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Foreword | *Children's 'witnessing' or exposure to domestic violence has been increasingly recognised as a form of child abuse, both in Australia and internationally. Although it is difficult to accurately assess the scope of the problem, research has demonstrated that a substantial amount of domestic violence is witnessed by children. As this paper outlines, witnessing domestic violence can involve a range of incidents, ranging from the child 'only' hearing the violence, to the child being forced to participate in the violence or being used as part of a violent incident.*

In this paper, current knowledge about the extent of children's exposure to domestic violence in Australia is described, along with the documented impacts that this exposure can have on children. This includes psychological and behavioural impacts, health and socioeconomic impacts, and its link to the intergenerational transmission of violence and re-victimisation. Current legislative and policy initiatives are then described and some community-based programs that have been introduced in Australia to address the problem of children's exposure to domestic violence are highlighted. The paper concludes that initiatives focused on early intervention and holistic approaches to preventing and responding to children's exposure to domestic violence should be considered as part of strategies developed to address this problem.

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Children's exposure to domestic violence in Australia

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Children who live in homes characterised by violence between parents, or directed at one parent by another, have been called the 'silent', 'forgotten', 'unintended', 'invisible' and/or 'secondary' victims of domestic violence (Edleson 1999; Kovacs & Tomison 2003; Tomison 2000). Recently, however, children's exposure to domestic violence, and the effects that this exposure can have, has been increasingly recognised (Humphreys 2008).

The concept of 'witnessing' domestic violence has, until recently, been only narrowly defined and there has increasingly been controversy about the use of this term. Although the stereotypical view of a child witnessing domestic violence is

a child watching a fight between the mother and a male adult where there is both verbal and physical abuse, and the child is emotionally traumatized by the event (Kaufman Kantor & Little 2003: 346)

The research literature (such as Edleson 1999; Humphreys 2007) demonstrates that witnessing can involve a much broader range of incidents, including the child:

- hearing the violence;
- being used as a physical weapon;
- being forced to watch or participate in assaults;
- being forced to spy on a parent;
- being informed that they are to blame for the violence because of their behaviour;
- being used as a hostage;
- defending a parent against the violence; and/or
- intervening to stop the violence.

The research literature (eg Bedi & Goddard 2007; Edleson 1999; Gewirtz & Medhanie 2008; Kaufman Kantor & Little 2003; Tomison 2000) shows that in the aftermath of a violent incident, children's exposure to domestic violence can involve:

- having to telephone for emergency assistance;
- seeing a parent's injuries after the violence and having to assist in 'patching up' a parent;
- having their own injuries and/or trauma to cope with;
- dealing with a parent who alternates between violence and a caring role;
- seeing the parents being arrested; and

- having to leave home with a parent and/or dislocation from family, friends and school.

As Humphreys (2007: 12) argues, 'describing this range of violent experiences as "witnessing" fails to capture the extent to which children may become embroiled in domestic violence'. In recent years, a range of terms, including 'being exposed to violence', 'living with violence' and 'being affected by violence' have emerged to describe the experiences of children from violent homes (Powell & Murray 2008).

The extent of children's exposure to domestic violence

There are a number of difficulties associated with assessing the extent of children's exposure to domestic violence, including:

- this type of data is rarely collected by police (Gewirtz & Medhanie 2008). This may partly be because children are not usually considered 'ideal' witnesses in court proceedings, for a variety of reasons (see Richards 2009) and because the focus has traditionally been on the primary victim of violence. Despite this, there are some signs that this is changing, in part because of an increased recognition of the impacts of children's exposure to domestic violence and the increased use of mandatory reporting and interventions with families where adults and/or children are exposed to domestic violence;
- domestic violence incidents themselves being under-reported, resulting in a dearth of data on children's involvement in such incidents (Gewirtz & Medhanie 2008);
- parents underestimating the extent of children's exposure to domestic violence (Edleson 1999; see also Brown & Endekov 2005);
- researchers focusing only on those cases known to professional services and therefore providing skewed assessments (Tomison 2000);
- researchers relying only on parental reports of violence (Edleson 1999); and
- under-reporting due to fear of family separation (Clements, Oxtoby & Ogle 2008; Meyer 2010). This may be particularly the case in relation to

Indigenous families, given the history of government removal of children (Humphreys 2008, 2007).

Despite these difficulties, a number of estimates about the extent of children's exposure to domestic violence have been made in recent years. Pinheiro's (2006) report for UNICEF estimated that between 133 million and 275 million children around the world witness frequent domestic violence each year.

In Australia, the Australian Bureau of Statistics' (2005) *Personal Safety Survey* found that of all women who had experienced partner violence since the age of 15 years and had children in their care during the relationship, 59 percent reported that the violence had been witnessed by children, 37 percent that the violence had not been witnessed by children and four percent that they did not know whether the violence had been witnessed by children in their care (n=11,800). The Australian component of the *International Violence Against Women Survey* found that of women who had experienced partner violence and had children living with them at the time, 36 percent reported that their children had witnessed a domestic violence incident (n=1,730; Mouzos & Makkai 2004). Taylor's (2006) analysis of data from the ACT's Family Violence Intervention Program database revealed that for the year 2003–04, children were recorded as being present at 44 percent of domestic violence incidents (n=2,793).

A Secretariat of National Aboriginal and Islander Child Care study (cited in Flood & Fergus 2008) found that Indigenous children were significantly more likely to have witnessed physical violence against their mother or stepmother than the 'average' child respondent (ie compared with all child respondents). Forty-two percent of Indigenous young people reported witnessing violence against their mother or stepmother, compared with 23 percent of all children.

Although estimates vary considerably, research has consistently shown that violent households are significantly more likely to have children than non-violent households

(Bedi & Goddard 2007; Fantuzzo et al. 2007; Zerk, Mertin & Proeve 2009) and that violent households have a significantly higher proportion of children aged five years and under (Tomison 2000). Indeed, children are often a factor in women's decisions to stay in violent relationships (Victorian Department of Justice 2009). Children can be exposed to violence from birth, or even in utero (Bunston 2008), as pregnancy is a time of increased risk of violence for women, with 17 percent of women who experience domestic violence doing so for the first time while pregnant (Morgan & Chadwick 2009).

Child abuse and exposure to domestic violence

Distinguishing children who suffer abuse in the home from those who are 'only' exposed to domestic violence presents a considerable methodological and conceptual challenge, as these two phenomena are rarely discrete (Edleson 1999; Flood & Fergus 2008; Herrenkohl et al. 2008; Jouriles et al. 2008). The rate of co-occurrence of Australian children experiencing *physical* abuse and being exposed to domestic violence, and experiencing *sexual* abuse and being exposed to domestic violence have been estimated at 55 percent and 40 percent respectively (Bedi & Goddard 2007). Although they argue that these figures are likely to be an under-representation of the prevalence of the co-occurrence of exposure to domestic violence and other types of child abuse, Bedi and Goddard (2007: 67) claim that 'families in which child abuse and I[n]timate P[artner] V[iolence] co-occur clearly represent a significant proportion of those in which either is present'. This highlights that children's exposure to domestic violence may frequently be one feature of families in which other types of violence are also present and underscores the importance of considering children's exposure to domestic violence in a holistic way.

The likelihood of the co-occurrence of child abuse and domestic violence varies according to a range of factors (Tomison 2000), including the severity and frequency of domestic violence (Kaufman Kantor & Little 2003). One American study by Ross

(cited in Kaufman Kantor & Little 2003) found that in families where there had been almost weekly episodes of domestic violence, the probability of child abuse by the male perpetrator was a virtual certainty (see also Humphreys 2007).

Few data exist on the proportion of child abuse notifications and/or substantiations that relate to exposure to domestic violence, compared with other forms of child abuse and neglect. In some jurisdictions, exposure to domestic violence may be considered an element of emotional or physical abuse, depending on the nature of the exposure. In these cases, exposure to domestic violence may be captured as data on other types of child abuse.

Faulkner's (2008) study of referrals to one of Queensland's Suspected Child Abuse and Neglect teams found that between 1980 and 2005, seven percent of referrals related to exposure to domestic violence. Importantly, however, by comparison with physical abuse, sexual abuse, emotional abuse and neglect, referrals relating to children's exposure to domestic violence had increased during the period at a substantially higher rate. Referrals relating to domestic violence increased 867 percent, compared with 247 percent for emotional abuse, 128 percent for neglect, 77 percent for physical abuse and eight percent for sexual abuse (Faulkner 2008). The dramatic increase in referrals relating to domestic violence exposure is likely to be the result of a variety of factors, including growing community awareness of domestic violence and its impacts on children.

Impacts of childhood exposure to domestic violence

Research on children exposed to domestic violence indicates that there are a range of impacts that such children are likely to experience.

Psychological and behavioural impacts

Most research has focused on the psychological and/or behavioural impacts experienced by children exposed to domestic violence. The research literature

(Bedi & Goddard 2007; Clements, Oxtoby & Ogle 2008; Edleson 1999; Ernst et al. 2008; Fantuzzo & Fusco 2007; Humphreys 2007; Spilsbury et al. 2008) documents the following psychological and/or behavioural impacts:

- depression;
- anxiety;
- trauma symptoms;
- increased aggression;
- antisocial behaviour;
- lower social competence;
- temperament problems;
- low self-esteem;
- the presence of pervasive fear;
- mood problems;
- loneliness;
- school difficulties;
- peer conflict;
- impaired cognitive functioning; and/or
- increased likelihood of substance abuse.

Herrenkohl et al. (2008) also list eating disorders, teenage pregnancy, leaving school early, suicide attempts, delinquency and violence as potential consequences of child abuse and/or childhood exposure to domestic violence.

Health and socioeconomic impacts

Research has also indicated that there are significant health and socioeconomic problems resulting from childhood exposure to domestic violence.

The physical impacts of exposure to domestic violence on children have rarely been documented, due to the difficulty of differentiating children exposed to domestic violence from victims of other forms of child abuse. This is particularly problematic given that children often intervene in episodes of domestic violence (Bedi & Goddard 2007). A study by Saltzman et al. (cited in Clements, Oxtoby & Ogle 2008) found, however, that children from violent homes had significantly higher heart rates than other children, even after direct child abuse was controlled for.

Pinheiro's (2006) study found that living in a violent home could be a significant contributing factor to a range of serious

health conditions, including alcohol and drug abuse and depression, and even early death.

Research has shown that women and children escaping domestic violence are the prevailing face of homelessness in Australia. During 2003–04, children of women escaping domestic violence comprised two-thirds of child clients of Supported Accommodation Assistance Program services (Macdonald 2007).

As Flood and Fergus (2008) demonstrate, domestic violence, and its impact on children, also have a significant and long-term economic cost to the Australian community as a result of reduced productivity, welfare receipt, medical costs, unemployment and a range of other factors (see also Aldemir 2009).

Inter-generational transmission of violence

Much research has focused on whether and to what extent children who are exposed to domestic violence become perpetrators or victims of family violence as adults (see Flood & Fergus 2008). Given the apparent pervasiveness of the problem of childhood exposure to domestic violence, this is an important area for social, legal and public policy concern.

Although results have been mixed, studies have indicated that children from violent homes may be likely to exhibit attitudes and behaviours that reflect their childhood experiences of witnessing domestic violence. Research has suggested, for example, that children's exposure to domestic violence may result in attitudes that justify their own use of violence and that boys who witness domestic violence are more likely to approve of violence (Edleson 1999). There is thus 'some support for the hypothesis that children from violent families of origin carry violent and violence-tolerant roles to their adult intimate relationships' (Edleson 1999: 861; see also Kovacs & Tomison 2003).

It is important to stress, however, that research findings in this field have been mixed and that 'most children growing up with violence will become adults who are

neither perpetrators nor victims of violence' (Elizabeth 2005: 2; see also Tomison 2000). Moreover, it is possible that children from violent homes display diverse attitudinal and behavioural responses to violence against women. A study by VicHealth (cited in Flood & Fergus 2008) found that adults who had been exposed to violence as children could be classified into two 'attitudinal categories' — those who were significantly *more* tolerant than average of relationship violence and those who were significantly *less* tolerant than average of relationship violence.

Children’s resilience against violence

It is also important to recognise that a growing body of research indicates that many children from violent homes do not exhibit any signs of traumatisation—‘in any sample of children who are affected by domestic violence, there are generally about 50% who do as well as the control group’ (Humphreys 2007: 10). A meta-analysis of 118 studies of childhood exposure to domestic violence by Kitzmann et al. (cited in Humphreys 2007) found that over one-third of children exposed to domestic violence demonstrated wellbeing comparable with, or better than, children from non-violent homes. As Humphreys (2007:10) stresses, children from violent homes are a heterogeneous group, who live in ‘different contexts of both severity and protection’. It is important to note, however, that children who do not display overt signs of traumatisation may still be traumatised by exposure to domestic violence.

Bedi and Goddard (2007) and Clements, Oxtoby and Ogle (2008) argue that a range of ‘mediating factors’ such as children’s age, gender, coping ability and social support, influence the extent of the trauma suffered by children exposed to domestic violence. Research has also indicated that children’s ability to cope with the adversity of living in a violent home is linked to their mothers’ ability to maintain mothering functions, to model assertive and non-violent responses to abuse and to maintain positive mental health (Humphreys 2007). High levels of extended familial and social support have also been demonstrated to positively impact children’s coping capacity (Humphreys 2007).

Initiatives to address childhood exposure to domestic violence

The traumatisation of children exposed to domestic violence presents an important challenge to legislators, policymakers and community welfare providers. Children exposed to domestic violence have, over the last decade in particular, become the target of a range of interventions aimed at minimising the impacts of exposure to domestic violence. This section outlines some examples of the initiatives that have been introduced to address this problem.

Each of Australia’s jurisdictions has legislative provisions designed to address children’s exposure to domestic violence (see Table 1). These provisions are not outlined in detail here; see Powell and Murray (2008) for a detailed discussion of the legislative and policy context in Australia and New Zealand.

| Table 1 Legislation including provisions for children exposed to domestic violence | |
|--|---|
| NSW | <i>Crimes (Domestic and Personal Violence) Act 2007</i> |
| ACT | <i>Children and Young People Act 2008</i> |
| Vic | <i>Family Violence Protection Act 2008</i> |
| Qld | <i>Domestic and Family Violence Protection Act 1989</i> |
| WA | <i>Restraining Orders Act 1997</i> |
| SA | <i>Intervention Orders (Prevention of Abuse) Act 2009</i> |
| Tas | <i>Children, Young Persons and their Families Act 1997</i> <i>Family Violence Act 2004</i> |
| NT | <i>Care and Protection of Children Act 2007</i> <i>Domestic and Family Violence Act 2007</i> |

Mandatory reporting

In recent years, mandatory reporting requirements have been introduced in many Western jurisdictions in relation to suspected child abuse and in some cases domestic violence; this has been a key feature of legislation and policy in this domain. Both child protection and domestic violence mandatory reporting requirements vary considerably among Australia’s states and territories (eg see AIHW 2009). Under mandatory child protection reporting requirements, a range of professionals, such as health professionals, teachers and welfare workers are required to report to the police or child protection authorities any child they suspect is being abused. Most

Australian jurisdictions do not have mandatory reporting requirements for domestic violence. Under the Northern Territory’s *Domestic and Family Violence Act*, however, any adult must report domestic violence to the police if they reasonably believe that a person has or is likely to suffer serious physical harm. On receiving a report of domestic violence, a police officer must take reasonable steps to ensure that the report is investigated. Similar reporting requirements exist in international jurisdictions (eg see Bledsoe et al. 2004).

Mandatory reporting requirements in relation to childhood exposure to domestic violence have been criticised on a number of grounds. First, as domestic violence and child abuse are addressed by legislation and/or policy relating to various domains (such as health, criminal justice and education), mandatory reporting requirements may relate only to particular groups of professionals, while others are not mandated to report. Police and other professionals may not be mandated to report the presence of children at domestic violence incidents and exposure to domestic violence may not be included in definitions of child abuse. As a result, children from violent homes may not be brought to the attention of police or child protection authorities, even in jurisdictions in which mandatory reporting requirements exist in relation to both child abuse and domestic violence.

Second, a lack of awareness among professionals about the potential impacts of childhood exposure to domestic violence may prevent reports being made. A study of Queensland nurses, who are required by law to report suspected cases of child abuse and neglect, found that in a hypothetical scenario in which a mother had been badly beaten by her husband and a three year old child was residing in the home, 78 percent thought they were required by legislation to report the case and 89 percent of respondents claimed that they would report the case (Mathews et al. 2008). Ninety-two percent of nurses agreed, however, that the facts of the scenario indicated that child abuse was likely to occur in the future. A small proportion of nurses who recognised

the likelihood of future child abuse therefore would not have reported this case to an authority. While Mathews et al. (2008: 303) concede that the scenario contained no direct evidence of the man's propensity to be violent towards the child, they argue that

nurses need to be trained so they develop an awareness that intrafamilial violence correlates strongly with child abuse, and...the possibility of significant harm being caused simply by exposure to domestic violence.

A lack of awareness among professionals about the potential impacts of children's exposure to domestic violence, combined with the sometimes haphazard nature of mandatory reporting requirements, may therefore result in large numbers of children from violent homes being excluded from child protection interventions.

Although the under-reporting of children's exposure to domestic violence may be a valid concern, increased awareness of and willingness to report child abuse, as well as expanding definitions of child abuse and mandatory reporting requirements are likely to contribute towards the flooding of resource-limited child protection departments and consequently make it difficult for child protection workers to identify the most serious cases of child abuse (Humphreys 2008, 2007; Powell & Murray 2008).

Mandatory reporting requirements in relation to childhood exposure to domestic violence have also been criticised for their capacity to blame adult female victims of domestic violence for 'allowing' their children to witness violence in the home (Humphreys 2008). In the United States, a number of jurisdictions have, in recent years, passed legislation that defines domestic violence in the presence of a child as a form of child abuse (see Kaufman Kantor & Little 2003 for a discussion of these laws) and a number of child protection departments have redefined exposure to domestic violence as a type of child maltreatment (Edleson 1999). Such legislation and policy has been criticised for placing an unfair burden on female victims of violence and casting battered women as perpetrators of child abuse (Edleson 1999; Flood & Fergus 2008; Kaufman Kantor & Little 2003).

Policy and legislative approaches that mandate the reporting of children's exposure to domestic violence may also discourage women from reporting their own victimisation for fear of losing their children (Edleson 1999; Flood & Fergus 2008). This is particularly concerning for Indigenous women, given past government practices of removing children from Indigenous families (Adams & Hunter 2007; Humphreys 2008, 2007) and given the current over-representation of Indigenous children in out-of-home care (Humphreys 2010, 2008; for a detailed discussion of the reasons for under-reporting of violence in Indigenous communities see Willis 2011). Recent research has shown, conversely, that having children who are exposed to violence in the home is a significant predictor of women's decisions to seek formal support following intimate partner violence (Meyer 2010).

Other approaches

In 2009, the Australian Government released the *National Framework for Protecting Australia's Children* (COAG 2009) and the *National Council's Plan for Australia to Reduce Violence against Women and their Children* (NCRVWC 2009). These strategies both recognise the potential impacts of children's exposure to domestic violence. Recommendation Nine of the *National Council's Plan for Australia to Reduce Violence against Women and their Children* is that

the Australian Government work with State and Territory governments to ensure the National Framework for Protecting Australia's Children meets the needs of children who witness and/or experience domestic and family violence (NCRVWC 2009: 27).

Victoria's Family Violence Court Division, which commenced sitting at the Magistrates Court at Heidelberg and Ballarat in 2005, aims to promote the safety of persons, including children, who have been exposed to domestic violence (Victorian Department of Justice 2009). The Division deals with a range of matters relevant to domestic violence, including intervention orders, child support and compensation, and provides support in relation to these matters to

applicants, defendants and children. The Division also provides referrals to address longer term needs, such as children's support programs (Victorian Department of Justice 2009).

A small number of programs and strategies that focus specifically on children's exposure to domestic violence have been implemented in recent years. The Royal Children's Hospital Mental Health Service's Addressing Family Violence Program in Melbourne has developed a number of programs for children from violent homes (Bunston & Heynatz 2006), which are considered pioneering programs in Australia (Bunston 2008). The objectives of the Addressing Family Violence program are to:

- provide a safe space to acknowledge children's experiences of living with violence;
- build a safe connection between infants/ children and their mothers/carers;
- educate parents about the impacts of family violence on children;
- enable constructive expression of feelings; and
- challenge power, control and gender issues inherent in violent relationships (Bunston 2006a).

The Service operates three separate programs for children exposed to domestic violence:

- PARKAS (Parents Accepting Responsibility — Kids Are Safe);
- JFK (Just For Kids), and;
- Peek a Boo Club (Bunston 2006a, 2006b; Pavlidis 2006).

The PARKAS program is aimed at children aged eight to 12 years affected by family violence and their parents (Bunston 2006b). Although separate groups are run for children and mothers, common themes are explored, including safety, dealing with loss and caring for self and others (Bunston 2006b).

JFK also focuses on children aged eight to 12 years affected by domestic violence. As its name suggests, the program does not involve the children's parents. The program uses a combination of discussion, games, creative arts, storytelling, drama, dance and

movement to explore 'issues such as power and control, respectful expression of feelings, understanding the culture of violence and creating safety' (Pavlidis 2006: 41).

The Peek a Boo Club is a group work program for mothers and infants who have experienced domestic violence, which aims to 'positively realign the infant/mother relationship and subsequently, the developmental pathways of infants' (Bunston 2006a: 14). This program acknowledges the psychological vulnerability of infants exposed to violent environments (Bunston 2006a). These programs have been evaluated and have been found to foster positive relationships between children exposed to domestic violence and their mothers (Bunston 2008).

Conclusion

Although there are a range of policy initiatives and programs that seek to address domestic violence and/or child abuse, few seek to specifically address children's exposure to domestic violence. As the above description of programs suggests, programs remain scarce (Powell & Murray 2008) and often service only limited geographical areas.

Research indicates that there are a number of strategies that could inform effective responses to this problem, including:

- increased awareness of children's exposure to domestic violence as a form of child abuse;
- early intervention, which has been identified as crucial to disrupting the intergenerational transmission of domestic violence (Bunston 2008; Humphreys 2008);
- holistic and multidisciplinary approaches that involve police, domestic violence workers, child protection workers and other relevant professionals, at both the policy and service provision levels (Tomison 2000). Although these approaches may not necessarily be domestic violence specific, they may nonetheless have positive outcomes for children exposed to domestic violence (Humphreys 2007). Further, as outlined

above, children's exposure to domestic violence often co-occurs alongside other types of violence within families, making holistic approaches to addressing violence within families vital; and

- community education strategies. Although these are scarce, and must be carefully managed (Aldemir 2009), community education campaigns can promote positive social and attitudinal change (Homel & Carroll 2009; see Elizabeth 2005 for an example of a community education campaign about children's exposure to domestic violence in New Zealand). Changing community attitudes towards violence has been identified as an important area for further development (Tomison 2000). This is particularly important in light of recent research that shows that young people in particular hold views that are supportive of violence against women (VicHealth 2009).

Finally, programs that address the needs of children from violent homes are under-researched. For example, few programs identified by Kovacs and Tomison's (2003) review of Australia's Child Abuse Prevention Programs database had been the subject of a detailed evaluation. Investing in research that evaluates the effectiveness of strategies designed to address children's exposure to domestic violence could lead to more effective evidence-based practice in this area.

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