an adult hitting or physically hurting another child.
- 10.4% had witnessed adults hitting or physically hurting each other.
- 12.3% had themselves been hit or physically hurt.[36]

The proportion of taitamariki Māori who reported witnessing an adult hitting a child in their home (23.0%) was significantly higher than that of Pākehā/NZ European students (13.9%).[37]

The United States National Survey of Children's Exposure to Violence (NatSCEV)[2,38,39] is the most comprehensive attempt to measure exposure to violence in the home, school and community for children and young people aged 0-17. From NatSCEV, it was reported that one in four American children (26%) were exposed to at least one form of family violence[c] in their lifetime, and more than 1 in 9 (11%) were exposed to some form of family violence in the past year, including 1 in 15 (6.6%) exposed to IPV between parents (or between a parent and that parent's partner). Men were more likely to perpetrate IPV incidents that were witnessed by of children than were women, with 68% of children witnessing violence only by men.[39] The types of IPV children were exposed to included psychological/ emotional IPV (verbal threats, punching walls, throwing, breaking, or destroying household items), physical IPV (one parent hitting, slapping, pushing, kicking, choking, or beating up the other) and displaced aggression (including seeing a parent break something, punch a wall or throw things).[39]

Mullender and colleagues' 1996-99 United Kingdom study[33] was among the first research that centralised children's own perspectives of living in families where their mothers were subjected to abuse. They conducted a quantitative and qualitative study with children from urban and rural settings in England. A questionnaire was completed by 1395 school children aged 8-16 about their understanding of domestic violence, and individual in-depth interviews were conducted with 45 children who were known to have lived with violence against their mothers. The types of violence that children reported being exposed to included arguments, shouting, name calling, threats to kill, threats to burn down the house,

[c] Parent assaulted by partner; parent threatened by partner; damage to property threatened by parent's partner; parent pushed by partner; parent hit or slapped by partner; parent kicked, choked or beaten by partner; brother or sister assaulted by parent; child in the household assaulted by adult.

seeing pushchairs thrown, choking, and the perpetrator trying to pour bleach into their mother's mouth.[33]

McGee (2000)[34] conducted a second major United Kingdom in-depth study. She interviewed 48 mothers, 52 children aged 5-17 and two young women (aged 19 and 24) in England and Wales about their experiences of growing up with IPV. The majority (85%) of the children had seen their mothers being abused in some way, including being beaten, kicked, choked and hit with objects. Ten percent of the children witnessed their mothers being sexually assaulted. Three men had made threats to kill their partner in front of the children. Some children saw their fathers/mother's partners smash to pieces doors, windows and the children's toys. Other children did not see the damage occurring, but did see the damage afterwards. Over half the children heard violence being done to their mother and heard their mothers' distress.[34]

3.4 Co-occurrence of intimate partner violence and child maltreatment

> *"Dad was arguing with my brothers – he wanted to hit my brother with a chair and Mum went in front and took the full blow – I was just there – that was it. I just stayed there."* (p.42)[40]

While figures vary, research indicates that in a high proportion of families where IPV exists, children are also being directly maltreated. In an early review of the literature, Edleson (1999)[1] found that, at the time, in between 30% and 60% of families living with IPV, both IPV and child maltreatment were recorded as co-existing.[1] Edleson noted that the co-occurrence of IPV and child maltreatment was often recorded as an aside, rather than being the central focus of the investigation. For example, he quoted Hughes (1988): "60% of the children accompanying battered women to a shelter were reported by their mothers to have also been physically abused."[41] (p.1)[1] However, Hughes was focussed on the psychological and behavioural problems associated with being exposed to IPV rather than on co-occurrence, so no further details were provided about the circumstances in which IPV and child maltreatment co-occurred.

Humphreys (2007)[8] estimated that 50% to 66% of Australian statutory child protection cases involve IPV. Specific information on the co-occurrence of child maltreatment and IPV is not available for New Zealand, however almost two thirds of notifications to CYF are reported to have some family violence component.[42] It is also possible that a number of New Zealand child protection cases may be children being exposed to IPV without documentation of child maltreatment. The sub-group of CYF substantiated cases that have had the greatest increase over the past decade in New Zealand are cases labelled as emotional abuse. This is likely to be driven, at least in part, by the change in policy and practice that has resulted in more children exposed to IPV (but not directly maltreated) being coded as being emotionally abused. There has also been increased awareness that where physical or sexual abuse exists, emotional abuse would also be expected to exist.

The NatSCEV study showed that 34% of the children who had witnessed IPV had also been subjected to direct maltreatment in the past year, compared to 9% of those who had not witnessed IPV.[2]

The NatSCEV investigation showed that exposure to IPV was significantly associated with child maltreatment and exposure to other forms of family violence, such as witnessing sibling physical abuse and other family assault. Specifically, this study showed that 34% of the children who had witnessed IPV had also been subjected to direct maltreatment (including physical abuse, psychological abuse, neglect, custodial interference, and sexual abuse by a known adult) in the past year, compared to 9% of those who had not witnessed IPV.[2] Over their lifetimes, over half of those (57%) who had witnessed IPV were also maltreated, compared to 11% of those who had not witnessed IPV. Children exposed to IPV were also more likely to experience a variety of forms of maltreatment, including sexual abuse by a known adult (risk increased 6-fold) and neglect (risk increased 9-fold).[2] Hamby *et al* (2011) state that "witnessing partner violence may be a key component in creating conditions that lead to maltreatment."[39]

In the United Kingdom, there is a biennial process of reviewing serious cases of child maltreatment (defined as the death or serious injury of a child where abuse or neglect are known or suspected). The purpose is to draw out themes so that the lessons learnt can be used to inform policy and practice.[43] In the 2005-2007 review process, nearly three-quarters of the children lived with past or present IPV, past or present parental mental ill

health, and/or past or present parental substance misuse. These three parental characteristics often co-existed. The reviewers noted that gaps in the data meant that the prevalence of IPV was likely to be underestimated,[43] as information on the men in the household was often missing from the case notes.

Both New Zealand and international researchers have highlighted the relative severity of violence in a household when IPV and child maltreatment co-exist. Likewise, in a United States study of 3,363 parents, Ross (1996)[44] found that in almost all cases, men who were the most violent towards women were also physically abusing children in the household. Australian child death reviews highlight the frequency with which child maltreatment fatalities occur against a backdrop of IPV. In nine of the 19 cases of fatal non-accidental injury (children aged 0-4 years), there was evidence of ongoing, severe IPV. In 13 of these cases, there was evidence of prior abuse of children.[45,46] In the United States, the Advisory Board on Child Abuse and Neglect suggests that IPV may be the "single major precursor to child abuse and neglect fatalities" (1995, p.124).[47] The New Zealand Family Violence Death Review Committee reported that one of the factors associated with a child victim of a family violence death was an "extreme response to intimate partner separation."[48]

There are few studies investigating the overlap between IPV and child sexual abuse. However one of the publications that addressed this issue found that over half of 111 children who had been sexually abused and were attending a children's support centre had also been living with IPV.[49] The authors suggested that children may be less likely to report sexual abuse because of heightened fears of a man they have seen being very violent towards their mother. McGee (2000) found that after sexually abusing a child, some abusers made further threats to harm the child or the mother in order to silence the child.[34]

An extensive New Zealand study of women's experience of protection orders, commissioned by the Ministry for Women's Affairs in 2007, provided a comprehensive description of the experiences of children growing up with IPV. The qualitative study uses the words of the children who lived through these experiences to detail the abuse they experienced as a result of trying to protect their mother, the impact on their wider life (including schooling) and the abuse that they also endured. The following is an excerpt,[50] quoted at length to provide an insight into children's experiences and the intertwining of exposure to IPV and direct maltreatment.

Mele recalls the worst physical assault she witnessed her mother, Lily, receiving. She was six and this time it was her father who was holding the baby:

I remember waking up to screaming downstairs … I opened the kitchen door and there is blood everywhere in the kitchen, the dining room. I remember going into the lounge and Masi was standing over my mother. He was drunk. She was screaming and crying for him to stop. He was holding the baby. He tried to hit my mother and missed. The baby's forehead was bleeding. While he was holding the baby, he was hitting my mother at the same time. She was begging for mercy. He was ignoring me.

I was trying to stop him and he was hitting me in the process of trying to hit her. So I sat on [my mother] and tried to cover her as best as I could. He was doing whatever he could, kicking, punching. I actually got off the lightest. He was grabbing stuff from out of the cupboards: pots, pans. He got a milk bottle and it smashed me in the eye. I only got a black eye.

During the incident, Lily screamed for Mele to leave the house and call the police. Mele did not want to leave her mother's side. She believed Masi would kill her mother if she left.

After Lily obtained a non-molestation order, Mele remembers Masi continuing to come back. She and her brother Tavita had the job of calling the police when he showed up.

He came back, in and out. We were told not to open the door to him. We used to always call the police when he was around. The cops would come with the dogs and take him away. He wasn't allowed anywhere near us. The police would come, get him, chuck him in the cells, release him and it was all the same again.

Violence was what life was all about for Mele. To her, at the age of seven, it was normal. As well, she recalls that her mother's spirit began to waver:

She got sick of calling the police and I think that's what broke her. I remember he became a permanent fixture in the house. Her kicking him out became less and less.

With Masi back home, Lily became pregnant. She fell into a deep depression and on her return from hospital, placed the cot and baby in Mele's bedroom.

I had to go to school and look after my brother at the same time. I would fall asleep at school all the time; I would have to get up in the middle of the night. It wasn't just the Samoan culture thing of being the oldest. My mother had given up. At the age of seven, I was running the house on some levels.

Mele's story has two sad and predictable outcomes. Not only did Mele look after her brothers and the household, she became the woman of the house in every sense. Masi began to sexually abuse her when she was seven years old. (p.83)[50]

4. Impacts of family violence on children and young people

Advocate: "Do these thoughts ever come in school or while you are playing?"
Child: "Umm... when it's lunchtime, cos I always get sad at lunchtime cos I don't have anyone to play with cos they pick on me and say that I can't play." (p.8)[24]

Advocate: "Why do you think there is so much fighting?"
Child: "Probably cos they angry at me cos sometimes I have to do dishes and clean up." (p.6)[24]

In the Youth '07 survey of 9,107 secondary school students in New Zealand, Clark *et al* (2009)[36] found that students who had been exposed to violence in the home were much more likely to:

- Have significant symptoms of depression (males 12.6% and females 25.9%) compared with students who had not been exposed to violence in the home (males 5.7% and females 11.3%).
- Have attempted suicide (males 7.3% and females 13.4%) compared with students who had not been exposed to violence in the home (males 2.0% and females 4.5%).[36]

There are a variety of physical, emotional and development consequences resulting from a child's exposure to IPV. Table 1 lists those that have been documented as impacting on the development of a child between the age of 0 and 17 years. We explore the additive psychosocial and anti-social impacts of the co-occurrence of IPV and child maltreatment in the following sub-sections.

Table 1: Impacts of exposure to IPV on children	
WHAT CHILDREN AND YOUNG PEOPLE MAY FEEL	Anxiety, worry[25,51-54] Sadness, depression[34,51-56] Low self-confidence and self-esteem and poor self-concept[51-53,55,57,58] Post-traumatic stress syndrome[51,55,59 52,53,56,60,61] Toxic stress[35] Mood disorders[55,62] Shame, secrecy[63] Separation anxiety,[64] insecurity, may become clingy[63,65] Loneliness[52,62] Fear[25,33,34,51,52,54,56] Powerless to stop the abuse[66] Confusion[25,33] Guilt[25] May handle frustration poorly[25,65] Anger,[25,34,56] aggressiveness[64]
WHAT CHILDREN AND YOUNG PEOPLE MAY THINK	Accept aspects of the perpetrator's belief system[67,68] Develop disrespect for women[61] Believe it's their fault[25,33] Believe that if they try really hard to be good, the abuse will stop[25] Believe the man and the woman are equal parties in what appears to be a 'fight'[25] Believe that if there is no blood or other signs of injury the adult victim/survivor is not hurt[25] Believe that their mother should have protected them[40]
PHYSICAL	*IN UTERO* Increase in miscarriage and neonatal death[69] Suffer injuries to the abdomen[69] Increase in late trimester bleeding[69] Experience more infection[69] Deliver more premature babies than women who are not abused[69] *INFANTS* Low birth-weight[69] Birth defects, failure to thrive[61] Premature birth, physical injury, disability[35] Complex trauma, damage to the developing brain, profound long-term psychological effects[70]

	Interference with age related developmental tasks[58,63,71] *CHILDREN AND YOUNG PEOPLE* Poor health status[55,57] Stomach aches[25,72] Sleep disturbance[52,55,58] Violent nightmares[65,73] Physical injuries, lacerations, fractures, bruises, scars[74] Bedwetting[72] Asthma[72] Physical injuries[75] Death[58]
BEHAVIOURAL	Violence, emotional abuse and disobedience toward their non-abusive parent[28,55,58,65,67,75] May perpetrate school bullying or become a victim[65] Violence, aggression, destructiveness, delinquency, anti-social behaviour in the wider community[51,55,57,62,68] Youth offending[76] Accelerated responsibility and autonomy[63] Poorly developed respectful communication and negotiation[63] Running away from home to other unsafe situations[61] Early home leaving[63] Maladaptive defences such as drugs and alcohol use[54,61,63] Self harm, suicide attempts[52,62,65] Difficulties eating,[59] or eating disorders[62] Hyperactivity, emotional detachment and constriction[64] Withdrawal, hyper-vigilance[77]
EDUCATION	Poor school attendance[78] Academic and cognitive difficulties e.g. compromised ability to learn, educational achievements impeded[52,53,55,57,61,63,68,78] School drop-out[62,63]
SOCIAL	Failure to form secure attachments early in life[65] Reduced social competence[57,68] May use high risk behaviours to impress peers[63] Difficulty making and keeping friends[54] or establishing healthy relationships[63] Adverse effects on relationships with their mother, father, extended family and friends[34] Peer conflict[54,62]

4.1 The impact of the co-occurrence of IPV and child maltreatment

Abuse by a father or father figure during infancy can impact on early mother-child attachment and can interrupt or prevent a child forming a secure attachment. This has the potential to affect brain development, wellbeing, relationships and interactions throughout life.[64] Rossman (2001)[79] and Geffner *et al* (2003)[80] detail a wide range of ways in which exposure to IPV can disrupt a child's ability to accomplish important developmental tasks. Others note that the effects on children can be cumulative, as early exposure may compound and create more severe disruptions by affecting later developmental stages.[71]

Humphreys et al (2008)[83] have argued that the distinction between direct and indirect maltreatment of children living with IPV is inadequate, may be false and should not be the primary criterion for determining the severity of impact on children or whether they are in need of protection or support.

To date, the published literature has been unable to draw solid conclusions about whether children who are exposed to IPV and direct maltreatment have more serious behavioural and emotional consequences than those who are solely exposed to IPV. In a *Research and Practice Briefing* produced for the United Kingdom 'Quality Projects Initiative', Humphreys (2006) reported that problems for children can be mediated by factors such as the extent of the abuse, their level of support and the extent to which their lives have been disrupted by the violence.[56]

In an earlier meta-analysis of 118 studies that evaluated psychosocial outcomes for children living with IPV, Kitzmann *et al* (2003) reported that children who were exposed to IPV had worse psychosocial outcomes than those who were not.[81] The addition of a small number of studies that investigated the additive effect of direct physical abuse in the context of IPV showed no worsening of psychosocial outcomes. However, the researchers suggested that studies investigating the psychosocial outcomes of IPV and child maltreatment needed to be strengthened by measuring subclinical distress as well as resilience in the context of partner violence. They proposed that the absence of serious adjustment problems did not mean that those exposed are unaffected, noting that there is a possibility children may experience subclinical distress that puts them at greater risk of psychological and interpersonal problems later.[81]

As part of the development of the Scottish *National Strategy to Address Domestic Abuse*, Humphreys, Houghton and Ellis were commissioned to conduct a literature review to describe the outcomes for children experiencing IPV. As part of this project, Humphreys and Houghton (2008)[71] drew on the longitudinal study 'LONGSCAN' (amongst other research) to suggest that cumulative effects of exposure to IPV and child maltreatment may be age dependent. For children aged under eight years, exposure to abuse towards their primary caregiver was found to be particularly problematic.[71] Further, Humphreys and Houghton suggested that as children were exposed to multiple problems associated with IPV, the psychological effects on the child may compound over time.[71]

The work by Humphreys *et al*,[9,71,82,83] Kitzmann[81] and others highlights the difficulties associated with disentangling the direct effects of exposure to IPV and the additive effects of child maltreatment within this context. As such, Humphreys *et al* (2008)[83] have argued that the distinction between direct and indirect maltreatment of children living with IPV is inadequate, may be false and should not be the primary criterion for determining the severity of impact on children or whether they are in need of protection or support.

4.2 Children's coping strategies

Research in the United Kingdom,[32-34] United States[2] and New Zealand[65] highlights that children are not passive bystanders when exposed to IPV; they actively engage in a range of coping strategies. Children constantly make complex decisions to ensure the safety and survival of themselves, their siblings and mother.[25,32-34,65] Some children use psychological strategies such as blocking out the violence by distancing or distracting themselves[25,33,34,68,84] some feel guilty and confused and blame themselves,[65] while others constantly monitor, interpret and assess the situation with a view to trying to make the abuse stop[25] and trying to feel they have some control over the situation.[34]

Half (50%) of the children in the NatSCEV survey had yelled at their parent to try to stop the violence, 44% had tried to get away from the violence and 24% called for help.[39] Mullender *et al* (2002)[33] found that children reported physically intervening in the midst of violence or psychological abuse,[33,34] by shielding their mother both physically and emotionally, trying to distract the perpetrator or trying to deflect his attention onto the child. They also reported attempting to referee, yelling out (to divert attention), pleading for the

abuse to stop, phoning or escaping the house to seek help from neighbours or police.[25,62,68,71,84,85]

Ongoing intimidation and fear can permeate the lives of children exposed to IPV[33,34] as they are also often exposed to tactics of coercive control. McGee (2000) found that violent men's control of nearly every aspect of women's, and sometimes children's, lives was the most central form of abuse experienced. Children who were exposed to psychological abuse and their mothers' distress reported feeling that these experiences were worse than actually seeing violence.[34]

Positive outcomes for children who have been maltreated or exposed to IPV are often highly dependent upon the level of support they receive from the non-abusing parent (usually their mother) as well as the level of wider social support that is available to them. This highlights the importance of providing supports for mothers experiencing IPV (addressed further in *Issues Paper 4*).

4.3 IPV, child maltreatment and youth anti-social behaviour

While the impacts of exposure to IPV and maltreatment can be ongoing, researchers caution against making assumptions that all children exposed to IPV will grow up to become victims or adults who perpetrate IPV.[33,86] However, direct maltreatment and exposure to IPV during childhood have been identified as risk factors for the development of many forms of anti-social behaviour in youth and young adults.[87,88]

Two New Zealand studies – the Dunedin Multidisciplinary Health and Development Study and the Christchurch Health and Development Study – have contributed to our understanding of the relationship between IPV, child maltreatment and anti-social behaviour. The benefit of longitudinal (cohort) studies is that information is collected over a long period of time: in the New Zealand examples, since birth or three years of age. Because of this, they allow researchers to examine possible early risk factors for the subsequent development of adult anti-social behaviour. In the Christchurch cohort, Boden *et al* (2010) found that adolescents with conduct disorder and oppositional defiant disorder were more likely to have had greater exposure to child maltreatment and IPV, as well as exposure to a number of other childhood adversities including socioeconomic disadvantage and family instability.[89]

Fergusson *et al* suggest that the thinking around IPV should shift to considering that IPV is one of a series of childhood adversities that tend to co-occur, including socioeconomic disadvantage, parental difficulties, child maltreatment and other related factors and it is the *accumulation* of these factors that impact on longer term development.[90] This finding is supported by other researchers.[91]

Child maltreatment and parental conflict were also identified (amongst other variables) as risk factors for life course persistent anti-social behaviour. Using data from the Dunedin cohort, Moffitt and Caspi (2001) have proposed that there are a number of different trajectories of anti-social behaviour. Two of these are described as 'life course persistent', which is characterised by early onset and persistent involvement throughout the life course, and 'adolescent limited', where the delinquent behaviours begin and cease during the adolescent period.[d,92]

Perpetration of IPV is also associated with other anti-social behaviours. Male perpetrators of IPV were more likely to have also been successfully prosecuted for other crimes, including violence against people outside of the family (51% of men with a violent crime conviction were perpetrators of IPV, while 20% of those with no violent crime convictions were IPV perpetrators). Awareness of this link has clear policy implications, with Moffitt and Caspi suggesting that targeting those who perpetrate IPV could improve the safety of both the victim/survivor and the general public.[93] For men who were perpetrators of serious physical IPV, there was also a multitude of other problems recorded, including poly-drug use, personality disorder, chronic unemployment, and poor social support.[93]

Ioane (2011)[76] studied Pacific Island, Māori and Pālagi (Pākehā, Caucasian or European) young people in NZ, aged between 10-24 years who had committed a violent crime. She found that on average across the three ethnic groups, 66% of the young people who had committed a violent offence had had a police family violence notification, meaning they had been exposed to family violence as a victim, witness or offender at some stage of their offending history. A higher percentage of repeat offenders (72%) had also been exposed to family violence compared with non-repeat offenders (56%).

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[d] At the time of the proposal of this taxonomy, the Dunedin cohort were aged 32 years. No empirical evidence yet exists concerning the involvement in delinquent behaviour in the older adult group for the 'life course persistent' group.

These studies highlight the cumulative impact of exposure to IPV and child maltreatment which can result in increased risks of multiple anti-social outcomes for both young men and women. Add to this the potential for revictimisation for victim/survivors of abuse, and the potential for ongoing adverse life experiences appears extreme. Humphreys (2007)[8] has highlighted this as a significant issue and she emphasises that all children exposed to IPV require access to appropriate services. These services need to have the capacity to deal with multiple overlapping forms of adversity (see *Issues Paper 4*).

5. Specific population groups

Children and young people's experiences of violence may also vary according to their context.

5.1 Tangata whenua

Erai *et al* (2007, cited in Te Puni Kōkiri 2008, p.32[94]) state, *"Māori women's experiences of family violence do not necessarily reflect those of mainstream descriptions of family violence due to the historical, cultural, economic and social context within which whānau Māori are located."* Colonisation has undermined whānau structures and relationships within whānau at multiple levels, including gender relationships and approaches to children.[94]

Similarly, the experiences of taitamariki Māori may reflect differences from those of non-Māori young people. There are few studies specifically asking taitamariki Māori about their experiences of IPV and the effects in the young people's context. Without such research it is difficult to ascertain if there are cultural similarities or differences in living with IPV. Lack of research in this area also compounds the problem of developing effective theoretical understanding and prevention programmes. How children and young people learn healthy or violent behaviours in relationships, respond to such behaviours and normalise them or not is important to inform prevention work.[95]

5.2 Pasifika

There is also a gap in research about the impact of family violence on children and young people from Pacific communities in New Zealand. In 2012, a literature review was carried out on culture and family violence, *Falevitu* (Peteru 2012)[96]. Peteru reported that there was

no available ethnic-specific literature on the impact of family violence on families. She identified a need for research to understand the perceptions and beliefs that young people (both of ethnic-specific ancestry and those who have multiple-ethnic affiliations) have about culture and family violence.

Peteru also described some of the ways migration to New Zealand from Pacific Island homelands may impact on experiences of family violence, including the breakdown of family structures, break in kinship and collective support and conflicts between New Zealand born children and island born parents.[96]

5.3 Ethnic minority communities

Research with children from other ethnic minority and/or refugee communities is also limited. Humphreys (2007) reports that children may fear their families being shamed or ostracised if they speak out against violence at home.[8] They may also face barriers to seeking support such as racism and lack of knowledge about support services. In New Zealand, Chetty and Agee (2009)[40] carried out a qualitative study of four young people aged 17 and older, of Indian ethnicity, who had immigrated to New Zealand and been exposed to domestic violence as children. Some had also been directly physically, sexually and/or emotionally abused. Their reflections revealed themes of powerlessness, the lack of parenting (including their mothers' inability to provide a safe, loving and caring environment in the face of their father's abuse) and having to be 'the responsible one'. The abuse had had significant impacts on them: three of the participants had attempted suicide prior to leaving home at age 16. However the young people also exhibited considerable resilience, which appeared to be connected to the value they placed on education, their determination, their connectedness to school and the support of pastoral care staff.

5.4 Disabled children

Forms of abuse experienced by disabled children can often be unique to living with disability, for example withholding medication and aids such as walking sticks or wheelchairs.[97] Children's disabilities may also limit their capacity to protect themselves.[52]

6. Impacts of intimate partner violence on mothering

The relationships between children and their caregivers are fundamental to the development of children's health and wellbeing. However, there are a range of behaviours commonly associated with IPV that can impact on children by undermining women's abilities to mother. Recognising and understanding these patterns of behaviour, if they occur, are important precursors to effectively supporting both children and their mothers.

Mullender *et al* (2002) argue, "it is not an accident that abusive men attack women's abilities to mother; they know that this represents a source of positive identity, the thing above all else that abused women try to preserve, and also that it is an area of vulnerability." (p.158)[33] This 'attack' on mothering can take both indirect and direct forms.

Direct tactics used to attack the mother-child relationship can include ridiculing mothers in front of the children,[33,52,63,98] favouring one child over another, and provoking rivalries between siblings then leaving a mother to deal with the aftermath.[99] Abusive men may tell children that their mother is stupid, an unfit mother who is the cause of the children's problems,[25,52,100] or that their mother doesn't love them and only cares about herself.[67]

Men who use IPV commonly control the family's financial and material resources which undermines mothers' ability to meet children's basic needs.[25,28] Other tactics can include undermining women's parental authority.[99] Men who use IPV often do not support their partners with domestic work and childcare.[28,99]

Controlling men can also be possessive and jealous in ways that interfere with meeting children's and women's needs.[33,101] They may interfere with children's health needs, for instance, by asking questions such as "What does he (the baby) need to go to the doctor for? Is the doctor good looking, is that why you want to go?"[100] Other studies report that while women are spending time with their children, men may interfere with this time by, for example, banging on the floor, calling for his partner to attend to his needs, or prevent her from hanging the washing out, saying she is only going outside so she can look at men in the street.[33]

Some men who use IPV actively undermine mothers' attempts to meet children's emotional needs. Examples of this include not allowing a mother to play with children or read to them before bed[98] or to comfort a frightened, crying child.[25,66,67] Other tactics can

entail pressuring children not to attend counselling if a mother is attempting to access services for her children[68] or assaulting or intimidating the mother when she attempts to prevent him from mistreating children.[67]

Fathers may portray themselves as the only legitimate parenting authority by overruling the mother's decisions. This in turn can create conflict between a mother and child.[52,63,99] For example, being exposed to their father's ongoing degradation and contempt for the mother can cause children to absorb messages that shape their perceptions of their mother. These tactics can undermine children's loyalty to their mother by manipulating children to take the abuser's side. Children may view the mother as unworthy and they may have learned, through modelling or direct training from their father, that they can also disrespect and abuse their mother in the same way he does.[28,33,52,63,67,99]

Some children report feeling ashamed of their mother, believing she is responsible for the abuse because she did not obey her partner or that she is a weak passive victim with no authority.[25,52,71,99] If children perceive that their mother has 'failed' to stop the man's relentless abuse, some children may resent their mothers and so disregard her authority, believing she does not care about them and will not meet their needs.[25,52,67,71,99]

The mother-child relationship can also be compromised because women subjected to IPV may develop mental health, physical health and/or substance misuse issues as a result of the abuse. Some men who use IPV may use a woman's health issues as another impetus for making jokes that degrade or criticise a woman in front of her children.[99]

Some preteen and teenage children exposed to IPV assault their mothers, especially boys,[99,102-104] although some researchers[33,86] caution that boys' violence is not evidence that they will inevitably become adult men who use violence.

Women subjected to IPV can also be at increased risk of inconsistent parenting, neglect or the maltreatment of children.[25,28,33,64] Experiencing IPV can lead to mothers being emotionally volatile or withdrawn and impede women's ability to parent.[99] Women can take their frustrations and distress out on their children, especially when they have to deal with children who are traumatised, tired, grumpy and are engaging in difficult behaviours.[28] The repetitive nature of men's attacks on the mother-child relationship can lead to difficulty in women empathising or delighting in their children,[64] can lead some women to stop

intervening on the children's behalf[105] and find it difficult to acknowledge harm to themselves and their children.[56] The effects of traumatic stress can result in some women becoming emotionally distant or inhibited in their ability to care for their children.[52,98] In other cases, mothers keep their children quiet and under control in an attempt to prevent violence, or use punitive measures, including physical abuse, to protect children from harsher treatment by their father.[35,85,106]

However these mothers' vulnerabilities are often a consequence of the perpetrator's violence and must be considered in that context. In her sample of 453 abused women, Walker (2000 cited in Fish *et al* 2009)[28] found that the women were eight times more likely to hurt their children while living with their violent partner, than when they were safe from the violence.[28] Similarly, Holden *et al* (1998 cited in Fish *et al* 2009)[28] note that women's parenting can significantly improve in the first six months after leaving their partner if his violence ceases.[28]

7. Intimate partner violence and fathering

> *"It was confusing. He was like a Jekyll and Hyde dad. We had shared so many lovely times with him too. He read with us, shared my love for animals. Yet not knowing what will happen next. We were walking on egg shells around him."*
>
> *"I hate him but because he is my dad there is that love."* (p.45)[40]

These quotes reflect the ambivalence and complexity of emotions children may feel toward fathers who use violence, and how it is possible to love the person while wanting the violence to stop. There have not yet been any comprehensive studies of parenting by men who have perpetrated IPV and it is recognised that this is a diverse group.[107] Many men who use violence want to be good fathers.[107] However, research documents adverse parenting styles commonly used by men who perpetrate violence against women, which can increase children's vulnerability and risk, and can compromise the safety and stability of children and their mother. This can include engaging in one or more of the following adverse parenting styles.[25,28,33,52,63-68,71,98-100] While not all men who use violence will engage in these behaviours, or use these behaviours at all times, recognising and naming the behaviours when they occur can assist agencies designed to support children and

their mothers. This recognition may increase understanding of the overall situation, and help to inform safety planning or future contact arrangements. Recognising and addressing these parenting styles and supporting healthy parenting practices may also help stopping violence services, other services for men, and the men themselves to become better parents.

7.1 Authoritarianism

Men who use violence and coercive control against a female partner may have unrealistically high expectations of their children, expecting them to obey unquestioningly. Authoritarian fathers tend to aim for a 'quick fix' as opposed to having age-appropriate expectations and behaviour management styles. A lack of empathy may mean they tend towards harsher forms of punishment. Further, they may see themselves as the superior parent, believing their parenting is the best style, and can be closed to critical feedback or input from their partners or wider family.[28,52,63,99]

The effect of a father's authoritarian parenting style can lead children to feel intimidated and unsafe, and they may develop behavioural and developmental problems as a result.[28,52,63,73,99]

7.2 Underinvolvement, neglect and irresponsibility

Underinvolved fathers tend to be preoccupied with controlling their partner and getting their own needs met, rather than making the compromises necessary to meet parenting responsibilities. They may see their children as hindrances and they may expect the mothers to take sole responsibility for the daily routine and aspects of childcare such as nappy changes and helping children with homework.[52,63,73,99]

Underinvolved fathers tend to be physically and emotionally unavailable to their children. They may provoke fights with their partner in order to make an excuse to get out of the house. Giving affection, praise and attention to their children tends to be rare. Teachers and mothers may observe that underinvolved fathers do not know the names of the children's teachers, friends, day-care providers, or doctors and are unaware of their children's medical conditions. Infrequently involved fathers tend to lack interest in or knowledge of their children's strengths and ambitions, and they may ridicule their children's sporting or academic abilities. The only time they may show an interest is when

there is an opportunity for public recognition, so for instance, a father may publically boast when their children win a game or achieve an award.[52,63,73,99]

Some fathers are intentionally neglectful by not setting appropriate boundaries, and permit children to do as they please with the aim of winning children's loyalty.[52,73,99] Post-separation neglectful fathers may drop in and out of contact.[73]

A mother interviewed by Tolmie *et al* (2009)[108] gave examples of irresponsible fathering, including using the child's bedding for himself, losing the child in public multiple times, leaving the child locked in the car for extended periods and giving the child sole responsibility for caring for his infant sibling. Further, the contact father failed to show up for half of his first 36 scheduled contact visits, while at other times he showed up late or dropped the child back to the mother earlier than agreed, and without warning.[108]

Neglectful and irresponsible fathering by men who have been granted shared day-to-day care may mean mothers are burdened with the 'default parent' role.[109,110] For example, if emotional or other issues arise while the children are staying with their father, they may call their mother to resolve them. If the father has unexpected commitments come up or does not want to have the child with him for any reason, the mother can be left to take the responsibility, which can impact on her employment or other commitments. She may be coerced into doing the majority of pick-ups and drop-offs; or be the parent who arranges all the doctor, dentist, optometrist appointments; or who ensures all school related activities are adhered to.[109]

Having fathers who are underinvolved, neglectful and irresponsible can have a major effect on children, in which they crave their father's attention.[28,52,63,73,99] However, these fathers can then blow from 'cold' to 'hot', swinging to overinvolvement, putting in a lot of energy entertaining children, spending money freely and overindulging them, which can also lead to children experiencing emotional turmoil. This turmoil can be heightened, and the contrast between parents exacerbated, as mothers experiencing IPV are often operating with tight budgets.[99]

7.3 Self-centredness

Self-centred fathers may have a sense of entitlement, believing their children are possessions that they can use as they like. These men may desire the public status of being a father, but be unwilling to change their lifestyles when their babies are born. They may lack tolerance for a baby's normal behaviour such as crying. A self-centred father may engage in role reversal, expecting his children to sacrifice their needs in order to meet his needs. He may demand children meet his emotional needs such as listening to his problems, providing affection and keeping him company. Sometimes self-centred fathers take on a 'poor me' role and emotionally manipulate children to watch out for their wellbeing, which can include monitoring the possibility he may have a car accident, commit suicide, or self-harm using drugs or alcohol.[52,63,99]

Children who are manipulated into the role of taking care of self-centred fathers can be subjected to their father's sulking if they do not adhere to his demands. Some fathers manipulate children into taking his side over their mother's. Some children do take their father's side because they perceive him to be the one who wins and it feels safer to do so.[52,63,65,73,99]

7.4 Manipulativeness

Some men use IPV to attempt to convince children they are the preferable parent by manipulating children to believe the non-abusing parent is to blame for the abuse. If the children do not comply, the manipulative strategies can extend to making threats to abduct or physically harm the children. These men may threaten to seek sole care of the children, or to have them removed by child protection services. These behaviours can increase post-separation, as can other ways of using children as 'weapons' or sources of power[111] against their mother.[52,63,65,73,99] When their fathers threaten to have them put in the care of child protection services, most children take these threats very seriously.[52,63,65,73,99]

7.5 Children's feelings about fathers who perpetrate violence

Children's responses to, and feelings about, an abusive father can vary widely. When children are asked how they feel about their abusive fathers, many disclose complex, conflicting and ambivalent feelings and emotions. The majority of children report feeling scared of their father. Some say they hate their father and feel betrayed and lose trust, love and respect for him. At the same time other children feel affection, love and loyalty to

their father and don't want him to be punished or go to jail. When parents separate, children may report missing their father and feeling a sense of loss. In some cases children choose to identify with the more powerful, albeit abusive, parent.[32-34,52,65,99]

8. Protective factors for children exposed to intimate partner violence

> *"School was best place to be. I had support/friends so did well at school. Just being here was way better than being at home. I was being treated like a normal person."* (p.47)[40]

The research indicates that children and young people's responses to living with IPV vary. Differing responses to IPV are influenced by contextual and relationship factors. These include the nature of children's relationship with each parent; their perception of who is responsible for the abuse (or for stopping it); the frequency, form, severity and chronicity of abuse; whether the children were directly maltreated; their individual interpretation of abuse and their coping strategies; their gender, age and stage of development; their level of resiliency; the presence of protective factors (such as their mother's support); and the length of time since exposure.[13,52,56,112] Supportive whānau can also be an important protective factor.[95]

Most research on protective factors has focused on adult victim/survivors and on the individual and relationship level. However Whitlock (2007)[113] points out that communities play an essential, though unrealised role in promoting children's and young people's wellbeing, and that healthy development is linked to a sense of belonging, meaning and involvement within the wider community.[113] Variables that have been found to result in improved outcomes for children who experience IPV and/or have been directly maltreated are listed in Table 2 below.

Table 2: Variables that improve outcomes for children and young people who are exposed to IPV and/or who are directly maltreated	
INDIVIDUAL	How a child interprets or copes with the violence[68] Intelligence[52,66,114] High self-esteem[52,114] and ability to avoid self-blame[99] Development of natural sporting, scholastic or artistic talents[99] Strong commitment to school[114] Social competence, interpersonal skills, outgoing temperament[52,66] Determination to be different from the abusive parent(s)[114]
RELATIONSHIPS	Positive perception of the mother[114] At least one stable caregiver[114] Mother's ability to maintain her parenting abilities under such adverse conditions[71] Mothers who are able to retain or recover their mental health[8,56,71] Mothers' ability to model assertive and non-violent responses to abuse[8] which may lead to children learning positive forms of survivorship[56,71] Children perceive their mothers are positively supportive[71] Strong sibling relationships[52,99] Strong peer relationships[52,99] Strong secure relationship with a caring, competent protective adult including relatives, neighbours, teachers[52,64,66,68] Supportive interactions with adults that foster autonomy, a sense they are important and can trust they will be listened to[33,54]
COMMUNITY CONTEXT	Safe havens in the wider family and larger social environment, e.g. schools, sports, social clubs, faith based communities[66,68,114] particularly evident for black and minority ethnic children[33,56,71] High neighbourhood support[115] High social responsibility[115] Availability of resources for survivors of abuse[115] Early intervention[115]

9. Conclusion

This paper has reviewed the evidence on the frequency with which IPV and child maltreatment co-occur. It has also explored some of the ongoing negative impacts of this exposure on children and young people's health, education and social and economic wellbeing. These include negative outcomes created through the disruption of the mother-child relationship and the undermining of women's health and ability to parent effectively. Links between the perpetration of IPV and poor fathering are also explored. Research notes that children have the ability to recover from the adverse effects of exposure to IPV and to thrive and create safe, stable, abuse-free lives. However the range of detrimental outcomes to children, their families, and society indicate that more active, interlinked efforts to address these problems are required.

Recommendations from this paper include the need for greater recognition of the:

- Links between child maltreatment and IPV
- Detrimental effects of children's exposure to IPV
- Disruption to mother-child relationships due to IPV
- Poor fathering that can accompany perpetration of IPV

This also needs to translate to greater understanding of the importance of supporting children through supporting their relationships with the non-abusive parent. This needs to include creating conditions of safety, and may need to include active work to help restore relationships between non-abusive parents and their children. Work addressing poor fathering, where it is exists, is also necessary.

NZFVC Issues Paper 4, *Policy and practice implications: Child maltreatment, intimate partner violence and parenting*, explores the system responses required to support children exposed to IPV.

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