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

Dr Robert Urquhart and Jennifer Doyle

THE UNIVERSITY OF SYDNEY

URBIS

Barnardos Australia

We would like to acknowledge the Traditional owners and custodians of country throughout Australia and recognise our Aboriginal and Torres Strait Islander peoples continued connection to land, waters and community.

We pay our respects to Elders both past and present and acknowledge their ongoing commitment to culture and community. May we also acknowledge past atrocities that were inflicted on our Aboriginal and Torres Strait Islander peoples due to past government polices.

We are committed to approaching culture with humility, respect and curiosity.

Thanks

We are grateful for our respondents who took their time to generously share their expertise from their lived experience. Special thanks go to our Urbis research partners who implemented the survey and provided the data and text in Appendix A, Dr Caroline Tomiczek, Christina Griffiths, Matthew Boyd, Peter Sakis and Jayde Grisdale. We thank Breanna Prisuda who co-ordinated the recruitment and the industry organisations and peak bodies who distributed our survey invitation through their networks and communities. We are grateful to our Barnardos practitioner colleagues who provided their insights on operationalising the findings, Elizabeth Cox, Sarah Spence, Rosa Ciravolo, Melissa Bell, Mary Haiek, Mark Hoare, Shaun Naidoo, Maria Corsiglia, Jenny Hargreaves, Vanessa Smith, Annie Patterson, Marissa Blakely, Michelle Cheng, Bryce Senior, Irene Saunders, Catherine Turner, Alex Muirhead, Tina West, Deeanne Slee, Colin Moore, Matt Hooey, Justine Lee, Jenny Norderyd and Emma Tyndall.

Artwork (children's drawings)

We thank the children and young people in one of our Barnardos support programs whose artworks are shown in this report (with their generous permission). We also thank Jodi Owen for her assistance gathering the artwork.

Citation

Urquhart, R., & Doyle, J. (2022). *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). Barnardos Australia.

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Table of Contents

Table of Contents (Cont.)

Table of Contents (Cont.)

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.

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 the 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 respondent 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 media 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

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 campaign; 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 inter-agency models.
10. Adopt the Safe & Together™ model across NSW/ACT organisations to establish a consistent approach to DFV across the sector.
11. Roll out 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.

Foreword

Professor Cathy Humphreys

Professor of Social Work
University of Melbourne

All children have a right to grow up in a home free from violence and abuse. I could also add that children have a right to understand what a safe family should and could look like. The testimonies provided in this Report from adults who grew up living with domestic and family violence (DFV) indicate that they experienced themselves with no right to live safely and many had no idea that the abuse they were living with was not normal. Many of the respondents to this Report lived all or most of their childhood with violence and abuse. They provide sad and compelling accounts of childhoods stripped of a sense of safety and care. They give stark insights into the problems they experienced trying to find help and the lessons we still need to learn today about what real help looks like. Their stories also point to strength and resilience. These qualities provide the inspiration which can propel us forward, to think creatively about the shifts required to prevent DFV and the strategies which are needed to respond to children when they bravely reach out for help.

The survivor accounts of a childhood living with DFV leave no doubt about the long shadow abuse casts into adult life and the chilling effects it had in childhood. The damage to the child's sense of self, the undermining of confidence, the impact on health and mental health, and the social costs through poverty, loss of education and isolation are told in some detail. Their lived experience does not allow the reader the comfort to hide behind a false notion of 'a great dad, but a bad partner', or that all mothers had the capacity to support children through the abuse that they also experienced. The very helpful distillation of the survivor stories into a series of points about children's experiences of coercive control provide new insights and highlight the ways in which children's experiences differ from those of adults who live with domestic and family violence.

A clear message from the adult survivors of childhood abuse was that strenuous efforts need to be made to foster community attitudes that support respect in relationships and show children that abuse and violence was 'not normal' but in fact, unacceptable. A repeated reframe from many of the adult survivors was that when they were children, they believed the abuse they lived with was normal and part of everyday family life. They had few other points of reference. Their experiences point to the need for preschools, primary and secondary schools, sporting clubs and the media to provide alternative avenues through which abuse is called out, and healthy relationships exemplified. Media campaigns naming abuse and demonstrating care and respect in relationships need to be funded and a regular feature of wider social messaging. In short, prevention was essential, yet it had not featured strongly (if at all) in the lives of the respondents in the Report.

The response to children and young people asking for help was distressingly poor. While there were some heartwarming reports of children finding validation, safety and reassurance from teachers, doctors and counsellors, overwhelmingly help-seeking confirmed their worst fears. They were not believed, they were punished further, their perceptions were questioned, they were identified as liars. The alternative of calling out abusive adults was too hard for many of the professionals the children encountered.

Interestingly, many practitioners in Australia across all services are now being trained in the Safe & Together Model for responding to DFV. It provides a helpful alternative to 'failure to protect' models that tend to focus too much on assessing the ability of the adult survivor (usually mother) to protect both themselves and their children from abuse. The 'failure to protect' model tends to set mothers up for failure and children up for disappointment and continued abuse fracturing, rather than building relationships with their mothers. The underlying principles of the Model are to keep children safe and together with their mothers, pivot practitioners to focus on the patterns of coercive control and abuse from the person (usually fathers) using violence and keep a detailed, documented account of the behaviours that are causing harm and the impact that this behaviour is having on children. A core focus is building a partnership with the non-offending parent (usually mother) to understand and map the perpetrator's behaviour of coercive control. This must include and take account of the ways that other issues such as disability, poverty, colonisation, sexuality and age intersect and compound the vulnerability to violence and abuse.

Across different states in Australia and through five different projects, our research team has been working with David Mandel and the Safe and Together™ Model to support the capacity building, knowledge translation and evidence for the value of this Model of working when children are living with DFV. We have been heartened by the ways in which a shared language and approach can be used to support effective collaborations across agencies. The approach attends to all members of the family in ways that are inclusive of children, attending to their needs in the context of their community and relationships.

The Report urges attention to the lives of children living with domestic and family violence. Their accounts propel us to action. As we speak, children are suffering harm that potentially will last a lifetime. The Report provides a clarion call to everyone to ensure that the stories told by these adult survivors of childhood abuse do not fall on deaf ears.

Professor Cathy Humphreys

Professor of Social Work
University of Melbourne

A message from the CEO

Deirdre Cheers

Chief Executive Officer
Barnardos Australia

For over 100 years, Barnardos Australia (Barnardos) has been committed to children in Australia, ensuring that they can grow and prosper, reaching their full potential. Every child deserves the opportunity to reach their brightest future. Yet too often the experience of domestic and family violence in childhood can leave serious long-term impacts on cognitive, social and emotional development, lasting into adulthood. Unfortunately, our community is hearing regularly about cases of terrible violence within families, some resulting in the tragic death of parents and children. Statistics indicating that there was an increase in domestic and family violence throughout the COVID-19 pandemic is alarming and makes it even more urgent to address this tragic issue. At times, absent from conversations about domestic and family violence has been the voice of the child.

As part of Barnardos commitment to addressing the wider societal issues that lead to domestic and family violence, we want to bring to the forefront how this impacts children living within those environments. This Barnardos commissioned research report, *Truth is, the abuse never stopped: Adult insights on the support they received when impacted by childhood domestic and family violence,* is an important part of our continuing efforts to understand the experiences of children. We hope this report will promote community discussion on the lasting effects of domestic and family violence on children.

The report's findings show that children are far too often not recognised as victims of domestic and family violence, reinforcing the myth that children who 'witness' domestic and family violence in their home are not harmed by this exposure. However, it is quite the opposite. Exposure to domestic and family violence has serious impact on children - they are the 'voiceless victims'.

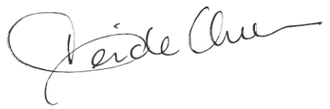
Another key finding is that of those who participated in the research, 70% indicated that they did not know where to go for help as a child or young person when they were experiencing domestic and family violence. 63% were afraid that telling someone would make things worse, and 42% did not want to talk to anyone about it. So, it remained hidden.

Children experiencing domestic and family violence need specialised care and support, giving them the protection and skill they require to firstly deal with the situation, and then develop the resilience that will support them well into adulthood. Barnardos makes strong recommendations within the report pointing to specialised care, education for schools and the police, and secure and long-term housing for families fleeing violence.

Barnardos tagline – "Because every child needs a champion" – reflects our fundamental belief in the importance of communities uniting around children to deliver the best outcomes for their young lives. Our employees, our families, our foster carers, our partners, our supporters and our volunteers all put children's needs first, and fight for a child's right to grow up safely to achieve their brightest future. Unfortunately, almost every family we work with at Barnardos has experienced domestic and family violence.

As an organisation, we are child focused in our approach and we provide integrated programs and services to 'wrap around' families and support them through the trauma caused by domestic and family violence. It is our ultimate goal to ensure Barnardos becomes not only a Domestic Violence Informed organisation but that we move consistently and deliberately along the continuum towards becoming Domestic Violence Proficient in all that we do and are, meeting the urgent need of communities in which we work and live.

This 2022 Barnardos Report calls for a new approach to domestic and family violence, keeping in the forefront the voices and experiences of children. This conversation is only just starting. I hope and believe that this report will translate into real change, and valuable long-term support for vulnerable children and their families who experience the trauma of domestic and family violence and abuse.



Deirdre Cheers

Chief Executive Officer
Barnardos Australia

Introduction

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.

Although it is encouraging that one of the central themes argued for in the newly released National Plan Stakeholder Consultation Report is prioritisation of children and young people in the next ten-year strategy in the National Plan to End Violence against Women and Children 2022-32,[4] the acknowledgment of children and young people experiencing DFV as victim survivors in their own right and with their own unique needs is long overdue.

The pain and distress among children and young people who experience DFV cannot be overestimated. Barnardos front-line practitioners tell us that children and young people continue to confront and endure abuse and controlling behaviours on a daily basis and, as a result, are left feeling isolated, vulnerable and unsupported. Recent research with children and young people has also found that children's safety and support needs remain largely invisible.[5] 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.

The purpose of this report

The primary purpose of this research project has been to acknowledge children and young people as victim survivors in their own right with their own unique needs. This was done by consulting with victim survivors who experienced DFV in their childhood or youth so as to better understand their situation and support needs at that time. As a first step in assisting our advocacy work, we asked adults via a national online survey what support they received when impacted by childhood DFV and what help they would have liked. This report presents findings from that survey.

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[6],

[4]Fitz-Gibbon, K., Meyer, S., Gelb, K., McGowan, J., Wild, S., Batty, R., Segrave, M., Maher, JMM., Pfitzner, N., McCulloch, J., Flynn, A., Wheildon, L. and Thorburn, J. (2022) National Plan Stakeholder Consultation: Final Report. Monash University, Victoria, Australia. DOI: 10.26180/16946884

[5]See for example the then National Children's Commissioner's national consultation on how children are affected by family and domestic violence in 2015 at https://humanrights.gov.au/our-work/childrens-rights/projects/effects-family-and-domestic-violence-children-and-young-people#New%20data%20about%20children's%20experiences ; and the ACT Children and Young People Commissioner's *Now you have heard us What will you do?* report in 2020 at https://hrc.act.gov.au/wp-content/uploads/2021/10/Now-you-have-heard-us-What-will-you-do-Report-FA-Web-FA.pdf

[6]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).

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.

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.

To build on what we learned and to amplify the voices of those who are the most marginalised, we also commenced a small-scale qualitative research project exploring the views of children, young people, and their mothers in our DFV programs concerning support. This project is still underway; Barnardos will release a report of these findings in 2023.[7]

The University of Sydney Human Research Ethics Committee ethically approved the completed national online survey we are reporting on here and our current qualitative pilot project.[8]

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.[9] 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 within all socioeconomic levels.

Children can experience DFV in many ways. The abuse can be from a parent, a current or ex-partner, a carer, or a family member. They may also experience violence from another child or young person in their family or be violent themselves.

[7]Contact the authors of this report for further information on the qualitative study.
[8]University of Sydney HREC Project Numbers 2021/462 (online survey) and 2020/199 (qualitative pilot project).
[9]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.

A child may be experiencing domestic and family violence in the home when they hear, see or know that:

- A parent, current or ex-partner, carer, or family member gets hit, choked or slapped.
- A child or anyone they're close to gets hit.
- A parent is threatened with being hurt.
- A child, their sibling, step-sibling, half sibling or pet is threatened with being hurt or constantly criticised.
- A parent's or child's property is deliberately destroyed.
- A parent or child is scared or hurt, and they are not allowed to call the police or see a doctor.
- A parent or child constantly gets called names.
- A parent repeatedly yells loudly and angrily at a child.
- A parent or child is told they will never be good enough.
- A parent or child is prevented from seeing their friends and other family members.
- A parent is told what clothes they must wear or food they must eat.
- A parent has money stolen from them.
- A parent threatens to self-harm if they don't get what they want.
- A parent shows another family member they have a weapon to frighten them.
- A parent is not allowed to spend their own money.
- A parent has their phone searched and is told who they can be friends with on social media.
- A parent creates a fake identity on a social media to obtain information on another family member.
- A parent is told what religion they must follow.
- A parent, current or ex-partner, carer, or family member is forced, tricked or cajoled into doing something sexually they don't want to do.

How many children experience DFV?

Precise estimates of the total number of children and young people in Australia affected by DFV are not currently available. The lack of sufficiently detailed data is due in part to the frequent under-reporting of DFV incidents to police and child protection authorities. An unknown proportion of DFV goes unreported, as DFV mostly occurs in private and is often denied by perpetrators and victims as having taken place. Consequently, determining the extent of DFV is difficult.

Discussion of DFV and children remains further hampered by the limited availability of robust publicly available children's indicators. While the ABS Personal Safety Survey (PSS) collects national data on DFV, the collection is minimal in regard to children. It also raises a number of questions.

The main issue is that the PSS relies on parents' perceptions of what their child saw or heard regarding DFV and we have no way of knowing if these perceptions correspond with the reality. The only accurate way of knowing what children saw or heard is by consulting them directly.

That said, what data we do have suggest that significant numbers of children and young people are experiencing DFV **(Figure 1)**.

Stock image by ©Claire Bonnor

Figure 1: How many children are impacted by DFV?[10]

We don't have precise indicators for children's experiences of DFV available. But we do know that significant numbers of children are being impacted:

One child per fortnight

is killed in Australia by a parent or step-parent[11]

Approximately **2.5 million** Australian adults have experienced physical and/or sexual abuse before the age of 15.

Approximately **one in six women** (16% or 1.5 million) and **one in sixteen men** (11% or 992,000) experienced physical and/or sexual abuse before the age of 15.

Parents were the most common perpetrators of physical abuse of children under 15, with around **45%** of adults identifying a parent or stepfather as the perpetrator, and **24%** identifying a mother or stepmother.

Since the age of 15 **one in six women** and **one in sixteen men** in Australia have experienced intimate partner violence (17% or 1.6 million and 6.1% or 548,000 respectively).

Of those who had experienced violence by a previous cohabiting partner at a time when they had children in their care, **68% of women** (418,000) and **60% of men** (92,200) reported that the children had witnessed the violence.

[10]Sources: Australian Bureau of Statistics Personal Safety Survey 2016 (PSS); 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. All data from ABS unless otherwise indicated.
[11]See Lang, J. (2020) "How many children die from family violence in Australia?" Actuarial Eye. https://actuarialeye.com/2020/02/29/how-many-children-die-from-family-violence-in-australia/; citing Hill, J. The Drum. Family Violence Special 21 February 2020 drawing on the findings of Brown, T., Lyneham, S., Bryant, W., Bricknell, S., Tomison, A., Tyson, S., & Fernandez Arias, P. (2019). *Filicide in Australia, 2000-2012: A national study.* Report to the criminology research advisory council.

Research also indicates the types of abuse adults experienced as a child. For example, the Australian Longitudinal Study on Women's Health (ALSWH) found that for its 25,500 women participants, 15–25% experienced psychological abuse as a child, 13–16% experienced sexual abuse, and 8–11% experienced physical abuse.[12] However, we do not have corresponding data for the types of abuse men experienced as a child.

What do we know about the impact of DFV on children and young people?

Extensive research has shown that DFV perniciously impacts children and young people. **Figure 2** provides some salient examples.

[12]For women participants in the study, 7–10% witnessed their mother being abused as a child and 2–5% witnessed their father being abused. See Loxton et al. unpublished, cited in 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.

Figure 2: How does DFV adversely impact children?[13]

When compared with children in families where there is not parental conflict, children living in families where parents have reported family conflict experience:

Worse educational, health, and social outcomes

Worse health and social-emotional outcomes (when they live in families with persistent parental conflict)

A greater probability of experiencing impaired parenting (measured by low parenting efficacy and high parental inconsistency and irritability

Children who experience DFV, when compared to children who have no known experience of violence, were:

Almost **five times** more likely to receive a mental health service by the time they reached 18 years of age (79% versus 16%)

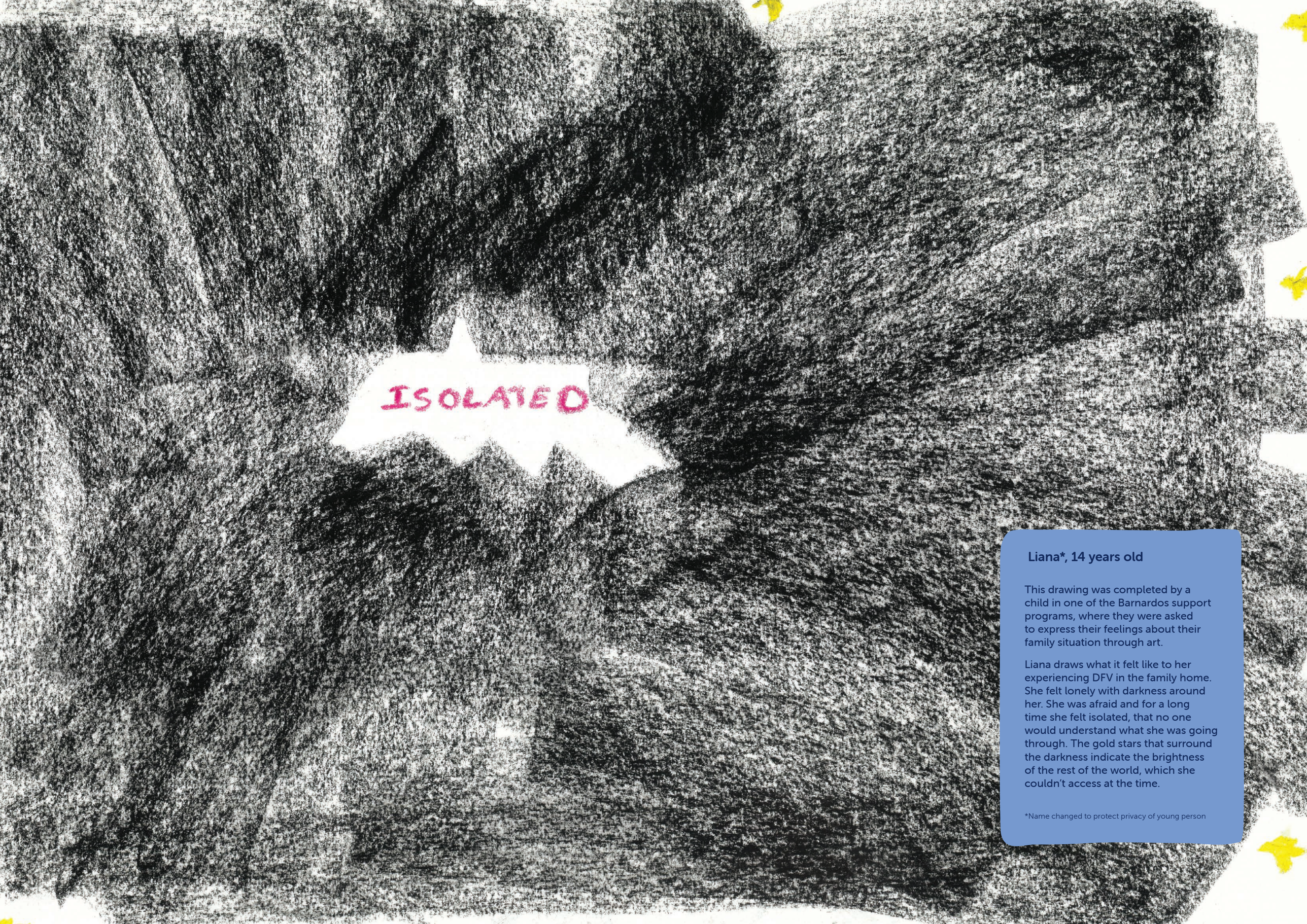
Twice as likely to be diagnosed with a substance use disorder

At a 36% greater risk of depression, a 49% greater risk of experiencing anxiety, and an almost 60% greater risk of self-harming behaviours;

Experienced an average delay of six years between when police or health services became aware of DFV in a household with children and the children receiving a mental health service.

DFV is also a significant contributor to youth homelessness. Nationally, over 41,000 children with experience of family violence accessed specialist homelessness services in 2017–18.

[13]Sources: Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J., Humphreys, C., Diemer, K., Nguyen, C.D., Buchanan, F., Hooker, L., Taft, A. and Westrupp, E.M. (2017). *Domestic and family violence and parenting: mixed method insights into impact and support needs* (Final Report). ANROWS; Orr, C., Sims, S., Fisher, C., O'Donnell, M., Preen, D., Glauert, R., Milroy, H., & Garwood, S. (2022). *Investigating the mental health of children exposed to domestic and family violence through the use of linked police and health records* (Research report, 10/2022). ANROWS; AIHW 2019.



Liana*, 14 years old

This drawing was completed by a child in one of the Barnardos support programs, where they were asked to express their feelings about their family situation through art.

Liana draws what it felt like to her experiencing DFV in the family home. She felt lonely with darkness around her. She was afraid and for a long time she felt isolated, that no one would understand what she was going through. The gold stars that surround the darkness indicate the brightness of the rest of the world, which she couldn't access at the time.

*Name changed to protect privacy of young person

Barnardos' knowledge of this area

Domestic and family violence heavily impacts the lives of the children who Barnardos support. For example, DFV is a common reason for referral for families to services delivered by Barnardos Children's Family Centres. In rural NSW, DFV continues to be the number one referral reason to Barnardos homelessness services. In Penrith, an outer metropolitan area of Sydney, 90% of family referrals to our intensive family preservation program (for families who have children at risk of significant harm and are at risk of placement in out-of-home care) have DFV identified as one of the main reasons for referral.[14] Further, nine out of 10 (89%) of the 1,262 children and young people who live in our out-of-home care programs because a care and protection court has found they cannot be safe at home have experienced DFV.[15]

It is a challenge monitoring the wellbeing of children traumatised by DFV and offering them support when their parents/carers are increasingly isolated. In Barnardos' experience, women's ability to seek support and advice from health, housing and legal services while remaining in an abusive household are highly constrained. Women experiencing violent behaviours including physical, psychological, verbal, emotional, financial, spiritual, technological and sexual abuse may feel disempowered and not able to find out what support is available. There may also be the threat of increased violence and abuse hanging over her should she seek out support. Even when she is able to find information about services and act on it, she may find that she and her family do not meet the specific criteria for service provision.

Barnardos Children's Family Centres deliver a suite of Safety and Prevention programs that includes tailored support for children and their families impacted by family, domestic and sexual violence. The approach is child-centred, multifaceted and evidence based. Where DFV is present, Barnardos utilises the Safe and Together™ Model, an internationally recognised suite of tools and interventions designed to help practitioners who are working with vulnerable children become domestic violence informed. Three key principles guide the support Barnardos provides to children, young people and families experiencing DFV:

- keeping the child central;
- partnering with the non-offending parent; and
- working with the whole family, including men who use violence.

Appendix B provides a summary of Barnardos DFV Safety and Prevention work with children, young people and families.

[14] MyStory Referral Analysis Report.
[15] *Barnardos Annual Review* 2020-2021; MyStory Referral Analysis Report for NSW (Barnardos Agency) and ACT Together out-of-home care programs.

What we know

Although a large local and international body of literature is concerned with domestic and family violence, children and young people have tended to remain in the background, with their needs and interests assumed to be the same as those of the mother. Only recently has policy and research attention begun to focus specifically on children and young people and the impact of DFV.

Noble-Carr, Moore & McArthur's (2020) recent meta-synthesis of studies focusing on children's experiences of DFV (n=32, four of which are from Australia), concluded that children quite often find themselves alone and unsupported while at the same time experiencing complex emotions such as fear, powerlessness and sadness. They also found that children tended to develop coping strategies to promote safety and wellness in the family.[16]

One of the key messages contained in the literature is the relative absence of the voices of those with first-hand experience of DFV. The importance of consulting with those who have personal lived experience of DFV is central to this study as it consults with adults who personally experienced DFV when they were children or teenagers.

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

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. In addition, we consulted with our front-line practitioners to find out their views on the survey findings and discuss how to achieve better support for children and young people experiencing DFV.

The survey link was distributed by Barnardos using a mix of traditional and social media to reach Australian adults aged 18 and over who had experienced DFV as a child. Over 450 industry organisations Australia wide were contacted via email to share the survey with their networks and communities.

The survey achieved a good response, with 149 Australians aged 18 years and over responding.[17] The age of respondents was quite evenly distributed with the majority (61%) under 50 years old. Just under a third (29%) of our respondents resided in regional and remote areas.

A large majority of respondents identified as female (85%). Given the small number of respondents identifying as male or gender minority, analysis of the data by gender was not undertaken.

Five percent of participants identified as Aboriginal and/or Torres Strait Islander. We know from our experience as a service provider that the intergenerational experiences of colonisation and structural disadvantage act to reinforce the trauma experienced from family violence by Aboriginal children and that there is a need for specialist community-led and community-controlled culturally safe services. However, the small number of respondents who identified as Aboriginal and/or Torres Strait Islander meant that analysis of the data by cultural background was not undertaken.

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. 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.

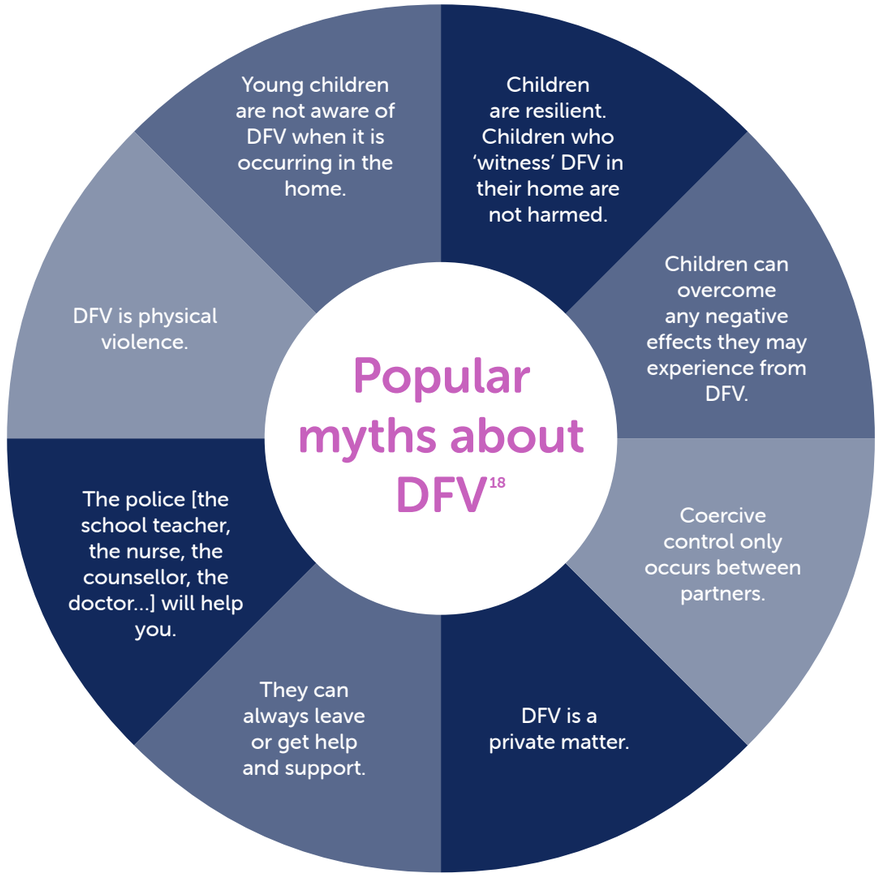
Appendix A summarises the project methodology and limitations, and provides a detailed breakdown of our survey responses.

[16] Noble-Carr, D., Moore, T., & McArthur, M. (2020). Children's experiences and needs in relation to domestic and family violence: Findings from a meta-synthesis. *Child & Family Social Work*, 25, 182-191
[17] Not all respondents answered all questions. The relevant valid number of responses is shown by topic/question in Appendix A.

Survey findings

Numerous myths persist about DFV and its effect on children and young people. The aim of this section is to challenge some of the misunderstandings surrounding DFV by drawing attention to the lived experience of our survey respondents.

Focusing on selected findings we attempt to shed light on their experience of growing up in a household where some combination of abuse, coercion and controlling behaviour were present.



Before presenting the findings we would like to note that respondents took advantage of the opportunity at different points within the survey to provide comments. When doing so they often described at length and in detail what had happened to them and how they felt about it. As a result, the information collected from the survey not only includes quantitative data, but also qualitative data, which allows us to glimpse some of their experiences of DFV and the impact it had on their childhood, and in many cases, continues to have on them today. In our discussion of the findings we draw on both types of data[19]. We also refer to consultations we had with Barnardos practitioners.

It is important to note that because we were asking respondents to reflect on a traumatic and stressful time in their life, there was the possibility that they might become distressed and require support. To avoid causing distress where possible, potential respondents were asked in the Information Sheet to not participate in the survey if they felt that completing it might trigger them in some way. Those who participated in the survey were encouraged to access support organisations (contact details were provided on every page of the survey) should they become distressed either during or as a result of their participation.

[18] Derived in part from "Myths and Misunderstandings" www.familyviolencelaw.gov.au.
[19] A note on language: On occasion we use words and phrases such as 'respondent told us' and 'respondents said' implying that they spoke to us in face-to-face interviews. This was not the case. Responses were all submitted via an online survey. We use 'told' and 'said' and the like for ease of reading.

What the survey respondents told us

What types of abuse did respondents experience?

Survey respondents indicated that abuse can come in many different forms–verbal, physical psychological, financial, sexual and religious.[20]

(Source: Appendix A Table A1)

The most common types of abuse experienced by our respondents were verbal, physical and psychological abuse. Almost all respondents (95%) reported experiencing two or more different types of abuse, with only a handful (5%) experiencing one form of abuse. The majority of respondents (61%) experienced between three and four types of abuse.

95% of respondents experienced two or more types of abuse in their home.

79% of respondents experienced three or more types of abuse.

49% of respondents experienced four or more types of abuse.

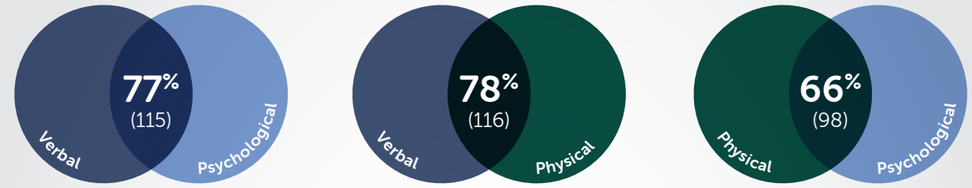
(Source: Appendix A Table A2)

Although space does not allow us to fully explore the different combinations of abuse that respondents reported, we can look at the three most common combinations of abuse experienced: verbal and physical; verbal and psychological; and psychological and physical.

[20]All survey respondents are adults. Given that it has been some years since they experienced childhood DFV, and that technological abuse is a relatively recent development, it was not included in the survey question. A very small number of respondents commented on technological abuse, but it was not in relation to themselves. Only one mentioned having been gaslighted.

Most common types of abuse

Verbal and physical abuse was reported by 78% of respondents, 77% reported verbal and psychological abuse, and 66% reported psychological and physical abuse.



Some of these respondents would also have experienced one or more additional types of abuse (e.g. financial, sexual, and/or religious)

With DFV traditionally being seen as physical violence, it is important to draw attention to the high level of psychological and verbal abuse reported by respondents. This is explored in the next section.

n=149

DFV and physical violence

For a long time DFV has been understood as incidents of physical violence. In more recent years, however, there has been increasing recognition of the role of coercive control and other forms of abuse (technological, emotional, financial and so on) in DFV. It was therefore both surprising and worrying to learn that recent research into young people's attitudes has found that among young people DFV continues to be understood largely in physical terms.[21]

It was equally surprising to find possible evidence of this mistaken and outmoded understanding of DFV amongst our survey respondents. When asked which members in the household had experienced abuse only 86% of respondents nominated themselves as having done so (Appendix A Table A3). This was unexpected, given that the remaining 14% (n=21) reported multiple types of abuse (10 experienced two different types of abuse, 6 experienced three types, and 3 experienced four types). Three quarters of respondents also reported experiencing substantial psychological distress, around half reported low self-esteem and difficulty trusting people, and just under half reported not feeling safe at home and also feeling sad and lonely.

Why didn't they see themselves as victims despite experiencing multiple forms of abuse? There is no definitive answer to this question, but it is telling that only one respondent from this sub-group reported experiencing physical harm. Given that they were all harmed in multiple ways, but not physically abused, suggests the persistence and pervasiveness of the belief that DFV is physical violence and, by extension, that being physically abused is a necessary component of being a DFV victim survivor.

As discussed earlier, verbal and psychological abuse were widely experienced among the survey respondents. This is noteworthy as these types of abuse are key components of coercive control, a topic to which we now turn.

Children and coercive control

What is coercive control? A recent government report described it as a form of domestic abuse which 'degrades, humiliates and isolates victims, and takes away their freedom and autonomy' (New South Wales. Parliament. Joint Select Committee on Coercive Control, 2021, p 7).[22] Often predicting physical violence, coercive control is a gendered pattern of behaviour, with male partners usually the perpetrator. Although it is thought of as occurring between adult partners, respondents indicated that it could also be directed towards children and young people in the household.

[21]Loney-Howes, R., MacPhail, C., Hanley, N. and Fabrianesi, B. (2021) 'Youth attitudes to domestic and family violence: A scoping review of young people's attitudes and perceptions in Australia. *Trauma, Violence & Abuse*, 1-17.
[22]New South Wales. Parliament. Joint Select Committee on Coercive Control (2021) Coercive Control. [Sydney, N.S.W.]: the Committee. Report; 1/57.

Some examples of coercive controlling behaviours perpetrated on children

- Parent(s) denying abuse is happening when child discloses to a third party
- Transferring responsibility for abusive behaviour to the child
- Blaming the child
- Threatening the child
- Restricting child's environment/isolating or cutting off from friends, family or relatives
- Humiliating and shaming, putting down, making the child or young person feel bad about themselves
- Making the child think they're crazy, playing mind games
- Denying food, clothing, medical care, especially as a form of punishment

We did not ask respondents whether or not they experienced coercive control. However, a number provided comments indicating that it had been present during their childhood and that it had been directed towards them. Although these comments appear dissimilar on first reading, what they have in common is that they show the psychological impact coercive or controlling behaviours (for example, a wearing down of self esteem and self worth by the perpetrator, mental health issues, loss of trust, sense of being trapped) can have on a child.

Although only one respondent used the words *coercive control*, they managed to capture one of its main features–the considerable difficulty involved when victims attempt to describe it and convince others of its presence.

> "Mum made excuses for him. No-one understood about coercive control back then, so if there was no physical violence it was hard to describe its effects. My pastor was sympathetic but I didn't feel I could make him understand why it bothered me so much."

Quite a few respondents wrote of having 'to walk on eggshells' to prevent 'setting off' the abuser's controlling behaviours, or as another respondent put it 'learning how to not poke the bear/s'. One of the most common experiences was being threatened in some way or being blamed for whatever was going on, or both.

> "I was told repeatedly that everything was my fault and often bashed for no apparent reason. I was told if I took the bashings that my three sisters wouldn't end up in foster homes. None of them went to foster homes but I asked lots of times to be placed in a foster home but was told no."

> "The first time that an adult told me that it wasn't my fault for provoking my family members was at the age of 17. I was placed in an in-patient child/teen psychiatric ward and it was my social worker who told me it wasn't my fault. If other adults didn't threaten to call DOCs or 'talk to my mum to work it out' I would've received help sooner. But at 17, I finally got to hear the truth without risk of facing further conflict at home."

In some cases respondents wrote at length about the different forms of abuse and controlling behaviour they experienced, often describing how manipulation, bullying, humiliation, blame and physical abuse could play out. The following extract is instructive as it also shows the way in which fault was always seen to lie with the respondent.

> "Mum would give reasons and excuses for my siblings' behaviour and expect me to be understanding of them, without acknowledging the harm to myself. If I spoke about how her behaviour made me feel, she would offer excuses and make it about my sensitive nature. I didn't even consider my father's behaviour as abusive until recently (he died 10 years ago). He was usually someone I considered my ally but looking back, he didn't step in if my siblings or Mum were humiliating me, but often laughed. I don't think any of them realised it was harmful. To them it was 'just teasing' and I was somehow at fault for being 'too sensitive' or 'taking it to heart'. Smacking a child was considered normal discipline in my religious community. However, I now see that I was physically punished...when I frustrated my parents with my fearful behaviour or sensitive feelings."

Being accused of lying about abuse occurring at home was mentioned with concerning regularity.

> "Was not believed. Did not try to tell anyone again after that. They sent me to a mental health service to get help for habitual lying."

Denial of needed medical attention, teachers and church leaders oblivious to the presence of violence, disbelief, and accusations of lying were what another respondent had to contend with.

> "I wanted people in my community to believe me instead of my parents. I had severe health issues that often stumped doctors leading my parents and other professionals to label me as a liar and attention seeker. Most of those health issues have been diagnosed in adulthood by proper medical attention and have real symptoms. I was afraid to leave my parents' presence as a young child because I thought if I just watched them all the time, then I could figure out what to do that would keep me from being abused. As a teen I despised everything about my parents, our home, our church, and even my sibling, as our parents pitted us against each other. My teachers failed to believe or see the abuse because my mother was involved in the school system. My church leaders failed to see or believe the abuse because my father was in church leadership. This made me mistrust every authority, completely despair of any rescue, and I didn't try to tell anyone else for another 8-10 years...I put myself in bad relationships with dangerous people who revictimised me. I ran away from my home on numerous occasions. I was forced to see counsellors my parents found and told them to 'fix their lying daughter'."

A few respondents mentioned that their social world including their online presence was watched and limited by the abuser (for example, they were not allowed friends or to go out). In one case the whole family was moved interstate where they had no social connections or knowledge of the supports available.

Another respondent wrote about physical abuse masquerading as discipline, and the psychological distress of being abandoned.

> "Growing up in [names place], my stepfather used to physically abuse me, beating me with cricket bats, belts, fists and call it discipline. He would throw me into the back of his Ute and drive me out into the middle of the bush and leave me there with a pillow, not knowing when or if he'd return. As the abuse was veiled as discipline, I didn't know any better at a young age."

Being instructed by a parent to remain silent about what was taking place in the home was mentioned by a number of respondents. A parent ignoring or ridiculing a child's concerns was described by another respondent.

> "I would also tell my mum about how bad I was feeling when I was younger (like 12 or 13 years old) but she would always use it against me or tell me that I was having a panic attack over nothing. When I told her I wanted to die, she told me to 'Hurry up and kill yourself then'. She made me feel crazy and very invalidated, and I never confided in her again."

Denial of much-needed medical care, blame, threats, ridicule and invalidation as described briefly here are just a few of the themes respondents spoke about which point to coercive and/or controlling behaviours and accompanying psychological distress. We can only wonder what the results would have been if we had specifically asked respondents about coercive control. If the comments we have are anything to go by we can be sure they would have been revealing.

Direct victims of DFV

Children and young people have not always been regarded as direct victims of DFV, but as 'observers' who 'witness' DFV or are 'exposed' to DFV. When children are positioned in this way the destructive and lasting impact of DFV can remain hidden and unrecognised. At best children are regarded as secondary victims, and treated as 'add-ons' within DFV policy and services (Callaghan 2018).[23]

Fortunately, in Australia recent attention has begun to focus on the impact of DFV on children and young people, and their status as direct or primary victims of DFV (for instance National Plan Stakeholder Consultation[24]).

Discussion, however, remains severely hampered by the limited availability of child-related data. The often-referenced ABS Personal Safety Survey (PSS), for instance, collects national data on DFV. Although it is an important data resource, the collection is minimal in regard to childrens' data and relies on parents' perceptions of what their child saw or heard. This is of relevance here as both speak to the status of children within a DFV context and suggest that we are continuing to see children and young people as an extension of the mother, rather than a victim of DFV in their own right.

Evidence on the direct impact of DFV on respondents is discussed further on in the report. Before doing so, however, we focus attention on the fact that among the survey respondents age did not act as a barrier to their experiencing and knowing about DFV.

Awareness of DFV

DFV is not usually a single event or incident, but a pattern of behaviour perpetrated over a period of time. Despite being an ongoing source of harm to others in the family or household, it is not uncommon for people to believe that often children are not aware of DFV occurring in the family and by implication may be largely unaffected by it. Although little research on awareness of DFV among children has been conducted, the research does tell us that children, regardless of age, are seriously affected by DFV.

Not surprisingly, our survey respondents were aware of abusive behaviour in their home and described its negative impact it had on them in considerable detail. We can also say that for many respondents, DFV began when they were very young, and sadly, often lasted a long time.

Age when DFV began and duration of DFV

44% of respondents were **four years old** or younger when the DFV began.

79% of respondents were **eight years** old or younger when the DFV began.

66% of respondents said that DFV lasted **most or all** of their childhood.

(Source: Appendix A Tables A6 & A7)

Billy*, 7 years old

This drawing was completed by a child in one of the Barnardos support programs, where they were asked to express their feelings about their family situation through art.

Billy didn't understand why his father was acting the way he was, but he knew how he felt: afraid. Here he draws a representation of his house at home - a house full of chaos, fighting and disorganisation.

*Name changed to protect privacy of child.

[23]Callaghan, J.E.M., Alexander, J.H., Sixsmith, J., and Felin, L.C. (2018) 'Beyond "witnessing": Children's Experiences of coercive control in domestic violence and abuse. *Journal of Interpersonal Violence*, 33(10), 1551-1581.
[24]Fitz-Gibbon, K., Meyer, S., Gelb, K., McGowan, J., Wild, S., Batty, R., Segrave, M., Maher, JMM., Pfitzner, N., McCulloch, J., Flynn, A., Wheildon, L. and Thorburn, J. (2022) National Plan Stakeholder Consultation: Final Report. Monash University, Victoria, Australia. DOI: 10.26180/16946884

That so many were so young when the DFV began is highly alarming. Below are some comments where respondents when referring to something significant also included their age at the time. These accounts are included here as a sobering reminder of the lived experience of child victim survivors and that DFV is no respecter of age.

"Stress and persistent fears that whilst I was away from my mother, she would be killed by my stepfather...Couldn't sleep when my stepfather was late home because I knew he was out drinking and there would be a fight when he got home. As soon as I heard raised voices, I went out to protect my mother. Started when I was in preschool."

"I was very shy and submissive when young, but started acting more aggressively when I was about 14 years old. I then developed antisocial problems, such as excessively drinking, and engaging in inappropriate behaviours from the age of 13 years."

"I started acting out and was smoking at a very young age hanging around older kids in the area. I remember there was an old man (paedophile) who all the kids used to go to and he would perform sexual acts and pay kids. He was never reported. I was between 5 and 8."

"Suicidal ideation and attempt at 12."

"I became the carer at age 7 for my sister."

"My siblings and I were clearly displaying signs of something being majorly wrong – early (less than 10yrs) rapid weight gain and obesity, self-harm, major issues with withdrawal and depression at school, bed wetting, panic symptoms in public etc; but because we came from a middle-class family, these were chalked up to problems with our ability to cope with frequent moving rather than a clear indication of serious underlying dysfunction within our family."

"I wasn't believed as an 8 year old though I didn't reveal the extent of what was happening. When I did reveal what was happening to a social worker she didn't believe me at all and said I should stop complaining and be more supportive to my mother."

"Developed depression and social anxiety. Had a major depressive episode when I was 15 that lasted for more than 1 year. Had frequent panic attacks at home."

Impact of DFV on children and young people

Many respondents indicated that DFV had a devastating impact on them when they were young. Our survey asked respondents to agree or disagree with statements concerning impacts on their health, relationships, feelings and education.

58%
often had bad dreams or poor sleep.

88%
experienced psychological distress.

79%
experienced low self-esteem.

52%
found it difficult to make friends.

50%
had difficulty controlling their emotions.

65%
found it difficult to trust other people.

64%
didn't feel safe at home.

47%
experienced physical harm.

28%
developed anti-social problems.

62%
were often sad and lonely.

60%
had poor relationships with their parents.

23%
were not able to attend school.

19%
acted aggressively towards other people.

(Source: Appendix A Table A8)

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.

When asked whether they were affected in other ways, respondents took the opportunity to describe further impacts experienced during their childhood and youth, and those which have continued to the present day. These have been summarised according to theme and frequency in Appendix A Table A9. Here, however, we present a selection of comments to provide some context showing the way in which respondents could be impacted by DFV on multiple fronts.

Many wrote of the physical and mental health effects they endured at the time and, for some, the lifelong ramifications.

"I grew up in a two-bedroom home with four other siblings and we were terrorised and terrified by what happened when my father became violent toward my mother."

"Immediately after witnessing my mum being threatened with a gun I had a seizure and diagnosed with epilepsy afterwards. I was ill, vomiting usually."

"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 abused younger kids especially boys for a short while until one fought back and I realised what I was doing. I took things that didn't belong to me and lied. I was said to be a good, smart, curious student, but I felt very confused about myself. I felt ashamed of myself all the time. I tried to satisfy my parents. I hate myself."

"Major depressive episode following flashback of CSA [child sexual abuse] as child when I was 14. Subsequent suicide attempt. Long-term SSRI prescription [antidepressant] until I stopped them in my mid-20s. Major issues with social and general anxiety. Specific OCD symptoms."

Respondents commented on the effect DFV had on their perceptions and understanding of healthy relationships, with many unable to develop lasting relationships. Reaching adulthood believing that DFV was acceptable set one respondent up for abusive relationships and bullying. It could also distort relationships with family members in other ways. Respondents wrote of 'feeling stuck in the middle between my parents', 'confusion about family dynamic', taking on 'the caretaker role of my mother' and 'feeling responsible for her happiness and wellbeing'. Confusion, guilt and anger regarding the abuser were often expressed by respondents.

"Why is Dad such a nice, good person, but so scary when he drinks? Was it all my fault? Guilt, because it was not directed at me."

"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."

Some respondents focused on the continuing impact of growing up with DFV.

The pain from my childhood still affects me on a daily basis

Self-harm, eating disorder, depression, anxiety, insomnia, self-sabotage... I am almost 28 years old, but the pain from my childhood still affects me on a daily basis. The abuse that I witnessed in my parents marriage also damaged my perception of what a healthy, respectful and loving relationship should be. This has led to me struggling with damaging and toxic behaviours that can potentially destroy my marriage. I was actually diagnosed with a personality disorder which I am certain is a direct result of the trauma, and emotional and psychological dysregulation I experienced throughout my childhood.
(Aged 25-29)

The continuing impact of DFV was evident for some in other ways as they wrote about 'never feeling good enough' in their relationships and adopting some of the negative parenting behaviours of their parents. Another respondent emphasised the way in which history seemed to be repeating itself, when they had entered an abusive relationship and their partner displayed a similar pattern of abusive behaviours towards their family to what they had experienced in their own childhood: 'saddest of all, I have now brought a child into the world...so the cycle is continuing.'

Many wrote about not being believed and a sense of hopelessness, desperation and fear they experienced as a result.

> "I would have liked to have been removed from my family. I would like to have been believed. I would like to have been adopted by a loving and caring family. Even though I am a contented and successful adult now, as a child if none of the above could have been available I would have wanted to be euthanised."

This same respondent commented later in the survey:

> "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 self-care. I didn't learn skills like using a washing machine."

The absence of friends, feeling isolated and afraid, and an inability to open up, were noted frequently.

> "Made friends, but only superficially. I had no friends with whom I could make deep connections. Deep mistrust of people in authority. Self-worth, self-esteem extremely low."

> "As I was gay it added to my sense of not fitting in."

> "I was too terrified to tell anyone what was happening to me, not even my close friends. Wanted to take my own life numerous times, it seemed the only way to escape."

> "I had such a low self-image which showed in the way I dressed poorly. I felt hidden and mute. I kept quiet but remained in the background, hearing and seeing everything but no one else seemed to notice I was there! I was bullied at school, mocked and ridiculed."

> "If I did have friends I didn't invite them home. I created a fantasy world which was easier to live in."

One respondent chose to not go into detail, but summed it up in the following way.

> "Stole my birthright and inflicted lifelong pain and suffering. None of it acknowledged."

> **It's something I wish I never had to go through as a child**
>
> I was very withdrawn as a child, and kept to myself. I trusted people TOO much, was very naive. What I went through was emotional/psychological, and I thought it was 'normal'. I had the one aspiration growing up to 'never be like mum' or 'never end up like her' because of her relationship with the Stepdad. That was constantly on my mind, but when during school there was Mothers Day etc. I had to fit in and try to belong, and just accept the typical views of mothers/fathers/'normal' families. I didn't realise this was abuse until the older I got and learnt more about DFV and understanding the concept. I self-harmed in senior year high-school because I wanted to escape but I did not know how/know the resources/did not seek help. I was very withdrawn, and didn't know how to do this. I just tolerated the Stepdad, and became desensitised to what he said, and just somehow moved on and forward, whenever his presence was there. I still have triggers of self-esteem, emotions, etc. now as a young adult, however I was able to grow and live past suicidal ideation/self-diagnosed depression for the years during high school and further study. It's been a self-battle, self-resilience, but it's something I wish I never had to go through as a child because it feels that everyone else I see has had a chance to nurture and grow in safe environments, and are so confident today. I don't think I will ever be as confident and will have withdrawn habits because of my childhood.
> (Aged 20-24)

Are there any positives?

So far we have seen how respondents often felt powerless and extremely vulnerable growing up in a DFV environment. However, it is important to also highlight comments describing how, in the midst of their pain and distress, some respondents were able to devise ways of coping, and of helping themselves and other victims within the family.

Although school could be a site of bullying, where shame was often felt by respondents, and where teachers appeared oblivious or indifferent to their situation, for others school was 'a place of refuge', 'a safe place' where a teacher was a 'trusted ear to hear what was going on with me' and 'affirmed me as a person because I loved school and was valued there'.

Some respondents wrote about support between siblings (although as they point out this could have its own difficulties). Another wrote of learning 'skills of accountability and responsibility' after caring for himself and others at a young age

Perhaps the most positive long-term outcomes one respondent expressed, despite experiencing multiple forms of abuse and homelessness at a child, was the following.

> "The domestic violence I endured as a child hasn't defined who I am as an adult as I've turned out to be a lovely person. I've learnt that I have a voice and that I'm well worth the effort to the right person."

Recognising DFV

Before turning to the help and support respondents sought out, it is important to briefly focus on childhood understandings of DFV and controlling behaviours. When commenting on the use or non-use of services, or their experiences when seeking help, many respondents mentioned that at the time they thought the violence, abuse and controlling behaviour were normal and that they happened in most families. As one respondent said, 'when you grow up with it you think it's normal'. This perception was frequently described by respondents, with the word 'normal' peppered throughout their comments.

> "I didn't tell anyone because at the time I thought it was normal. My Mum was amazing but she lived it too so already knew. Having one great parent made it bearable."

> "What I went through was emotional/psychological, and I thought it was 'normal'...I didn't realise that it was abuse until the older I got and learnt more about DFV and understanding the concept."

> "I didn't realise that it wasn't normal. I had 7 siblings, we looked after one another."

In a number of instances it was not until a respondent was counselled in their late teens or having reached adulthood that they realised that what had taken place throughout their childhood was in fact DFV and/or coercive control. It is easy to see that growing up believing DFV and controlling behaviours are the norm would have the effect of inhibiting help seeking as a child or young person. We explore this in greater detail in the next section.

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Help and support

When DFV is being discussed it is almost inevitable that at some stage someone asks: Why didn't they tell someone and get some help? Why didn't they leave? Why didn't they go to the police? Fortunately, our respondents are able to provide some answers to these questions.

Survey respondents were asked if as a child they had received any personal help or support (i.e. help and support which was focused on them, not the family). The sources of help included those within the family (mum, dad, siblings, grandparents or relatives) and those outside the family (teacher, friend, friend's parent, helpline or online support, counsellor or health worker, someone from church or place of worship, another adult, informal community support of some kind).

Seeking help and support

37% of all respondents did not seek help at any time.

63% of all respondents sought help at some point.

The most common source of help and support from within the family was the mother and siblings.

The most common source of help from outside the family was a friend, then counsellor or health worker.

(Source: Appendix A Table A10)

Respondents were then asked to rate a series of statements about help seeking. The results are revealing and help us understand factors which might have inhibited, delayed or prevented respondents' help seeking at a particular point in time when they were experiencing the DFV.

Statements reflecting concerns about accessing help and support

(Source: Appendix A Table A14)

Given the strong agreement with these statements, it is likely that lack of information about available support, being afraid to disclose, and the belief that it would make things worse, were major considerations for respondents when deciding whether to seek support.

Respondents who did not seek help and support

Many respondents provided explanations for not seeking help. Shame, 'never discussed at school', and 'didn't know I could' were mentioned. Quite a few respondents made the observation that even if help had been available, they probably would not have accessed it. Explanations included being forbidden to talk about the abuse, 'didn't realise what was happening at the time', and 'scared of the repercussions'.

Others emphasised the secrecy that was imposed around violence in the family and that 'there'd be hell to pay' if anyone spoke out. The need to stay silent was sometimes the result of an explicit family rule that they were not to speak to anyone outside the immediate family about what was happening, or as one respondent described it, 'the golden rule that one must never speak of what went on behind closed doors'.

Another respondent wrote how long lasting the requirement to remain silent could be. As an adult when attempting to discuss the abuse with her mother and aunt their reaction was to tell the respondent she was a liar, that it happened long ago and that she should forgive and move on.

Loyalty to the family was also a factor which prevented some respondents from seeking help. One respondent wrote that they felt they would have been 'betraying' the family. Loyalty combined with shame and potential embarrassment made for an even stronger deterrent to help seeking.

> "I never told anyone about it because it was shameful. I didn't want to embarrass my mum, our family, and my Dad even though he was the main aggressor."

For another respondent, community-wide attitudes dictated how family abuse was handled, which in her community meant that what went on behind closed doors was of no concern to anyone else. Another mentioned that DFV was common and everyone in the neighbourhood experienced it. A few respondents drew attention to how emotionally difficult it could be for a child or young person 'to ask and find help' and to actually realise that alternatives they could pursue might even exist.

Finally, the disempowerment and sense of hopelessness which respondents could feel at the time and which deterred any attempt at seeking help were captured in the following extract:

> "It was incredibly difficult to believe anyone would care, would be prepared to assist, would want to assist."

> "First, I didn't know that there were alternatives. Second, I had no power or voice to ask for anything myself."

Respondents who did seek help and support

Nevertheless, and despite the obstacles, almost two-thirds of respondents did seek help from at least one source.

29%
of all respondents sought support from **one source.**

24%
of all respondents sought support from **two - three sources.**

10%
of all respondents sought support from **four or more sources.**

(Source: Appendix A Table A11)

It is worth remembering, however, that for 66% of respondents, DFV lasted throughout most or all of their childhood, and for another 13% for more than 10 years. With these long durations, you might expect respondents to have sought support from more than one source. Instead, for many respondents, help seeking did not progress to additional sources.

To gain an overall impression of the help-seeking experience, respondents were also asked to rate statements associated with a positive experience. Although there is a sense in which the statements provided have the effect of flattening out complex, variable, and in some cases multiple experiences of help seeking, respondents were nevertheless unequivocal.

Statements reflecting positive experience of help and support

(Source: Appendix A Table A15)

As shown only a small minority of respondents agreed with any of the statements. Instead, there was an overwhelming 71% who disagreed with the statement that they had received assistance to help talk to other people including the authorities about their experience, followed by 67% who disagreed that they had got the support they needed, and 58% who did not feel like they had someone on their side (see Appendix A Table A15).

In regard to the effectiveness of the support received, negative accounts far outweighed positive ones. When analysed by theme the most often mentioned negative comments were that the person the respondent talked to did not intervene, followed by the abuser often discrediting the respondent's account or accusing them of lying. The first positive comment was that accommodation or safety were provided, which came in at third place overall (see Appendix A Table A12).

However, it is important to note that seeking help and support is not a straightforward process, with many respondents commenting that it was never a realistic option despite their attempts. For instance, there were family members who 'tried to cover things up', and friends who never 'wanted to hear or believe'. Another respondent observed that to confide in a friend was a big ask as they were not equipped to listen to stories about traumatic experiences. The lack of training among teachers and within schools was also noted.

> "When I was still at home no one I told believed me or took any action. On the other hand many people knew about the abuse and either benefited or did nothing. People who should have known like teachers/schools were not equipped or did nothing.

> "Requested support after education about abuse in primary school. Sought support from parent, which was ineffective."

> "Nothing was done. Nothing changed. No support services were offered."

Embarrassment and inappropriate support experienced the first time around often appeared to discourage further help seeking.

> " ...it wasn't helpful as I felt embarrassed about having to leave class and didn't want people to know what had happened. It was also difficult being in a group setting and the program was designed for grief."

Advice that was unhelpful and unrealistic expectations of a child or young person were also the experience for another respondent.

> "After I told my teacher that I would cop a beating if I got bad grades, my 3rd grade teacher gave me all A's in my end of year report card. Whilst I appreciate the gesture, there was no follow up afterwards. The emergency doctor in ED, my year 12 English teacher, as well as my GP, told me that I should run away from home. Where would I go and how could I just leave my mum and sister?"

As noted above, being discredited and accused of lying was a common experience identified by many respondents.

Likewise, another respondent described being 'portrayed as the troublemaker and wild child' when in fact they were reacting against the physical violence that was being inflicted on them.

One respondent (a woman in her late 30s who had experienced multiple forms of abuse perpetrated by both parents from a very young age throughout her childhood) desperately wanted support.

> "Needed to be believed. Needed help to make the violence stop. Needed someone to talk to, to understand what was happening, for support. Needed a safe place to go, even for a short time during the day before going home again."

Sadly, her experience of support was nothing like what she had hoped for, in fact it was the opposite.

> "Was not believed. Did not try to tell anyone again after that. They sent me to mental health service to get help for habitual lying."

For some, accessing help and support could make things a lot worse for the respondent by increasing the intensity of violence.

"One female teacher looked at my bruised hand in a concerned way, but did not talk to me any further when I said how the injury had happened. Another male teacher when talked about my home life used my trust as a grooming opportunity and sexually abused me on a school camp and other school activities."

"The abuser turned their aggression towards us kids, namely with financial, psychological and verbal abuse. It made things better and worse. Mum was able to leave with police allowing access to grab things from the home but we were left to deal with his anger."

"Told many, many adults, no one could believe it or did anything about it. Truth is the abuse never stopped, threats of violence, verbal abuse, gaslighting. I had to cut ties for my own sanity."

For this next respondent, it was loss of confidentiality within the therapeutic context which exacerbated the abuse they were already experiencing.

"Psychologist made things 1000% times worse because he told her everything I felt, and said that 'she loves you' as a justification for her abuse."

Difficulties experienced because of professional relationships between the support therapist and the abuser (her father) were raised by another respondent.

"All formal psychological (psychiatrist/psychologist) support I was referred to were abominable. This includes a psychologist also seen by my younger sister when she first disclosed CSA [child sexual abuse]. This woman maintained a personal and professional relationship with our father, the perpetrator, and attempted to convince my sister that her experiences were hallucinations. This woman continues to practice in [name of city]. I had a very similar experience with a psychiatrist in [names city]; again, who maintained a professional relationship with the perpetrator (he was a medical professional)."

Relatives were not always a reliable source of support for many respondents.

"Went to Nanna's until she said we couldn't do that any longer. She said to my mother that she married my father so she had to deal with it. Divorce wasn't an option. Felt very alone in that moment and I wasn't aware of mum reaching out to any support services at the time."

"I ran away from home a few times to my grandparents place. They just sent me back home which made the abuse even worse. I just gave up looking for help."

Elsewhere she describes a particular instance of her running away and the involvement of relatives and police.

"One time when I ran away from home my mother and her boyfriend contacted the police telling them I was missing. Finally when they found out where I was, thanks to my grandparents, I was picked up by the boyfriend to be taken home. On the way home we stopped at the local police station where the police officer explained to me that it was very foolish to run away from home because lots of kids go missing every year and I should just go home and accept my punishment. I was that terrified. What was going to happen to me? I didn't tell the police that he was going to belt the living daylights out of me."

A sense of family loyalty or concern, even in the context of DFV, appeared to be a powerful factor contributing to the success or otherwise of the help and support.

"The first counsellor I went to (and only as a young person) went very badly. I didn't see a counsellor again for 4 years because of my experience. I wanted my mum in there with me (another bid for support) but then the counsellor was quite direct and abrupt and was saying that it was abuse. This was not the stage I was at in terms of comprehending it. And I mainly remember just trying to shield my mum by defending my dad. I never went back and never debriefed about it with anyone."

Others commented that the support received made no difference.

> "Police were involved in my mid to late teens. They were called on several instances when we felt we (Mum and I) were in danger, or when Dad had made drunken threats. From memory, I have no recollection of them ever doing much, and definitely not providing any referrals for support for any of us - Mum, myself, my brother or my father."

> "Confusion around why family/friends didn't do anything. Confusion and disappointment with police, who often said there was nothing they could do. So upset seeing my mother with a huge black eye and police saying they couldn't do anything. They left and my step-father proceeded to choke her and neighbours stood around watching and did nothing whilst I was distressed and beside myself with fear for my mother's life. I hated the police at this time and still disappointed with how they respond to DFV. Fear of men. No trust."

Despite disclosing to numerous people (friends, Kids Helpline, counsellor, random individual and a friend's mother) this next respondent shows how confiding in others was not a guarantee of support.

> "I told my friends who sympathised with me. One friend gave me the number of Kids Helpline that she saw on the cereal packet. I'd never heard of them before. I rang Kids Helpline anonymously, and they validated that what my mum did was wrong and they would report it if I gave them identifying details, but I didn't want to be the cause of ruining my family so I hung up. I don't think I told my teachers. I told a counsellor and she believed me, but focused therapy on repairing my relationship with mum, which I didn't want to do. I told a lady who found me when I ran away, but she told me all parents get their children in trouble sometimes and she called my dad to come and pick me up. I told my friend's mum, who was sympathetic, but just told me to pray about it."

Useful Help and Support

Before proceeding to the next section it is important to focus on some of the more positive comments, although it should be noted that they were sparse.

> "Once the domestic and family violence became known my grandparents helped by taking on parenting roles and being a stable influence. Some teachers within my school were a trusted ear to hear what was going on for me."

The importance of school friends and their parents in providing support and guidance was focused on by one respondent.

> "A couple of school friends and their parents as I would spend a lot of time in their homes not wanting to go to mine. Supported me to tell my high school Principal, access counselling through school, Centrelink enquiries for financial support. Lived at friends' houses for a few weeks at a time."

Another wrote about their positive experience talking with counsellors and so on from a mental health service for young people.

> "I didn't really express these experiences to anyone until I was a teenager around 16 years old. Youth mental health services [names service] helped me understand the traumatic situations I was facing was not acceptable and that they did not only happen to me, that there is plenty of resources out there to help me get through the heaviness I was facing back then. They were a safe place, warm and welcoming, non judgmental and easy access services."

For others it was not straightforward as they described a mixture of good and poor outcomes.

> "I didn't tell anyone but spent holidays with aunts so they probably knew but it was never discussed. Teachers affirmed me as a person because I loved school and was valued there."

> "My older sibling reached out to a woman she met at a Christian conference who spoke about her experience of DV. From there that woman put us in touch with church members who gave us a place to stay. My older sibling also took initiative to reach out to my school and find a counsellor and social worker for us."

> "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."

Positive and negative experiences

Some believed me, some didn't

This is complicated to answer as it goes deep and is hard to put into words, because some of the positives had negatives but I'll put it across the best way I can briefly. Spoke up. Some believed me, some didn't. Positive: The people who did believe me gave me the support and guidance that I needed. Made me feel validated and heard. Told me ways to go about things–court, counselling, safe place or places to go, what to do in certain scenarios etc. Negative: People who didn't believe me judged, ridiculed, gave me a hiding, treated me poorly, turned others against me, as well as some of those people who did believe me ended up doing the same because it caused feuds and separations which they then put back on me for speaking up. Some of these people were doing the best they could with what they knew at the time and the best they could with how they knew how to cope. So it's a hard subject this one.

Preferred help and support

Respondents were asked what sort of support they would have liked to have had when they were experiencing DFV. Their responses are grouped according to broad themes.

Preferred help and support	
Respondents (no.)	
22	Someone to notice obvious sign of DFV and to intervene e.g. a teacher
22	Mental health support
14	Support from school
13	Support for parent
13	To be listened to/provide a safe environment
12	Better education about DFV so victims can understand what is happening, can recognise it and know it is unacceptable
11	Support to help children understand that it wasn't their fault
11	Support which accepted what respondent was describing (i.e. to be believed and validated)
10	Alternative accommodation (e.g. refuge for family, respite, assistance for young people who are homeless when leave family)

(Source: Appendix A Table A18)

Over 81% of respondents described the type of support that would have helped them. Although there was a range of suggestions, mental health support and someone who would notice and intervene were the most wanted forms of support.

Below are examples of the suggestions made by respondents.

Types of support respondents would have liked as a child or young person impacted by DFV

"I would have liked it if my teachers and/or GP had picked up on what was going on and asked more questions. The school counsellor got close, but left on maternity leave and there was no continuity of care. I really just would have liked another adult to recognise what was happening and actually acknowledge it, despite how uncomfortable that might have been for them. None of my friends parents said anything, except one who told my mum to get out."

"I would have liked one on one support to work through things. I had group support with my sister but we were in very different stages of grief and I didn't process any of my feelings because I didn't want to upset her. I would have liked my dad to have received support. I was confused when we left even though I was aware of the violence towards my mum. I wanted to see him and I think if there had been support for him it would have helped me have that without my mum having to do it."

"Some kind of confidential support outside of school hours when I was a child would've helped."

"More supports in primary school, and introduction to the counsellor at the start of each year."

"I am not sure? Honestly, I would have loved for my Dad to be able to access help for his alcoholism. As an adult, I can now identify many many different occasions when my Dad sought mental health assistance, and then, after suffering a disability after a workplace accident, encountering numerous medical and mental health professionals on a regular basis, where there were ample opportunities for others to intervene, and had they provided him with the support he needed, and named up the alcoholism they knew he suffered from, and provided assistance to us as a family, life may have been different."

"Any recognition of our suffering would have been helpful as it felt like we were the only family experiencing this and it felt shameful."

"Anonymous online chat service similar to beyond blue, specifically for DV (I was too scared to call police). Greater access to counselling services (had regular court visits due to parent divorce but the counsellor never built a relationship outside of asking me where I wanted to live). Access to counselling services after I left the abusive household."

"Someone to talk to, to say what was happening wasn't 'normal' or ok."

"It would have been helpful to have regular media campaigns about DV and support available, and also for the neighbours to have rung for Police assistance to intervene and connect us with supports."

"Education around healthy relationships so I knew it was not normal and not okay. It was primarily emotional abuse. I didn't recognise it as such at the time. I just thought Dad was mean and we didn't get on."

Types of support respondents would have liked as a child or young person impacted by DFV continued...

"I would have liked someone to tell me that we were not 'broken', that other people had gone through something similar and perhaps to help me understand what my father was doing was not our fault."

"Counselling support, someone to tell me it was ok to feel sad or scared - long term follow up - not just help in the here and now. In my home the violence was related to grief and financial instability so it was hidden behind these more obvious factors. I wish someone had of asked how things were going at home not just seen the issues we were presenting with as the main problem."

"I would have liked to have had intervention through the school system when it was obvious that we were moving very frequently and were being physically neglected. I would have liked myself and my brother removed from our home. I understand that providing safe alternatives to home for children is very difficult to achieve but it would have been the appropriate response given the all-pervasive abuse and neglect we experienced."

"A trusted higher authority. A person or system 'on our side'. Interventions that didn't persecute or victimise the victim."

"I think as a child, I would have wanted my mum to receive the help and support as opposed to me. If she was supported, I would be too."

"I was couch surfing from a young age, I could not be home any longer. From the age of 14/15 I left home, I found it extremely hard to find accommodation. I was very lucky to be already working that I was able to afford board and lodgings at every place that I stayed. Homelessness was an issue then, and still is now. We need more services that help young people who are homeless and need accommodation through crisis or permanently."

"Trauma-informed care. I cannot tell you what a difference the increasingly widespread understanding of TIC has had on my life. I'm in a place of happiness and stability I couldn't have imagined even five years ago."

"I would have liked the chance to have help someone to listen. Some safe person I could see weekly to talk about what happened. To understand the confusion and voices in my head. But my mother refused. It was never to be spoken of. Some place to go where you didn't need to be the adult. Some place to go weekly to make friends. Some place where it was okay to be yourself. Some place safe to draw or play games. A place where you didn't have to pretend you were happy all the time because you weren't allowed to have any other feelings. A place with nice people."

What I needed...

I needed people who believed there are bad people in this world who walk around in plain clothes.

I needed to be believed... I needed someone to be willing to investigate without prejudice. I needed to be shown how to identify my feelings. I needed to be shown how to engage with my peers, make friends with safe people, and keep those relationships. I needed to form proper attachment bonds. I needed doctors who understood trauma and who could identify and treat abuse-related health conditions... I needed counsellors who understood trauma and that my outward symptoms did not need an expensive pill, but were signs of a terrible story. I needed people who believed there are bad people in this world who walk around in plain clothes. I needed to be re-parented. I needed just one person to hear me, to hear everything I had been through, to believe me completely and tell me 'That's completely evil what you experienced, from the bottom of hell. Of course you have all these symptoms. Why wouldn't you? Of course you don't know what to think or do. How would you when everyone in your life are crazy makers?' Being believed, having someone understand what I couldn't about myself, having someone to put words into my experience for me when I couldn't, helping me to realise and understand that my reactions to the abuse were normal. That would have saved me so many years of struggle, of self-harm, of making dangerous choices. I needed someone to recognise I was only a toddler, stuck in a bigger body, who needed to be held, loved, and raised.
(Aged 35-39)

Services and professional involvement with the family

Although we were most interested in the help and support which focused directly on the respondent, they were also asked if any support services or professionals had been involved with the family as a whole.

Services and professionals involved with the family

34% indicated that services and professionals had been involved.

62% indicated there had been no involvement by services and professionals.

Most commonly involved were the police and child protection services.

(Source: Appendix A Table A19 & A20)

Stock image by ©Caro Telfer

Around one third of respondents' families experienced service or professional involvement. Respondents' comments regarding receipt of services tended to be brief and negative. Although experiences varied, on the whole their situation worsened with the respondent becoming less trusting and more frightened. Often factors such as loyalty to parents or the family and fear of repercussions also came into play.

> "I was too scared to speak up in court counselling services, and followed the script given by my abusive parent. I wish there had been more effort to connect me with a counsellor that could build a relationship and trust. Minimal supports after the fact, though some teachers noted perfectionism and anxiety. I never felt that anyone dug deep enough or could be trusted."

> "I felt scared when three adults came to my parents' house. I was scared my parents were in trouble. There were two men and a woman and my parents had limited English and the child protection services woman was nice enough speaking to me but I felt a little on edge."

Another respondent describes the way in which she and her sister felt they were further abused and victimised following the involvement of support services.

> "They all made things so much worse, splitting up the entire family and scattered us all around, taking several years for us as a family to reconcile. The police blamed my 13 year old sister for causing trouble, after she was gang-raped. I just got neglected, forgotten. At one point I was homeless and living on the streets at the age of 11. The social worker found me and took me to her place out somewhere in the bush where there was another boy in similar situation and we were left there by ourselves in the daytime. Apparently we were having a holiday, I got sexually assaulted by an older boy living nearby. Yes, I felt scared. I felt nobody cared. I missed my mum and sisters so felt really sad and lonely."

A similar example was provided by another respondent.

> "They made me scared. The situation felt worse. The 'safe house' that we were taken to temporarily until they could arrange where would stay did not feel safe. The adults working there were buying cigarettes for the kids. Two of the children became violent towards the worker late at night and I felt terrified. I was there with my little sister and we were hiding in our bedroom and there was no lock for the door...I have no faith in the system. My chest hurts when I think of the experience. My parents also blamed me for DOCS getting involved. Even though I was just trying to protect my sister, they accused me of intentionally tearing my family apart. No counselling was offered to me. No support. I feel like I fell between the cracks because I was 2 months short of turning 18 when all of this happened."

In a similar vein, this next respondent said that service involvement allowed more abuse to happen, and left her feeling more angry, extremely distrustful, and isolated.

> "Horrible. Reinforced the abuse was something not to talk about or tell anyone. I was blamed and I was made the problem. Made me more adamant to stay silent and put up with what was happening. Made me angry. Allowed more abuse to happen. Worse abuse. Severe distrust of medical, police, any authority or services. Isolated myself completely."

For others, outcomes varied according to the particular service.

> "I called the police when my father punched a hole in the wall and threatened to kill himself in the bathroom (locked himself in there with a knife). He fled once I said the cops were on their way. The police did not perform a L17/risk assessment[25] and my mother…allowed him back into the house. I was a minor (16) and they did not consider my risk and the key indicators that this was DFV, such as threatening to self-harm, punching a wall and my mother had just asked for a divorce the previous night (he wouldn't leave the family home). Because they didn't recognise it as DFV, neither did I so I think in the end it set me back in dealing with what was actually happening as there was no physical violence, which at the time I only knew DFV to be. School counsellor helped me limit seeing my father once we were not living together. Her permission that I could control that and despite being 16 I did not have to see him if he made me feel unsafe or was emotionally abusive. She is the reason at 18 I was able to cut off all contact to him and probably saved my life."

However, as this next respondent points out, discussion of outcomes and the effectiveness and success of the support is complicated.

> "They all helped support me and my siblings after we left home. They definitely made things worse for the rest of our family that were still at home (Mum, older brother) which was very scary to think about at the time. There was a lot of guilt about how leaving home would be good for me but bad for my Mum who would be blamed for it. At the same time, they were all incredibly useful for me as I started to feel safe again in a new home and worked on my PTSD and insomnia."

> "I had a brief time outside of the family home when I was 12 and sought counselling from a service which helped in affirming that it was wrong and not my fault. Once I ran away at 14 I sought help from the social services department in [names place] who said my only option would be juvenile detention. So I chose not to access that 'help'. A school friend's family took me in until I was old enough to have my own lease."

Preferred family support from services and professionals

Respondents were also asked what kind of support would their family have found useful at the time. Respondents identified various sources of service and professional support. These were grouped by theme. The two most common responses were for someone (e.g. a teacher) to notice the obvious signs of DFV and to intervene, and the provision of ongoing mental health support.

[25]Family Violence Risk Assessment and Management Report ('L17').

Case study: Respondents' advice to Naomi

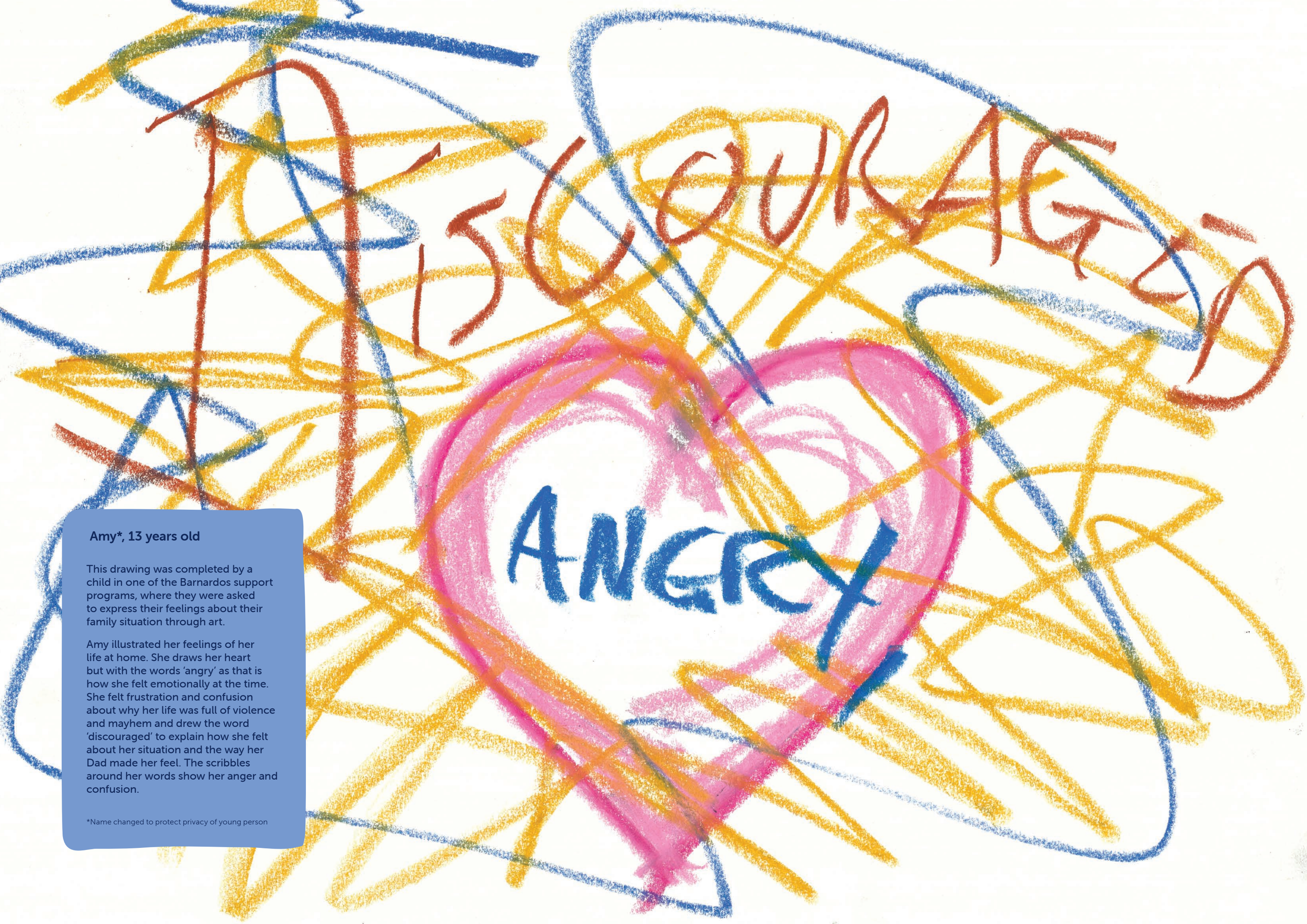
Respondents were presented with a fictional case study about a young girl, Naomi, who was 10 years old. Both she and her mother are experiencing DFV perpetrated by the father. Respondents were asked what advice they would give her. Over 80% of respondents provided advice which has been thematically grouped in Appendix A Table A22. Confiding in a trusted adult was suggested most often, followed by telling her that it's not her fault or her responsibility to resolve the situation, and also letting her know that the father's behaviour is neither normal nor acceptable.

Respondents were also asked what kind of service support would have helped Naomi. Again respondents were keen to make suggestions, with over 82% responding. Top of the list and way ahead of all other suggestions was that Naomi should seek out counselling or a safe space to discuss issues that would be troubling her. This was followed by seeking out someone to talk to. Support was also suggested for the mother, or for both parents (see Appendix A Table A23).

Myths and evidence

We began our presentation of the findings with a list of myths concerning DFV. Below is a table indicating how research evidence and our survey findings can contribute to demystifying them.

Popular myths	Facts
DFV is physical violence.	Physical violence is one type of abuse among many different types. DFV is about power and control. DFV is patterns of abusive or controlling behaviour which may or may not be physical. DFV refers to a range of different patterns of abusive behaviour. Patterns may be verbal, psychological, physical, technological, financial, sexual or spiritual.
Young children are not aware of DFV when it is occurring in the home.	Levels of awareness and understanding of DFV among young children experiencing DFV is under-researched. 44% of survey respondents were four years of age or younger when the DFV began. Children who live with DFV are not extensions of the parent victim, but victim survivors in their own right.
Children are resilient. Children who 'witness' DFV in their home are not harmed.	Children are direct victims of DFV. DFV affects each child differently. Research evidence shows that many children, regardless of whether 'witnessing', 'observing', or 'exposed to' DFV, or having it directed towards them, can be seriously harmed by it and harmed in multiple ways. Survey respondents identified numerous serious impacts during their childhood and youth.
Children can overcome any negative effects they may experience from DFV.	Research evidence shows that DFV can have major impacts on children, some of which continue into adulthood. Many survey respondents experienced lifelong psychological, physical, emotional impacts.
Coercive control only occurs between partners.	79% of survey respondents experienced psychological abuse. 88% experienced psychological distress. Some described coercive and controlling behaviours which were directed towards them.
DFV is a private matter.	DFV has traditionally been looked upon as a private matter. Many respondents were led to believe that what was happening in their home was 'normal'. Many respondents were told by their parent(s) to keep it a secret. Several state jurisdictions (notably Queensland and New South Wales) plan to introduce legislation to make coercive control a criminal offence. Tasmania has criminalised coercive control since 2004.
They can always leave or get help and support.	37% of survey respondents did not seek help and support. Survey respondents described many obstacles encountered when considering leaving the abusive situation or accessing help and support: • Did not know where to go for help. • Afraid to talk about DFV. • Believed it would make DFV worse. • Didn't believe anything could be done. • Children told not to talk about it. • Believed DFV was normal. • Didn't realise it was DFV. • Nowhere to go if they left. Survey respondents who did leave were often returned to their home by police, where as a result, the abuse worsened.
The police [the school teacher, the nurse, the counsellor, the doctor…] will help you.	63% of survey respondents sought help from someone within their family and/or from someone outside the family such as a teacher or health worker. Negative outcomes outweighed positive. Respondents often accused of lying. Many survey respondents reported that they gave up seeking help after a bad experience.



Amy*, 13 years old

This drawing was completed by a child in one of the Barnardos support programs, where they were asked to express their feelings about their family situation through art.

Amy illustrated her feelings of her life at home. She draws her heart but with the words 'angry' as that is how she felt emotionally at the time. She felt frustration and confusion about why her life was full of violence and mayhem and drew the word 'discouraged' to explain how she felt about her situation and the way her Dad made her feel. The scribbles around her words show her anger and confusion.

*Name changed to protect privacy of young person

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 the 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 respondent most wanted

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

Advice for child victim (case study)

- Encourage the child or young person to confide in a trusted or safe person (trusted adult, friend, neighbour etc).
- Emphasise that it is not her fault, that she is not to blame, and that whatever emotions she is experiencing are okay.
- Let her know that help and services are available and that she should get in touch with them.

Best help and support for child victim (case study)

- The provision of counselling and a safe place where she can talk about her experiences when she wants to and know that she will be listened to.
- Availability of services and professionals who can support the child's mother/father/family, including assistance to leave the abusive environment.

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 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.

Education and training

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.

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 were important to 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.

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?

We cannot know if the abuse and controlling behaviours reported by respondents in our survey represent the experience of all child victim survivors. Nevertheless, before formulating recommendations, the input of expert practitioners from Barnardos Australia was sought. In order to seek their insights, we conducted a series of Policy Lab sessions with the members of Barnardos' DFV Strategy Group (an expert practitioner and leadership group responsible for the development of an organisation-wide DFV strategy and framework to increase DFV knowledge and expertise among Barnardos' practitioners). Importantly, they were able to provide clarification in a number of areas and highlight particular issues of concern in the sector. We will briefly outline some of these and then present the recommendations.

Community awareness

Barriers to help seeking and to receiving appropriate support which respondents identified, and the lack of community understanding and knowledge that was also evident in the responses, resonated with practitioners. Practitioners agreed there was a need to educate ongoingly all groups in the community to recognise what DFV is and to know how to safely intervene to protect children when they disclose DFV without causing adverse consequences for the child.

Media representation of DFV

Practitioners expressed their concern about the representation of children and women victim survivors in the media and the need for more evidence-based reporting of DFV.

They welcomed existing resources for reporting on and speaking about DFV in broadcast media developed by Our Watch,[26] and initiatives to build journalists' knowledge of best practice reporting (for example the Our Watch Fellowship with the Walkley Foundation for Journalism). They also noted the value of Safe and Equal's guidelines for engagement with survivor-advocates[27] based on best practice principles of The Family Violence Experts by Experience Framework.[28]

Building on this work, they believed oversight bodies such as the Australian Communications and Media Authority should create an official code of practice for engaging with and reporting on children, young people and families with lived experience of DFV. Further, self-regulated industry media codes, guidelines and standards should also reflect DFV-informed principles when reporting on children, young people and families with lived experience of DFV.

National media campaign

Lengthy discussion centred on the need for ongoing investment in nationwide education around DFV. It was suggested that a national media campaign should be aimed at changing social thinking and attitudes around what are acceptable behaviours and what are not, and also include information on where people can seek help (either for themselves or someone they know).

As part of the campaign, several practitioners highlighted the importance of developing and utilising indicators which can measure changes in social attitudes and behaviour.

[26]See for example Our Watch's "How to report on violence against women and their children in Victoria" video: https://youtu.be/fHfWsgB7eCg ; National reporting guidelines for reporting violence against women: https://media.ourwatch.org.au/reporting-violence-against-women/guidelines-for-reporting-violence-against-women/ and tool-kit for reporting on Aboriginal people's experiences of family violence https://media.ourwatch.org.au/resource/reporting-on-aboriginal-peoples-experiences-of-family-violence/
[27]Safe and Equal's *Planning Best Practice Engagement with Survivor Advocates* resource: https://safeandequal.org.au/resources/planning-best-practice-engagements-checklist/
[28]See Lamb K, Hegarty K, Amanda, Cina, Fiona, and the University of Melbourne WEAVERs lived experience group, Parker R. (2020) The Family Violence Experts by Experience Framework: Domestic Violence Victoria. Melbourne, Australia.

Education and training of support professionals

Reflecting on the findings, Barnardos practitioners believed it important to ensure that all professionals with whom a child might interact with in their everyday life (e.g. primary and secondary teachers, health workers, pastoral care volunteers) are trained to recognise situations of DFV and to respond appropriately.

Social work practitioner training

Practitioners were also concerned about the readiness of newly graduated social work professionals for the challenges they would be facing given DFV is a cross cutting issue for children and women across all our services. While some Australian Association of Social Work Accredited Social Work programs by state and higher education providers do include units of study on DFV in their Bachelor of Social Work and Master of Social Work Qualifying degrees, many do not as this is not a requirement for qualified practice in Australia. One example of the former is The University of Sydney where all Bachelor of Arts/Bachelor of Social Work and Master of Social Work (Qualifying) students have core units that focus on DFV.

Practitioners observed that new graduates who had studied DFV typically proved to be better equipped (that is, with knowledge and skills to attend to the safety and wellbeing needs of children and families impacted by DFV and to the accountability of those who perpetrate abusive behaviours) compared to graduates from institutions where they had not been required to undertake core units[29] on DFV as part of their studies. Therefore, practitioners believed that DFV should be reinstated as an essential study component within the curriculum for a social work degree and part of the benchmark for qualified practice in Australia. This could be achieved by specifying DFV as essential core curriculum content according to AASW's Australian Education and Accreditation Standard for social work education.

Delivery of DFV services

Practitioners also reflected on factors preventing effective service delivery to children who experienced DFV. They saw a need for better service co-ordination so that children and young people receive the help they need when they need it and do not fall through service gaps. They noted previous findings by researchers regarding gaps in services to children who have been impacted by DFV and the lack of effectiveness of standardised models for working with children who have been impacted by violence and abuse.[30] In their experience, the Safe & Together™ model was the most widely applicable, comprehensive and effective evidence-based approach available. It successfully guided and supported practitioners' focus on the perpetrator's accountability for their violent behaviours and the risks they posed to children, while at the same time allowing practitioners to also work in partnership with the non-offending parent to boost safety strategies for the child.

Funding of DFV services

Practitioners noted that currently DFV funding is tied to a specific program. Practitioners argued that if funds were available that could be used flexibly across programs, it would permit much greater responsiveness when families are in immediate crisis. If they are quick to respond the client becomes less vulnerable. However, at present services need to apply for extra funds which makes meeting children's needs in a timely way challenging. The availability of in principal funding arrangements would allow for better service response.

Further, they called for the implementation of holistic approaches to address the lack of service integration and cross-agency and cross-sectoral collaboration. One means to achieve this is the application of the evidence-based Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services, developed by the PATRICIA project team, for fostering greater collaboration between child protection and community-based services with families.[31] Building on this crucial

[29]University of Sydney students are required to undertake core DFV units i.e. SCWK4003 *Violence against women and children* (BSW/BA-BSW); SCWK5011 Violence against women (MSWQ); and SCWK5008 *Reimagining child and family social work* (MSWQ).
[30]Humphreys, C., & Healey, L. (2017). *Pathways and Research into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final repo*rt (ANROWS Horizons 03 /2017). Sydney, NSW: ANROWS
[31]Connolly, M., Healey, L., & Humphreys, C. (2017). *The collaborative practice framework for child protection and specialist domestic and family violence services: Key findings and future directions* (ANROWS Compass, 03/2017). Sydney, NSW: ANROWS.

knowledge base of effective joint responses, cross sector engagement and inter-agency models, further work could be undertaken to develop a pilot model to extend and strengthen cross sector collaboration, across the child protection, DFV, community services, family law, justice, education, housing and health service systems. This would also reduce the capacity of perpetrators to exploit gaps and weak links between service systems to evade their accountability and exacerbate their abuse of children and women.[32]

Practitioners highlighted the value of therapeutic programs to support children and women recovering from DFV. Furthermore, they saw a pressing need to strengthen supports for women with children in regional and remote communities through suitable programs that were ready to be scaled up.[33] For example, Barnardos 'Learn to Live Again' (L2LA) is an eight-week evidence based therapeutic program addressing supports for women with children who are currently or have previously experienced DFV. Barnardos L2LA is currently running in four locations including Lithgow, Nyngan, Mudgee and Illawarra, using face-to-face as well as virtual delivery.

The purpose of the L2LA program is to reconnect women to themselves, their bodies, to their families, and to the community around them. By healing these disrupted connections, the program aims to strengthen the bond between women and their children and provide a platform for women to begin to support their own children's experiences of lived trauma. The program has incorporated the principles of Safe & Together™. Embedding the Safe & Together™ framework has enabled women and children to access support and understand their experiences regarding DFV in a group setting. This is done in a way that leads to empowerment and complements the therapeutic components of the group program.

The L2LA program builds safety for women and children and, in turn, reduces the likelihood of further DFV occurring. Programs like L2LA are well suited to increasing the scale of service delivery to vulnerable women and children in rural and remote areas throughout the state.

Voices of children and young people

Practitioners also felt hampered by the lack of available research data collected directly from children and young people on their safety and support needs. They agreed strongly with the suggestion for future research projects where the voices of children and young people who have experienced DFV are centre stage. A particular area of concern which was discussed at some length was research which could focus on the best ways of teaching children and young people about DFV and coercive control in an age-appropriate way.[36]

[32]Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. M., Humphreys, C., Diemer, K., ... Dunstan, J. (2017). Domestic and family violence and parenting: Mixed method insights into impact and support needs: Final report (ANROWS Horizons 04/2017). Sydney, NSW: ANROWS; Heward-Belle, S., Laing, L., Humphreys, C. & Toivonen, C. (2018). Intervening with Children Living with Domestic Violence: Is the System Safe?, Australian Social Work, 71:2, 135-147, DOI: 10.1080/0312407X.2017.1422772

[33]Practitioners also noted the importance of the provision of long-term support services such as the recent ground-breaking initiative by the Illawarra Women's Health Centre to establish a Domestic and Family Violence (DFV) Trauma Recovery Centre in the Illawarra.

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 campaign; specifically, develop indicators which can measure and evaluate change in social thinking around DFV.
4. Reinstate DFV as a study component within the 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 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 inter-agency models.
10. Adopt the Safe & Together™ model across NSW/ACT organisations to establish a nationally consistent approach to DFV across the sector.
11. Roll out 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.

Appendix A:

Survey methodology and responses

Methodology

In 2021, Urbis conducted a survey on behalf of Barnardos Australia. The purpose of the survey was to understand people's experience of DFV or abuse as a child or young person. This report provides the findings of this survey to Barnardos Australia to support and inform its advocacy work.

Barnardos conceptualised and developed the written questionnaire; and sought and received ethics approval by Sydney University. Urbis provided methodological and technical advice on implementing the questionnaire as an online survey, contributed to the ethics application, and advised on an effective recruitment strategy.

The survey link was distributed by Barnardos Australia. Barnardos used a mix of traditional and new media to distribute the online survey to Australian adults aged 18 and over who have experienced DFV as a child. The survey went into field on 2nd November 2021 and closed on Monday 20th December 2021. The survey was announced to over 300,000 Australians nationwide through radio news broadcasts. Barnardos communicated via owned media channels such as website, social media, and emails to encourage survey responses. Over 450 industry organisations Australia wide were contacted via email to share the survey with their networks and communities.

Urbis undertook data cleaning on all survey responses. This process removed ineligible responses, including:

- blank responses
- respondents that indicated they did not experience violence as a child or young person.

Following data cleaning, there were n=149 unique survey responses eligible for analysis. These responses were analysed in accordance with the data analysis plan distributed to Barnardos Australia in December 2021, using a combination of Microsoft Excel and the statistical software package SPSS. Where statistically significant results have been reported, alpha was set at either <.05 or <.001.

All valid responses were included in the analysis however not all respondents answered every question. Therefore, the base sample number for each question is identified throughout this report.

Limitations

This research has the following limitations:

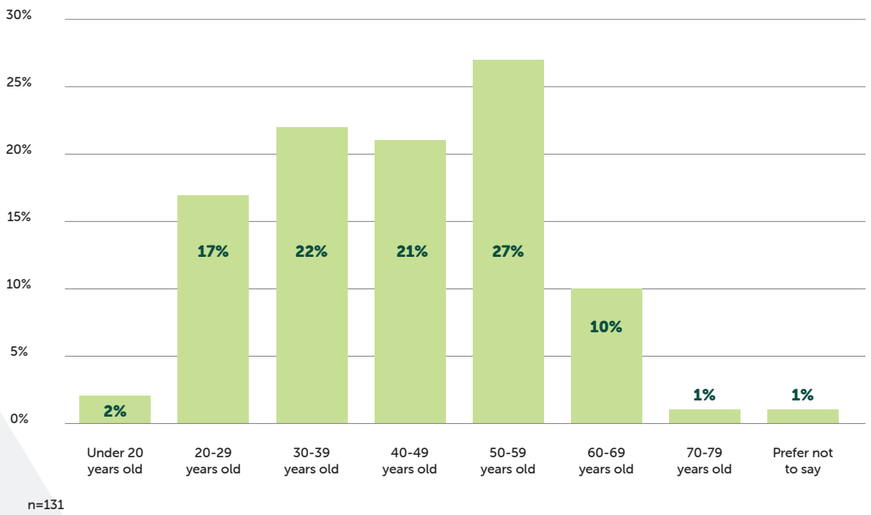
- Survey respondents self-selected to participate in this research and therefore the sample is not representative of the broader population who may not have had the opportunity or inclination to participate. The analysis and findings of this report only represent the experience reported by survey respondents not the population as a whole.
- Urbis conducted minor recoding of answers, including back coding for clarity of analysis. Thematic coding of qualitative responses was also undertaken to allow for analysis of these responses. This coding sought to reflect the meaning and intent of respondents. Many responses were coded into more than one category to capture the depth of response. However, Urbis acknowledges that the codes and categories are subjective interpretations of respondent meaning and intent and are not definitive.
- Not all respondents answered all survey questions. This report identifies the base number 'n' for each question. For some questions, the relatively small sample size limited the ability to conduct further analysis within the sample, such as tests for statistical significance.

Age and gender

Age: there is quite evenly distribution among respondents. 61% identified being under 50 years of age, while 38% were 50 years and over. The median age fell within the 40-49 years bracket.

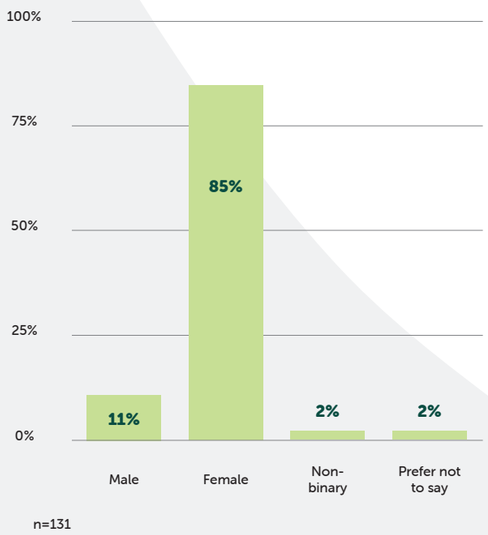
Gender: a large majority (85%) of respondents identified as female, while 11% were male and 2% were non-binary. Given the small number of respondents identifying as male (n=15), analysis of responses by gender was not able to be undertaken.

Age



n=131

Gender



n=131

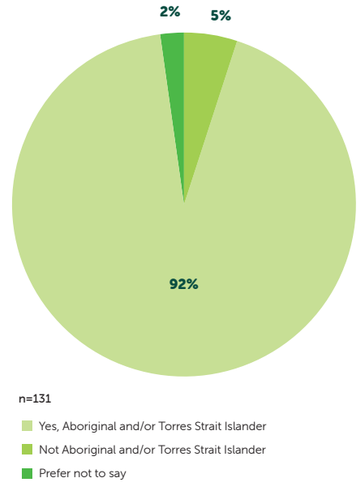
Cultural background and educational achievement

Aboriginal and/or Torres Strait Islander status: 5% of the sample identified as Aboriginal and/or Torres Strait Islander, with 2% electing not to say.

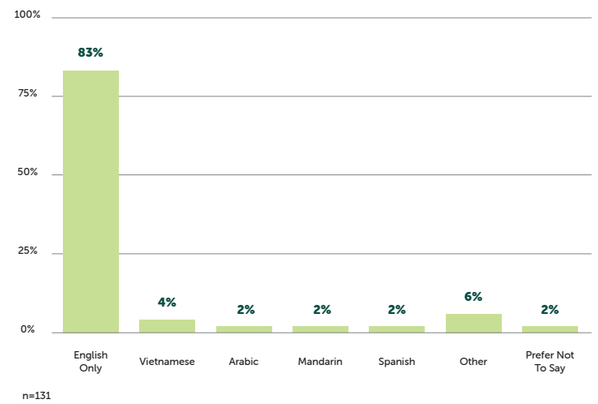
Language: 83% of respondents identified English as the only language they spoke at home, while 15% identified other languages. Of these, the most common languages spoken were Vietnamese (4% of the sample), Arabic (2%), Mandarin (2%) and Spanish (2%).

Education achievement: 31% of respondents identified that their highest level of educational achievement was a Bachelor's degree. Most respondents were university-educated, with a majority of respondents having achieved a Bachelor's degree or higher (69%).

Aboriginal and/or Torres Strait Islander status

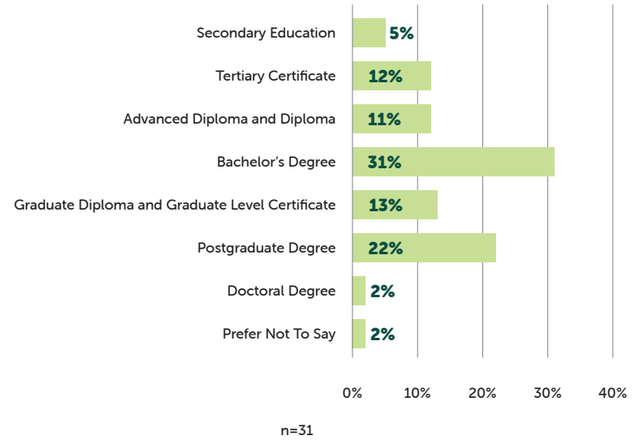


Language



n=131

Education



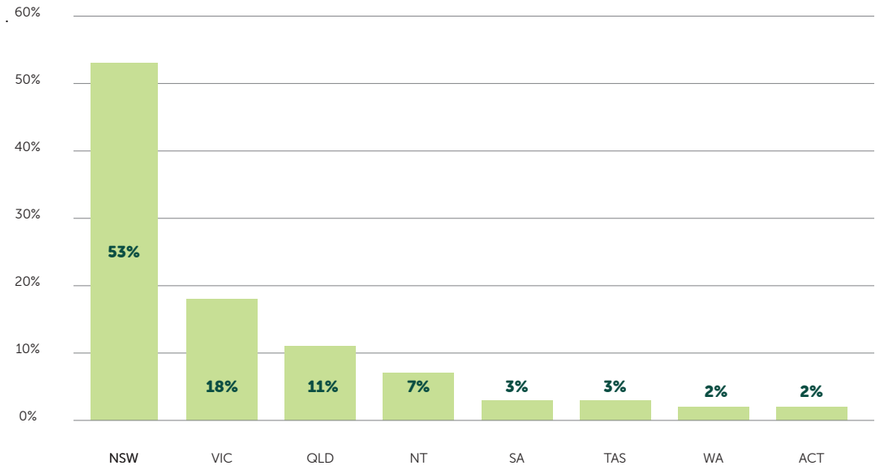
n=31

Location

State: The majority of respondents identified they primarily resided in NSW (53%), followed by Victoria (18%) and Queensland (11%).

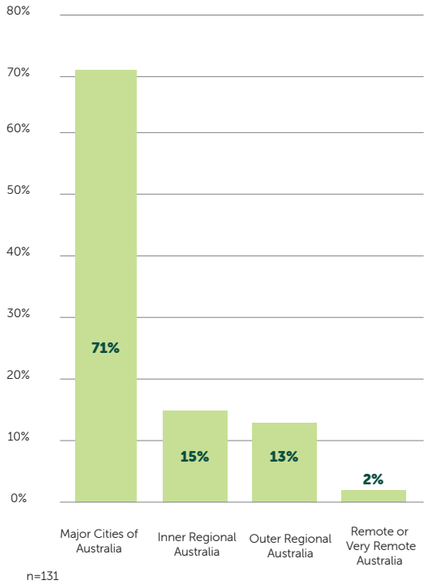
Regionality: Most respondents resided in major metropolitan areas of Australia (71%), while 29% reside in regional/remote areas. This includes 15% in inner regional and 13% in outer regional Australia. A small proportion identified they resided in remote or very remote Australia (2%).

State



n=131

Regionality



n=131

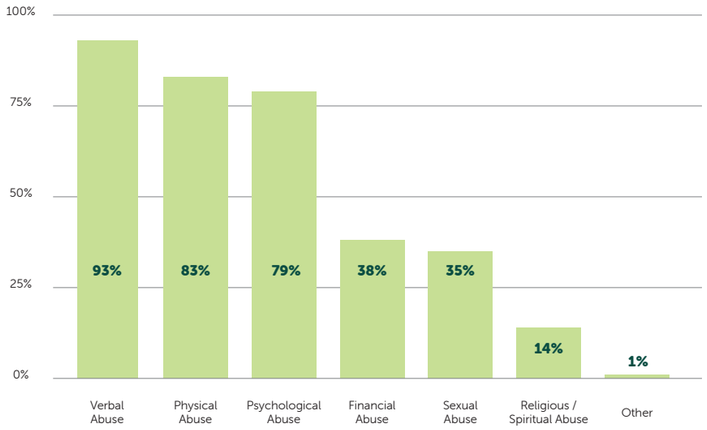
Types of abuse (A1, A2)

Participants were asked to identify all types of DFV or abuse that had happened in their home as a child or young person.

Verbal abuse was most commonly reported among respondents, with 93% having experienced this in the home as a child or young person. This was closely followed by physical abuse (83%) and psychological abuse (79%). Financial abuse (38%), sexual abuse (35%) and religious/spiritual abuse (21%) were less commonly reported. One respondent also reported they had been the victim of neglect.

Most respondents reported that they experienced multiple types of abuse. Just 5% of respondents only experienced one type of abuse. 79% of respondents reported experiencing three or more types of abuse provided as options in the survey.

A1. Proportion of respondents that experienced each type of abuse

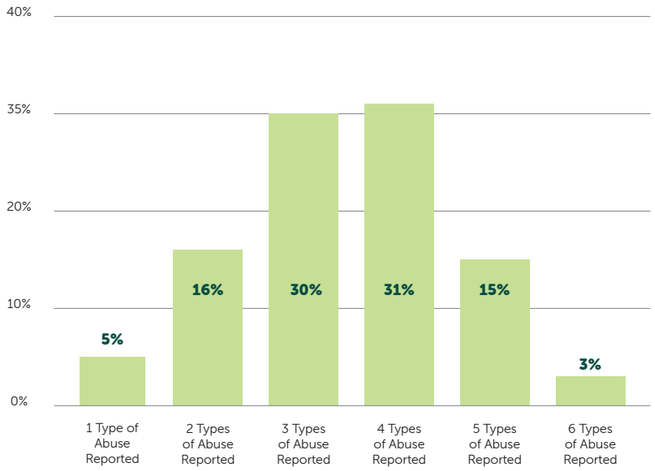


n=149

Question: What types of domestic and family violence or abuse were happening in your home when you were a child or young person? Please select all that apply.

Note: proportions do not add to 100% due to multiple responses.

A2. Types of abuse reported



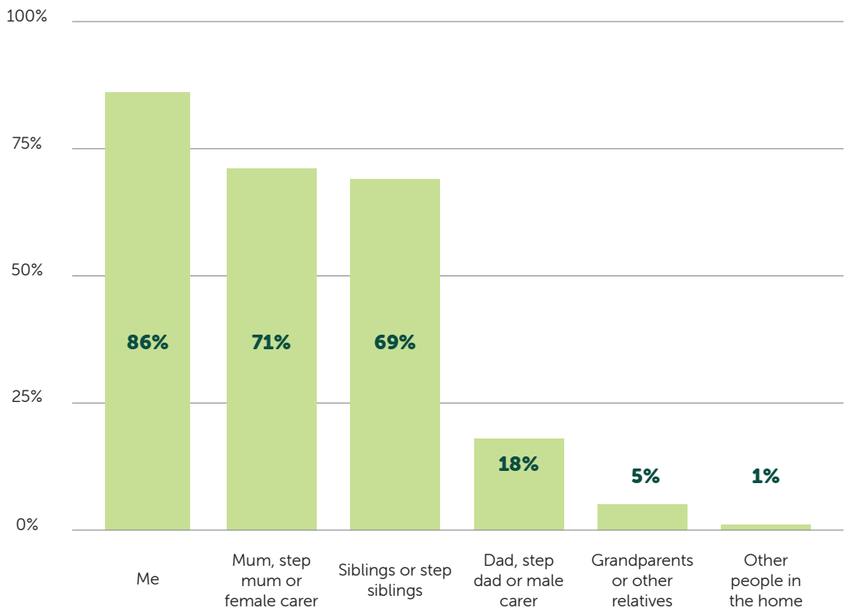
n=149

Victims of abuse (A3)

Participants were asked to identify who in their home had been abused.

86% of respondents reported that they themselves had been abused. 71% reported that their mum, step mum or female carer had been abused, and 69% reported their siblings or step siblings had been abused.

A3. Abuse victims in your home



n=149. Question: Who in your home was abused? Please select all that apply

Note: proportions do not add to 100% due to multiple responses

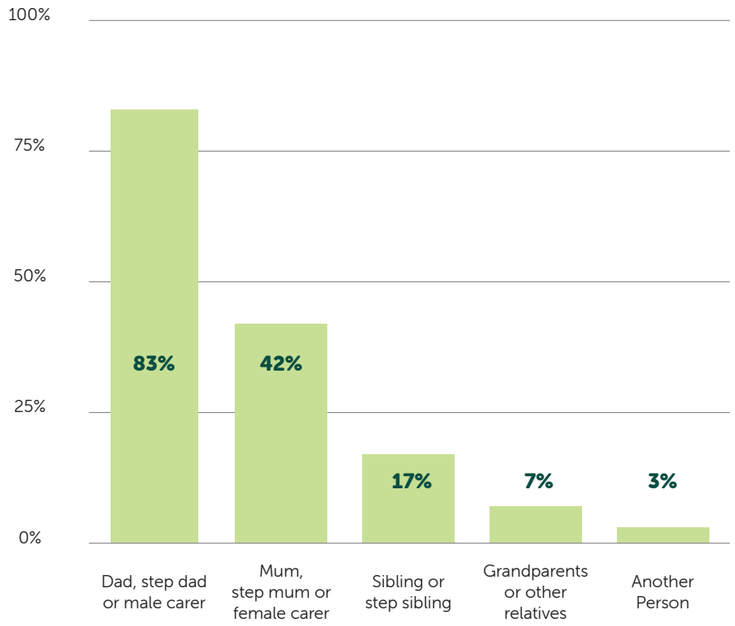
Perpetrators of abuse (A4)

Respondents were asked to identify who in their home was the perpetrator of DFV or abuse.

Respondents most commonly identified their parents/carers as perpetrators, particularly their male parents/carers. 83% of respondents identified that their dad, step dad or male carer perpetrated abuse in their home, while 42% identified their mum, step mum or female carer. 17% identified their sibling or step sibling as perpetrating abuse, and 7% identified grandparents or other relatives. 3% identified other perpetrators, including a boyfriend or sibling's boyfriend, and a resident in a care home.

37% of respondents identified perpetrators from more than one of the categories above. Over one-quarter of all respondents (28%) identified that both their dad, step dad or male carer and their mum, step mum or female carer had perpetrated abuse in their home.

A4. Perpetrators of abuse

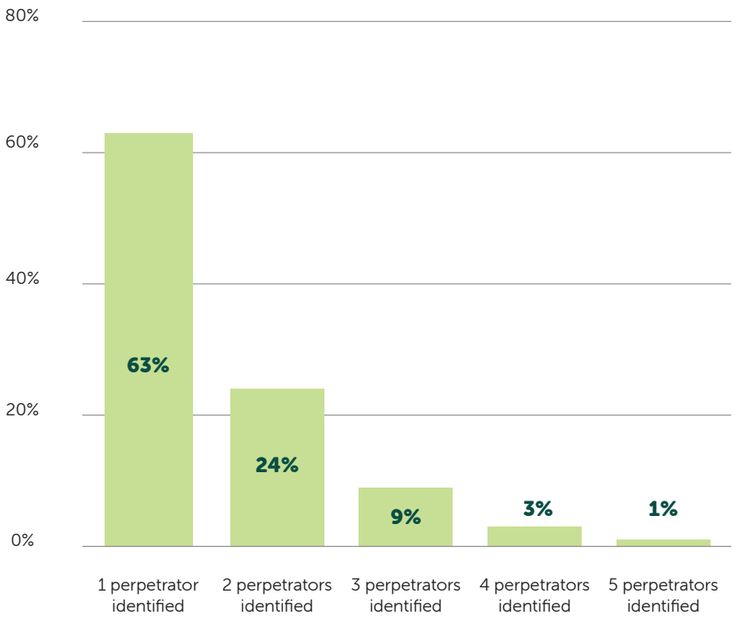


n=149. Question: Who in your home was the perpetrator of domestic and family violence or abuse? Please select all that apply

Note: proportions do not add to 100% due to multiple responses.

Perpetrators of abuse continued (A5)

A5. Experiences of multiple perpetrators



n=149

	Sibling or step sibling	Mum, step mum or female carer	Dad, step dad or male carer	Grandparents or other relatives
Sibling or step sibling		12%	13%	3%
Mum, step mum or female carer	12%		28%	6%
Dad, step dad or male carer	13%	28%		6%
Grandparents or other relatives	3%	6%	6%	

n=149

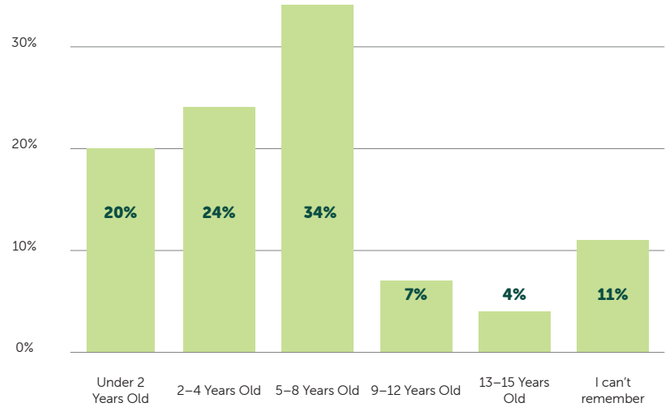
Commencement and duration of abuse (A6, A7)

Participants were asked to identify when they first experienced DFV or abuse, and for how long they experienced it.

Respondents tended to first experience abuse at a younger age, as 79% of respondents reported that they were 8 and under, including 44% that were under 4 years old. 11% couldn't remember when they first experienced abuse.

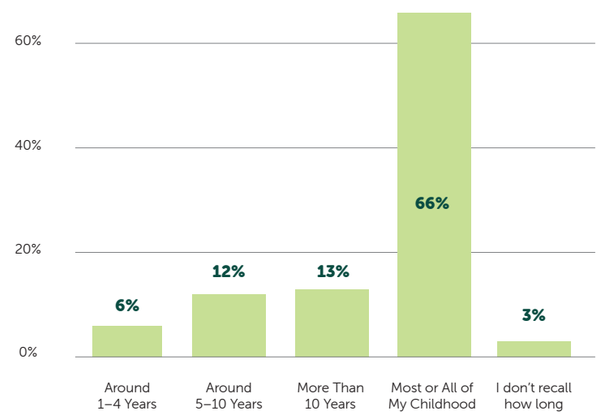
A majority of respondents reported that they experienced abuse for a considerable portion of their childhood. 66% of respondents experienced abuse for most or all of their childhood, and a further 13% experienced abuse for more than 10 years.

A6. Commencement of abuse



n=149. Question: Approximately how old were you when you first experienced domestic and family abuse?

A7. Duration of abuse



n=149. Question: For how long did you experience domestic and family violence or abuse?

Impacts (A8)

Respondents were asked to rate the extent to which they agreed with various statements on the impacts of DFV or abuse on them as a child or young person. Ratings went from 0 (indicating strong disagreement with the statement) to 10 (indicating strong agreement). The responses for each statement were then categorised as low agreement (0-3), some agreement (4-7) and high agreement (8-10). The mean response is also reported for each statement.

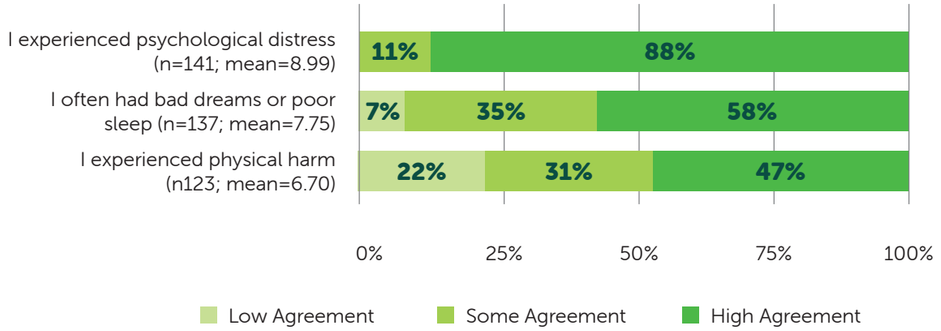
The statements covered the impact on respondents' health, relationships, education and feelings.

Experiencing DFV or abuse as a child or young person had significant impacts on respondents across all categories.

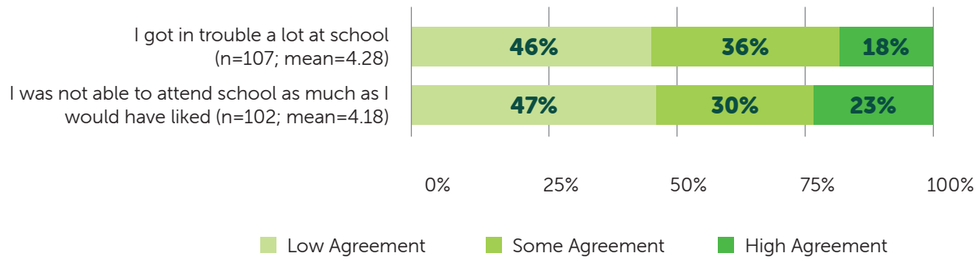
The strongest areas of agreement across all respondents was for psychological distress (88% high agreement; mean=8.99), self-esteem (79% high agreement; mean=8.42) and not feeling safe in their home (64% high agreement; mean=7.84).

Respondents generally reported less agreement that abuse impacted their education with 23% high agreement regarding on school attendance (mean=4.18) and 18% high agreement regarding getting into trouble at school (mean=4.28).

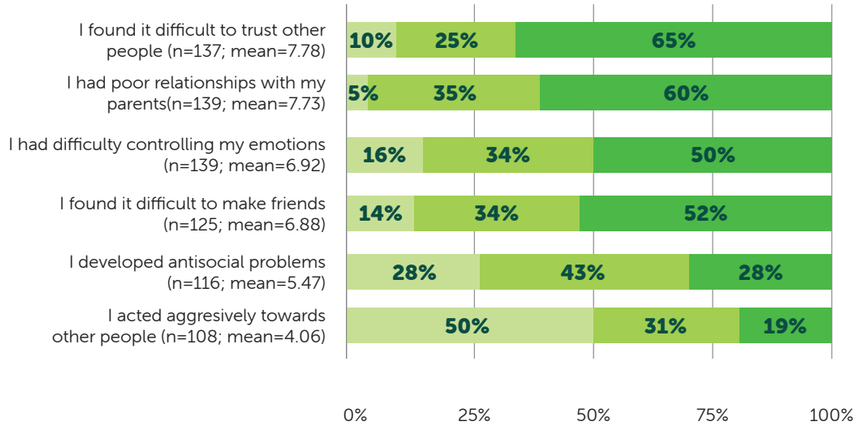
Health



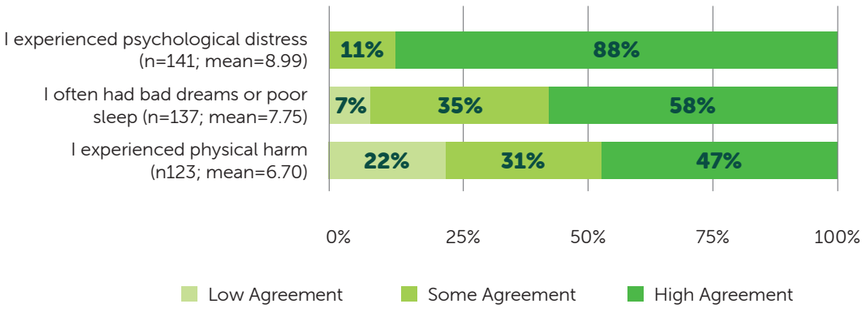
Education



Relationships



Feelings



Other impacts (A9)

Respondents were also invited to share any other impacts that domestic and family violence or abuse had on them as a child or young person. This was provided in the form of an open-ended response. 100 respondents shared additional experiences of how abuse had impacted them. These statements were then thematically coded, categorised and analysed.

The most common themes to emerge were that respondents withdrew from society, or were increasingly isolated and disconnected from others (n=17), that respondents lost confidence or had lowered self-esteem or self-worth (n=17), and that it brought on or exacerbated anxiety or panic attacks (n=15).

Most common responses

Theme	n
Withdrawing from society; isolation; disconnection	17
Loss of confidence; low self-esteem	17
Anxiety or panic attacks	15
Onset of mental illness (i.e. PTSD, OCD, eating disorder)	13
Always on high alert	12
Constant paranoia or fear	12
Unhealthy or problematic relationships	12
Self-harm or suicidal ideation	11
Relationship problems or inability to develop lasting relationships	11
Inability to express or regulate emotions	10
Shame or embarrassment	10
Worsening medical conditions or leaving them untreated	10

n=100. Question: What other impacts (if any) did domestic and family violence or abuse have on you as a child or young person?

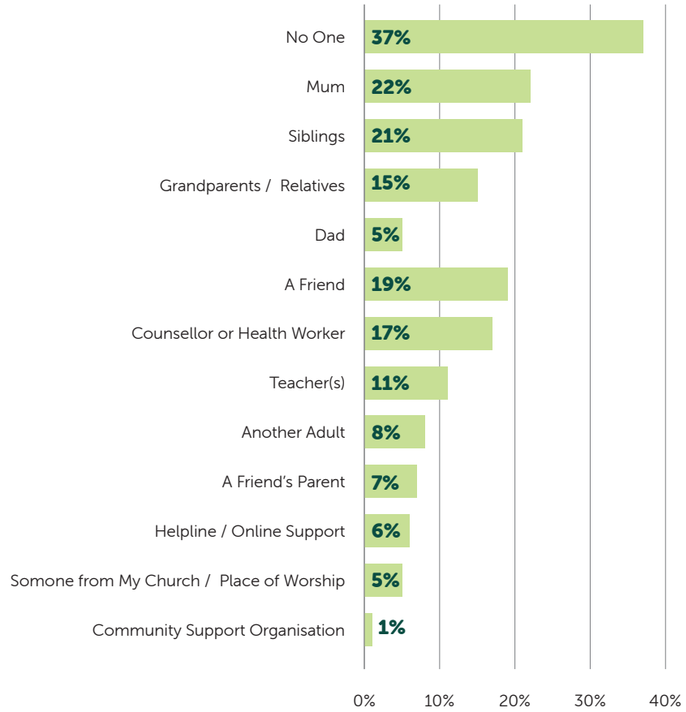
Who did you go to for help or support? (A10)

Respondents were asked who they went to for help or support during their experience of DFV or abuse as a child or young person.

37% of respondents reported that they had not sought help or support from anyone, which was the most common overall response. If respondents did seek help or support, they most commonly reported seeking help from within their immediate family. 22% of all respondents sought help or support from their mother, 21% from their siblings, and 5% of respondents sought help or support from their father. 15% sought help or support from their grandparents or another relative.

Outside of the family unit, other common responses included a friend (19%), a counsellor or health worker (17%), and a teacher (11%).

A10. Sources of help or support



n=142

Question: Thinking again about your experiences of domestic and family violence or abuse as a child or young person. Who did you go to for help or support?

Note: for the chart above, proportions do not add to 100% due to multiple responses.

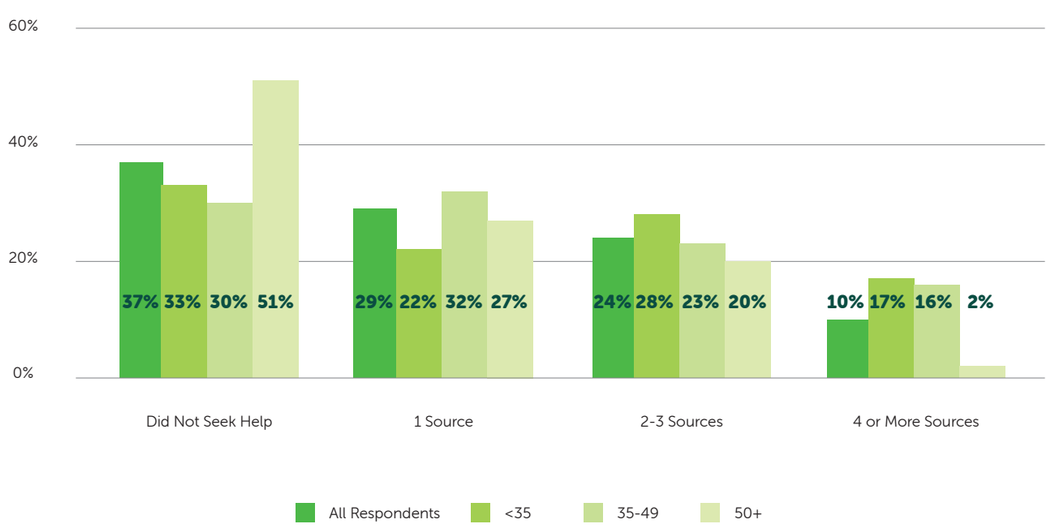
Who did you go to for help or support? (A11)

The survey question asked respondents to identify who they went to for help and support with respondents being able to select multiple options. Analysis was undertaken on the number of response options selected across all respondents and different age categories. It is important to note that this data only reflects the number of sources reported, not the number of times the respondent sought help from the same source.

Of the respondents that identified that they did seek help, 29% identified one source, 24% 2-3 sources and 10% 4 or more sources. Differences across different age groups were also examined. A larger proportion of older respondents reported that they did not seek help or support (51%) compared with 30% of respondents aged 35 to 49 years and 33% of respondents under 35.

Analysis of the qualitative responses provided throughout the survey indicated that respondents believed that attitudes to DFV may have been different in the past, discouraging victims from coming forward, or that the level of support might have been less adequate.

A11. Number of sources of help or support identified



n=142. Question: Thinking again about your experiences of domestic and family violence or abuse as a child or young person. Who did you go to for help or support?

Note: 19 respondents did not provide their age

Experiences of seeking help and support by age (A12, A13)

Participants were asked to elaborate on their experiences receiving help and support, drawing 70 responses.

Responses were categorised based on the information respondents included in their answer. This includes whether respondents were believed when they sought help or support, what happened after respondents sought help or support, and whether their situation changed at all.

A12. Most common responses

Participant responses on their experience of help seeking were varied. The table below provides a summary of the most common types of responses received around what happened as a result of their help seeking.

Theme	n
Person respondent told did not intervene	17
Abuser discredited respondent's account	9
Accommodation or safety was provided	7
Accused respondent of lying or making it up	6
Respondent thought abuse was normal	5
Helped respondent understand what had happened	5
Accessed mental health support	5
Respondent feared potential consequences of telling someone about their abuse	5

n=70

A13. Outcome

Some respondents described the outcome of their help seeking and these were categorised below

Theme	n
No change to situation	12
Situation worsened	16
Situation improved	12

n=70

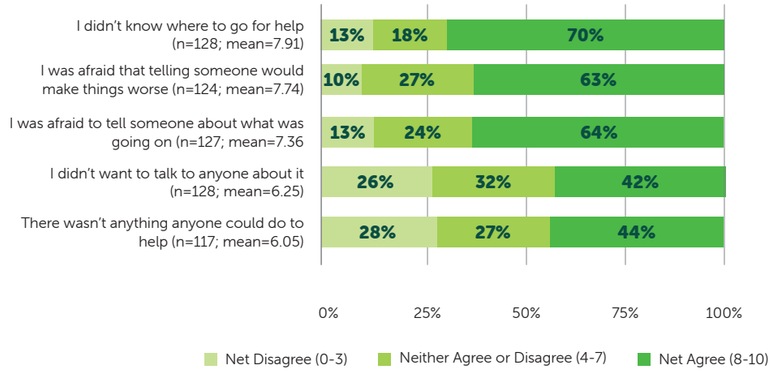
A selection of responses from each category are provided on the next page.

Experiences of seeking help and support by age (A14, A15)

Participants were provided a series of statements on their experiences seeking help for the DFV or abuse they experienced when they were a child or young person. Participants were asked to rate each statement from 0 (indicating strong disagreement with the statement) to 10 (indicating strong agreement). The responses for each statement were then categorised as net disagree (0-3), neither agree nor disagree (4-7), and net agree (8-10).

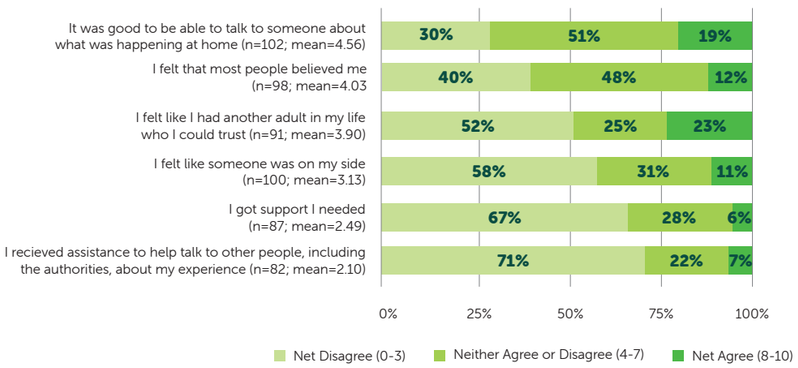
The statements can be divided into two categories: concerns about help seeking (which recorded a higher proportion of agreement) and a positive experience of help seeking (which recorded a higher proportion of disagreement).

A14. Concerns about help seeking



On average, respondents most agreed with the notion that they didn't know where to go for help (70% net agreement; mean=7.91). Respondents also identified that they were afraid of telling someone about what was going on (64% net agreement; mean=7.36), or that telling someone would make things worse (63% net agreement; mean=7.74).

A15. Positive experience of help seeking



The highest levels of disagreement was reported against the statement that respondents received assistance to help talk to other people about their experience, including the authorities (71% net disagreement; mean=2.10), that they received the support they needed (67% net disagreement; mean=2.49) and that they felt like someone was on their side (58% net disagreement; mean=3.13).

Experiences of seeking help and support by age (A16)

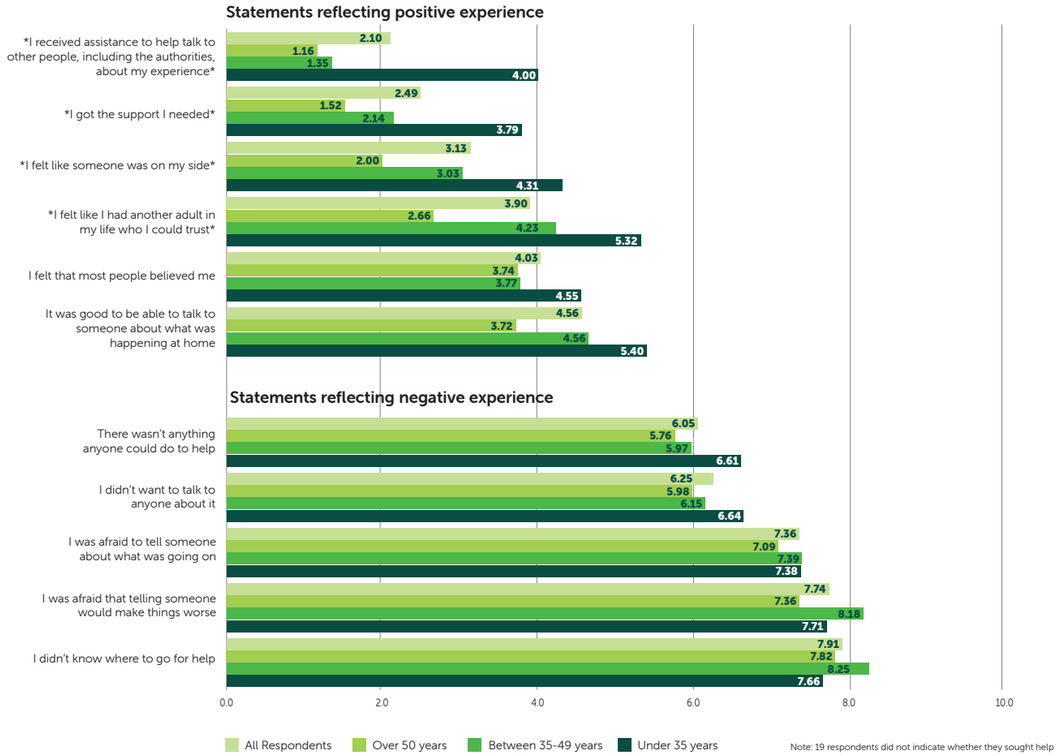
To investigate an association between age and seeking help and support, the sample was split between those under 35 (28% of respondents that provided their age), those between 35 and 49 (34%) and those 50 years and over (38%). Mean rating of the experiences of seeking help and support and testing for statistical significance between the mean ratings for each age cohort is charted opposite.

For statements that reflected a positive experience, there were some statistically significant differences among the mean ratings between different age cohorts:

- **I received assistance to help talk to other people:** a statistically significant difference was found between respondents under 35 and respondents aged between 35 and 49 ($p<0.05$), and also between respondents under 35 and respondents 50+ ($p<0.001$)
- **I got the support I needed:** a statistically significant difference was found between respondents under 35 and respondents 50+ ($p<0.05$)
- **I felt like someone was on my side:** a statistically significant difference was found between respondents under 35 and respondents 50+ ($p<0.05$)
- **I felt like I another adult in my life that I could trust:** a statistically significant difference was found between respondents under 35 and respondents 50+ ($p<0.05$)

Interestingly there are not the same clear patterns in statements reflecting a negative experience, with no significant differences between the three age cohorts.

Age



Note: 19 respondents did not indicate whether they sought help

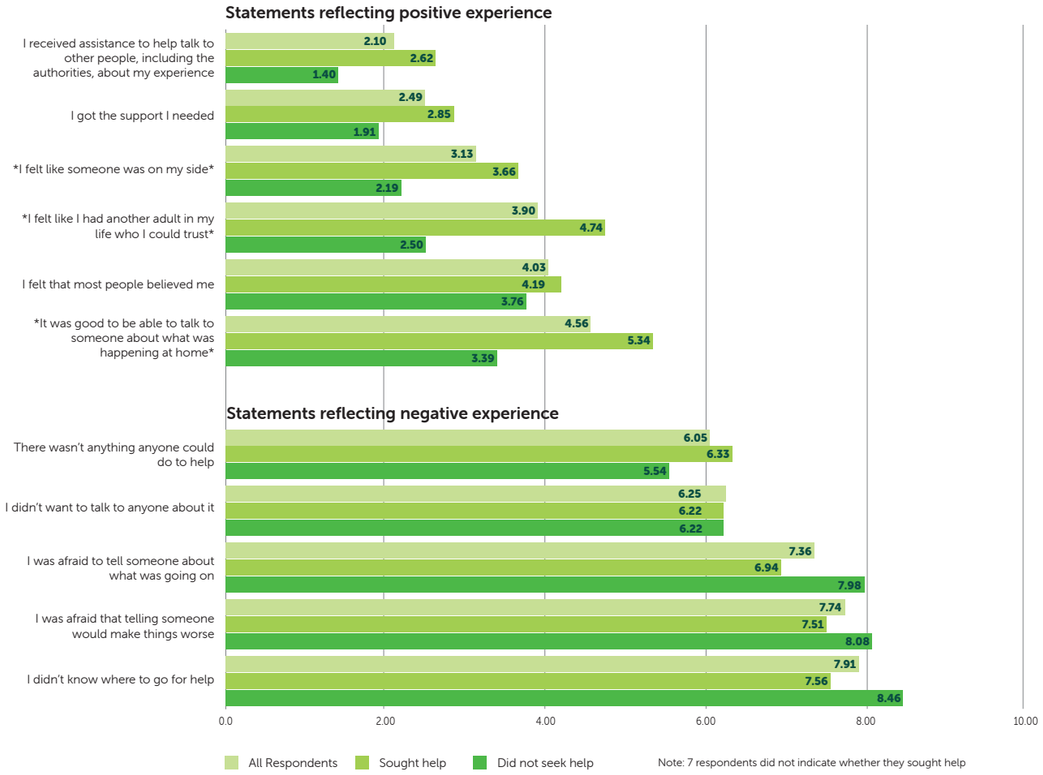
Breakdown of experiences – help seeking (A17)

Further analysis of the experience of help seeking was undertaken based on if the respondents identified that they sought help or support.

Among respondents that did not seek help, there were generally lower levels of agreement with positive help seeking experience statements. Differences in mean ratings of statements between respondents that sought help and those that did not seek help were tested for statistical significance. The following differences in means were statistically significant:

- It was good to be able to talk to someone about what was happening at home ($p<0.05$)
- I felt like I had another adult in my life who I could trust ($p<0.05$)
- I felt like someone was on my side ($p<0.05$)

As may be expected, respondents that did not seek help generally had higher levels of agreement with negative experience of help seeking. The one exception to this is the statement identifying that there wasn't anything anyone could do to help where respondents who sought help provided a higher mean rating (6.33 compared to 5.54 for those that didn't seek help), although this difference was not statistically significant.



Preferred help and support (A18)

Respondents were asked an open-ended question regarding what other help or support they would like to have received. 121 responses were received to this question.

The two most common responses were for someone to have noticed signs of abuse and for the respondent to have been able to access mental health supports.

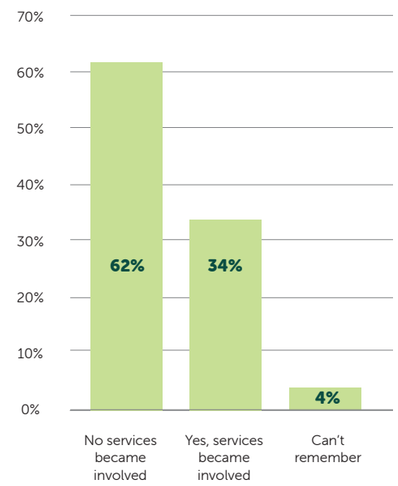
Theme	n
Someone to notice obvious signs and intervene (i.e. teacher)	22
Mental health support (during and after)	22
Support from school	14
To be listened to/provide a safe environment to be heard	13
Support for parent(s)	13
Understanding that the abuse wasn't my fault/ my feelings were valid	11
To be believed	11
May not have accessed support (out of fear, too withdrawn)	10
Alternate accommodation/ respite	10

Involvement of services and professionals (A19, A20)

The majority of respondents (62%) indicated that no services or professionals became involved with their family as a result of DFV or abuse.

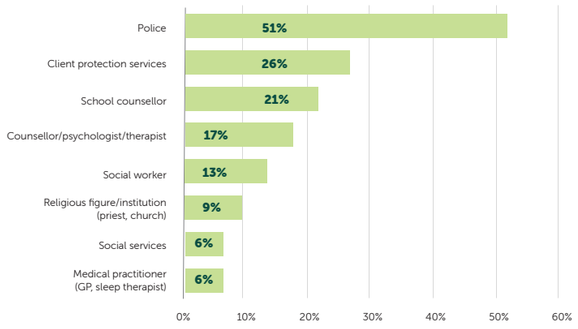
Respondents that indicated services or professionals had become involved were asked to identify these and their experiences with them. Of the n=47 respondents that indicated services had become involved, 51% identified that the police had become involved. Following police, respondents identified child protection services (26%) and school counsellors (21%) as the next most common services to be involved.

A19. Services/Professional involvement



n=138. Question: Did any services or professionals become involved with your family as a result of domestic and family abuse?

A20. Services/Professionals involved



n=47. Question: please specify which services became involved. Some multiple responses were provided.

Experiences of services and professionals (A21)

Respondents were also asked to indicate their experiences of these services, drawing 46 responses. Respondents reported that experiences were rarely entirely negative or entirely positive. Instead, they reported having different experiences with different services, or even different experiences with the same service but at different times or in different situations. However, respondents generally had negative experiences with the services or professionals that became involved.

Common responses that indicated a negative experience included that the involvement of services generally made the situation worse (n=16), the services involved made them more scared or frightened about their situation (n=8), or that services didn't improve the situation or had no impact (n=7).

Positive experiences with services were less commonly reported.

Negative experiences

Theme	n
Situation worsened due to services (general)	16
Services made me more scared or frightened	8
Did not improve the situation or had no impact	7
I was reprimanded for contacting services or the abuser became aggressive towards me	6
Services did not identify or misdiagnosed the problem	6
Services did not make enough effort to engage with me	6

Positive experiences

Theme	n
Grateful for the intervention of the services	2
Services improved situation (general)	2
Helped to escape the situation	2

n=46. Question: what was your experience of these services

Naomi case study

Respondents were provided a fictional story about Naomi, a 10-year-old girl that experiences DFV and abuse perpetrated by her father, and directed at her mother and her.

Respondents were asked what advice they would give Naomi and what help and support they believe Naomi needed.

Naomi is a 10-year-old girl. She is feeling sad at home because sometimes she can hear her dad yelling loudly at her mum.

Naomi said: "Other times I feel so scared because dad gets so mad, he throws things around the house or hits mum. I often go and hide in my room when dad starts to yell. Sometimes I feel worried that mum is hurt because mum starts to cry. Dad says it's because mum doesn't listen. Dad sometimes yells at me too when I am naughty, this makes me really sad".

Advice (A22)

Participants were asked open-ended question around what advice they would provide Naomi. 122 responses were received.

Respondents provided a wide range of advice to Naomi. Respondents encouraged Naomi to discuss what was happening with someone else, including confiding in a trusted adult (n=52), confiding in someone she trusted (not necessarily an adult). Respondents also wanted to advise Naomi that what she was experiencing was unacceptable and not normal (n=26), and that what was happening was not her fault (n=38).

A list of top responses (greater than n=10) is provided below.

Most common responses

Theme	n
Confide in a trusted adult	52
It's not Naomi's fault or up to her to resolve it	38
Behaviour of her father is unacceptable or not normal	26
Tell someone or ask someone for help	22
Confide in someone you trust	17
Call or go to the police/emergency supports	14
Tell Naomi that assistance/supports are available	12
Tell Naomi her emotions are valid (i.e. it's OK to be sad/scared)	12
Call kids helpline or another phone line	10

Help and support (A23)

Participants were also asked an open-ended question on what kind of help and support Naomi needed. 123 responses were received.

Overwhelmingly, respondents identified that Naomi needed counselling or a safe environment to discuss her experiences (n=46), or more generally just someone to talk to (n=26). Another theme was support or intervention for different members of her family, including support for Naomi's mother (n=23), support for her father (n=17), support for both of her parents together (n=11), or a whole family intervention (n=12). 15 respondents identified that Naomi and her mother needed support to leave the situation.

Another dominant theme was to involve police or government authorities. 19 respondents suggested the police as a source of help and support for Naomi, and 17 respondents identified a social/ case worker, domestic violence specialist or child protection authorities would be helpful.

A list of top responses (greater than n=10) is provided on the right of this page.

Most common responses

Theme	n
Counselling or a safe space to discuss issues	46
Someone to talk to	26
Support for Naomi's mother	23
Police support	19
Social or case worker, domestic violence specialist, or child protection authority involvement	17
Support for her father	17
Support for Naomi and/or her mother to leave	15
Acknowledging Naomi's feelings and that she understands it isn't her fault	13
Whole family intervention	12
Support for her parents (together)	11

Appendix B:

Barnardos DFV-related programs

Barnardos Australia

Barnardos Australia is here because every child needs a champion. We listen, we act, and we advocate for the safety of children at risk of abuse and neglect, providing family support programs and services that empower children to reach their full potential. When it comes to protecting vulnerable children from abuse, we never give up. We are dedicated to the prevention of trauma in children, and support families to be the best parents they can be. We help children to recover and thrive, and we find safe homes for them through foster care and open adoption.

Barnardos tagline "Because every child needs a champion", reflects our fundamental belief in the importance of communities uniting around a child to deliver the best outcomes for their young lives. Our employees, our families, our foster carers, our partners, our supporters and our volunteers all put children's needs first, and fight for a child's right to grow up safely to achieve their brightest future.

Working to prevent domestic and family violence and support

Unfortunately, almost every family we work with at Barnardos has experienced domestic and family violence (DFV). As an organisation, we are child-focused in our approach and we provide integrated programs and services to 'wrap around' families and support them through the trauma caused by DFV.

Domestic violence program

Barnardos works with families that have experienced or are experiencing domestic and/or family violence and have children living at home. The service works with families to identify their needs and strengths to provide tailored support for each family member. The support is reviewed every three months and is designed to empower families to make long-term meaningful changes.

The aim of the program is to keep children safe, reduce parental stress and strengthen families. The service provides:

- Home visiting
- Safety planning
- Domestic violence education
- Court support
- Parenting support and education
- Budgeting and household management
- Practical assistance and coordination of specialist assessments and referrals
- Group work
- Referrals to programs within Barnardos.

The program services the Auburn Local Government Area including Auburn, Berala, Homebush Bay, Lidcombe, Newington, Regents Park, Rookwood, Silverwater, Sydney Olympic Park and Wentworth Point.

Domestic violence education program

Barnardos conduct eight-week groups called Healthy Relationships which explore what DFV is and how it impacts on children.

These groups are run in Penrith and Auburn.

Children and young people's education

Barnardos facilitates 'Love Bites' respectful relationship programs for young people aged 11-17 years.

Love Bites is based on best practice standards for education programs as recommended by the Federal Government funded Australian Domestic and Family Violence Clearing House and other leading academics in the area of violence against women.

Therapeutic Groups

Barnardos facilitates therapeutic groups for women and children who have experienced DFV. They are usually groups that are facilitated over 6 -8 weeks and look at resilience and healing from DFV. These include Learn to Live Again, Book of Me, and Out of the Darkness.

Learn to Live Again – Women's Family & Domestic Violence Support Group

This is an eight-week program delivered in a group setting (meeting once per week) designed for mothers who have experienced DFV. A therapeutic style group, rather than a psychoeducational group, this helps women identify the skills they have within to cope with and heal from trauma. The group helps reconnect women to themselves, their bodies, their family and to the community around them. The group aims to heal and strengthen the bond between women and their children, and in turn provide a platform for women to support their children's experiences of lived trauma.

The program started in the NSW South Coast and is now offered in Barnardos Children's Family Centres across NSW.

Phone Support

LINKER is an after-hours telephone support service for women who have left domestic or family violence, in Western NSW. It proactively offers telephone and text message support to women (and most often their children) who have accessed emergency short-term accommodation as the result of leaving domestic violence. The LINKER worker proactively contacts the client by phone and offers personalised and consistent support as required during their time of crisis and transition through homelessness to post-crisis stability, at times of the day and week when there are few, if any other forms of support available. LINKER offers flexible out of hours phone contact (5pm-9am every day of the week) from a specialist domestic violence worker to clients referred by emergency accommodation providers. Clients particularly value the LINKER Service capacity for phone-based support from another town, allowing for a more anonymous relationship, thus respecting confidentiality concerns, which can be challenging in small communities. This program is delivered across all Western NSW Local Government Areas (LGAs).

The Safe and Together™

The Safe and Together™ Model is an internationally recognised suite of tools and interventions designed to help child welfare and their partners become domestic violence–informed. This child-centred model derives its name from the concept that children are best served when we can work toward keeping them safe and together with the non-offending parent (the adult domestic violence survivor). The model provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators in order to enhance the safety and well-being of children.

Right across our agency, in every program and every support role, we are seeking to embed a Safe and Together 'lens' or approach in how we respond to and work alongside of families, children and young people who are survivors and resistors of DFV.

This is presently reflected in such practice as our language used in:

- Our interactions and verbal communication with our clients - shifting from blame to non-blame statements and curiosity.
- Our written words, phases, records and communication with other services.
- Our partnering with survivors of violence (women, children and young people) and recognising the strengths of those survivors and how they have shown resilience and resistance.
- Identifying how the person who used violence and control, seeks to undermine parenting capacity and confidence of the survivor.
- Documenting the pattern of violence, control and coercion as a parenting choice or intimate partner relationship default. Within our case planning, identifying along with the clients, how this is impacting children and young people directly – the family ecology.

Our Family, Children and Youth case and support work seeks to reflect the Barnardos Practice Framework outcomes and links it directly with the Safe and Together™ approach. In particular 'Help clients heal from the effects of trauma,' 'be evidence driven' and 'keep families central.'

We are seeking to achieve these outcomes in our practice by ensuring our Safe and Together approach, alongside of those with lived experience of DFV, is respectful, empowering, responsive and culturally safe.

It is our ultimate aim to ensure Barnardos becomes not only a Domestic Violence Informed organisation but that we move consistently and deliberately along the Safe and Together DV continuum, towards becoming Domestic Violence Proficient in all that we do and are.

*Names changed and stock imagery used to protect privacy of children

If you experience any distress while reading this report 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).

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