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The Impact of Domestic Violence on Children: A Literature Review

Never Stand Still



Australian Domestic & Family Violence Clearinghouse



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The impact of Domestic Violence on Children:

A literature Review

Megan Sety

Key Points

- More than one million Australian children are affected by domestic violence.
- Children experience serious emotional, psychological, social, behavioural and developmental consequences as a result of experiencing violence. Infants and young children are especially at risk.
- Perpetrators often attack the mother-child relationship and use children in committing violence, such as threats to harm the children.
- Children continue to be at risk from the effects of violence during and after parents' separation.
- Children experience significant risks in shared parenting arrangements when the arrangement involves substantial shared time with the violent parent.
- The evidence shows that false allegations of domestic violence and child abuse are rare. There is, however, evidence to suggest that perpetrators often deny or minimise their use of violence. All disclosures of violence should be taken seriously and investigated.
- Children and mothers can cope with and recover from the effects of violence. Services and programs should build on their resiliency and coping strategies.
- Organisations should increase collaboration across sectors, use standardised screening and risk assessment tools, train staff in domestic violence issues, and refer to or offer specialised services.
- Workers should support children in disclosing their experiences and ensure children's voices are considered in parenting decisions.
- Specialised counselling and programs should be offered to children and mothers, with a particular emphasis on rebuilding the mother-child relationship.

Impacts of domestic and family violence on children

More than one million Australian children are affected by domestic violence, according to the *Personal Safety Survey* (Australian Bureau of Statistics 2006). More than two decades of international research definitively shows that infants, children and adolescents experience serious negative psychological, emotional, social, and developmental impacts to their well-being from the traumatic ongoing experiences of domestic violence. A number of recent Australia studies examining the family law system have brought attention to the experiences of children affected by violence and an urgent call to improving policies and practices to protect and support children and victimised caregivers. Research has shown that children and victimised caregivers can cope and recover, particularly when specialised services are offered. Specialised programs and counselling models are rapidly being developed and implemented, often with a growing focus of attending to the mother-child relationship.

This review examines the literature in general and the recent Australia studies of family law legislation to explore the impacts on children who are affected by domestic violence, and provides recommendations for generalist social service practitioners working with these families.

Defining domestic violence

There are many definitions of domestic violence based on national and state legislation and policies. For this review, domestic violence (also referred to as intimate partner violence) is defined as:

...an abuse of power perpetrated mainly (but not only) by men against women both in relationships and after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation...For many indigenous people the term family violence is preferred as it encompasses all forms of violence in intimate, family and other relationships of mutual obligation and support (Australian Law Reform Commission and New South Wales Law Reform Commission 2010, p. 188)

While it is essential to acknowledge that women do perpetrate violence against men, there are significant differences in the nature and context of this violence when compared to male violence against women. Mothers have been found to experience higher rates of violence by the child's other parent (Bagshaw *et al.* 2010; Kaspiew *et al.* 2009b), and women report experiencing more severe abuse and threats in the context of intimidation and fear, including threats of harm to the children or life threatening acts (Bagshaw *et al.* 2011). Men do not report the same level of violence or feelings of fear or powerlessness (Bagshaw *et al.* 2010).

As domestic violence is most often perpetrated by men against their female partners (Australian Bureau of Statistics 2006; Mouzos & Makkai 2004), and women are more likely to experience more severe ongoing partner violence (Bagshaw *et al.* 2010; Bagshaw *et al.* 2011), this review examines domestic violence and the impact on children focussing on male violence perpetrated against mothers.

Learning from the literature: children affected by domestic violence

Defining the experience of children affected by domestic violence

Across the literature, various terms are used to identify children's experiences of domestic violence including: *witnessing violence*; *exposed to violence*; *experiencing direct abuse*, *hearing or seeing violence*; and *living with domestic violence*. Use of these terms suggests a definition can be easily identified by the physical presence of the child during the violence or as a direct target of violence. Hester (2010) argues that the use of the term *exposed* only tells half the story, implying that the child is simply present as domestic violence occurs and this places an expectation, often on mothers as the most common victim of domestic violence, to remove the child from the situation. Humphreys *et al.* (2008) and Edleson (1999) in their literature reviews discuss many more ways in which children might experience domestic violence beyond witnessing, including being accidentally hurt, attempting to intervene, violence in utero and as the victim of threats or child abduction.

It is difficult in the research and theoretical understanding to distinguish between the impacts of *witnessing* versus directly experiencing abuse because the patterns of violence towards children and their mothers are complex and intertwined (Edleson 1999; Humphreys, Houghton & Ellis 2008; Laing 2010). Respondents in Bagshaw *et al.*'s (2010) study reported that domestic violence and child abuse were indistinguishable. This may be a moot point, as Kitzmann *et al.* (2003) noted in their review of 118 studies, that children who *witness* violence experience the same level of negative psychosocial outcomes as children who directly experience physical abuse.

Humphreys (2007) states that the term *affected by* encompasses all forms or pathways in which children may be impacted by violence. This term also allows for the reality that all children will be affected by the presence of domestic violence in their family, regardless of the nature of the violence.

The experiences of children affected by violence are much more extensive and ongoing than simply witnessing or directly experiencing violence, and specifically include the perpetrator's use of a child in perpetrating violence towards a mother, by using threats or actual violence towards the child as a way to exert further control (Edleson 1999; Hester 2010; Humphreys, Houghton & Ellis 2008; Lapierre 2010). As part of their violent strategies, men may often target and undermine their partner's or ex-partner's mothering and mother-child relationships (Hester 2010; Humphreys, Houghton & Ellis 2008; Humphreys *et al.* 2006; Lapierre 2010). For mothers, this increases a sense of responsibility and creates feelings of helplessness around protecting their children (Lapierre 2010). This is consistent with the findings of Bagshaw *et al.* (2011) who reported that many women experienced ongoing threats of violence post-separation and an inability to provide protection for their children when alone with the violent parent.

How many children are affected by domestic violence in Australia?

Statistics about the number of Australian children affected by domestic violence are limited. However, available data shows a widespread and severe problem that has affected more than one million Australian children by 2005 (Australian Bureau of Statistics 2006). The Australian Bureau of Statistics *Personal Safety Survey, Australia* found that of people who had experienced violence by a former partner, 822,500 had children in their care during the relationship and 239,800 women reported violence by their former partner during their pregnancy (p. 11). Of people who reported experiences of violence by a current partner, 111,700 had children in their care during the relationship and 18,300 women reported violence by their current partner during their pregnancy (2006, p. 11).

More than half of women who report an experience of partner violence in their lifetime, will be caring for their children during the violent relationship (Australian Bureau of Statistics 2006). Aboriginal and Torres Strait Islander women are significantly more likely to experience family violence in their lifetime (Mouzos & Makkai 2004) and consequently Indigenous children are more likely to be affected by domestic violence.

Domestic violence has also been a reason for increasing child protection notifications, due to changes in mandatory reporting that acknowledge the significant negative impacts on children who are affected by domestic violence. Child protection notifications have almost doubled between 2001-2002 and 2005-2006 from 137,938 to 266,745 (Potito *et al.* 2009). Wundersitz (2010) has noted similar patterns among Aboriginal and Torres Strait Islander children and families.

When asked, children also identify their own experiences with domestic violence. In the *National Crime Prevention Survey*, almost one quarter of Australian youth reported witnessing physical domestic violence against their mother (Indermaur 2001). A more recent

study had similar findings, with one quarter of children reporting they had been frightened when they *witnessed* their father being violent towards their mother (Bagshaw 2007).

How are children affected by domestic violence?

Several extensive reviews of published research have found that children who are affected by domestic violence experience significant negative impacts to their physical, psychological, emotional, social, behavioural, developmental and cognitive well-being and functioning (Carpenter & Stacks 2009; Edleson 1999; Humphreys, Houghton & Ellis 2008; Humphreys & Mullender 1999; Kitzmann *et al.* 2003; Laing 2000; McIntosh 2003; Wolfe *et al.* 2003).

Wolfe *et al.*'s (2003) meta-analysis found that 40 of 41 studies demonstrated a significant negative effect on children's behavioural and emotional outcomes when affected by violence. Kitzman *et al.* (2003) provided a more in-depth analysis by examining which outcomes were more severely affected. However, the findings indicated that children experienced negative impacts to the same degree for internalised behaviours, externalised behaviours, social problems and academic problems (Kitzmann *et al.* 2003). This might be explained by the fact that children are likely to experience multiple and interrelated negative impacts, limiting the ability of researchers to isolate and study individual negative outcomes.

In Edleson's (1999) review of 31 studies, the majority of studies identified behavioural and emotional problems. These studies indicated children were more likely to experience externalised behaviour problems, including aggression, antisocial behaviour, and social incompetence (Edleson 1999). Internalised problems accounted for emotional and psychological impacts including anxiety, depression, trauma symptoms, and problems with temperament (Edleson 1999). Reviews have noted some findings of academic or cognitive impacts but with conflicting evidence (Edleson 1999; Humphreys & Mullender 1999; Laing 2000).

Laing's (2000) review also noted that while many children will present with symptoms that do not always meet a post-traumatic stress disorder (PTSD) diagnosis, many will experience unwanted remembering of traumatic events, traumatic avoidance and traumatic arousal symptoms. Infants may experience symptoms of PTSD or trauma through eating problems, sleep disturbances, heightened irritability and crying, and loss of developmental skills (Carpenter & Stacks 2009). In a study by Zerk *et al.* (2009) of 60 children between the ages of one and six years old, the majority of children showed clinical levels of internalising and externalising behaviour problems, depression, anxiety, high levels of general distress and PTSD symptoms. PTSD symptoms included hyperactivity, new fears and aggressions, sleep disturbances, poor concentration, and significant anxiety when separated from their caregiver (Zerk, Mertin & Proeve 2009).

In their own words, children most often report feelings of sadness, confusion, fear and anger (Bagshaw 2007). In their review of studies of children's perspectives, Humphreys *et al.* (2008) noted that children often discuss the emotional, physical, and sometimes sexual abuse experienced by themselves and their families, as well as significant feelings of fear of their violent fathers. Research continues to indicate that children affected by violence are more likely to experience higher rates of depression and anxiety, trauma symptoms and behavioural and cognitive problems (Humphreys, Houghton & Ellis 2008; McIntosh 2003; Zerk, Mertin & Proeve 2009).

Domestic violence and child abuse, sexual assault, maltreatment and other forms of victimisation significantly co-occur, putting children affected by domestic violence at greater risk of experiencing direct physical abuse and sexual assault (Edleson 1999; Hamby *et al.* 2010; Humphreys, Houghton & Ellis 2008; Potito *et al.* 2009). In a study looking at lifetime

experiences of *witnessing* partner violence among more than 4500 US children, more than half of children had also been maltreated (physical abuse, psychological abuse, custodial interference¹ and sexual assault) (Hamby *et al.* 2010). For these children, the level of maltreatment was more severe than for children who had not *witnessed* partner violence. Of youth who were sexually assaulted by a known adult, more than 70% had *witnessed* partner violence (2010, p. 737). From the Australian *National Crime Prevention Study*, of the one in ten young people who experienced physical violence from their male carer, 55% reported domestic violence in their home, more than double the average rate of 23% among young people who did not report experiencing physical abuse (Flood & Fergus 2008, p. 11).

Research and theories vary regarding the intergenerational transmission of violence. Flood and Pease (2006) in their review of the literature, conclude that witnessing or being the victim of violence as a child has a direct impact on later perpetration of partner violence. In particular, boys affected by domestic violence are more likely to later perpetrate violence against their female partners. The *National Crime Prevention Study* also found the most significant predictor of youth perpetration of partner violence was *witnessing* parental domestic violence (Indermaur 2001). However, Laing (2000) suggests that the evidence is not this clear, citing studies that have shown the majority of children who are affected by domestic violence do not go on to perpetrate partner violence. Wundersitz (2010) indicates the statistical patterns relating childhood exposure to violence and perpetration/victimisation are similar for Aboriginal and Torres Strait Islander populations in Australia but suggests hypotheses to explain the relationship is more complex than simply intergenerational transmission.

How age, gender, and ethnicity are related to children's experiences of domestic violence

Many factors influence the impact and trauma of violence, including age, gender, ethnicity and culture, severity of the violence, family support and mother's well-being. These factors may also affect how children perceive, respond and, therefore, cope with domestic violence ultimately impacting their well-being.

Few studies have examined how race, ethnicity and culture influence the negative impacts experienced by children affected by violence (Edleson 1999; Laing 2000), although there may be an increased concern for some children. At a fundamental level, violent tactics used by the perpetrator to isolate mothers and children from their home, family and communities can also be viewed as an 'attack on their cultural identity' (Humphreys, Houghton & Ellis 2008). More specifically, Cohen (2007) discusses how children from refugee and immigrant communities will experience heightened risks, particularly due to a lifetime of exposure to various forms of violence and being unknown to child welfare or other supporting agencies. This may be further exacerbated by the significant barriers experienced by immigrant and refugee families in accessing services. Wundersitz (2010) examined extensive Australian research and data, finding disproportionately high levels of domestic violence and child abuse and neglect among Indigenous children, indicating that Indigenous children may be at greater risk of being affected by domestic violence. In surveying Australian youth directly, the *National Crime Prevention Study* found that Indigenous youth are significantly more likely to be affected by domestic violence (Indermaur 2001).

Several studies have examined how gender and age affects the experiences, impacts and outcomes for children with varying results (Edleson 1999; Kitzmann *et al.* 2003; Laing 2000; Zerk, Mertin & Proeve 2009). Laing (2010) notes the conflicting results of different studies

¹ Custodial interference is defined as taking or keeping a child with the intent to deprive a parent of legal physical custody.

that examined gender, where some indicate females are more at risk and others indicate higher risks for males. These varying results may be in part due to the type of behaviours examined, as Edleson (1999) reported that some studies have indicated girls are more likely to demonstrate internalised behaviour problems, whereas boys are more likely to have externalised problems.

In their meta-analysis of 113 studies, Kitzmann *et al.* (2003) found that, while age did not significantly affect psychosocial outcomes, there was a relationship when looking at gender and age together. Preschool girls seemed to be at higher risk for negative impacts. However, the difference between genders was so small, that Kitzmann *et al.* (2003) suggest both preschool boys and girls are at higher risk. This finding is consistent with Zerk *et al.* (2009) who found no significant differences in negative outcomes between genders among preschool age children.

More specifically, there is growing evidence that infants and young children are at significant risk of negative impacts to their emotional, cognitive, and attachment development (Carpenter & Stacks 2009; Laing 2000; McIntosh 2003; Perry 2005). Laing (2000) states that psychosocial symptoms may disrupt the developmental process throughout every stage. McIntosh (2003) discusses how violence affects the neurobiological systems of children “beneath the surface of *behavioural* symptoms” (p. 226). She notes that chronic and traumatic stress undermines the attachment processes and experiences that influence how infants and young children interpret, respond to and cope with external stimuli (McIntosh 2003). When exposed to chaotic environments, unpredictable stress, persistent fear and persistent physical threat, infants and children may respond with a hyperarousal response that may display as or lead to *behavioural* problems, such as those previously described and may also account for how a child copes (Perry 2005). When outside the traumatic and stressful environment, these coping strategies are ‘ill suited to the modern classroom or playground’ (Perry 2005, p. 2). Carpenter and Stacks (2009) suggest that infants in particular experience trauma symptoms as a result of the negative effects of violence on caregiver attachment and emotional regulation.

Coping, recovery and resiliency

Perhaps, it is more important when considering the long-term effects of violence on children, to focus on coping and resiliency. Humphrey’s *et al.* (2008) points out that researchers and providers in the field must be careful to not ‘over-pathologise’ children who are affected by violence. Indeed, Kitzmann *et al.* (2003) note that while a large number of children who had *witnessed* physical interparental violence fared worse, a third of these children fared as well as or better than children who had not witnessed violence, implying that children can and do cope. In Martinez-Torteya *et al.*’s (2009) study, more than 50% of children aged two to four, showed positive adaptation and resiliency despite experiencing violence against their mothers. Edleson (1999) reported that several studies found that as more time passes since the experience of domestic violence, children demonstrate fewer problems. He goes on to reframe how we perceive children, suggesting that behaviour and psychosocial problems may in fact be viewed as coping strategies in a traumatic and complex environment (Edleson 1999).

Children and mothers can cope with and recover from the impacts of violence. However, it is often presumed for this process to begin that the parental relationship must end and, more specifically, that the mother must leave the violent father. Yet, research has shown that mothers and children continue to experience violence during and after the separation process, which significantly impacts their well-being and mother’s ability to parent (Lapierre 2010). Humphreys and Thiara (2011) in their study of 161 Australian women who had

experienced domestic violence and ended their relationships, found that 76% experienced post-separation violence and reported that child contact arrangements ‘...provided the most consistent vulnerability to post-separation violence and under-mined relocation as a safety strategy’ (p. 207). These findings are consistent with a collection of significant and recent studies conducted in Australia to examine the family law system (Bagshaw *et al.* 2010; Cashmore *et al.* 2010; Kaspiew *et al.* 2009a; Laing 2010; Lodge & Alexander 2010; McIntosh & Chisholm 2008; McIntosh *et al.* 2010; Qu & Weston 2010). They provide a picture of the severe risks to mothers and children affected by domestic violence and more importantly, opportunities for practitioner, organisational and systemic intervention in an Australian context. It is possible to support the coping of mothers and children during violence, as well as facilitate safety from violence and, therefore, the beginning of recovery.

Learning from the Australian experience: the Family Law evaluations

In 2006, the Australian Government introduced legislative changes to the *Family Law Act 1975* and to the family law system in general. These changes were intended to increase parental cooperation and responsibility in the separation process and increase the focus on the child’s best interests. The federal Attorney-General commissioned several studies to examine the impact and effectiveness of the changes, including a focus on families experiencing domestic or family violence (see inset box). These studies occurred along with a few independent studies. Collectively, these studies examined the trends and outcomes of shared care and raised concerns about the experiences of children in families where separating parents had high-conflict relationships and/or experienced domestic violence.

The legislative amendments outlined a ‘presumption of equal shared parental responsibility when making parenting orders’ and gave guidance to advisors regarding when to recommend equal time or substantial and significant time with each parent. However, most of the studies evaluating the amendments, which relied on the *Longitudinal Study of Australian Children* data set, used and defined the term *shared care* as 35% or more overnights with each parent based on the child support policy definition (McIntosh *et al.* 2010). There were some exceptions which defined shared care as ‘equal care time’ (Lodge & Alexander 2010) or ‘equal or near equal overnight time’ (McIntosh *et al.* 2010). For simplicity, the term *shared care* will be defined and used throughout this review as a parenting arrangement where the child spends an equal or substantial (35% or more) amount of time, typically overnight, with each parent.

Parenting arrangements and shared care of children post separation

In the general Australian population of separating parents, shared care parenting arrangements are stable and provide positive outcomes for children’s well-being in only a small subset of families (Cashmore *et al.* 2010; Kaspiew *et al.* 2009a; Kaspiew *et al.* 2009b; McIntosh *et al.* 2010). Families who have found shared care to be effective, lasting and positive, report cooperative parental relationships, an ability to share decision-making in parenting arrangements, little parental conflict, lower psychological hostility between parents and arrangements negotiated independently, outside the judicial system (Cashmore *et al.* 2010; McIntosh *et al.* 2010). When families exhibit these characteristics, children’s well-being can be positively affected (Cashmore *et al.* 2010).

It is not the shared care itself or the pattern of shared care or time arrangements that positively impacts on a child’s well-being but rather: the quality of the parent’s relationship;

arrangements not made by a court; mutual financial responsibilities; shared decision-making; and nurturing and supportive relationships between the child and each parent (Cashmore *et al.* 2010; McIntosh *et al.* 2010; Qu & Weston 2010). There has been an assumption in interpreting the law, that *equal shared parental responsibility* is equivalent to the child spending equal *time* with both parents (Chisholm 2009). However, Cashmore *et al.* (2010) specifically concludes that time spent with both parents does not necessarily equate to better outcomes for children. In their follow-up study of the initial family law evaluation, Qu and Weston (2010) found that family dynamics continued to be a more influential factor on children's well-being than care time.

When shared care does not work: violence and conflict in separating families

Several studies have identified clear factors that undermine the benefits of shared care, including parental conflict, litigated or mediated parenting arrangements, when there are concerns for a child's safety with one parent, and the presence of domestic violence (Bagshaw *et al.* 2010; Cashmore *et al.* 2010; McIntosh *et al.* 2010). Specifically, the benefits from shared care arrangements to children were no longer effective, when the level of parental conflict was considered (Cashmore *et al.* 2010). Mediated or litigated shared care arrangements among parents experiencing high conflict are less likely to result in positive outcomes for children and more likely to not last (McIntosh *et al.* 2010). Parenting arrangements are more likely to be litigated when a parent has safety concerns for their child in the care of the other parent, especially mothers with serious concerns (Cashmore *et al.* 2010). These same families are more likely to be experiencing domestic violence (Kaspiew *et al.* 2009a).

Shared care does not work for infants in any circumstances

Additionally, regardless of parental conflict, young children are less likely to benefit from shared care arrangements. McIntosh and Chisholm's (2008) initial research indicated that children under age ten may experience negative impacts to their emotional well-being by living in shared care arrangements. When McIntosh *et al.* (2010) further examined the developmental spectrum and patterns of children in shared care, they found that specifically infants and children under age four are unlikely to benefit from shared care arrangements, regardless of the level of parental cooperation.

How common is shared care in families with high parental conflict and domestic violence?

Between 2006 and 2008, 16% of children in Australia were in shared care among separating parents (Kaspiew *et al.* 2009a, p. 119). While shared care arrangements remain uncommon in Australia, there has been an increase in such arrangements since the 2006 reforms, particularly among judicially determined cases (Kaspiew *et al.* 2009a). This is particularly concerning, as Kaspiew *et al.*'s (2009a) findings report that a significant number of children in shared care have a family history of violence, a parent concerned about the child's safety, and are exposed to high conflict parental relationships. In fact, families experiencing family violence and safety concerns for their children were just as likely to have shared care arrangements as families with no violence or no concerns for safety, despite legislative exceptions for shared care in such families.

In Kaspiew *et al.*'s (2011) study, 26% of mothers and 18% of fathers said the other parent hurt them physically prior to separation and of those, most indicated the children had seen or heard some of the violence (p. 9). During the separation process, family court files indicated

that over half contained an allegation of family violence on the written file and nearly 20% had a highly conflicted or fearful relationship (Kaspiew *et al.* 2009b, p. 5). One in five parents reported safety concerns for their children related to ongoing contact with the other parent and 90% of these had experienced either physical or emotional violence (Kaspiew *et al.* 2009b, p. 5). A follow-up study indicated that the same level of safety concerns and relationship to parents experience of violence persisted after 12 months (Qu & Weston 2010).

In their studies of parents with significant conflict over the nature of their post separation parenting agreements, McIntosh and Chisholm (2008, p. 6) found that 27% of parents concluded mediation with shared care for their children. In their second study, 46% of children were in substantially shared care through the family court process. They conclude that '...a significant proportion of these children emerged from Family Court proceedings with substantially shared care arrangements that imposed a psychological strain for the child' (p. 6). Of these same families, 73% of parents reported 'almost never' co-operating with the other parent and 39% reported never being able to protect their children from their conflict (p. 6).

Children in shared care are also more likely than children in other parenting arrangements to report ongoing, persistent parental conflict in families who began mediation with significantly high levels of conflict (McIntosh *et al.* 2010). In Bagshaw *et al.*'s. (2010) study, 39% of children reported they did not feel safe with their father post separation (p. 3) and nearly 68% of children reported they felt frightened or scared when their parents fought post-separation (p. 158). These experiences of violence are more likely to be ongoing and sustained as it often takes longer for families with a history of family violence to sort parenting arrangements. Kaspiew *et al.* (2009b, p. 7) found that nearly 75% of parents separating after the reforms who had not finalised parenting arrangements, had experienced family violence.

How domestic violence and high parental conflict affects children in shared care

Cashmore *et al.* (2010) and Kaspiew *et al.* (2009a) found that when mothers had concerns for their child's safety in the care of the other parent or there were high levels of parental conflict, mothers were more likely to report negative outcomes for their children. This relationship worsened in shared care arrangements (Kaspiew *et al.* 2009a).

Children in separating families who are experiencing high conflict in the separation process are more likely to experience clinical anxiety compared to the general Australian population of children in families not divorcing (McIntosh & Chisholm 2008). In their report of two studies of parents experiencing significant conflict over their post separation parenting arrangements, McIntosh and Chisholm (2008) found that children were more likely to experience high emotional distress when there was substantially shared care, significant parental conflict, high psychological hostility between parents, and one parent had concerns about the child's safety with the other parent, among other factors. They conclude that substantially shared care arrangements may put some children's emotional development at risk.

Children in shared care arrangements resulting from mediation and where parents were experiencing significant conflict, were the least satisfied with the parenting arrangements and most likely to want changes (McIntosh *et al.* 2010). Children also reported finding it difficult when there was conflict between their parents, reporting significant issues when they felt one parent was using them against the other parent (Cashmore *et al.* 2010).

It is also worth reiterating that, regardless of the parental relationship, shared care arrangements have a significant and damaging impact for infants and children under age four, negatively affecting caregiver attachment and subsequently child development and well-being (McIntosh *et al.* 2010).

Why are children with separating parents who are experiencing high conflict and domestic violence in shared care arrangements?

In the context of practice-based recommendations, the previously discussed studies highlight that the increasing shift towards shared care among families with high conflict parental relationships and domestic violence can be in part attributed to: 1) a lack of awareness or understanding of domestic violence in the separation process; and 2) a presumption that *a meaningful relationship with both parents* is more beneficial to the child than *protection of the child from the abusive parent*. These factors may lead to inappropriately referring parents experiencing family violence to family dispute resolution (FDR) and mediation services (Kaspiew *et al.* 2011). The nature of fear and abuse in domestic violence significantly undermines effective mediation. The safety of women and children may be marginalised in the process, resulting in shared care parenting outcomes that continue to put mothers and children at risk.

Under the current application of the law, there is no standardised formal screening or identification process for family violence and legal and social sector staff often lack the training and skills to adequately identify and understand violence (Bagshaw *et al.* 2010; Laing 2010). This places the onus on victims to report violence despite well documented evidence that many victims often do not disclose violence (Australian Bureau of Statistics 1996; Australian Bureau of Statistics 2006; Mouzos & Makkai 2004). These systemic aspects are further exacerbated by unsubstantiated beliefs that women make false accusations of domestic violence in parenting disputes and that children benefit from shared care arrangements regardless of a history of domestic violence (Chisholm 2009; Kaspiew *et al.* 2009a; Laing 2010).

Laing (2010) presents one of the most comprehensive pictures of the service provider, organisational, and systemic factors that contribute to women and children's exposure to unsafe and damaging experiences through the family law system and parenting arrangements. She outlines four key aspects, including a complex and uncoordinated system, a shift in responsibility from child protection services to family law proceedings, a lack of understanding about domestic violence dynamics and consequences, and common beliefs that influence providers' responses and decisions.

These issues have been identified in the broader research of children affected by violence in studies and reviews of the often conflicting approaches and mandates between domestic violence, child protection and family law systems. This review does not provide a comprehensive examination of this area, but notes several key areas of conflict: blaming the mother for failing to protect the child by not removing them from the situation; demanding that women leave the relationship as the only way to protect the child; not acknowledging that violence continues throughout separation and post-separation; not holding perpetrators accountable; and establishing contact arrangements in direct conflict with child protection mandates and with the safety of the mother and child (Douglas & Walsh 2010; Hester 2010; Humphreys 2007; Humphreys 2010; Potito *et al.* 2009). Recent studies have also highlighted the key role of police in effectively and adequately informing child protection agencies of risks to children when attending to reports of domestic violence (NSW Ombudsman 2011; Stanley *et al.* 2010).

This research clearly demonstrates that shared care is not appropriate for families with family and domestic violence, consistent with the original intention of the legislation that allowed for exceptions from shared care when family violence is present. Yet, even though the legislation and research indicates that shared care is not an appropriate option for families with domestic and family violence, courts are frequently mandating these arrangements.

Understanding the practitioner, organisational and systemic factors that are contributing to the increasing numbers of children affected by violence, offers opportunities for intervention. These recent Australian independent and Attorney-General commissioned studies of the family law system provide an Australian context for the wider body of research that examines the best practices for working with children and mothers affected by violence.

What about parental alienation syndrome?

Parental Alienation Syndrome is defined as a paradigm ‘...that claims of serious child abuse are invented and that children’s statements and manifestations of fear are the outcome of parental coaching’ (McInnes 2003, p. 2). Parental alienation syndrome (PAS) is not scientifically proven, nor an accepted psychological diagnosis and is widely discredited (Hoult 2006; Humphrey 2005). In Humphrey’s (2005) submission to the Australian Attorney-General, he details these criticisms. PAS differs from the behaviour of parental alienation, which describes parents saying negative things about the other parent. This behaviour is non-gendered, common in separating marriages with or without the presence of violence and may often be used as a tactic by perpetrators of violence to commit further violence towards the victimised parent. In Hoult’s (2006) comprehensive review of every precedent bearing legal decision and law in the US in the last 20 years, the PAS theory originator’s writings, and all of the evidence cited as supporting PAS, the author concluded that the evidence neither supports the existence of PAS, nor its legal admissibility in the US court system.

Good practice in responding to the needs of children and family

In response to the increasing body of research over the last two decades that has identified the widespread prevalence and experiences of children affected by domestic violence, there has been a growing attention to programs and practices designed to meet the needs of these children and the non-violent parent, most often the mother. This research is often exploratory and theoretical in nature but has established a foundation for immediate action and further research.

Organisational responses: Building a foundation to identify and respond

1. Screening for domestic and family violence

One of the strongest practice-based recommendations from the evaluations of the Family Law reforms, was introducing tools and systems for screening families for domestic violence (Bagshaw *et al.* 2010; Kaspiew *et al.* 2009a). Kaspiew *et al.* (2009a) specifically noted that Family Relationship Centres (FRCs) have become a first point of contact for families with complex needs, including family violence, and suggested that FRCs can facilitate early identification and referral for families in the separation process, noting that FDR and

mediation services are not appropriate for families experiencing violence (Kaspiew *et al.* 2011).

Robinson and Moloney (2010) provide a brief overview of tools, practices and frameworks for family violence screening and risk assessment. However, they conclude that further research and work is needed in this area, consistent with Humphreys (2007) discussion of the complexities of assessing children's experiences, as well as the risk of harm from the perpetrator. Women separating through the family law system after violent relationships identified this same need. This was particularly so when negotiating contact arrangements, as they reported significant inadequacies in risk assessments due to poor understanding of domestic violence (Laing 2010).

Use of screening and risk assessment tools should also be considered in general assessments of family needs, such as during healthcare visits for pregnant women or home visits for parents of young children. Organisational practices should train and support staff in use of established tools to effectively identify families experiencing domestic violence. Humphreys *et al.* (2008) suggest that standardised tools could be used as one way to facilitate multi-agency collaboration.

2. Training in general understanding of domestic violence

Several studies and literature reviews identified that an essential approach to effectively working with and supporting women and children was a strong understanding of the complexities of domestic violence (Bagshaw *et al.* 2010; Humphreys, Houghton & Ellis 2008; Kaspiew *et al.* 2009a; Laing 2010). Such training must go beyond the context of power and control, including the diverse forms of violence, the continuation of violence post-separation, the use of strategies to attack the mother-child relationship, and the impact of trauma on mothers and children (Humphreys 2010; Laing 2010). The AVERT (2011) Family Violence online training package has recently been developed for professionals working in the family law system, including judicial officers, court report writers, legal and FDR practitioners, child's contact service staff, and psychology and social work practitioners.

3. Increase inter-agency collaboration

Much research and commentary has explored the conflicts in the child protection, domestic violence and family law systems. Several researchers have called for high level national coordination of services (Humphreys 2007; Humphreys, Houghton & Ellis 2008; Laing 2010). Coordination, information sharing and standardised tools can also be implemented at a local level (Humphreys, Houghton & Ellis 2008; Kaspiew *et al.* 2011). Memorandums of understanding and information sharing protocols can be utilised as tools to translate these recommendations into practice. An information sharing factsheet from the Victorian Family Violence Reform Coordination Unit (2009) outlines practical aspects to consider.

At an organisational and individual worker level, Potito *et al.* (2009) and Humphreys *et al.* (2011) provide frameworks for shifting attitudes and approaching collaboration. Potito *et al.* (2009) used Huxham and Vangen's practice-oriented collaboration theory and framework to discuss approaches to the inherent challenges of trust, shared aims, management of power, and communication. Drawing on their discussion, organisations can take steps forward: begin with low-risk activities and agreements that address potential areas of conflict; start with broad aims that are easy for both parties to agree to and maintain; clarify financial resources and task responsibilities; and commit to ongoing communication and action. Potito *et al.* (2009) further state such activities will only be successful with strong leadership and a 'sense of urgency', versus simply convening people in management roles.

The theme of leadership to achieve organisational change is also elaborated by Humphrey's *et al.* (2011), who applied the 'readiness to change' theory to domestic violence organisations and workers in their action research project designed to address the mother-child relationship. They noted while there were areas for improvement, some workers were already 'very skilled' at or 'highly committed' to addressing mother-child communication and relationships. However, successful worker and family engagement relied on the organisational approach to including children and the mother-child relationship in service provision. Within the organisational context, leadership and management needed to support front line workers through supervision and training to incorporate a holistic focus on the mother and child. It was noted, this could be further supported by providing specific directives to address the mother-child relationship within case management.

4. Provide specialised programs for mothers and children

A review of the Australian Child Abuse Prevention Programs database, found of the 1244 agencies offering programs in 2000, only 3% (36) were identified as offering 65 programs with a focus on supporting children affected by domestic violence (Kovacs & Tomison 2003, p. 518). It appears the database is no longer maintained and there is no other comprehensive source of program offerings in Australia. In 2007, Humphreys called for more investment and funding for services, specifically at a community level, that consider the mother-child relationship. The Australian Domestic & Family Violence Clearinghouse Good Practice (2011) database has highlighted several programs, though few of those have documented or published evaluations of their work (Wilcox 2007). Bunston has developed and piloted programs in Australia for school-age children (2002) and infants and mothers (2006; 2008) with promising results.

Rizo *et al.* (2011) have conducted the most recent and extensive review examining interventions for children who have been affected by intimate partner violence, as well as programs that involve parents. Their meta-analysis identified four types of interventions including: counselling/therapy; crisis/outreach; parenting; and multi-component by combining aspects of more than one type of intervention. Regardless of the type of intervention, all methods showed positive outcomes for children and mothers. Only four crisis programs were identified, with half for mothers and half for both mothers and children. Outcomes were positive but dependent on individual and program factors. There was limited evidence of parenting programs with only three being identified, one each for mothers, fathers, and both caregiver and child. The programs had positive outcomes for parenting that varied in nature due to different program goals. All 12 of the multi-component programs were designed for both caregivers and children. Most of these studies showed significant improvement in parenting skills, child behaviour problems, psychological functioning and general social well-being. The authors conclude by identifying 13 common intervention goals for children's programs and 12 common goals for caregiver programs.

In addition to the lack of documentation and evaluations of specialised programs, there is a lack of Australian guidance or policies outlining best practices and standards. International work demonstrates scope for Australian specific guidelines. A number of practice standards, guidelines and manuals have been published to guide the development and implementation of specialised programs in Canada (Barbeau 2009; Tutty, LeDrew & Abbott 2008; Victims Services Branch and Saskatchewan Ministry of Justice and Attorney General 2010) and the UK (Sharpen 2009).

How practitioners can respond to children

1. Create environments where children can disclose and talk about their experiences

Zerk *et al.* (2009) found that current methods of assessing children's experience of trauma may not be developmentally appropriate and Humphrey's *et al.* (2008) suggested that children's externalised symptoms may not be adequate methods of identifying experiences of trauma. Children continually report a need to talk with someone about their experiences (Bagshaw 2007; Humphreys, Houghton & Ellis 2008; Lodge & Alexander 2010). Breckenridge and Ralfs (2006) designed a framework for front-line workers to respond to and engage with children affected by domestic violence in non-therapeutic settings (Breckenridge & Ralfs 2006).

Children have identified an essential need for additional, informal and/or peer support beyond their parents (Bagshaw 2007; Humphreys, Houghton & Ellis 2008; Lodge & Alexander 2010). In Lodge and Alexander's (2010, p. 28) study, 34% of adolescents sought support from teachers and between 15 and 18% sought support from counsellors. In general, more than 90% of adolescents found talking about their parent's separation with friends, parents, grandparents, other relatives, teachers or doctors helpful (2010, p. 28). Schools, peers and peer groups, extended family members and friends, and community elders and services should strive to provide safe places for children to disclose and seek help.

2. Include children's voice in living and parenting decisions

Both Edleson (1999) and Kitzmann *et al.* (2003) found in their review of research, that studies in general, significantly relied on maternal reports of children's experiences of violence. Only a small number of children and adolescents are adequately consulted when decisions are made about parenting arrangements (Bagshaw 2007; Lodge & Alexander 2010). Children and adolescents believe they should have a voice (Bagshaw 2007; Lodge & Alexander 2010) and were upset with the lack of opportunity and ability to express their opinions about parenting arrangements (Bagshaw *et al.* 2010).

While many of the adolescents in Lodge and Alexander's (2010, p. 26) study talked with their parents about parenting arrangements, only 28% spoke to a counsellor or mediator about the arrangements. Cashmore *et al.* (2010) found children were more likely to be happier with their arrangement when they had some say in the decisions but also cautioned that the burden of responsibility for a solution should not be placed on the child. McIntosh *et al.* (2010) recommend using strategies that are child-inclusive in the parental separation process, which means working directly with children and using a developmentally appropriate assessment of the child's views.

3. Facilitate access to and provide effective and appropriate counselling

In their own voices, children have reported wanting support and being unsure where to access help (Bagshaw 2007; Cashmore *et al.* 2010; Humphreys, Houghton & Ellis 2008). Other studies have indicated that children (and mothers) experienced significant barriers to accessing specialised counselling (Laing 2010). Humphreys *et al.* (2008) review of studies of children's perspectives, indicated that most children needed someone to talk to.

Of the 12 identified counselling interventions in Rizo *et al.*'s (2011) meta-analysis, half were delivered to children only and half to both child and mother. Significant positive outcomes were noted for children across behaviour, attitude, psychological, social and emotional well-being outcomes. As research models have begun to identify a trauma-based model for

understanding the impacts of violence, particularly for infants and young children, services for young children should be tailored from this perspective (McIntosh 2003). Children also wanted legal advice and support about what they could do if they are unhappy with parenting arrangements (Cashmore *et al.* 2010).

How practitioners can respond to mothers

1. Acknowledge and respond to mother's reports of safety concerns

An evaluation of the 2006 family law reforms indicated that a mother's report of safety concerns was directly related to poorer outcomes for children's well-being (Kaspiew *et al.* 2009a). However, Laing (2010) and Bagshaw *et al.* (2010) found that women's concerns were not adequately understood or addressed in the separation process and often dismissed. Bagshaw *et al.* (2011) and Chisholm (2009) conclude from their research and review of the legislative amendments that allegations of violence are unlikely to be fabricated and consequently should be considered real and adequately investigated.

Based on a study of Australian women's experiences of domestic violence, Zerk *et al.* (2009) recommend that women's needs must be addressed first in order to support mothers in being able to respond effectively and sensitively to their child and, therefore, reducing the impact of trauma on the child. Children's safety and emotional well-being is directly linked to the safety of their mother (Hester 2010).

2. Support mothers' existing coping strategies

Lapierre (2010) interviewed mothers who had separated from previously violent relationships about their experiences of mothering. The women described a strong desire to be 'good' mothers, which they viewed as, not only protecting their children, but also meeting their children's basic and psychosocial needs. In examining how mothers coped through their experiences, Lapierre (2010) found that mothers had developed and successfully used strategies to reduce the impact of the violence on their children, meet their children's needs, and shape their child's beliefs and attitudes about partner violence. It is critical to acknowledge what a mother has done to protect herself and child, thereby returning control to the victimised parent (Carpenter & Stacks 2009; Hester 2010; Lapierre 2010).

3. Support mothers in accessing specialised counselling to cope with the trauma of violence

Laing (2010) describes the intensely stressful and traumatising experiences of women separating from violent relationships. Women reported that domestic violence services were helpful because they provided validation, practical support and information (Laing 2010). Carpenter and Stacks (2009) conclude that providing referrals, information, support, and guidance to caregivers is an important aspect towards buffering the effects of domestic violence trauma experienced by young children. Kaspiew *et al.* (2011) argues that referrals to *appropriate* services are essential, as generalised parenting programs do not adequately consider or address the effects of domestic violence for parents or children. Mothers who received counselling and therapy intervention services, have shown improvements in PTSD symptoms, psychological distress and parent-child interactions (Rizo *et al.* 2011).

4. Strengthen the mother-child relationship

Perpetrators specifically target the mother-child relationship, particularly in post-separation violence as a way to further control and abuse mothers. Several studies identify the need to foster and support the mother-child relationship as a strategy to both support safety and

copied and to interrupt the experience of violence (Hester 2010; Humphreys 2010; Humphreys, Houghton & Ellis 2008). In a review of 31 studies of intervention programs, Rizo *et al.* (2011) identified improving care-giver and child interactions, activities and relationships as key aspects of effective intervention programs, among several other factors. Both Bunston (2006; 2008) and Humphrey's *et al.* (2006) have piloted programs in Australia for more than ten years that focus on the mother-child/infant relationship with promising results.

Further research

1. Understanding and supporting children's coping

As previously noted, several studies concluded that children can cope with the effects of domestic violence. Consequently practices and programs should build on children's existing coping strategies but, to date, little research has explored this area. Rizo *et al.* (2011) in their meta-review of interventions addressing the effects of domestic violence on children, conclude that they were unable to identify which strategies for working with children and families are the most promising, due to the lack of research. Of the six studies which delivered some type of counselling or therapy to children only, the evaluations reported positive outcomes for children in several areas of emotional, behavioural, and psychosocial areas. The evaluation methods of these programs might offer example models for future work.

2. Assessing and addressing infants and young children

Growing evidence indicates that infants and young children are at significant risk for negative impacts from the effects of domestic violence. Yet, it may be difficult to adequately detect symptoms indicating the experience of trauma among infants and young children (Humphreys, Houghton & Ellis 2008). Zerk *et al.* (2009) in their review of literature and interviews with mothers and children affected by domestic violence, discuss how current methods of assessment may not adequately capture developmentally appropriate symptoms of children exposed to trauma, particularly very young children. However, Carpenter and Stacks (2009) suggest the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised Edition* may provide some guidance. Specific to parenting decisions in the family law system, McIntosh *et al.* (2010) identified the need for models to address developmentally appropriate consultation in making parenting arrangements for children under age four (McIntosh *et al.* 2010).

3. Understanding and addressing the needs of CALD, refugee, and Indigenous populations

No literature reviews or large scale studies examined the experiences, needs and strategies for working with CALD, refugee and Indigenous children affected by violence. Research occasionally indicated potential areas of different or higher risks, as well as pathways to safety and coping.

4. Improve data collection of the number of children affected by domestic violence

Adequate measures of the number of children affected by violence are lacking in Australia. Current measures rely on parent reports of experiencing domestic violence by a partner and concurrent report of a child in the victimised parent's care. Currently there is no single source of national or state level police data about the number of domestic violence incidents where children are present. More specifically, children and youth perspectives are

significantly missing in measuring their experiences of violence. The last national survey of youth was conducted in 2001 and only included young people ages 12 to 20 (National Crime Prevention 2001).

5. Improve documentation and evaluation of existing specialised Australian programs

While nearly 60% of the programs listed in the Australian Child Abuse Prevention Programs database in 2000 were reported to have been evaluated using 'simple, non-experimental client attendance and satisfaction measures', it appears little of those results are available and the authors conclude the small sample size of the study does not allow for substantial conclusions (Kovacs & Tomison 2003, p. 526). While it is likely that programs have continued to be developed and offered, there also continues to be a lack of published evaluations or research of Australian programs. Bunston (2008) report significant challenges to effective evaluations of programs for mothers and infants, including attrition of mothers, variations in worker evaluations and mother's inability to evaluate their relationships with their children. Rizo *et al.* (2011) have conducted the most recent and extensive review of research examining interventions for children who have been affected by intimate partner violence. Their meta-analysis identified four types of interventions including: counselling/therapy; crisis/outreach; parenting; and multi-component by combining aspects of more than one type of intervention. Regardless of the type of intervention, all methods showed positive outcomes for children and mothers.

Conclusion

Children's experiences of violence are complex and intertwined with their relationship to the victimised parent, most often the mother. Whenever violence is present, infants, children and adolescents are significantly affected regardless of whether they are directly abused, witness the violence or are implicated in acts of violence. More than 100,000 Australian children a year will be affected by domestic violence (Australian Bureau of Statistics 2006, p. 11) with serious emotional, psychological, social, behavioural and developmental consequences, particularly for infants and young children. The effects of violence impact children even during and after the parental separation process. However, children and mothers can cope and recover drawing on both their own resiliency and the support of effective services.

Recent Australian studies have indicated an alarming increase of children who have been and continue to be affected by domestic violence in the family law system, particularly during the separation process. These studies have documented the serious negative risks to safety for the mother and child in cases of domestic violence. Combined with recent legislative analyses, practitioner, organisational and systemic factors have been identified that are contributing to these serious concerns.

Legislative reforms are underway to address some concerns but organisations and practitioners can take action now to improve the immediate experiences and outcomes of children and their mothers. Training in the complex dynamics of domestic violence and utilisation of standardised screening and assessments will give workers the tools to appropriately and effectively identify, respond and support families experiencing violence. Organisations can increase their capacity to respond effectively by building collaborative relationships that cross domestic violence, child protection and family law sectors. Specialised counselling services and programs are increasingly showing positive outcomes

for women and children. Increasing funding, rigorous research and further implementation of these programs will increase access and quality.

Inherent in this work, is an approach that acknowledges the trauma experienced by women and children and works to rebuild the mother-child relationship. Listening and taking seriously children and mother's disclosures of violence is the fundamental foundation for identifying and progressing strategies of safety and healing. From there, practitioners can build on children and mothers' existing coping strategies, while supporting the voice of women and children to be effectively and accurately heard in decisions affecting their safety and well-being.

Children and mothers have demonstrated powerful coping and resiliency in the face of serious, persistent trauma. Practitioners, organisations and policies have the capacity to ensure the safe future and recovery of women and children. However, steps to protect and improve the safety and well-being of mothers and children should go further. The health, police, social, child protection, domestic violence and criminal sectors' have a wider responsibility to ensure their practices do not collude with the perpetrator, do not undermine the mother and actively address the violent actions of the perpetrators.

Summary of Australian Attorney-General Commissioned Reports

Bagshaw, D, Brown, T, Wendt, S, Campbell, A, McInnes, E, Tinning, B, Batagol, B, Sifris, A, Tyson, D, Baker, J & Fernandez Arias, P 2010, *Family Violence and Family Law in Australia: The Experiences and Views of Children and Adults from Families who Separated Post-1995 and Post-2006: Vol. 1*, Commonwealth of Australia

This study examined data collected from approximately 1100 parents and children interviewed online and over the phone who had experienced a 'parental relationship breakdown, with or without family violence'.

Cashmore, J, Parkinson, P, Weston, R, Patulny, R, Redmond, G, Qu, L, Baxter, J, Rajkovic, M, Sitek, T & Katz, I 2010, *Shared care parenting arrangements since the 2006 family law reforms: report to the Australian Government Attorney-General's Department, Social Policy Research Centre, University of New South Wales, Sydney*

This study examined shared care using data from four studies conducted by the Australian Institute of Family Studies (AIFS), a postal survey of 1,028 parents and 40 follow-up parent interviews & four follow-up child interviews, an online survey of 136 children and youth, and a review of the National Children's and Youth Law Centre mail.

Chisholm, R 2009, *Family Courts Violence Review: A Report By Professor Richard Chisholm, Attorney General's Department, Canberra*

This report examines the appropriateness of the family law legislation, practice and procedures in cases of family violence through consultations, submission and reviews of legislation, court procedures and guidelines, and related research and reports.

Family Law Council 2009, *Improving responses to family violence in the family law system : an advice on the intersection of family violence and family law issues* Attorney General's Department, Canberra

This report examines the intersection of family violence and the family law system through stakeholder consultations and reviewing research and reports, case law, and legislative frameworks.

Kaspiew, R, Gray, M, Weston, R, Moloney, L, Hand, K & Qu, L 2009a, *Evaluation of the 2006 family law reforms*, Australian Institute of Family Studies, Melbourne

This study used extensive data sources examining the experiences of parents, grandparents, family relationship service professional and legal and court professionals involved with the family law system along with court and government program data. This included data from the first wave of the AIFS Longitudinal Study of Australian Children (LSAC), which looked at 10,000 parents of children under 18 years old who separated after the 2006 reforms and were registered with the Child Support Agency in 2007.

Lodge, J & Alexander, M 2010, *Views of adolescents in separated families - A study of adolescents' experiences after the 2006 reforms to the family law system*, Australian Institute of Family Studies, Melbourne

This study used data collected through the AIFS Family Pathways: Adolescent study (part of the larger LSAC), which involved telephone interviews with youth aged 12 – 18 years old who parents had separated after the 2006 reforms.

McIntosh, J, Smyth, B, Kelaher, M, Wells, Y & Long, C 2010, *Post-separation parenting arrangements and developmental outcomes for infants and children: collected reports*, Attorney General's Department, Canberra

This report includes two studies. The first study examined interviews from 131 families (including parents and children) experiencing 'significant conflict over post-separation parenting arrangements' over four years. The second study used data from the LSAC to examine separated parents' overnight care arrangements and the psycho-educational outcomes for infants and preschool children up to age four.

Qu, L & Weston, R 2010, *Parenting dynamics after separation - A follow-up study of parents who separated after the 2006 family law reforms*, Australian Institute of Family Studies, Melbourne

This study examined the second wave of the LSAC drawing on more than 7000 parents from the first wave of the study.

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