VICTIMS IN THEIR OWN RIGHT

Children in Domestic and Family Violence

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The reason for this paper is to highlight the acknowledged reality that children are victims of domestic and family violence (**DFV**) in their own right. That is, that children have an experience of domestic violence that is unique to them. The impact of DFV for children is different from that experienced by adults. The issues that arise for children during and subsequent to DFV are specific to them.

There is general acknowledgement that children suffer as a consequence of DFV, and research confirms this. The national and state plans seeking to end domestic violence clearly establish the concept of children as victims in their own right. However, apart from general statements about children and the impact of DFV on them, there is little in-depth examination of what this means for children and the creation of an effective response to their needs.

In discussions with service providers in Western Australia (**WA**), the consensus is that the DFV service systems, as they are currently conceived and implemented, does not adequately respond to children. There is no reason to believe that this perception is dissimilar to service providers in other Australian states.

There have been some voices signaling that unless the psychological and experiential needs of children subjected to DFV are effectively addressed, then the inter-generational trauma created, will inevitably lead to ongoing family violence in future generations.

If, as the *National Plan to End Violence against Women and Children 2022-2032*[i] ('**National Plan**') states, Australia wants to eliminate DFV in one generation, then there is an urgent need to address inter-generational trauma.

It is very difficult to address children's needs without knowing the extent and nature of the problem. To date, the Australian community: does not know how many children are exposed to DFV in any one year; the makeup of that cohort; and the nature of their experiences.

Without an assessment of the scope and character of children's needs, it's unlikely that we can formulate an effective response.

When referring to DFV, children are always mentioned in conjunction with parents. Generally, the phrase *'women and children'* is used. This is understandable given the necessary protection of women escaping DFV. However, the phrase underplays the importance of children as "victims in their own right."

This is not to minimize the understanding that effectively responding to children necessarily involves safeguarding their important relationship with parents and significant others.

This paper seeks to highlight the experience and needs of children as separate from those of the adults experiencing and escaping DFV.

DFV in this paper is understood as per the WA Government definition:

> *"Family and domestic violence is an ongoing pattern of behaviours intended to coerce, control or create fear within a family or intimate relationship. This includes physical, financial, emotional or psychological abuse, sexual violence or any other behaviour which causes the victim to live in fear."*[ii]

The number of Australians that have experienced the traumatic impact of DFV is astonishing.

The *National ABS statistics for 2021/22 on cohabitating partner violence*[iii] shows that 4.2 million people over 18 or 21% of Australians experienced violence, emotional abuse and economic abuse, with 2.8 million also experiencing sexual abuse.

In WA, its estimated that over 400,000 people have experienced violence with ABS statistics showing 305,000 of them being women.

Between June 2020 and June 2023, 4,576 WA women were hospitalised due to injuries resulting from DFV. WA's *'family related offences'* increased significantly in July to September 2023 to 8,631 or a 30% increase on the five-year average.

In relation to children, ABS statistics for 2021/22 show that nationally 2.6 million people over 18 had witnessed abuse toward a parent by a partner before they were 15 years old, and 174,000 of them were WA women. Interestingly, there is no ABS statistic available for children that may have witnessed such violence.

Currently in Australia it is impossible to ascertain the number of children who are witnessing and experiencing DFV in any one year. The fact is that we don't keep such a statistic either at national or state level.

In WA, we clearly know the number of adult victims of DFV. There were 24,896 adult victims of DFV in 2022. However, it's not known how many children victims there were or are, but it can be surmised. Given that the average Australian family has 2 children, it can be estimated that approximately 50,000 children experienced DFV in WA last year.

Estimating the number of children affected by DFV in any one year or any period of time is nothing more than guess work. In regard to children, the National Plan states:

> *"Prevalence data and information about children's experiences of family, domestic and sexual violence is difficult to obtain due to the sensitivity of the subject … Most large scale population surveys focus on adult experiences. While these sources can provide some insights, they are likely to underestimate the true extent of children's exposure to family violence."*

While acknowledging the lack of accurate and readily available information on the prevalence and experiences of children, the National Plan makes no suggestion on how this gap can be filled. This is despite the Plan's recognition that accurate data is central to achieving the objective of ending DFV.

The National Plan makes reference to other federal Government documents such as the *Safe and* Supported*: the National Framework for Protecting Australia's Children 2021 – 2031*[iv] and *The National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030*[v]. These are seen as providing a means through which some children's needs can be identified and met.

The above documents assist in providing ideas on how to deal with matters of child protection and/or sexual abuse more effectively. And there are overlaps between them and DFV, but they do not specifically focus on the lack of knowledge regarding the number or the lived experience

of children in DFV situations. If there is to be an effective response to the significant, negative impact that DFV has on children, then this lack of knowledge needs to be addressed.

It is hoped that the National Plan's, First Action Plan (2023-27) that commits to "Improve the national evidence base…" will address the lack of information regarding children and their experiences.

The *Path to Safety – WA's strategy to reduce family and domestic violence 2020-30*[vi] acknowledges that:

> *"We need to better understand and respond to the needs of children and young people as victims in their own right."*

It is difficult to *'better understand and respond to the needs of children and young people'* without more information on how many children need support and what their lived experience is.

The National Plan's assertion that information on how many children experience DFV and what that experience is, is difficult to obtain due to the '*sensitivity of the subject'* underplays its importance. To seriously respond to children as victims in their own right, there is a need to know the number of victims and the nature of their experience. It will be very difficult to achieve the stated aims of early intervention, recovery and healing of DFV strategies without a thorough awareness of the scope and nature of the needs of children.

There are challenges in acquiring such information, however, these are not insurmountable. If we are to know how many adults experience DFV, then it would not appear beyond possibility to identify how many children are associated with them. Even if such a measure is not totally accurate, it would be a great improvement on the statistical silence that currently exists.

Once it is accepted that children form a cohort of people requiring as much attention as adults experiencing DFV, then the perceived data collection challenges will very likely be overcome**.**

The DFV experiences of children need to be better understood. The voice of children in regard to their DFV experiences has to be heard. There has been a lack of work in this area largely due to the fear that such action will retraumatise children.

It is possible to seek information from children in an ethical and clinically safe manner. This happens regularly in counselling rooms and associated settings. The provision of appropriate and successful therapeutic and support services is dependent on a better understanding of children's DFV experiences, their desires, preferences and needs. Such knowledge cannot be seen as a desirable extra, but a necessary precondition to effective service delivery.

The sheer size of the figures mentioned earlier provide some idea of the enormity of the pain and suffering caused to children and adults by the scourge of DFV. Accepting that the pain and suffering of children are of equal worth to that of adults is fundamental to creating the systems and services necessary to assist highly traumatised children.

Despite the dearth of accurate and timely data on the number of children involved in families where DFV is present, several research projects reveal both the scale and impact of DFV on children.

In the recently released *Child Maltreatment in Australia study*[vii], the prevalence of exposure to DFV by participants was 39%, with similar exposure rates for both male and females. The study also demonstrated that DFV was present in most common types of multi-type maltreatment. In a 2017 study by Dr Rae Kaspiew et al [viii], they found that over one third of 12- to 13-year-olds in their sample lived in families where DFV was present.

Given the statistics shown in these, other studies and ABS data, we know that a significant number of Australians either have experienced DFV in the past or are currently doing so.

> *"70,951 children were reported for DFV concerns in NSW, Victoria, and WA in 2010/11, 2013/14."*[ix]

The impact of DFV on those who experience it is significant. Dr Rae Kaspiew's earlier cited research reported that 27.5% of children in separated families with parental conflict were found to have socio emotional problems. This was over double the percentage for those children in intact families and with no DFV.

In a 2020 study, Dr Carol Orr et al[x] found that children who had been exposed to violence in the home were five times more likely to use a mental health service by the time they were 18 years old, than children who had not.

The experience of DFV has a significant and traumatic impact on children. Exposure to DFV, especially over extended periods, can lead to childhood hospitalisation for mental health disorders as well as delay in cognitive and emotional development. It is associated with acute stress reactions, anxiety, and fear. With the unsurprising, associated possible experience of withdrawal, depression, self-harm and eating disorders.

> *"DFV is the leading cause of child homelessness. It can also impact negatively on learning, educational and behavioural outcomes."*[xi]

For some it is a matter of life and death. Exposure to DFV can result in suicidal ideation and suicide.

A Report by Professor Pat Dudgeon[xii], refers to evidence linking exposure to DFV and increased risk of intentional self-harm among Aboriginal and Torres Strait Islander children and young people. This link, however, is not limited to First Nations' young people given the correlation between mental health difficulties and increased suicidal risk amongst other groups.

DFV also contributes significantly to filicide.

> *"Just under a third of filicide incidents (30%) were characterised by previous domestic violence between the filicide offender and an intimate relation."*[xiii]

Similar to other aspects of DFV and children, there is a lack of detailed information on the causes and drivers of filicides. According to ANROWS Chief Executive Heather Nancarrow:

> *"Filicide is one of the most common forms of domestic and family violence related homicide after intimate partner homicides."* [xiv]

A 2021 ABC article[xv], reports that national data shows one child is killed by a parent or stepparent nearly every two weeks. Despite the seriousness of this issue and the danger it poses to the nation's children, little attention has been given to it, until recently.

In 2019/20, there were 376 hospitalisations of children 0-14 as a consequence of an assault by a parent[xvi]. Very young children are particularly vulnerable to the impact of DFV. This is largely due to the high level of dependency they have on their parents and their inability to escape their circumstance.

Preschoolers cannot seek refuge from their home violence through visiting friends or attending school. Their regular, intense exposure to DFV leads to lower levels of self-esteem and social skills when compared to other children. They are also more vulnerable to developing PTSD-like symptoms than older children.

> *"One significant negative outcome associated with exposure to intimate partner violence is an increase in aggression, hyperactivity and externalising problems. Exposure to violence alters the children's ability to regulate emotions, leading to more intense severe aggression."(Howell, 2011)*

There is increasing interest on the effect of DFV on very young children due to their high level of vulnerability. There are multiple studies of the effects of DFV on school age children but not on younger age groups.

Greater attention is required to understanding the experience and impact of DFV on preschoolers and the provision of effective responses to their needs, given that children form much of their emotional/social responses as well as their understanding of the world around them at this important developmental stage.

It is not surprising that DVF often has a significant impact on a caregivers' ability to effectively parent their preschool children. DFV places substantial emotional and physical demands on parents which, more often than not, negatively impacts on their capacity to positively interact and care for their children.

Children do not all respond to the experience of DFV in the same way. Even though a large percentage of children are negatively impacted by their exposure to violence in the home, there are protective factors that assist many children to avoid the worst impact of their experience.

Children's personality type, level of interest and involvement in activities outside the home, level of self-esteem, emotional intelligence, and social skills influence their reaction to DFV. A positive emotional predisposition as well as supportive friendships assist a child to better cope with the distress of DFV and reduce the risk of becoming victims to emotional abuse when older.

The nature of the relationship with parents can also be a significant protective factor. Adolescents who have a trusting relationship and good communication with parents are significantly less at risk of experiencing emotional and sexual abuse later in life. There is need for greater research in this area if we are to better understand the personal qualities and life situations that ameliorate the negative impacts of DFV on children.

Such research needs to necessarily involve the voice of children. Eliciting directly from children how they perceive their experiences and what helps them to positively deal with difficult situations will significantly contribute to the design and delivery of effective interventions.

In their 2019 *Children's experiences and needs in relation to domestic and family violence: Findings from a meta-synthesis*[xvii], Debbie Noble-Carr et all state:

> *"It is possible and worthwhile to design and conduct studies that allow children to articulate their perspective and experiences about family violence ... these insights confirm, expand and provide important nuance to the broader literature that often relies on adults to talk on children's behalf."*

As previously mentioned, there is a reluctance by some health and welfare practitioners and researchers to gather information on children's experiences of DFV. However, there are ways in which this can be done that is respectful of children and both clinically and ethically safe.

In their research on the experiences of DFV by disabled children and young people, Sally Robinson et al. 2023 state:

> *"There is no evidence that young people who have experienced challenges are more likely than their peers to experience distress within the research context... some had things to say about their everyday lived realities that helped us learn…ways to support children and young people with disabilities who have experienced domestic and family violence."*[xviii]

If Australia is to effectively meet the challenge of the United Nations Committee on the Rights of the Child[xix] to *"... increase prevention measures and responses to DFV that address its distinct impact on children ..."* then it must, among other things, create the conditions under which children's voices can be heard and responded to.

One of the more concerning aspects associated with the involvement of children in DFV situations is that much of the traumatic impact experienced can linger into adulthood and affect adult behaviour and emotional states.

Over the years there has been debate as to the direct link between children witnessing parental violence and its impact on their behaviour later in life. However, there is increasing evidence and acceptance that trauma experienced during childhood can substantially affect adult behaviour.

> *"Children who grow up in violent homes are of increased risk of developing long trauma symptoms ... (and) are at an increased risk of becoming either a victim or a perpetrator of intimate partner violence or a perpetrator of child abuse and neglect."*[xx]

In the above study, Lünnemann and colleagues also point out that the trauma symptoms of parents also partly explain the trauma symptoms of children growing up in violent households. This intergenerational aspect of DFV is an important consideration in the design of service systems and in achieving Australia's desire to end DFV. It is unlikely that efforts to stop the deaths and suffering caused by DFV will be successful without a thorough understanding of the intergenerational transmission of trauma and an effective response to it. Unless the trauma

experienced by both adult and child victims is addressed, the societal experience of DFV will continue due to its capacity for transmission across generations.

To date, there has been little focus on prioritising the therapeutic needs of child victims. Although there is a clear acknowledgement of the impact of DFV on children, the service systems that we currently have remain primarily focused on the needs, both physical and emotional, of the adults involved. There is a societal belief that children will cope with most eventualities. They are seen as resilient and able to quickly adapt to changes in their lives. Research, however, is increasingly clear on the significance and long-lasting impact of DFV on children. Most children struggle to cope with both the physical and mental stress of DFV.

The high levels of mental difficulties experienced by young Australians [xxi] indicates how vulnerable children and young people are to the world around them. They require an immediate, adequate and effective response. The reality for many children is that the current system does not appear to prioritise their needs.

> *"On average children's experience of DFV were visible in police or hospital data around age 6. But they only receive a health service around age 12."*[xxii]

Service providers see the needs of children who have experienced DFV. They are aware and sensitive to the traumatic experience that DFV is for a child. However, they are also frustrated by a current service system that is ill equipped and too lacking in resources to be able to adequately respond to the emotional and physical needs of children.

Those working in refuges and support services regularly bring the special needs of children to the attention of government but their pleas for additional resources are largely left unanswered. The current system, intended to provide support and care for those escaping DFV is failing children. As an experienced CEO said to me *"we're still not responding to children in their own right."*

Seeing children as victims of DFV in their own right requires more than statements in national and state plans. It requires a substantial shift in attitudes towards the perception of children. In recently released research by Centrecare's Valuing Children Initiative, over half of the 1,000 or more of the adults surveyed felt that when making policy decisions, the Australian government gave too little consideration to their impact on children and young people[xxiii].

To effectively respond to children who have been exposed to intimate partner violence requires adults to walk in a child's shoes. Adults need to better understand a child's plight and, more importantly, identify with her/his experience.

In discussion with the manager of a woman's refuge she mentioned how difficult it was for children entering their service. She said that generally *'they acted as if they were walking on eggshells*.' This is not surprising given the enormous upheaval in their lives and the disruption created through leaving home, school and friends along with the anxiety of entering into unfamiliar and uncharted waters.

If we are to respond to children as victims in their own right, then our service system needs to substantially change. Our services need to be given the resources necessary to adopt and implement child safe practice principles and undertake child impact statements.

This will ensure that premises housing children are suitable for their needs. The process involved in a child impact assessment will assist service providers to comprehensively determine their readiness to appropriately respond to children, while providing the opportunity for improvement, where necessary. Some refuges have child advocates. This is an important development, but the lack of adequate funding makes it difficult to maximise and expand on such initiatives.

It has already been mentioned that children's opinions need to be heard and taken seriously. Eliciting their views both in relation to their DFV experience and the adequacy of the service system can assist in creating a more wholesome response. They can contribute greatly to the 'wrap around' service system that is referred to in DFV strategic documents. One stop-hubs, such as those being implemented in WA, must respond to children as well as their parent(s).

The National Plan's, First Action Plan (2023-27) commits Australian, state and territory governments to

> *"Develop and implement age appropriate programs across all four domains, informed by children and young people, that are culturally safe, to intervene early to address violence supportive behaviours and support recovery and healing from trauma."*

This is desperately needed if we are to thoughtfully and effectively respond to the physical and psychological needs of children.

It is generally accepted that early intervention is far preferable to a delayed response. However, for the reasons already mentioned regarding societal attitudes and service system limitations, responses to the needs of children and young people are often delayed until children exhibit behaviour or illness that can no longer be ignored.

Every child that is the victim of DFV needs to have access to therapeutic services as early as possible. Such services need to be delivered, whenever practicable, in association with parents, given that both are inevitably in need of emotional recovery and healing.

Structuring services in a manner that recognises the emotional symbiosis between parent and child is an important aspect of the delivery of effective programs. Understanding the importance of family relationships is especially relevant for First Nations' children whose familial connections are integral to their development and wellbeing.

There are very few services that specialise in dealing with children who have experienced DFV. There are government funded counselling programs, but these are few, very limited in their capacity and insufficient, given the large number of children requiring assistance.

There is a desperate need for the development of a high quality, best practice service system in this area. Greater effort is required to create the environment and the clinical expertise needed for an effective response to the needs of children. The availability of centres staffed by people especially trained to deal with the traumatic impact of DFV on children and young people would be a worthwhile and important addition to the current service mix.

There can be difficulties in the delivery of services to children. Some parents refuse to have their children assessed and supported. There are children that don't feel comfortable in therapeutic settings. These and other impediments can frustrate the delivery of services. However, they are

not insurmountable once it is accepted that such interventions are essential to a child's recovery and healing. They are also critical to the avoidance of intergenerational DFV.

It is encouraging that steps have been taken to begin the journey of prevention. School based programs to educate students regarding respectful relationships is an important preventive measure. There are signs that 16- to18-year-olds have a good understanding of the physical forms of DFV. However, there is evidence that they lack understanding of the other forms of domestic violence.

Prevention work needs to happen within a broader societal frame that elicits a wholistic response. Teachers, health and allied professionals, sports coaches and others would benefit from a greater awareness of the impact of DFV on children and how this affects behaviour and emotional responses.

Too often children's behaviour is misunderstood and mishandled due to a lack of knowledge of its underlying causes. Given the large number of affected children, it is possible that much of the antisocial behaviour that is often commented on, whether in schools or other settings, has its genesis in the unresolved trauma created by DFV.

There is also room for public awareness raising campaigns that help the community better appreciate the impact of DFV, its prevalence and available supports. Discussions on uncomfortable topics such as child abuse and filicide need to be promoted and occur more broadly. This is important if we are to face the reality of the extent of the violence against our children and its potentially disastrous consequences.

The short-term, public focus on violence against children that happens when a new report is released either on the high levels of DFV or maltreatment and abuse is not enough. It will not change the trajectory that leads the nation to have one of the highest rates of youth mental health difficulties in the world. Nor will it help to develop the level of commitment that affects change.

However, none of the preventive and service initiatives mentioned above will be possible without a substantial investment from both federal and state governments. The level of expenditure in this area has so far been inadequate. Providing the required level of emergency accommodation for both adults and children, the specialised therapeutic services and perpetrator programs is expensive. Equally costly is the post-emergency accommodation and support needed for effective recovery and healing. Added to this is the substantial cost associated with prevention and public awareness raising initiatives.

To achieve the objectives stated in both the national and WA plans, which are seeking to end DFV within a generation, will require a substantial injection of government funds. Current and projected levels of expenditure such as the federal government's commitment for $1.3 billion over 6 years[xxiv], along with much smaller, State-based amounts, will go some way to better deal with DFV. However, to create the wrap-around, highly skilled, responsive and preventive system that will potentially end DFV will require a much greater commitment of funds than what has been the case so far.

A very rich country like Australia has the money to establish the infrastructure and services that are needed. Decisions on the expenditure of taxpayer funds is always a matter of priorities.

Whether or not DFV is ended within a generation will largely depend on the political will to provide the money and vision needed to do so.

Seeing children as victims of DFV in their own right is a major challenge to our community, our service systems and our governments. To see children as victims requires that they are firstly accepted as fellow citizens.

The needs of children and their experience of DFV must become a central aspect of our health and social welfare considerations. Helping children to deal with the awful impact of DFV can no longer be left in the background and seen as an optional extra. Responding to children in DFV can't be something that Australia focuses on when all other aspects of DFV have been dealt with or when it considers that there's enough money.

The disastrous impact that DFV has on individuals and families is well known. There is substantial evidence of the lifelong consequences it has for children and young people. Children don't have the resources or the power to articulate and demand a response to their needs. They rely on adults to prioritise them. Children rely on adults to understand the moral and legal obligations they have to ensuring children's wellbeing.

So far, children in DFV have not received enough attention. If Australia is to end domestic and family violence in the foreseeable future, then it will have to bring a response to children's needs to the forefront of its considerations.

Without such a change the resultant intergenerational trauma will inevitably ensure that the deaths and suffering created by DFV for Australian children and adults will continue to be experienced by current and future generations.

End.

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