EXECUTIVE SUMMARY

Truth is, the abuse never stopped

Adult insights on the support they received when impacted by childhood domestic and family violence

Barnardos Australia Survey 2022

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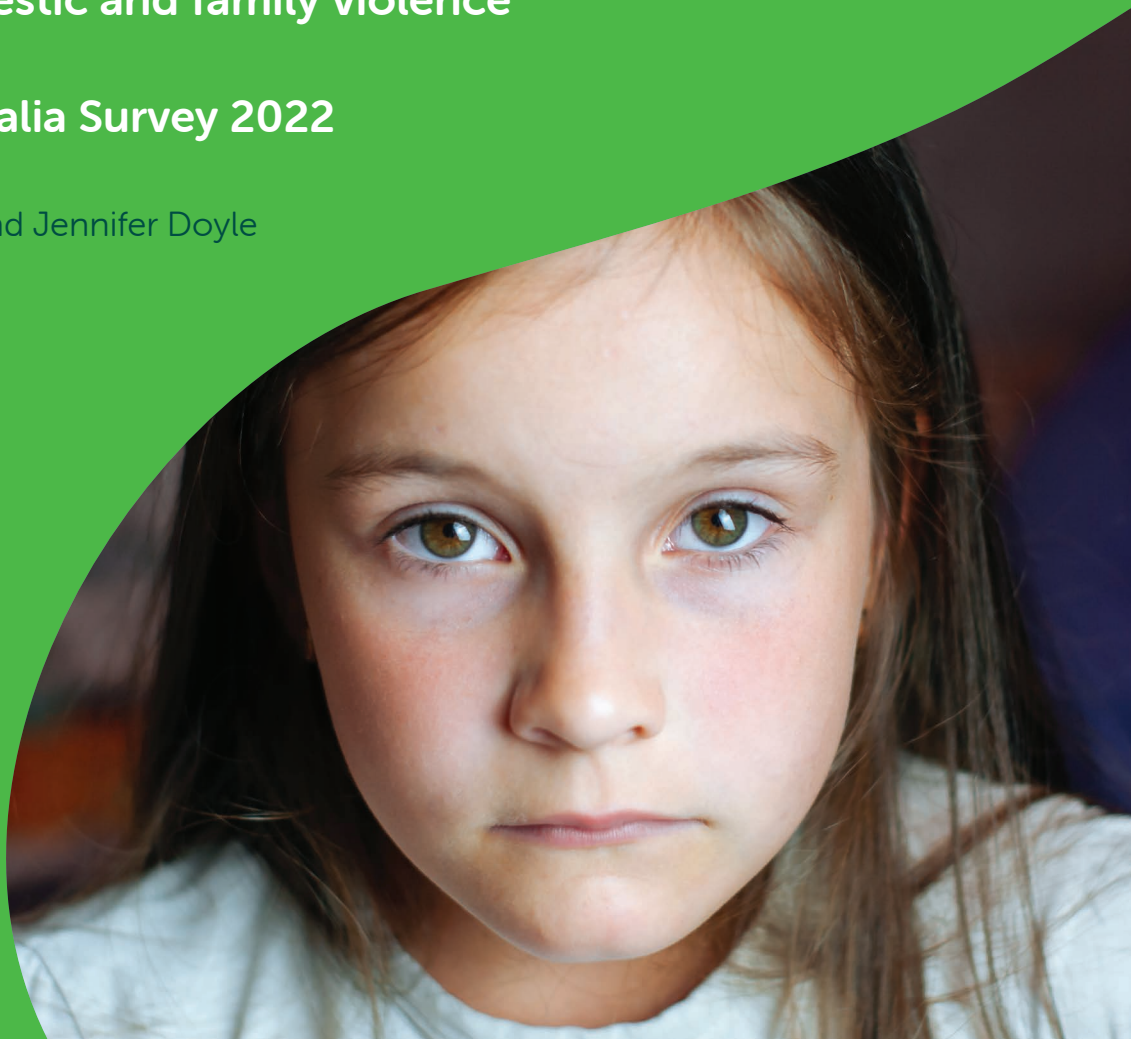

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Executive summary

The devastating effect of domestic and family violence (DFV) on children and young people has been increasingly researched, and its lasting impact acknowledged. Yet, despite the evidence, children and young people continue to be regarded as onlookers who 'witness' DFV, rather than as victims who directly experience DFV. Indeed, recognition of children and young people experiencing DFV as victim survivors in their own right and with their own unique needs is long overdue.

It is time to recognise children and young people as equal victim survivors with their own safety and support needs, and to establish appropriate DFV support policy and programs which reflect the presence of multiple victims of DFV.

"When my father was hitting my mother I would go to get my grandmother (lived close by) to help stop the fighting. I would remove my two younger brothers from the situation. No-one thought that I might need protection too."

What is domestic and family violence?

In this report, we use the term domestic and family violence as an umbrella term which encompasses any type of violence between family members. Usually the perpetrator is seeking to exercise power and control over the other person(s). Domestic violence is a subtype of family violence that is often used to refer to violent behaviour between current or previous intimate partners.[1] Often but not always, an adult seeking more power and control over other family members is a man. Often but not always, the persons who are the targets of violence are children and women. However, it can be experienced by all families, including people living in LGBTQIA+ families. Domestic and family violence is pervasive in the Australian community and takes place at all socioeconomic levels.

Purpose of the study

The primary purpose of this research project has been to consult adult victim survivors who experienced DFV in their childhood or youth so that we can better understand their situation and support needs at that time. This report presents findings from that survey. The University of Sydney Human Research Ethics Committee provided ethical approval for this project.[2]

Methodology

In December 2021, Barnardos Australia, in partnership with Urbis, an interdisciplinary consulting firm with expertise in planning and research, conducted a national online survey of adult survivors of childhood DFV.

The survey link was distributed by Barnardos using a mix of traditional and social media. Over 450 industry organisations Australia wide were contacted via email to share the survey with their networks and communities. The survey was announced to over 300,000 Australians nationwide through radio news broadcasts. Barnardos also communicated via owned media channels such as their website, social media, and emails to recruit participants.

The survey was in the field from 2 November to 20 December 2021. During that time 149 participants aged 18 and over submitted a response. Urbis undertook statistical analysis of the data collected.

Limitations

As the respondents were self-selected, the sample is not representative of the broader population. Not all respondents answered every survey question, so the total for each question can vary. As only a small number of respondents identified as male or gender minority, analysis of the data by gender could not be carried out. Similarly, with only five percent of the sample identifying as Aboriginal and/or Torres Strait Islander, analysis of the data by cultural background was not undertaken. Although understanding the perspective of men who use violence in their family relationships is critically important to therapeutic engagement, a limitation of this study is that it does not capture their views.

[1]Source: Australian Institute of Health and Welfare 2019. *Family, domestic and sexual violence in Australia: Continuing the national story 2019*. Cat. no. FDV 3. Canberra: AIHW.
[2]University of Sydney HREC Project Numbers 2021/462.

Barnardos national survey –the lived experience of adults impacted by childhood DFV

Survey respondents provided an unexpectedly rich collection of first-hand accounts about living with DFV which we have sought to highlight. Although statistical findings are presented, we have also focused on respondents' stories and explanations. Consequently, the content, format and style depart somewhat from other reports of this kind. Our intention has been, first, to respect the extensive contributions made by respondents; second, to help dispel some of the myths and misunderstandings surrounding children's experience of DFV; and third, to find out what types of support would help children and young people living with DFV. Although this report may be a difficult read in parts,[3] we hope that readers will be able to glimpse (if only momentarily) the world that these particular DFV victim survivors inhabited as children, and in so doing, clarify their understanding of the critical support needs of children experiencing DFV. While we have highlighted the analysis of responses to open-ended questions, those who are interested in our methodology and detailed statistical findings will find them outlined in Appendix A of the report.

Targeting a lay audience, we also hope to contribute to the current public conversation about addressing the impact of DFV on children and young people. Results from the survey are discussed within a framework of myths and misunderstandings about DFV and children and young people. Recommendations are based on survey respondents' views and needs, but also owe much to Barnardos practitioners' knowledge and understanding of how these could be operationalised to produce sustained and ongoing positive change for children and young people.

Who responded to the survey?

- A large majority of respondents identified as female (85%).
- Five percent of participants identified as Aboriginal and/or Torres Strait Islander.
- The majority of our survey respondents (83%) reported that their father, stepfather or male carer perpetrated the abuse they experienced, with 37% reporting that there was more than one perpetrator.

[3]If you experience any distress, either while reading respondents' stories or reflecting on them afterwards and would like to speak to a professional, please contact your health practitioner (such as your GP or a professional counsellor) or call 1800 RESPECT (1800 737 732).

Summary of survey results

Type of abuse and impact respondents experienced

- Most respondents experienced multiple types of abuse.
- Verbal, physical and psychological abuse were the most commonly reported types of abuse.
- For almost half of the respondents the abuse began when they were very young (four years old or younger).
- For almost two thirds of respondents, the abuse lasted most or all of their childhood.
- Psychological distress, low self-esteem, lack of trust, not feeling safe, and often feeling sad and lonely were the most highly scored impacts of the abuse experienced by our respondents. Other impacts included withdrawing from society and isolation; loss of confidence; anxiety, panic attacks and mental illness; hypervigilance; fear; self-harm and suicidal ideation; emotion regulation; and worsening medical conditions.

Help and support respondents sought

- Almost two thirds of respondents sought help and support when they were a child or young person. The most common sources children approached for help were mother, sibling, friend and counsellor or health worker.
- More often than not respondents regarded their help-seeking as unsuccessful, often ineffective or having a negative outcome.
- The most common outcome of help seeking was that the person they told did not intervene, followed by the respondent's account being discredited by the abuser and/or the respondent accused of lying or making it up.
- Many respondents indicated as a child and young person they didn't know where to go for help, that they were afraid to tell someone about what was going on, that they were afraid telling someone would make things worse, that they didn't want to talk to anyone about it, and that there wasn't anything anyone could do to help.

Service/professional involvement in respondents family life

- Just over one third of respondents indicated that support services and professionals had been involved at some stage. Most commonly involved were police, followed by child protection.
- Experiences and outcomes varied; however, responses were more negative than positive.
- On the whole the situation worsened and the respondents became more frightened.

Help and support respondents most wanted

- When experiencing DFV respondents wanted someone (e.g. a teacher, health professional, adult) to notice the signs of abuse and to intervene and mental health support and counselling services to be available to them during the period when the DFV was taking place and afterwards.

Respondents' accounts

- Respondents volunteered many comments to supplement their responses to the questions. The detailed and descriptive nature of the comments allowed us to draw out a number of additional issues.
- Respondents wrote about many experiences including:
  - Various ways (mental, emotional, physical) DFV has impacted their life.
  - Coercive and controlling behaviours being directed towards them as a child or young person.
  - Abusive incidents occurring when they were very young.
  - Perceiving DFV as normal behaviour and that all families experienced it.
  - Secrecy of DFV and being ordered by a parent or parents to not talk about DFV to anyone.
  - Frustration and anger around not being believed.
  - Ways in which they felt revictimised and further abused as a result of the help they received or the involvement of services and professionals.

What can we conclude from the survey results?

Respondents wrote about the many difficulties they encountered during childhood. Although the experience and impact of DFV is unique to each child or young person, there were a number of areas in which their responses converged. As a result, we were able to identify gaps in the provision and availability of help and support. Three broad areas of concern were identified.

1. Education and training

The findings indicate that there is a lack of knowledge and understanding of DFV and coercive control at all levels.

Children and young people

A number of respondents indicated that they were unaware as a child or young person that the violence or abuse they experienced was unacceptable and not the norm, and that they had little understanding or experience of healthy relationships. Many also worried at the time that they were the cause of the DFV that was occurring in the home. This suggests a significant need for increased or improved education around DFV and appropriate behaviours within the home environment, as well as around recognising and establishing healthy relationships. In addition, the majority of respondents did not know how to access support of any kind. Given that for many respondents DFV commenced from a young age, comprehensive education across these areas and across all age groups of children and young people is needed.

Trusted adults

The findings also suggest that education is needed on appropriate reporting channels for those people that child victims are most likely to reach out to. Figures such as a teacher, school counsellor, or doctor/nurse were often cited as trusted adults and need to be a focus of education and training.

Community

Respondents also clearly expressed a need for better support from those around them, which has implications for education with the broader public. Several examples were provided of reports of abuse being dismissed or downplayed, of inadequate or inappropriate support being provided, or the involvement of adults making the situation worse.

Respondents also indicated that often adults in their everyday life failed to notice the signs of abuse and intervene. Again, this points to the need for increased public education around recognising the signs of abuse and knowing how to safely intervene.

2. Provision of services and professional support

Several services and supports were identified by respondents as having a role in supporting children or young people experiencing DFV.

The importance of adequate and ongoing mental health supports was emphasised by respondents. Several indicated that psychological distress was among the largest impacts of abuse, which had led to a range of ongoing mental health issues, many of which were still being experienced by respondents. This was further supported by responses to the case study scenario highlighting the importance of providing a safe and enabling environment for the young girl.

On the whole, respondents' experiences of services and professional assistance surrounding their abuse were poor. Many respondents reported negative perceptions of these agencies, including police or child protection, and that their experience of interventions by these services did not help improve their situation.

3. Further research and child-focused data

Survey respondents generously shared their knowledge and experience, which we have sought to highlight in our discussion. However, as they are adults it is not possible to say the extent to which the findings within this report reflect the current situation of children and young people experiencing DFV and abuse.

Domestic or family violence or abuse is extremely complex, and no two experiences are alike. Further research is required to shed more light on the implications of some of the findings within this report and to examine the extent to which the experiences reported are reflective of the current experience of children and young people.

What can be done for children and young people living with DFV?

Before formulating recommendations, the input of expert practitioners from Barnardos Australia was sought. Importantly, they were able to provide clarification in a number of areas and highlight particular issues of concern in the sector. Discussion focused on education- and service-related topics.

- Community awareness of DFV
- Media representation of DFV
- National awareness campaign focused on DFV education
- Education and training in DFV for support professionals
- Social work practitioner DFV training
- Improved delivery of DFV services
- Funding of DFV services
- Voices of children and young people and their experience of DFV

"I felt like I wanted to protect my mum all the time. I thought about killing my father many times in my teen years. Mum often fled with us kids (5) and I would go to a friend's house if she couldn't get me a bed somewhere at a relatives. I felt helpless, useless, traumatised and lacking in confidence."

"I dissociated. I cut myself. I found other ways to bring pain to myself even as a very young child because I was taught I had to have pain to have love and care."

"I was in fear for my life. I didn't learn boundaries of relationships. I didn't learn right from wrong. I didn't learn selfcare."

Recommendations

Education

1. Conduct community-wide education campaigns aimed at (1) educating people on the devastating and often lifelong impact of DFV and coercive control on children and young people; (2) enabling people to recognise instances of DFV and coercive control experienced by children and/or adult partners; and (3) equipping them with sufficient information so that they can respond appropriately.
2. Provide information and education which is culturally appropriate.
3. Develop measures which assess the impact and success of a DFV campai gn; specifically, develop indicators which can measure and evaluate change in social thinking around DFV.
4. Reinstate DFV as a study component within the national curriculum for a social work degree.
5. Ensure that all professionals with whom a child might interact with in their everyday life (such as primary and secondary teachers, health workers, pastoral care volunteers) are trained to recognise situations of DFV and to respond appropriately.
   Example: When renewing a Working With Children Check, the applicant must complete a refresher course on DFV and Coercive Control.
6. Conduct ongoing age-appropriate DFV nationally consistent education programs within schools which allow students to develop a clear understanding of what constitutes DFV, what behaviours are not appropriate in the home, and how to recognise and develop healthy relationships based on the findings of Recommendation 13. Programs would also include information on available support services.
7. Establish official national media guidelines for reporting on and speaking about DFV.

Service improvements

8. Make funding available to services or organisations which can be immediately drawn upon when and as families present, noting that DFV cuts across many programs.
9. Develop and pilot a model of cross sector collaboration, with a view to rolling out across NSW/ACT. Utilise existing knowledge of effective joint responses, cross sector engagement and interagency models.
10. Adopt the Safe & Together™ model across NSW/ACT organisations to establish a consistent approach to DFV across the sector.
11. Rollout Learn to Live Again (L2LA) model across Australia.
12. Establish culturally safe groups and spaces where rapport, trusting conversation and healthy relationship can be cultivated. *Example: Safe places where children and young people can share with a trusted person within the group.*

Further research

13. Examine how the topic of DFV can best be discussed and taught about in schools, especially to younger students.
14. Design and support research where the voices of children and young people who have experienced DFV are centre stage.

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