

The impacts of domestic and family violence on children

This summary is designed for practitioners and policy-makers who want to know more about ANROWS research on the impacts of domestic and family violence (DFV) on children.

As evident in the Australian Bureau of Statistics' Personal Safety Survey 2016 (ABS, 2017), 65 percent of women who had children in their care when they experienced violence by a partner, reported that the children had seen or heard the violence.

The information has been collated primarily from research projects funded by ANROWS in 2014 and published in 2017. It is not intended to be a comprehensive report on research related to children and violence.

The summary outlines the major issues identified in the ANROWS research relevant to children, the factors preventing effective service delivery and the policy and practice changes recommended by the researchers. It concludes with future research directions.

A list of additional relevant resources is also included.

Caution: Some people may find parts of this content confronting or distressing.

Recommended support services:
1800 RESPECT - 1800 737 732
Lifeline - 13 11 14

What research funded by ANROWS has examined the impact of DFV on children?

There were two projects that focused on children and families:

- [A study on the relationship between DFV support services for women and their children and statutory child protection \(CP\) organisations - the PATRICIA project](#) (Humphreys and Healey, 2017); and
- [A study on the impact of DFV on parent-child relationships](#) (Kaspiew et al., 2017).

The full *Research report* and the accompanying *Research to policy and practice* paper for these projects can be found on the ANROWS website.

What were the key issues about children identified in the research?

Kaspiew et al. (2017) found:

- Over one third of the 12-13 year olds included in the sample (34.9%) live in families where their parents had reported previous parental conflict. In one quarter of these cases, the conflict was reported to be persistent.
- Children in families with parental conflict have worse health, social and educational outcomes than children in families without parental conflict.
- Children in families with persistent DFV have the worst health and social outcomes:
 - for example, 27.5 percent of children in separated families with parental conflict were found to have socio-emotional problems, compared to 12.7 percent of children in intact families with no current parental conflict.
- There is a greater probability of impaired parenting (measured by high parent irritability and inconsistency and low parenting efficacy), in homes with DFV.
- Children are more likely to experience physical and verbal parental conflict after their parents have separated.
- Many children continue to be affected by parental conflict and DFV after their parents separate, through ongoing contact with both parents. As one mother interviewed as part of the research noted:

They're lovely but also very difficult. They're coming back from his house very angry. My [6-11] year old ... last night, he had, like, a 2-hour tantrum where he was throwing things and hitting his sister. And smashing windows, smashing doors.¹ (Malene)

- A significant number of mothers reported concern that their children were copying the abusive attitudes and behaviours of their fathers:

But he's so much like his dad, and, of course, when he came back from his visit it was like having his father in the room, the things he would say. He was just shooting his father's bullets for him. (Tania)

- A number of mothers reported that their children's engagement with their father increased after parental separation, at times due to child protection or family court involvement. This meant that their children were at greater risk of being exposed to violence or abuse:

I get her from Friday till Monday ... And in that time I clean her. She's got nits. She's got bruises all over her, on her face everywhere. (Sadie)

Humphreys and Healey's (2017) research found that:

- 70,951 children were reported for DFV concerns in New South Wales, Victoria and Western Australia in 2010-2011 and 2013-2014. DFV was identified in 16 percent of child maltreatment reports lodged in the same period;
- child protection agencies were less likely to investigate cases where children were reported for DFV (29%) compared to children reported for other concerns (34%); and
- in around 23 percent of cases where reports of DFV were not investigated, concerns for the child were reported again within one year. The rate of repeat reports between concerns for children initially reported for DFV and reports for other matters was not significantly different.

What were the major barriers to effective service provision?

The research by Humphreys and Healey (2017) and Kaspiew et al. (2017) identified several common themes:

- There is a lack of collaboration between systems that work with families impacted by DFV. In particular, the disconnection between the child protection (CP) and justice systems mean that many children continue to be vulnerable to abuse after their parents separate:

And the last time we went to Family Court, on the very same day they had somebody from [child protection department] saying that if I hand over [child to ex-partner] when I think she's at risk, then she could be removed from me. And on the same day, the, um, the magistrate, it was a circuit court. And he said that if I withhold [child], then he could send me to jail. (Karla)

¹ All quotations in this summary paper are taken from de-identified interviews conducted with mothers in Kaspiew et al. (2017).

Standardised models for working with children who have been impacted by DFV are not effective.

- Balancing the rights of mothers, fathers and children is complex and the systems working with families do not always consider the needs of all parties consistently. In particular, the voice of children has historically been devalued by the CP and justice systems. As one mother noted:

I just think it's really important to stress that the court didn't listen to the children. I think that was a really big issue ... the things they disclosed were appalling, and the violence was really disregarded in favour of the children still having a relationship with the father, and that to me screams something very wrong about it. (Bianca)

- Many workers in the CP and justice systems are not properly trained to identify and respond to family violence:

It got to the point where he tried to stab himself in front of the kids; he went crazy one day and I rang the police, they went out and spoke to him. They came back to me and said, "Oh look he's just going through a hard time" and they pulled out their little book and he goes, "I'd like you to sign here to say that you're not going to take out a DVO on him." (Alice)

- There is a service gap in addressing the impact of DFV on children. Historically, CP and DFV sector agencies have treated DFV as a problem between adults only. This has meant that vulnerable families have been left unsupported in trying to address the effects on children:

It's like climbing through a haystack, trying to—and it's exhausting, trying to find these services that are accessible, you know, on a pension. I mean, there are some psychologists that I could possibly access—if I want to pay an extra [fee] for \$80 for a session, you know. But under Medicare, finding a child psychologist, a male—they're like hen's teeth. (Monica)

- Standardised models for working with children who have been impacted by DFV are not effective.

In addition, Humphreys and Healey (2017) noted:

- In the majority of cases, CP workers do not properly document the impact of violence and abuse on children. There was a tendency to minimise the potential impact of DFV on children, through the use of language that framed recorded incidents as an issue between parents only.
- DFV is documented inconsistently across state jurisdictions and statutory agencies. This makes it difficult to collect meaningful data about patterns and levels of DFV and to gauge effective interventions.
- Privacy laws prevent different agencies working with families from sharing information about fathers who use violence.

What policy changes were recommended?

Both research papers recommended that the CP, DFV and justice systems need a more collaborative and individualised response when working with families impacted by DFV.

Humphreys and Healy (2017, p. 15) proposed that this could be achieved through:

- establishing formalised arrangements between the CP, DFV and justice systems to ensure greater consistency in their responses to children at risk of domestic and family violence;
- modifying CP databases in all jurisdictions, so that workers are able to provide more detail about the circumstances of DFV and how it is managed by the agency;
- amending policies to allow mothers and children experiencing DFV to be diverted to suitable programs outside of the CP system where appropriate;
- CP agencies creating common risk assessments and implementing these in all jurisdictions; and
- amending laws and policies to allow data sharing about perpetrators between agencies “within appropriate collaborative forums and based on an informed consent process that is victim-centred”.

Kaspiew et al. (2017b, p. 7) noted that:

- investment in prevention and early intervention is critical to minimising the negative effects of violence on children;
- further assessment is needed on the therapeutic support services available to women and their children to identify gaps in service delivery; and
- further analysis is needed on “systems abuse” as a form of violence, in which fathers may exploit gaps and vulnerabilities between service systems to perpetrate further abuse on women and children.

What practice changes were recommended in the research?

Both reports recommended a greater focus on the impact of DFV on children. However, they also proposed improvements in the way that services work with parents. They suggested that it would be beneficial for families if service systems worked to build on mothers’ capacities. It was recommended that fathers who perpetrate violence are held more accountable for their actions by resourcing and implementing targeted interventions. Additionally, the reports found that more training was needed for workers in the CP and justice sectors to respond appropriately to DFV.

Humphreys and Healy (2017, p.15) stated these goals could be achieved by:

- implementing the Safe and Together™ model created by David Mandel & Associates (2013), which encourages practitioners to concentrate on the actions of fathers who use violence and the risks to children stemming from this violence. It also works in partnership with mothers to build on safety strategies for the child;

Further analysis is needed on “systems abuse” as a form of violence, in which fathers may exploit gaps and vulnerabilities between service systems.

- CP agencies undertaking comprehensive and personalised assessments about the risks and impacts of DFV on children and the relationship between parents and children; and
- CP workers maintaining clear and detailed documentation in case files.

Kaspiew et al. (2017b, p. 7) also suggested that greater intervention measures are needed in the period following parental separation.

What is ANROWS doing to address these issues?

ANROWS is continuing to promote the Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services developed by Connolly, Healy and Humphreys, (2017, p. 7) from the findings of the PATRICIA project. The framework is shown on the next page.

ANROWS also funded several projects in 2017 that build on the findings of its earlier research:

- A project that brings together practitioners to discuss their [learnings in using the Safe and Together™ approach](#), which is now being trialled in CP agencies in several jurisdictions.
- A project to evaluate the impact of the [R4Respect](#) program, a peer-to-peer violence prevention program for young people. The learnings from this research will help to identify effective strategies in breaking the inter-generational cycle of violence.
- A project that aims to improve the [practices of early intervention DFV services in engaging families with a child or parent with disability](#).
- A project examining [good practice in therapeutic interventions for young people with harmful sexual behaviours](#).
- The [PIPA project](#) aims to increase evidence on the prevalence of adolescent violence in the home and current responses and gaps in service delivery. This will help to improve service responses in families where the dynamics of violence are complex.
- The [SUSTAIN study](#) aims to understand the integration of evidence-based, effective screening of women at risk of DFV and the first line response in antenatal care. The findings from the research will contribute to the evidence base on effective early intervention practices.

Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services

	Building partnership	Supporting safe decision-making for woman and children	Sustaining collaboration
Integrated service focus	<ul style="list-style-type: none"> Do we have the primary services involved in the collaboration: CP and specialist DFV? Are cross-agency service protocols in place, including meaningful involvement with family law? Are we exploring responsive service pathways for women and children? Are there linkages with specialist services—e.g. MH, DOA, disability, Indigenous, CALD? 	<ul style="list-style-type: none"> Do we have a common language around risk and perpetrator accountability? Do decisions support the mother-child relationship? Do we have all the appropriate information we need to make safe and good decisions? To what extent is information sharing based on victim-centred practice? 	<ul style="list-style-type: none"> To what extent do workers trust services will respond appropriately to referred clients? Do we need new collaborative practice tools? In what ways are we sharing data and data analysis to inform service improvement? Are key members remaining in the collaboration?
Democratising practice	<ul style="list-style-type: none"> Does the partnership have a shared commitment to and understanding of women's and children's safety and perpetrator accountability? Do we have a shared and equal investment in outcomes for women and children? Does the partnership embrace diversity with meaningful representation—e.g. Indigenous, CALD, disability, LGBTIQ? 	<ul style="list-style-type: none"> Is decision-making collaborative? Are decisions focused on perpetrator accountability? Who exercises decision-making authority in the partnership? Does the collaboration support alternative pathways for referrals relating to children? 	<ul style="list-style-type: none"> Do we have equal voices in the partnership? Are we monitoring progress against the collaborative vision? In what ways do our systems promote safe information sharing, and is this working to support the safety of women and children?
Partnership supportive collaboration	<ul style="list-style-type: none"> Do we have champions supporting the collaboration? Is there space for relationship-building? Is the collaboration formalised within a supportive authorised environment? Are the expectations of collaboration clearly authorised—e.g. in PDs? 	<ul style="list-style-type: none"> Are we working towards responsive risk assessment-informed triaging? Are women and children safer through the collaboration, and how do we know? Are we evaluating the collaboration and identifying and engaging new DFV-sensitive champions? 	<ul style="list-style-type: none"> In what ways is the collaboration fostering stability and managing change? Is the collaboration open to new ideas and challenges? What opportunities are there for relationship-building and joint training?

Source: Connolly, Healy and Humphreys, 2017, p.7

CP: child protection; DFV: domestic and family violence; FSS: family support services; PDs: position descriptions; MH: mental health; DOA: drug or alcohol; CALD: culturally and linguistically diverse; LGBTIQ: lesbian, gay, bisexual, transgender, intersex, and queer/questioning.

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Additional relevant resources

[*Australian Human Rights Commission. \(2015\). Children's Rights Report 2015*](#). Sydney, NSW: AHRC.

Australian Institute of Family Studies. (2017). [*Child abuse and neglect statistics*](#) (CFCA resource sheet, June 2017). Southbank, VIC: Author.

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[*Australian Social Work special issue*](#), Volume 71, 2018: Child protection and domestic violence. This issue features a number of articles based on the **PATRICIA Project**. Guest editors Cathy Humphreys and Marie Connolly. Editor Fiona McDermott. Articles in the issue include:

Heward-Belle, S., Laing, L., Humphreys, C., & Toivonen, C. [**Intervening with children living with domestic violence: Is the system safe?**](#), pp. 135-147.

Macvean, M. L., Humphreys, C., & Healey, L. [**Facilitating the collaborative interface between child protection and specialist domestic violence services: A scoping review**](#), pp. 148-161.

Humphreys, C., Healey, L., Kirkwood, D., & Nicholson, D. [**Children living with domestic violence: A differential response through multi-agency collaboration**](#), pp. 162-174.

- O'Leary, P., Young, A., Wilde, R., & Tsantefski, M. [Interagency working in child protection and domestic violence](#), pp. 175-188.
- Broadly, T. R., & Gray, R. M. [The intersection of domestic violence and child protection in Australia: Program participant accounts](#), pp. 189-201.
- Tsantefski, M. [Inclusivity in interagency responses to domestic violence and child protection](#), pp. 202-214.
- [Practitioner perspectives on collaboration across domestic violence, child protection, and family law: Who's minding the gap?](#), pp. 215-227.
- Healey, L., Connolly, M., & Humphreys, C. [A collaborative practice framework for child protection and specialist domestic and family violence services: Bridging the research and practice divide](#), pp. 228-237.
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ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present, and future, and we value Aboriginal and Torres Strait Islander history, culture, and knowledge.

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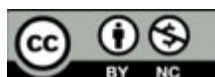
Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box Q389, Queen Victoria Building, NSW, 1230 | www.anrows.org.au | Phone +61 2 8374 4000
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