



Inquiry by the National Children's Commissioner into the Impact of Domestic and Family Violence on Children

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Introduction

What is domestic and family violence?

Although commonly used, the terms 'domestic violence' and 'family violence' are not well defined. Queensland's Special Taskforce on Domestic and Family Violence noted that contemporary understanding characterises domestic violence as having the following elements:

- Parties are in, or have been in, an intimate partner relationship
- There is an ongoing pattern of behaviour rather than a "one-off" or situational event
- The purpose of the violence is for one person in the relationship to maintain power and control over the other person
- It creates fear
- A range of tactics are employed
- Behaviour can be both criminal and non-criminal.

Family violence is a broader term, which incorporates both domestic violence and violence between other family members, for example, violence by a young person toward a parent or sibling. In Indigenous Australian communities, the term family violence is more widely used than domestic violence, as it better represents the violence that occurs within networks of kinship relationships^{1 2}. In some contexts, adult violence towards children within the family is included in the definition of family violence, but child abuse and family violence are generally considered related but separate issues³ and are treated as such in this paper.

Defining domestic and family violence for this paper

The primary source of data for this paper is recorded contacts with BoysTown's Kids Helpline service. Kids Helpline records information about the concerns raised during each contact a young person has with the Helpline. Concerns are coded by counsellors according to a pre-defined set of problem types, one of which is 'exposure to family violence.' Instructions to counsellors define exposure to family violence as follows.

'Violence' is defined as behaviour that has the aim of gaining power and control over another person, including: physical aggression and assault; intimidation; verbal abuse; harassment; manipulation; social abuse and isolation; financial control; sexual assault; damage to property; threats of harm to any person (including self-harm by the abuser), animal, or property.

'Exposure' is defined as being present, seeing, hearing, being aware of, or experiencing the effects of violence or abuse within the home.

To be considered 'family violence' the behaviour must either involve an immediate family member, or involve other family and occur within the child's home (e.g., between parent and partner, sibling violence towards a parent or other family member, adult violence towards another child member of the family). Adult violence towards the young person making contact with the Helpline is coded as child abuse and is not included within the definition of family violence used in this paper. We do, however, include exposure to abuse of another child within our definition when it fits the above criteria.

We note that the element of 'an ongoing pattern of behaviour' is missing from the instructions to counsellors. We are unable to say to what extent our data may include one-off situations or events, but suggest that when young people

specifically raise the issue of family violence as a concern with a counsellor, it is likely that the situation is ongoing.

Overview of this paper

Numerous reports, journal articles and literature reviews have been written about the impact of exposure to domestic and family violence (DFV) on children. This paper does not attempt to cover all the issues raised in the literature, but has been written to inform the National Children's Commissioner of the direct experience of young people, particularly those who contact Kids Helpline seeking assistance with their experience of domestic or family violence.

The paper is structured as follows:

1. An overview of BoysTown, the Kids Helpline service, and the data collected by BoysTown
2. A description of Kids Helpline contacts
3. Analysis of assessments conducted with a small group of children on entry to BoysTown's domestic violence refuge
4. Conclusions and recommendations.

About BoysTown & Kids Helpline

BoysTown is a registered charity which specialises in helping disadvantaged young people who are at risk of social exclusion. Established in 1961, BoysTown's mission is *to enable young people, especially those who are marginalised and without voice, to improve their quality of life*. BoysTown believes that all young people in Australia should be able to lead hope-filled lives, and have the capacity to participate fully in the society in which they live.

BoysTown provides a range of youth counselling, family support (including a homeless family refuge in NSW and a family violence refuge in Qld), and employment support services across Australia. Our services are located in some of the most disadvantaged Australian communities including Logan City, Deception Bay and Redlands City (Qld), Blacktown and Campbelltown (NSW), North Adelaide and Port Pirie (SA), and Balgo Hills, (WA).

A service of BoysTown, Kids Helpline is Australia's only national 24/7, confidential support and counselling service specifically for children and young people aged 5 to 25 years. It offers counselling support via telephone, email and a real-time web platform. Since March 1991, young Australians have been contacting Kids Helpline about a diverse group of issues ranging from everyday topics such as family, friends and school to more serious issues of child abuse, bullying, mental health issues, drug and alcohol use, self-harm and suicide.

Children and young people have direct access to a counsellor and can choose to speak with either a male or female counsellor. They are also able to call back and speak with the same counsellor to work through their issues.

Professionally trained counsellors respond to the concerns of children and young people by gently building trusting relationships, conducting risk assessments, identifying existing supports, discussing possible referrals and liaising with those referral agencies on behalf of clients, offering ongoing counselling relationships with the same counsellor and conducting 'wrap-around care' in conjunction with other agencies in the young person's life. Often, extensive advocacy is carried out on behalf of young clients to ensure specialist mental health services becomes or

remains involved when it is clear either a mental illness exists or symptoms are emerging.

Kids Helpline has an extensive referral database of more than 9,500 support services that is used to refer young people to local sources of support. In addition the Kids Helpline website contains a range of self-help resources and mental health information.

Limitations of Kids Helpline Data

Kids Helpline records information about each contact made by a child or young person, including:

- the concerns raised by the young person
- demographic details
- case notes about the content of the contact.

It is important to note that these data sets are designed to give the child a voice; hence they provide a snapshot of information that children and young people *chose to disclose* to counsellors. The number of contacts coded as 'exposure to family violence' is a measure of *how often young people raise this issue* with the Helpline. It is not a measure of how often young people experience this issue, nor of how many young people experience this issue.

That is, Kids Helpline data cannot be used as an indication of the prevalence of a problem in the community. It is self-evident that the data set only includes contact by young people who actively seek help; there are likely to be many more young people who do not seek help. In addition, a low number of contacts about a particular problem type may mean that young people do not see Kids Helpline as an appropriate source of support for that problem type or a that they tend to seek support for that problem elsewhere.

Similarly, we report age and gender to describe the nature of the group of children who have provided the data; however, these data cannot be used to compare prevalence between different groups. Figures reported are often numbers of contacts, not numbers of individuals. Even when numbers of individuals are reported, these numbers reflect the characteristics of children who choose to use the Helpline as much as the characteristics of children who experience the issue of interest.

Kids Helpline Contacts with Children and Youth About Domestic and Family Violence

Number of contacts

Kids Helpline provides a service to children and young people between the ages of five and 25 years. Between January 2012 and December 2014, the Helpline responded to 722,328 telephone and online contacts from young people in this age group. Of these contacts, 215,626 involved the provision of counselling, meaning that case notes and demographic details were recorded.

In line with the role of the National Children's Commissioner, this report is based on the subset of contacts made by children and young people aged from five to 17 years, a total of 120,408 counselling contacts. Of those contacts, 603 (.5%) raised domestic or family violence as their main concern, and a further 396 (.3%) raised domestic or family violence as a second significant concern. That is, fewer

than 1% of all contacts with Kids Helpline involved a child who raised a concern about domestic or family violence.

As pointed out previously, this should not be taken to indicate that fewer than 1% of children are experiencing difficulties associated with exposure to domestic and family violence. It may be that children do not see Kids Helpline as an appropriate source of support for this situation, that they are seeking support elsewhere, or that they are not seeking support at all.

Further analysis in this paper is based on the sample of 999 contacts in which family violence was raised as either a main or secondary concern.

Characteristics of contacts with Kids Helpline

Demographics

Table 1 presents a comparison of the demographic characteristics of all contacts with Kids Helpline, and contacts about domestic and family violence. The data show the following:

- Approximately 80% of all contacts to Kids Helpline by children under 18 years were made by females, and this pattern is repeated for DFV contacts.
- In comparison to other Kids Helpline contacts, DFV contacts were more likely to be made by younger children, with children in the 5 – 11 years age brackets substantially over-represented, and children in the 12-13 years age bracket somewhat over-represented in the data.
- DFV contacts over-represented children from culturally and linguistically diverse (CALD) backgrounds.
- As would be expected given the nature of the issue, DFV contacts were more likely to be made by children living with one or both parents than children living away from parents.
- DFV contacts were 88% more likely than others to be from a child living in a single parent, blended family, or shared custody arrangement.
- There was no difference between DFV and other contacts in terms of the geographical region in which the child lived (city, regional, remote).

Statistics indicate that Indigenous Australians experience DFV at significantly higher rates than other Australians². We note that the relatively low number of Kids Helpline contacts by children identifying as Indigenous Australian is a reflection of their use of Kids Helpline (and other mainstream services) more generally, not of the extent of their experience of DFV or their need for support. Rather, the low level of Kids Helpline usage by Indigenous Australian children highlights the need for specialist services to engage Aboriginal and Torres Strait Islander children, families, and communities.

It is important to note the significant missing demographic data in the Kids Helpline data set, which makes analysis of demographics problematic (e.g., cultural background is unknown for 69.7% of contacts). Notwithstanding this, and the limitations of the data outlined previously, the over-representation of younger children and children from CALD backgrounds in Kids Helpline contacts is interesting.

Our data does not explain this finding, but we suggest that the higher rates of contact from younger children and children from CALD backgrounds may be due to particular barriers to accessing support closer to home, and/or a desire for the assurance of anonymity and confidentiality provided by Kids Helpline.

Table 1. Comparison of demographic characteristics of all Kids Helpline counselling contacts and contacts in which DFV was raised as a concern.

		All contacts N=120,408		DFV contacts N=999	
		N	%	N	%
Gender	Female	97605	81.1	798	79.9
	Male	20164	16.7	182	18.2
	Unknown	2639	2.2	19	1.9
Age	5 - 9	3151	2.6	75	7.5
	10 - 11	7280	6.0	108	10.8
	12 - 13	23504	19.5	233	23.3
	14 - 15	42941	35.7	322	32.2
	16 - 17	43532	36.2	261	26.1
Cultural Background	Indigenous Australian	1332	1.1	16	1.6
	CALD	10448	8.7	142	14.2
	Neither	24736	20.5	178	17.8
	Unknown	83892	69.7	661	66.2
Living with	Own two parents	27439	22.8	306	30.6
	Blended family	4901	4.1	81	8.1
	Single parent	12274	10.2	188	18.8
	Shared custody	2169	1.8	33	3.3
	Other carers	2877	2.4	31	.03
	Out of home	1461	1.2	9	.01
	Institution	1227	1.0	3	.003
	Homeless	948	0.8	2	.002
Parents status	Unknown	67112	55.7	346	34.6
	Together	24587	20.4	288	28.8
	Separated, new partner	4213	3.5	53	5.3
	Separated – both single	1248	1.0	31	3.1
	Separated details unknown	10165	8.4	172	17.2
	Other	3696	3.1	32	3.2
Geographical region	Unknown	76499	63.5	423	42.3
	Major city	37777	31.4	324	32.4
	Inner regional	10949	9.1	88	8.8
	Outer regional	4664	3.9	34	3.4
	Remote	553	.5	2	.2
Contact method	Unknown	66465	55.2	551	55.2
	Phone	62572	52.0	569	57.0
	Email	31400	26.1	265	26.5
	Web	26436	22.0	165	16.5

Research about DFV in CALD communities indicates that CALD women experience additional barriers to seeking help, for example, they:

- may not recognise the violence as a crime
- may fear being stigmatised, ostracised or of experiencing reprisals from their family and community
- may not trust authorities such as police
- experience language barriers, and
- lack knowledge of their rights and the services available to support them.⁴

Consequently, children from a CALD background may be less likely to be provided with support from their family or community, and less likely to disclose the violence to someone in their community.

Regardless of family background, children living with DFV typically learn that the violence is a secret, that is not to be discussed.⁵ It may be that younger children, who are less independent than adolescents, have fewer opportunities and less confidence to disclose their secret and seek support from those around them. Kids Helpline, with its option of anonymity and assurance of confidentiality, as well as 24 hour accessibility, may therefore be especially important for these groups of children.

Method of contact

There was no significant difference between DFV and other contacts in terms of the contact method (phone, email, or web). However, gender differences in method of contact were evident. Looking at all contacts to Kids Helpline, 68% of male contacts were by phone, while approximately 16% were by email and 15% used web counselling. In contrast, only 48% of female contacts were by phone, with about 28% coming through email and 24% through web counselling. Looking at DFV contacts, this pattern remained the same for females, but the subset of males contacting about DFV was even more likely to use the phone than other males, with 79% of contacts coming by phone.

Our analysis does not explain why this might be the case, but we note the relevance of the result for planning future strategies to support children exposed to DFV. The use of technology, including online methods such as email and web counselling, is often espoused as a highly appropriate method for working with young people. It may be that online methods are effective for initial engagement, but not for the provision of support, as Kids Helpline data suggest that the majority of males prefer phone to online contact as a means of accessing counselling. More research is needed to investigate the contexts and situations in which online methods are most effective.

Sub-classification of family violence contacts

Contacts in which family violence was raised as a concern are further coded by counsellors according to the more specific nature of the issue. A list of these sub-classifications and the number and percentage of contacts within each is presented in Table 2.

The largest proportion of contacts (40.0%) was in relation to exposure to violence between parents, or between a parent and a partner or ex-partner. A smaller, but nevertheless significant number of contacts (11.4%) related to violence by siblings. Seeking support to deal with the impact of past exposure to violence was also a common concern (16.4% of contacts), suggesting that children are aware that exposure to family violence has affected them and are seeking support even after the exposure has ceased.

Table 2. Number and percentage of contacts in each family violence sub-classification.*

Sub-classification	N	%
Seeking information	4	.4
Concern for another person (excluding family members)	49	4.9
At risk of exposure (insufficient information)	197	19.7
Exposure to abuse between parents (including partners/ex-partners)	400	40.0
Exposure to child abuse/neglect of a sibling	28	2.8
Exposure to a sibling being violent or abusive	114	11.4
Exposure to violence perpetrated by a child towards a parent	29	2.9
Exposure to violence of other family members in this home	42	4.2
Impact of past exposure.	164	16.4

*The total number of sub-classifications is greater than the total number of contacts because some contacts are coded with more than one sub-classification. The reported percentage is of the number of contacts (N=999); hence percentages total to more than 100%.

We also investigated differences in the demographic characteristics of children making contacts in each sub-classification. The data showed no clear differences related to gender, age or cultural background. Contacts about current violence involving parents were most likely to have been made by children living with both parents, in a blended family, or in a shared custody arrangement.

Statistics show that women experience more violence from previous than current partners, and that the violence of previous partners tends to be more severe². Kids Helpline data reinforce this point. Perusal of case notes suggested that around 60% of contacts from children living in a blended family involved violence between the child’s biological parents, rather than violence within the new family. For children living in a single parent family, approximately 85% of contacts related to violence between biological parents, rather than the single parent and a new partner.

Consistent with this, 16% of DFV contacts with Kids Helpline related to the impact of *past* violence, and these contacts were most likely to have been made by children living in a single parent family, or other situation away from parents (e.g., with other carers, in an institutional setting).

These figures highlight the need for ongoing, long-term support for children who have been exposed to DFV. Children continue to be exposed to domestic violence after parents separate, and this exposure continues to affect their wellbeing even after they have been removed from the violent situation.

Impact of domestic and family violence on children

While BoysTown does not collect data specifically about the impact of DFV on children, data collected for other purposes is able to shed light on our direct experience with this issue. Data used in this section comes from Kids Helpline and BoysTown’s domestic and family violence refuge.

In addition to the limitations of Kids Helpline data outlined previously, we note that data from the refuge is based on a relatively small number of children, and

may not be representative of either all children entering a refuge, or all children exposed to DFV. Children living in families experiencing domestic violence typically experience multiple disadvantages and other forms of adversity (e.g., low socio-economic status, parental unemployment, low parental education, parental alcohol and substance abuse, child abuse), making it difficult to isolate the effects of exposure to DFV.^{2 6} Consequently, we also point out that we are unable to say that exposure to DFV is the sole or even main cause of the difficulties described.

Co-existence of DFV and other concerns

Because Kids Helpline enables counsellors to record up to four different concerns raised in each contact, it is possible to investigate patterns of co-existence among concern types.

Of all contacts in which DFV was raised as an issue (N=999):

- 72 (7.2%) also involved current thoughts of suicide
- 119 (11.9%) also involved self-injury
- 166 (16.6%) were by a child assessed as having a mental health disorder by the counsellor.

During 245 (24.5%) of the contacts about DFV, the child contacting the Helpline also reported experiencing abuse themselves. This included:

- 168 (16.8%) contacts raising concerns about physical abuse
- 93 (9.3%) contacts raising concerns about emotional abuse
- 22 (2.2%) contacts raising concerns about neglect
- and 17 (1.7%) contacts raising concerns about sexual abuse (by a family member).

When the sample was limited to those who were exposed to domestic violence (that is, violence between parents and partners), we found that 22.8% of contacts also raised concerns about physical child abuse and 12.3% also raised concerns about emotional child abuse.

The extent to which domestic violence and child abuse co-occur is unknown, but the overlap is significant, with studies reporting rates varying from 30% to 70%.^{7 8 9} Kids Helpline figures appear to under-represent this co-occurrence, and we note the likelihood that they also under-represent the co-occurrence of DFV and suicidal thoughts, self-harm, and mental health issues. As noted previously, Kids Helpline contacts are coded according to the concerns raised by the child, not the issues identified by the counsellor, which may lead to under-reporting of DFV. For example, if a child raises concerns about suicidal thoughts and child abuse, DFV may be an underlying issue, but may not be either raised by the child or recorded by the counsellor, due to the more pressing nature of the concerns about child abuse and suicide.

There was no clear pattern of links between exposure to DFV and other concerns raised by children; in 62% of contacts with DFV raised as the main concern, no secondary concern was recorded. Excluding the issues of self-harm and child abuse listed above, when DFV was raised in conjunction with another concern, the other concern was most likely to be family relationship issues (20.3% of contacts), the child's emotional wellbeing (9.5%), or the child's mental health (8.7%). Although previous research shows that children exposed to family violence often experience difficulties with peer relationships and bullying¹⁰, these issues were only raised in 6.3% of DFV Kids Helpline contacts.

Emotional, behavioural and social functioning

Children can be traumatised by witnessing violence in the home, and by being dependent on a primary caregiver who is chronically impacted by their own victimisation. In addition, the quality of the mother-child attachment relationship is compromised in situations of DFV.⁸ Both exposure to trauma and poor quality attachment relationships have serious long term negative impacts on children's social, emotional and cognitive functioning, including difficulties with emotional self-regulation, impulse control, learning delays, low self-esteem, and difficulty understanding, trusting, and relating to others.^{11 12}

To address these issues, BoysTown's domestic and family violence refuge offers children a trauma and attachment informed program of creative arts and play therapy, called Expressive Therapies. Expressive Therapies provides one-on-one support to children and their parent, to enhance children's social-emotional wellbeing and competence, behavioural adjustment, attachment relationship with the parent, and self-esteem.

As part of an evaluation of Expressive Therapies, parents of 56 children entering the program between 2011 and 2015 completed the Child Behavior Checklist (CBCL).¹³ The CBCL provides a measure of children's internalising and externalising behaviour problems, as well as a total score, and is widely used to diagnose a range of behavioural and emotional problems in children. The term *internalising* refers to problems that are mainly within the self, for example, anxiety, depression, social withdrawal, and somatic complaints (physical symptoms such as stomach ache, headache or dizziness without a known medical cause). *Externalising* behaviour problems are those that are directed at the external environment, for example, difficulties with attention, rule-breaking, and aggression.

The data presented in Table 3 highlights the significance and broad nature of the impact of exposure to DFV on children. Consistent with the literature, many children appear to be quite resilient,¹⁴ but there is a substantial group demonstrating significant difficulties. Overall, more than 40% of children fell into the clinical range of the Total Problems score, meaning that their score was higher than 98% of the general population. A further 12.5% fell into the Borderline range. In almost all cases, children who fell into the borderline or clinical range of the internalising problems scale, also fell into the borderline or clinical range of the externalising problems scale. That is, these children are experiencing severe difficulties across multiple behavioural and emotional domains.

Table 3. Number of children falling into the Normal, Borderline and Clinical ranges of the CBCL (N=56).

	Normal		Borderline		Clinical	
	N	%	N	%	N	%
Internalising behaviour	30	53.6	6	10.7	20	35.7
Externalising behaviour	29	51.8	7	12.5	20	35.7
Total problems	25	44.6	7	12.5	24	42.9

These results are not surprising; the impact of domestic and family violence on children’s development and wellbeing is well known.^{8 12 15} More important is the finding that children who participated in the Expressive Therapies program demonstrated improvement in both internalising and externalising problems.

Figure 1 presents a comparison of intake and exit CBCL scores for the subsample of children at the DFV refuge who completed the program (N=35). Parent reports of children’s difficulties on the CBCL showed a significant improvement over time when children participated in Expressive Therapies. For example, on entry to the program, 60% of children had total problem scores in the clinical range. On exit from the program, this number had dropped to 23%. We do not have comparison data for children at the refuge who did not participate in Expressive Therapies; hence, we cannot attribute these changes specifically to Expressive Therapies. However, qualitative insights provided by parents/carers and therapists involved with the program suggested intelligible connections between specific elements of Expressive Therapies and changes in children’s behaviour and wellbeing.

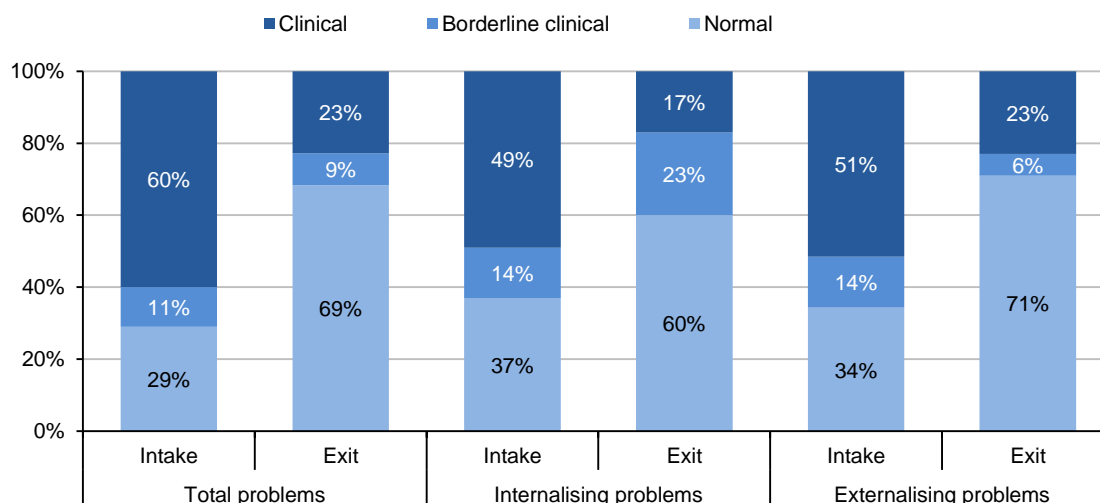


Figure 1. CBCL changes in symptom classification from expressive therapies program entry to exit.

Children’s experience living with domestic and family violence

Kids Helpline case notes also provide insight into the range of thoughts and feelings children experience while living with DFV. Perusal of all case notes indicated that these thoughts and feelings vary, and include:

- fear for their own safety, their siblings’ safety, and for the safety of the victim of abuse
- anxiety
- isolation and loneliness
- anger towards both the perpetrator and the victim
- sympathy for the victim, and sometimes the perpetrator
- confused feelings towards the perpetrator (e.g., both anger and love for a violent father)
- guilt over having ‘bad thoughts’ about the perpetrator (e.g., wishing he would die)
- feelings of responsibility to protect the family or take action to stop the violence.

An important theme that emerged in Kids Helpline case notes was that children often found themselves losing both the perpetrator and the victim as active and reliable parents. Even when both parents are physically present, domestic violence negatively affects parenting capacity.⁸ Most children can rely on their parents to protect them, but in situations of domestic violence the perpetrator may become a figure to be feared, while the victim may become a figure in need of protection. A number of children described taking on responsibilities that are typically associated with the parent role. In some cases, fear for the family's safety lead to children stepping into fights between parents, and being hurt themselves. Others talked about counselling the parent victim, for example, encouraging the mother to leave the relationship.

The stories below, both recounted by 15 year old females on the Kids Helpline website, highlight the severity of violence to which children can be exposed, as well as the degree of strength and initiative they are forced to display when a parent becomes a victim in need of support, rather than a source of support for her children.

As a child I grew up, although I lived in a housing commission house, it was a safe place to live at the time. Then my mum met a guy when she went out clubbing with friends one night - little did she know that he was abusive.

My mum and I used to have a really good bond - she was my hero. We told each other everything and once we moved to Mum's boyfriend's house I felt something wasn't right.

One year into living there mum was getting reclusive. She couldn't handle it - she got bashed by him practically every night. And to make it worse I was the one who jumped in all the time and got most of the damage. I have seen her be thrown into walls and with axes and knives to her throat.

My sister and I ran away and her and I got a house. We secretly moved Mum's and our things into the house. And one day when he was at work we escaped. I had to be put in hospital from these things that happened.

A week before I turned 15 years old, my parents broke up and it was the best outcome that could have happened. I'm not religious but I prayed and prayed for them and for my father to disappear, I prayed that he would die. And being a kid that is something hard to even think about.

But the abuse was hard to live with, now I think about it, I blocked it out. I thought that it was normal but I grew to realise that it wasn't ok. Me and my brother sat down with my mum and told her we were sick of it and something had to be done.

Then they split up. It was one of the hardest things I had ever done to tell your mother that you don't accept your father as a father that you no longer want him in your life.

Effects of violence by siblings

Violence in the home that is perpetrated by children and youth against their parents and siblings is an aspect of family violence that is often ignored. Its prevalence is difficult to gauge, because it tends to go unreported, but some estimates suggest that one in ten parents will experience violence from their children at some time, with even higher rates in single parent families.^{16 17} The prevalence of sibling towards sibling violence is similarly difficult to estimate, with some studies suggesting that about 30% of children will experience sibling violence.^{17 18}

A total of 138 DFV contacts (13.8% of all DFV contacts) with Kids Helpline involved violence by siblings. Approximately 32% were made by children in a single parent family, while 36% were from children living with both parents. This is inconsistent with suggestions of higher rates in single parent families, however, we note the significant missing data in the Kids Helpline database, which makes comparison problematic (e.g., living arrangements were unknown for 28% of contacts about sibling violence).

Kids Helpline data were also somewhat inconsistent with previous research indicating that youth violence in the home is often associated with exposure to violence between parents, or child abuse. Perusal of case notes suggested that approximately 14% of contacts about sibling violence also involved domestic violence between parents. No case notes mentioned previous abuse of the youth perpetrator, although approximately 17% indicated that the child victim was currently experiencing abuse by their parent, which could suggest that the perpetrator had also been abused in the past. We note that Kids Helpline data records the concerns raised by the child, hence children may be experiencing domestic violence, but not raising it as a significant concern.

Children were more likely to call Kids Helpline about sibling violence towards themselves, rather than towards their parent; however, examination of case notes indicated that violence towards siblings and towards parents often co-occurred. Contacts were typically about physical violence. The severity of the violence varied, but many children reported bruising, and a small number had

been threatened with weapons such as knives. In many cases, children reported fearing for their safety.

Other research suggests that much youth violence in the home is not reported because of parental feelings of shame, guilt and embarrassment.¹⁹ Concerningly, Kids Helpline data supported these assertions, even in cases where children feared for their safety. In approximately half the contacts that included detailed case notes, children reported that their parent was aware of the violence, but was either unwilling or unable to prevent it. In some cases, parents had attempted to intervene, but were either scared themselves or simply ineffectual and took no further action. In others, parents actively ignored or downplayed the severity of the issue. For example, one child advised that she had called police on one occasion when her sibling was being violent towards their mother. After the police departed, the mother had been angry at her for embarrassing the family, because the presence of police had drawn the attention of neighbours.

Consequently a number of children appeared to feel helpless and did not know where to turn for help. In a small number of cases, the child was aware that the sibling's violence was linked to a diagnosed developmental or mental health disorder (e.g., autism, intellectual impairment, ADHD) and one child reported her parent asking her to pretend that injuries caused by her autistic brother were in fact an accident. In some cases, confusion about where to access support was exacerbated by concern about the consequences for the family unit if authorities became aware of the violence (e.g., fear that the violent sibling, or even all the children, would be taken by Child Safety).

Story from the Kids Helpline website

I'm 15 and live in a small country town in Australia. I have recently been abused by my older brother. He was throwing me across rooms, slamming me into walls, punching me in the face and threatening me with knives. After that I started self-harming and I lost all my friends except my best friend. I had told my best friend, family and even the police and nothing is still done about it. He comes up every month for about 2 weeks. That whole 2 weeks I have to either leave the house and stay at a friends, or stay locked in my room.

Other sources of support

Examination of the case notes from a random selection of 325 contacts indicated that many children receive informal support from other relatives, for example, by being able to stay with a relative for the weekend or school holidays. Some older children also found friends supportive, and in some cases were able to stay with a friend when they needed to leave the house. A couple of children mentioned another relative speaking to their parents on their behalf, but reported no long term change as a result of this intervention.

In around 10% of contacts the child had spoken to their school about their situation, and in a number of these the school had recommended Kids Helpline. A

number of children also reported that their school had notified the appropriate government authorities either at their request or due to a duty of care.

An additional 2% of cases were being supported by a face-to-face counsellor (e.g., private psychologist, Headspace), usually organised by their mother. In these cases, Kids Helpline was used as a source of support between face-to-face counselling sessions, which typically occur no more than once a fortnight.

This means that 85-90% of contacts with Kids Helpline were from children who were not receiving any other form of professional support.

Conclusions and Recommendations

Recommendation 1:

That the Commonwealth and State Governments collaborate with service providers to develop help seeking pathways for children and young people impacted by family violence, to access appropriate intervention and support

Kids Helpline data suggest that very young children aged 5-13 and children from CALD backgrounds are particularly likely to be seeking Kids Helpline support in relation to their experiences of domestic and family violence. Due to the dynamics of family violence, these children are likely to be socially isolated and experiencing significant barriers in accessing needed assistance. Strategies need to be developed to connect these young children with support and intervention.

Recommendation 2:

That Australian Governments facilitate the provision of training and resources to priority professional groups to increase their understanding of the impacts of domestic and family violence on children, and enable them to connect children to the available pathways to access external support.

As outlined in this paper, children and young people experiencing family violence are likely to experience social and emotional difficulties, such as anxiety and depression, at a clinical level. In addition, they are likely to experience learning difficulties at school. Given the reported prevalence of family violence it is likely that significant numbers of children involved in the education system will be experiencing these difficulties. It is important to increase the awareness of educators and other professional staff as to the impacts of family violence on children; however, raising awareness is not sufficient. Professionals, particularly those in the school system, cannot be expected to take on additional roles without support. Training should be accompanied by resources to support this work. Schools themselves are best-placed to identify the most useful types of support, but we suggest concrete resources such as an online resource database as potential opportunities.

Recommendation 3:**That increased funding be provided by Commonwealth and State Governments to enhance the accessibility of therapeutic services for children and young people experiencing family violence**

As outlined in this report, there is considerable research, including our own, demonstrating the debilitating effects of family violence on children. Our research also shows that the mental and emotional wellbeing of these children and young people can be significantly enhanced when therapeutic responses such as Expressive Therapies are provided as part of a program of holistic support for families. There is an urgent need to increase the availability of these services to children and young people.

Recommendation 4:**That violence by children within the family towards other siblings or parents and carers be recognised as a significant form of family violence requiring further research**

As noted, nearly 14% of DFV contacts to Kids Helpline involved violence by siblings, and many children reported that their parents were either unwilling or unable to address the issue. It is our view that this form of family violence is under researched. There would be considerable value in undertaking research in regard to this issue to better inform the development and implementation of preventative strategies.

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