



Stepping Up for Kids

Understanding and supporting children who
have experienced Family and Domestic Violence



Australian Child & Adolescent
Trauma, Loss & Grief Network



Australian
National
University



Australian Child & Adolescent
Trauma, Loss & Grief Network

The Trauma & Grief Network:
Supporting Families is part of the
Australian Child & Adolescent Trauma,
Loss & Grief Network, based at the
Australian National University and
funded by the Australian Government.

This booklet was produced with the
assistance of funding from the Foundation of
Graduates in Early Childhood Studies.

Visit the website for more information
about the impacts of adversity and
trauma on children and families at
tgn.anu.edu.au

© Commonwealth of Australia 2016.
This work is copyright. You may use this work in accordance
with the terms of licence available at tgn.anu.edu.au.



Research tells us that males are far more likely than females to be the perpetrator of the violence, 77% vs. 23%

Definition

Domestic and Family Violence is also known as Domestic Violence, Family Violence or Intimate Partner Violence. Each of these terms refers to behaviours carried out by a family member or other significant relationship member (i.e., de-facto partner) that are threatening or harmful to other members of the family or relationship. The 'violence' often involves the use of power and control by one person over others, and results in fear, distress and often isolation. It can also result in serious physical injury and even death.

In cases of Domestic and Family Violence, both the perpetrator and victim of the violence can be an adult, adolescent, or even a child. While Domestic and Family Violence clearly impacts both genders, research tells us that males are far more likely than females to be the perpetrator of the violence (77% vs. 23%). In contrast, when females are the source of violence, they are more likely to use psychological or emotional tactics rather than physical tactics.

Statistics

Over the past decade, various reports and research have aimed to encapsulate the extent of Domestic and Family Violence in Australia. 10 years ago, an Australian Bureau of Statistics report into Women's Safety (1996) reported that nearly **one quarter (23%) of women who had ever been married or in a de-facto relationship had experienced physical violence from a male partner**, and that one fifth (20%) of women who had experienced Domestic and Family Violence had first experienced such violence during pregnancy.

More recently in 2013, researchers from the Australian Institute of Criminology cited figures from the 2009 and 2010 National Homicide Monitoring Program annual reports which highlighted that **one woman is killed every week in Australia by a current or former partner**. The 2016 Royal Commission into Family Violence cited Victorian Family Violence Database statistics from 2009 to 2014, and reported that the prevalence and incidence of such violence is increasing year after year.

It is clear that Domestic and Family Violence is a widespread problem in our communities, much of this violence leads to ongoing sadness, pain and worry for children and families, and can have long lasting implications if it isn't stopped..



How family violence can affect children

When a family is affected by Domestic and Family Violence, the impacts are felt by family members, adults and young people, in a range of ways. Domestic and Family Violence can be more damaging to young people whom might not necessarily be at the very centre of the violence; and such experiences can go on to shape children's still-developing behavioural, emotional, biological and physical systems.

In terms of behavioural (and psychological) impacts on children, Domestic and Family Violence can profoundly affect a young person's:

- Understanding of acceptable or normal interactions with parents and friends
- Anxiety and stress levels within the home and school environment (i.e., anxiety at home in the presence of violence, and anxiety at school when unknown violence might be happening)
- View of the world or their wider community (i.e., violence as an integral part of the community)

While these alone are certainly cause for concern, they also open up pathways for future compounding problems. For example:

- Changing a young person's view to see violence as an acceptable way to interact with people may lead to future problems maintaining supportive relationships, employment difficulties due to hostile interactions within the workplace, and legal issues.

A childhood filled with anxiety and stress from violence within the home environment may lead to future mental health issues (i.e., Major Depression, Generalised Anxiety Disorder) as well as physical health issues (i.e., regularly cold and flu symptoms due to immune system suppression, and susceptibility to heart and/or blood pressure problems¹).

Exposure to Domestic and Family Violence during childhood and adolescence can lead to transferral of violence across generations, as children become parents themselves.

Family violence does not discriminate and affects the whole community including Aboriginal and Torres Strait Islander people, people from a culturally and linguistically diverse background, people with a disability and lesbian, gay, bisexual, transgender, intersex and queer people. When working with families it is vital to employ culturally and socially appropriate and sensitive practices.

¹ Centre for Disease Control and Prevention, CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study

Protective Factors / Resilience

It is important to remember that not every person who is exposed to Domestic and Family violence will end up being negatively affected by it over the long-term. Generally speaking, young people have in-built “resilience” to traumatic events occurring in their lives: they are often able to process and move past adversities without developing behavioural or psychological problems. This natural resilience is promoted when adversities occur in isolation, and/or when support is offered promptly after such occurrences.

Research into young people who have experienced a wide range of adversities (violence, abuse, bullying, grief and loss, natural disasters, etc.) teaches us two very important lessons:

1. Facing adversities during childhood is quite common; **two in every three young people will have experienced some sort of adversity or traumatic event** in their lives.
2. **Most young people recover well from such adversities or traumatic events.** With the adequate provision of support, young people are more likely than not to develop into behaviourally, mentally and physically well members of the community.

3. Children’s natural resilience can be supported by:
 - responses of family and other safe, trusted adults
 - connection with school and community groups that provide safe and supportive environments
 - encouraging a sense of belonging amongst children in their environments

In the context of Domestic and Family Violence, it is very important to help minimise exposure to on-going violence within the family environment, and to offer support as soon as such violence is suspected.

Emotional support can be provided in many forms; the simplest and most accessible form of support is to simply offer your own time and attention to a young person who wants to talk about events occurring at home. Having the chance to talk through issues can be highly beneficial to young people — it lets them know that there are people who care about them, and that they are not alone in dealing with such adversities.

Additional, more intensive support for young people is also available through school counsellors, school psychologists, and a variety of specialist services which adults working with children need to be aware of.

Despite increasing recognition and discussion regarding the problem of domestic and family violence, a number of myths remain particularly regarding the impact on children and young people.

Myth 1: Children who are not physically hurt themselves are not affected by family violence.

Family violence occurs in a multitude of forms. Emotional abuse such as name calling, excluding or humiliating children can be extremely distressing and lead to ongoing issues with children's sense of self worth and safety. Young people who witness those they love being physically and emotionally hurt and controlled may suffer feelings of fear and helplessness. The levels of stress that can exist within a household when adults are fighting regularly affects everyone in that household. Children become very highly attuned to changes in mood and atmosphere in their homes, over time this can lead them to being 'hypervigilant', constantly on the lookout for signs of danger, both inside and outside of the home.

Children who have grown up around family violence may respond to other adults' changes in tone or speaking volume. For example: a teacher raising their voice slightly, may provoke an extreme reaction 'Stop shouting at me!', because of the child's highly developed ability to attend to such changes in tone and volume. This is the result of an adaptive process of hypervigilance at home when such changes in a perpetrator's voice can indicate violence is coming.



Myth 2: Children and infants are 'too young' to remember incidents of violence, and are therefore not affected by it.

No child is too young to be impacted by family violence. In fact, the younger the child when exposed to family violence, the more profound the impact can be. When women experience family violence whilst they are pregnant, their unborn children are at risk of injury both physical and developmental. We know that when mothers are exposed to family violence whilst pregnant, they have increased levels of cortisol (the hormone our brain releases to help deal with stress) in their system, and research now tells us that exposed babies can have increased cortisol levels from as young as 17 weeks gestation. Ongoing exposure to 'chronic stress' by a mother can have serious implications for her unborn child's development, particularly brain development.

We know that patterns of attachment (bonding) and views of relationship are laid down in the first months and years of life. Infants who are living in homes where family violence is occurring are much more likely to develop insecure attachments which can negatively impact their relationship within and outside the family for the rest of their lives.

Children can carry their view of themselves and their interpretation of how they are treated throughout their lives. Too often children exposed to violence conclude they are unlovable, bad kids who are to blame for the treatment they receive.

Children's experiences of family violence that occur before the acquisition of language can profoundly impact on children, even though they can not 'speak' about them. These pre-verbal memories are laid down, and can be explored with children through non-verbal, expressive techniques later in life. Understanding a child's early experiences, including exposure to violence, can help make sense of troubling behaviours you may see.

For example, a child that 'vagues out' often for no clear reason may be being 'triggered', i.e. a sound or smell may remind them of an early experience that was very overwhelming or frightening, such as hearing police sirens triggers an 'implicit' (unconscious) memory from early childhood when Police came to the house.

Myth 3: Children and infants who have not 'seen' family violence, e.g. witnessed their mother being hit, are not affected by it.

Often adults will speak about children not having ever 'seen' the violence, this risks minimising the profound impact living with family violence has on children. When you speak to children about their experiences of family violence they can clearly tell you how it made them feel and what they did to manage these feelings, regardless of if they 'saw' anyone getting hurt. Family violence is often noisy and frightening, people are shouting, screaming, things are broken.

Noise travels, and children hear.

Children also witness the aftermath of violence; holes in walls, broken plates, bruises and tears. Children are also often left feeling very worried and stressed about the adult who has been hurt.

Children are often placed in the position of carer for their loved ones after an episode of violence. A young girl may soothe her mother, and son may clean up the smashed glass. This reversal of caring roles in the family can be soothing, but if sustained over a period of time can undermine a child's sense of safety, as the adults who should be in charge of keeping them safe are unable to do so. This leaves children feeling vulnerable and children can respond by becoming aggressive and controlling towards others, in an attempt to feel they have some control in their lives. This can affect their ability to make friends, or get along at school where such 'bossy' or intrusive behaviour is not appreciated.



Myth 4: All members of the family will be affected in the same way.

Families are complex and dynamic. The way in which family violence impacts each member of a family will depend on a multitude of factors, including but not limited to;

- each individual's level of exposure to violence (direct victim, witness)
- the age of exposure, the attachment relationship (bond) with the primary carer
- the relationship with the perpetrator of the violence
- exposure to other traumatic events (such as sexual abuse or assault)
- level of support from others, personality and temperament

Siblings can experience the same events, but the ways they make sense of them, and their capacity to cope with them (to be resilient) can differ dramatically.



Case Study*

Rachel and Zoe are sisters, Rachel is 15 and has been living with her Dad for the past few years. She has recently returned to live with her mum and step-dad. Zoe is 10 and has always lived with her mum. Not long after Rachel moved back in, she and Zoe saw their step-dad assault their mum and break her nose. Rachel was devastated, but Zoe was traumatised. The difference in the magnitude of their responses is due to more than just their ages, it has to do with how they make sense of the event, and their perception of their ability to have any control over it. The difference in their perceptions is illustrated below:

Rachel's Perceptions

I've got to get help,
I think he broke her nose
If he comes near me, I'll call
the Police

We have to keep quiet,
stop crying Zoe

Why did I ever move back here?

Zoe's Perceptions

Mummy is going to die,
her head is all bloody
He is going to kill us too
I feel sick, I can't stop crying
He is doing this because
I am a bad girl

*Based on Miller, 2012, RSAT training tool,
<http://www.rsat-tta.com>

Myth 5: Children are passive victims of family violence.

Over recent years the language used with regard to children who live with family violence has shifted away from 'victim' to young people who 'witness', 'experience' or 'live with' family violence. This shift recognises that **whilst clearly children are often victims, this does not completely define them or capture the complexity of their experiences.** A recent study across four European countries² looked at children and young peoples' experiences of domestic and family violence and concluded that while they were often profoundly impacted by violent and coercive behaviours, children were not passive observers of family violence. This research demonstrated the complex and creative ways children find to manage and cope with their experiences, they refer to this as the 'inextricable experiences of damage and coping'.

Too often children's experiences of violence are ignored or dismissed, and organisations and adults working with children fail to recognise the agency and active role children take in managing their lives, and those of their siblings and even their parents.

When children are asked what they do when family violence is occurring, they describe sophisticated strategies that they have developed to try and minimise the impact on themselves, and often on their siblings.

Ben (10 years) says that when he heard his parents begin to fight, he would take his younger siblings, Pat (6 years) and Sarah (4 years) down to his room, put headphones on them and let them play his Playstation games. Suzie (13 years) spoke about trying to distract her father with chat about his favourite football team if she sensed he was getting frustrated and aggressive toward her mother.

“Consider, for instance, the examples of children hiding away in cupboards, hidey holes and dens. In some senses this looks like an accession to abuse and control — children might be seen by professionals and academics as hiding away, as cowering in corners. But if we only see this painful and difficult aspect of the child's behaviour, and don't try to make sense of the meaning they attach to it, we do not see how it is also resistant and resilient. Children are not just frightened, they are not just hiding. They are creating spaces for themselves, where they can feel just slightly safer, just a little more secure and in control.”

— Dr Jane Callaghan, UNARS

² UNDERSTANDING AGENCY AND RESISTANCE STRATEGIES (UNARS): Children's Experiences of Domestic Violence

Myth 6: It is easy to pick out children and young people affected by family violence.

The response to living with violence is not always predictable. Whilst it is sensible to be curious about a child's safety at home if we witness them being aggressive or violent at school or in other settings, this is not always an indication that a child is unsafe. Likewise, not all children that are unsafe 'act out'. **We need to learn what distress looks like when it is not messy and noisy.** Many children who live with violence slip beneath our radars because they are quiet in their distress. Understanding what anxiety, depression and dissociation (spacing out) look like in children of different ages will assist in preventing these children from slipping through the systemic cracks.

Case Study

Tahlia is a good student, in Year 8 at school she is always on time, if not early. She is well groomed and completes her work. Often she stays late at the library to complete assignments and is well liked by her teachers. She is quiet, doesn't have many friends, but other students don't seem to bother her. She is close to invisible. One teacher, Sarah, notes that Tahlia is even quieter than usual, looks tired and drawn.

Sarah had noticed that Tahlia never takes her jumper off, even in Summer, and realises that she's never seen Tahlia's parents and Tahlia's absences have been increasing.

Sarah checks in with Tahlia to see if she is ok, and asks how things are at home. Tahlia is embarrassed by the attention and gives nothing away. Sarah persists; shows an interest in Tahlia's artwork, gets to know her a little over the next few weeks. Eventually, when Sarah asks again how things are at home, Tahlia's voice cracks. She shares that her mum is in hospital at the moment, and her Dad taken off. It was his assault that put Mum in hospital. Tahlia has been taking care of her younger sister and brother, and trying to keep the house running. Tahlia says that she has been cutting herself, mostly on her arms for the past year as it helps her calm herself. Tahlia is terrified that if she tells people what is going on her family will be split up and her siblings will be put in foster care.

Sarah is shocked to hear how much she has been through, and wants to reassure Tahlia that she can help. As she teaches in NSW, Sarah is mandated to make a report to Family and Community Services (FACS) regarding Tahlia's exposure to domestic violence, but she has never done this before and is very concerned of what will happen to Tahlia's family.

As an adult who works with, or has contact with children, it is essential that you are familiar with your rights and responsibilities with regard to duty of care and mandated obligations. They are slightly different in every state and territory, and for different professions.

While Sarah is daunted at the prospect of making a notification, it is essential that she does. Tahlia and her whole family needs support. FACS and related agencies are in place to try and ensure children's safety, and can activate the kind of wrap-around support Tahlia's family need.

Myths also exist around the likely outcome when statutory services are involved with families; either nothing will be done, or the children will be taken away from their family. In reality, most often neither is the case.

All allegations of abuse or neglect will be investigated, and agencies' primary focus is the best interest of the children. Whenever and wherever it is possible, this means supporting a family to stay together.

Tahlia and her family could benefit from having a case worker allocated to help them find support — psychological, financial and practical. Tahlia could be linked in with her school counsellor, or referred to a local psychologist for support around her exposure to violence, and self harm. She may want to link in with a Young Carers group to meet other kids who have had more than their share of responsibility at a young age. Tahlia's mother may want to access legal advice regarding AVOs. Tahlia's younger siblings could be supported to attend childcare while their mother recovers.

As adults it is our responsibility to watch out for the children we interact with, to familiarise ourselves with what to look out for, educate ourselves regarding how to respond if we think a child is at risk, and understand the processes involved in activating help and services in our local areas.





Mandated Responsibilities — The Australian Institute of Family Studies have released a great tip sheet on professionals' responsibilities and the differences across Australia:
aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect

Support Services Available

1800 RESPECT or 1800 737 732

The National Sexual Assault, Family & Domestic Violence Counselling Line is a free telephone and online confidential service for any Australian experiencing or who has experienced domestic or family violence and/or sexual assault. It is available 24 hours a day, 7 days a week.

ACT

Domestic Violence Crisis Service ACT
02 6280 0900
dvcs.org.au

NSW

Domestic Violence Line
1800 65 64 63
domesticviolence.nsw.gov.au/home

QLD

DV Connect Women's Line
1800 811 811
dvconnect.org/dvline

VIC

Women's Domestic Violence Crisis Service
1800 015 188 or 03 9322 3555
wdvcs.org.au

WA

Women's Domestic Violence Helpline
08 9223 1188 or 1800 007 339

SA

Domestic Violence Crisis Service
1300 782 200
Domestic Violence and Aboriginal Family Violence Gateway Service (including Domestic Violence Help Line) 1800 800 098

TAS

Family Violence Response Referral line
1800 633 937
safeathome.tas.gov.au/about_us

NT

Dawn House
08 8945 1388



To access more information and resources for supporting families please visit our website earlytraumagrief.anu.edu.au

Our websites have tip sheets and information for both professionals and families.

All our resources are free, if you would like extra copies of this resource or any others, please contact us at earlytraumagrief@anu.edu.au



Australian Child & Adolescent
Trauma, Loss & Grief Network

tgn.anu.edu.au