

Childhood, Infant and Perinatal Exposure to, and Experience of, Domestic and Family Violence

The purpose of this document is to collate published research, the findings of government reports and inquiries, and academic commentary in relation to perinatal, infant and childhood exposure to and experience of domestic and family violence and the effects this may have on a person's behaviour, development, physical, mental and social wellbeing, and links to contact with the criminal justice system.

Introduction

- 1 Domestic and family violence (DFV) is a major economic, health and welfare issue in Australia and globally.¹ Studies indicate it occurs across all ages, socioeconomic and demographic groups but predominantly affects women, infants in utero, infants and children (irrespective of gender).² Women experiencing intersecting disadvantage, such as disability or financial hardship and Aboriginal and Torres Strait Islander women, women in remote and rural areas and culturally and linguistically diverse (CALD) women are particularly at risk.³ DFV also impacts LGBTIQ+ populations.⁴
- 2 Exposure to and experience of DFV negatively affects perinatal, infant and children's development, health and wellbeing and can manifest in intergenerational cycles of trauma, violence and disadvantage.⁵ DFV is recognised as a form of child abuse in statutory child protection frameworks.⁶ These sources recognise both exposure to and experience of DFV, highlighting it as a significant risk factor and recognising infants and children as victim-survivors in their own right.⁷

¹ Commonwealth of Australia, Department of Social Services, *National Plan to End Violence against Women and Children 2022-2032* (17 October 2022) ('*National Plan*'); Australian Institute of Health and Welfare, *Family, Domestic and Sexual Violence in Australia: Continuing the National Story 2019* (Report, 5 June 2019) 8 ('*AIHW Report*').

² *National Plan* (n 1); *AIHW Report* (n 1) 8.

³ See, eg, *National Plan* (n 1); *AIHW Report* (n 1) 8.

⁴ Australian Institute of Family Studies, *Intimate Partner Violence in Lesbian, Gay, Bisexual, Trans, Intersex and Queer Communities* (December 2015) 1.

⁵ Australian Institute of Family Studies, *Children's Exposure to Domestic and Family Violence: Key Issues and Responses (CFCA Policy and Practice Paper No 36, Child Family Community Australia, Australian Institute of Family Studies, December 2015)* 1 ('*AIFS Report*').

⁶ See, eg, *Children and Young People Act 2008 (ACT)* s 342; *Care and Protection of Children Act 2007 (NT)* s 15; *Children and Young Persons (Care and Protection) Act 1998 (NSW)* s 23; *Family Violence Protection Act 2008 (Vic)* s 5; *Family Law Act 1975 (Cth)* s 4AB; Commonwealth of Australia, *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031* (December 2021); *National Plan* (n 1); Divna Haslam et al, *The Prevalence and Impact of Child Maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report* (Australian Child Maltreatment Study, Queensland University of Technology, 2023).

⁷ *National Plan* (n 1) 41; Law Council of Australia, *The Justice Project Final Report: People Who Experience Family Violence* (Report, The Justice Project, August 2018) 7.

Terminology

- 3 Varying terminology is used to describe violence experienced in a domestic setting.⁸ This document uses the term ‘**domestic and family violence**’ (DFV)⁹, following the approach taken by various State and Commonwealth bodies.¹⁰

Exposure

- 4 Children¹¹ are likely to be the group most at risk from the effects of DFV:¹²

Children can be affected by family violence directly by being the target of the violence or indirectly through exposure to family violence or its effects in the home.¹³

- 5 It is recognised that the infant in utero is detrimentally impacted by high levels of stress, such as is caused by DFV towards the mother during pregnancy.¹⁴
- 6 Research by Orr et al (2022), which uses the term ‘family and domestic violence’ (FDV), found that:

Children’s exposure to FDV is not simply a dichotomy of whether the child observed or overheard the violence. The child may not always observe the FDV; the abuse may be psychological and controlling behaviour by the perpetrator and not physically visible to the child, but they are still aware that the abuse is happening. Exposure to FDV is a multidimensional construct which captures a range of experiences including the child witnessing and hearing acts first hand, as well as the effects of living in the aftermath of the incident(s) such as seeing their mother injured or fleeing from their home.¹⁵

- 7 Exposure to DFV can involve a child:

- comforting or providing assistance to an abused family member
- seeing and experiencing emotional, physical, psychological and economic abuse

⁸ The [National Plan to End Violence against Women and Children 2022-2032](#) states:

Intimate partner violence, also commonly referred to as ‘**domestic violence**’, refers to any behaviour within an intimate relationship (including current or past marriages, domestic partnerships or dates) that causes physical, sexual or psychological harm. This is the most common form of violence against women. Intimate partner violence can also occur outside of a domestic setting, such as in public and between 2 people who do not live together. **Family violence** is a broader term than domestic violence, as it refers not only to violence between intimate partners but also to violence perpetrated by parents (and guardians) against children, between other family members and in family-like settings. This includes for example elder abuse, violence perpetrated by children or young people against parents, guardians or siblings, and violence perpetrated by other family members such as parents-in-law. Family violence is also the term Aboriginal and Torres Strait Islander peoples prefer because of the ways violence occurs across extended family networks. Family violence can also constitute forms of modern slavery, such as forced marriage and servitude.

Commonwealth of Australia, Department of Social Services, [National Plan to End Violence against Women and Children 2022-2032](#) (17 October 2022) 37 (‘*National Plan*’).

⁹ Australian Institute of Health and Welfare, [Family, Domestic and Sexual Violence in Australia: Continuing the National Story 2019](#) (Report, 5 June 2019) (‘*AHW Report*’).

¹⁰ See, eg, [National Plan](#) (n 8); Australian Institute of Family Studies, [Children’s Exposure to Domestic and Family Violence: Key Issues and Responses \(CFCA Policy and Practice Paper No 36, Child Family Community Australia, Australian Institute of Family Studies, December 2015\)](#) 1 (‘*AIFS Report*’); NSW Government, Department of Communities and Justice, [NSW Domestic and Family Violence Plan 2022-27](#) (December 2022) 7; Queensland Government, [Domestic and Family Violence Prevention Strategy 2016–2026](#) (2016) 1.

¹¹ ‘**Children**’ hereon refers to ‘children and infants and young people’ and child to ‘child and infant’.

¹² House of Representatives Standing Committee on Social Policy and Legal Affairs, Parliament of Australia, [Inquiry into Family, Domestic and Sexual Violence](#) (Report, March 2021) 170.

¹³ Royal Commission into Family Violence, [Final Report](#) (Report, 2016) vol 1 35.

¹⁴ Alytia A Levendosky et al, ‘[The Effects of IPV and Mental Health Symptoms on HPA Axis Functioning During Early Pregnancy](#)’ (2023) 27(2) *Archives of Women’s Mental Health*, 285–92.

¹⁵ Carol Orr et al, ‘[Epilepsy in Children Exposed to Family and Domestic Violence in the First 5 Years of Life](#)’ (2022) 58(12) *Journal of Paediatrics and Child Health*, 5; citing George W. Holden, ‘[Children Exposed to Domestic Violence and Child Abuse: Terminology and Taxonomy](#)’ (2023) 6(3) *Clinical Child and Family Psychology Review*.

- cleaning up a site after intentional damage to a family member's property
- being used as a physical weapon, hostage or forced to spy on a parent
- being informed that they are to blame for the violence because of their behaviour
- having to telephone for emergency assistance and/or seeing parents being arrested
- dealing with a parent who alternates between violence and a caring role
- dealing with threats to cause the death or injury of a family pet
- having to leave home with a parent or being dislocated from family, friends, and school.¹⁶

8 Economic disadvantage, poor parental mental health, parental substance abuse and social instability increase the risk of childhood maltreatment.¹⁷

Prevalence

9 Recent statistics suggest that significant numbers of Australian children are exposed to DFV.¹⁸ Data from the Victorian Crime Statistics Agency shows that in 2021–22, 35.6% of reported DFV incidents included a child witness, a child exposed or a child affected.¹⁹

10 Research from the Australia Child Maltreatment Study found that Australian children experience multi-type maltreatment more often than single-type maltreatment (39.4% v 22.8%). Exposure to DFV (39.6%) is, however, the most common single form of child maltreatment.²⁰ DFV commonly co-occurs with emotional abuse, neglect and sexual and physical abuse and is more prevalent in socially marginalised children, such as children who are gender or sexually diverse or children with disability.²¹

Economically disadvantaged families

11 Childhood exposure to DFV is greater amongst economically disadvantaged communities.²² A lack of access to cost-effective dispute resolution is particularly significant among parents reporting a history of DFV, and 'compared to couple households, single parent households (usually single mothers) more commonly experience housing affordability stress, particularly just after separation'.²³

12 Male employment instability can increase the risk of physical forms of DFV.²⁴

¹⁶ Australian Institute of Criminology, *Children's Exposure to Domestic Violence in Australia* (Trends & Issues in Criminal Justice No 419, June 2011) 1–2; *Family Violence Protection Act 2008 (Vic)* s 5.

¹⁷ DJ Higgins et al, 'The Prevalence and Nature of Multi-type Child Maltreatment in Australia' 2023 (218) *Medical Journal of Australia*, S23.

¹⁸ Australian Bureau of Statistics, *Personal Safety, Australia, 2023: Key Findings (15 March 2023)*; see generally Australian Institute of Health and Welfare, *Family, Domestic and Sexual Violence in Australia: Continuing the National Story 2019* (Report, 5 June 2019) 8 ('*AIHW Report*').

¹⁹ Victorian Crime Statistics Agency, *Family Violence Data Portal*. (Web Page, 6 December 2023).

²⁰ Divna Haslam et al, *The Prevalence and Impact of Child Maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report* (Australian Child Maltreatment Study, Queensland University of Technology, 2023) 3.

²¹ DJ Higgins et al (n 17).

²² *AIHW Report* (n 18) ix; Australia's National Research Organisation for Women's Safety, *Adolescent Family Violence in Australia: A National Study of Prevalence, History of Childhood Victimization and Impacts* (Research Report 58, 2022) 47–49 ('*AFVA Report*').

²³ Australian Institute of Family Studies, *Inquiry into Family, Domestic and Sexual Violence* (Submission, July 2020) 5.

²⁴ Australia's National Research Organisation for Women's Safety *Economic Insecurity and Intimate Partner Violence in Australia During the COVID-19 Pandemic* (Research Report, February 2022) 13 ('*ANROWS COVID*').

- 13 DFV is the main cause of women and children leaving their home.²⁵ These experiences of homelessness may result in further trauma.²⁶ In 2018–19, half of all young people presenting to homelessness services reported experiences of DFV.²⁷

Aboriginal and Torres Strait Islander communities

- 14 The prevalence of infant childhood exposure to DFV is more frequent in Aboriginal and Torres Strait Islander communities than in the general population, as Indigenous people, especially women, experience violence (as victims and offenders) at a higher rate than non-Indigenous people and are more likely to be hospitalised as a result.²⁸
- 15 A Queensland study found that more than two out of five Aboriginal and Torres Strait Islander males were named on a domestic violence order.²⁹ The Royal Commission into Family Violence highlighted understanding DFV within the context of:
- dispossession of land and traditional culture
 - breakdown of community kinship systems and Aboriginal lore
 - racism and vilification
 - economic exclusion and entrenched poverty
 - alcohol and drug abuse
 - the effects of institutionalism and child removal policies
 - inherited grief and trauma
 - the loss of traditional Aboriginal male roles, female roles and status.³⁰

- 16 The Royal Australian and New Zealand College of Psychiatrists acknowledge that:

The Stolen Generations have inflicted deep harm on Aboriginal and Torres Strait Islander people, requiring the rebuilding of trust between government authorities, psychiatrists and communities. ... Government policies and practices of child removal have an intergenerational impact on the health and social wellbeing of Aboriginal and Torres Strait Islander communities and families.³¹

- 17 The National Plan states that: ‘Family violence is a significant factor contributing to the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care and the youth justice system.’³²

- 18 The National Aboriginal and Torres Strait Islander Legal Services advised that:

²⁵ Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2022–23* (Web Page, 13 February 2024).

²⁶ Australia’s National Research Organisation for Women’s Safety, *Adolescent Family Violence in Australia: A National Study of Prevalence, History of Childhood Victimisation and Impacts* (Research Report 58, 2022) (‘AFVA Report’).

²⁷ Ibid.

²⁸ Australian Institute of Health and Welfare, *Indigenous Domestic and Family Violence, Mental Health and Suicide* (2023) 7 16.

²⁹ Brigitte Gilbert et al, ‘Dual-system Involvement: Exploring the Overlap Between Domestic and Family Violence and Child Maltreatment Perpetration’ (2022) 37(9–10) *Journal of Interpersonal Violence*, NP6748.

³⁰ Royal Commission into Family Violence *Final Report* (Report, 2016) vol V 10 (citations omitted).

³¹ Royal Australian and New Zealand College of Psychiatrists, *Position Statement Acknowledging the Stolen Generations* (Statement PS#42, December 2020).

³² Commonwealth of Australia, Department of Social Services, *National Plan to End Violence against Women and Children 2022-2032* (17 October 2022) (‘National Plan’) 39; Australia’s National Research Organisation for Women’s Safety, *New Ways for Our Families: Designing an Aboriginal and Torres Strait Islander Cultural Practice Framework and System Responses to Address the Impacts of Domestic and Family Violence on Children and Young People* (Research Report, June 2022) 9 (‘ANROWS Report’).

The greatest and most direct impact of family violence is on our women, trans women, and sistergirls which leads our children to also be especially vulnerable to the direct and indirect impacts of family violence—causing deep and lasting harm and contributing significantly to Aboriginal and Torres Strait Islander children’s over-representation in Australia’s child protection systems.³³

Culturally and linguistically diverse communities*

- 19 There is no nationally consistent data on DFV against culturally and linguistically diverse (CALD) women.³⁴ DFV in CALD communities can be perpetrated by family members other than intimate partners, impacting help-seeking and support.³⁵ Australia’s National Research Organisation for Women’s Safety (ANROWS) reported that ‘CALD women’s experiences of DFV are often exacerbated through the intersectional nature of forms of oppression, such as racism; changed and changing gender and family roles; and social factors including social isolation and lack of awareness of available services.’³⁶
- 20 Immigration status and cultural values are likely to enhance the complexities of DFV for women from CALD backgrounds,³⁷ who are generally less likely to report DFV than women from other social groups.³⁸ For temporary visa holders, fear of reporting may be linked to fear of losing their residential status.³⁹ Other factors include inability to access appropriate interpreting services, limited support networks and no transport.⁴⁰
- 21 DFV is known to increase in countries where war/conflict has recently taken place.⁴¹ Continuing violence at home after relocation can compound pre-migration trauma and acculturative stress.⁴²

COVID-19

- 22 COVID-19 is reported to have increased many of the ‘situational stressors that can exacerbate the underlying drivers of violence and increase the likelihood, complexity and severity of violence,’⁴³ including financial stress, unemployment, alcohol use, psychological distress, social isolation and lowered access to sources of support.⁴⁴ COVID-19 is associated with the ‘onset of

³³ National Aboriginal and Torres Strait Islander Legal Services, Submission No 181 to the House of Representatives Standing Committee on Social Policy and Legal Affairs, *Submission to the Inquiry into Family, Domestic and Sexual Violence* (August 2020) 3.

³⁴ There is considerable inconsistency in how culturally and linguistically diverse (CALD) status is defined within Australia. Thi Thu Li Pham et al, ‘Definitions of Culturally and Linguistically Diverse (CALD): A Literature Review of Epidemiological Research in Australia’ (2021) 18(2) *International Journal of Environmental Research and Public Health*, 1–23.

³⁵ House of Representatives Standing Committee on Social Policy and Legal Affairs, Parliament of Australia, *Inquiry into Family, Domestic and Sexual Violence* (Report, March 2021) 239.

³⁶ Marie Segrave, Rebecca Wickes and Chloe Keel, *Migrant and Refugee Women in Australia: The Safety and Security Study* (Report, 30 June 2021).

³⁷ Australia’s National Research Organisation for Women’s Safety, *Investigating the Mental Health of Children Exposed to Domestic and Family Violence Through the Use of Linked Police and Health Records* (Research Report, October 2022) 21 (‘ANROWS PR’).

³⁸ Segrave, Wickes and Keel, 2021 (n 35).

³⁹ NSW Budget 2023–24, *Gender Equality Budget Statement* 55.

⁴⁰ Stefani Vasil, ‘I Felt I Had No-one to Depend on But Myself’: Examining How Women with Insecure Migration Status Respond to Domestic and Family Violence in Australia’ (2023) 101 *Women’s Studies International Forum*, 102823.

⁴¹ Commonwealth of Australia, Department of Social Services, *Hearing her Voice: Report From the Kitchen Table Conversations with Culturally and Linguistically Diverse Women on Violence Against Women and Their Children* (Latest News Report, 30 July 2015).

⁴² Royal Australian and New Zealand College of Psychiatrists, Submission No 37 to Australian Human Rights Commission *Examination of Family and Domestic Violence Affecting Children* (17 June 2015) 7 (citations omitted).

⁴³ Ibid.

⁴⁴ Australian Institute of Health and Welfare, *Family, Domestic and Sexual Violence Service Responses in the Time of COVID-19* (Report, 16 December 2021) 2.

⁴⁵ Ibid.

first-time [DFV] within previously non-abusive relationships and escalation in the frequency and severity of ongoing violence.⁴⁵

Effects of Exposure to Domestic and Family Violence

- 23 Research on childhood exposure to DFV suggests a range of impacts which can affect behaviour, schooling, homelessness, cognitive development, physical and mental well-being, poverty, and result in intergenerational family violence.⁴⁶ The impact of DFV can disrupt the formation of the infant/mother bond, and affected children have a greater likelihood of hospitalisation and mental health issues.⁴⁷

Violence during pregnancy has been associated with an increased risk of adverse neonatal and birth outcomes. The direct trauma of violence through a physical assault to the abdomen or sexual trauma can increase the risk of preterm birth, low birth-weight, placental abruption, spontaneous abortion, and neonatal death.⁴⁸

Psychological, learning and behavioural impacts

- 24 DFV can lead to children demonstrating internalising and externalising behaviours, including:

- Internalising: depression, somatic/physiological complaints, anxiety, withdrawal, suicidal ideation, eating disorders and phobias (more common in female children)
- Externalising: outward expression of harmful behaviour such as aggression, hyperactivity and disobedience (more common in male children).⁴⁹

- 25 Behavioural problems arising from witnessing DFV are linked to the theory of the generational cycle of violence: children will behave according to what they observe and see violence as an appropriate way to resolve conflict.⁵⁰

- 26 In examining available completed studies between 1978 and 2000, the Australian Institute of Family Studies (AIFS) found that:

67% of children exposed to domestic and family violence were at risk of a range of developmental and adjustment problems and fared worse than other children, in terms of academic success, cognitive ability, mental health and wellbeing.⁵¹

⁴⁵ Australia's National Research Organisation for Women's Safety *Economic Insecurity and Intimate Partner Violence in Australia During the COVID-19 Pandemic* (Research Report, February 2022) 13 ('ANROWS COVID').

⁴⁶ Australian Institute of Family Studies, *Children's Exposure to Domestic and Family Violence: Key Issues and Responses (CFCA Policy and Practice Paper No 36, Child Family Community Australia, Australian Institute of Family Studies)*, (December 2015) 2 ('AIFS Report'); Royal Commission into Family Violence, *Final Report: Summary and Recommendations* (Report, 2016) 37.

⁴⁷ Leanne Francia, Prudence Milliar and Rachael Sharman, 'Mothering—a Mode of Protecting Rather than Parenting in the Aftermath of Post Separation Family Violence in Australia' (2020) 45(2) *Children Australia*; Carol Orr et al, 'Exposure to Family and Domestic Violence is Associated with Increased Childhood Hospitalisations' (2020) 15(8) *PLoS ONE*, 9; Loretta Secco, Nicole Letourneau and Erin Collins, 'My Eyes are Open: Awakened Maternal Identity and Leaving Violent Relationships for the Infant/Children' (2016) 31 *Journal of Family Violence*, 639–645.

⁴⁸ Carol Orr et al, 'The Lasting Impact of Family and Domestic Violence on Neonatal Health Outcomes' (2023) 50(3) *Birth*, 578–586.

⁴⁹ Australia's National Research Organisation for Women's Safety, *Investigating the Mental Health of Children Exposed to Domestic and Family Violence Through the Use of Linked Police and Health Records* (Research Report, October 2022) 19 ('ANROWS PR').

⁵⁰ Heather Wolbers, Hayley Boxall and Anthony Morgan, *Exposure to Intimate Partner Violence and the Physical and Emotional Abuse of Children: Results from a National Survey of Female Carers* (Research Report 26, June 2023).

⁵¹ *AIFS Report* (n 46) 6.

27 Similarly, the Royal Commission into Family Violence listed the following physical, emotional, mental and behavioural effects on children:

- feeling scared of those they love when they should feel safe
- feeling anxious about their safety and that of other family members and pets
- having to be responsible for the care and safety of the abused parent and/or siblings
- feeling they are responsible for the violence
- becoming homeless, losing treasured possessions, and losing a sense of security and familiar toys, surroundings and people
- through disrupted schooling as a result of prolonged absences from school or multiple new schools in a short space of time
- being unable to bring friends home or being socially marginalised because of the perpetrator's controlling behaviour.⁵²

28 In 2022, Australia's National Research Organisation for Women's Safety reported:

- some participants who had experienced violence in the home referred to periods of suicidal ideation⁵³
- participants frequently cited a lack of trust and ongoing feelings of being unloved, scared and fearful of reprisal as defining their familial relationships⁵⁴
- several participants described withdrawing from their community as a result of the violence they experienced and a feeling that their families' cultural beliefs had in some way supported the use of violence in the home⁵⁵
- some went as far as to express views of domestic violence, shedding a 'negative light on their culture'⁵⁶ or leading them to 'hating their culture'.⁵⁷

29 In 2015, the Australian Institute of Family Studies stated that:

- There were higher levels of reported behavioural problems in children aged between 1 and 3 years who had witnessed physical violence compared to children who had never witnessed violence.
- There were higher levels of reported behavioural problems in children who had been exposed to emotional violence.
- Children aged 5 to 17 years who had experienced violence over an extended period (before/during and since separation) were faring worse in terms of schoolwork, peer relationships and overall wellbeing than children who had never witnessed violence.⁵⁸

⁵² Royal Commission into Family Violence, *Final Report* (Report, 2016) vol II 106.

⁵³ Australia's National Research Organisation for Women's Safety, *Adolescent Family Violence in Australia: A National Study of Prevalence, History of Childhood Victimisation and Impacts* (Research Report 58, 2022) 54 ('*AFVA Report*').

⁵⁴ *Ibid.*

⁵⁵ *Ibid.* 56.

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

⁵⁸ Australian Institute of Family Studies, *Children's Exposure to Domestic and Family Violence: Key Issues and Responses (CFCA Policy and Practice Paper No 36, Child Family Community Australia, Australian Institute of Family Studies, (December 2015) 6 ('AIFS Report')*.

Relevance of age at the time of exposure

- 30 The Australian Human Rights Commission has noted that the effects of exposure to DFV on children during their formative years ‘may manifest differently depending on the developmental stages of the child.’⁵⁹ AIFS found a strong indication that exposure to DFV in childhood may have a greater impact when experienced at an earlier age:

[E]xposure to domestic and family violence for children in [pre-school] age group raises some particular concerns because of their developmental stage and the fact that they may spend a greater proportion of time with their parents compared to school-age children and are thus not able to benefit from the potential buffering effects of exposure to a school environment...⁶⁰

- 31 The Royal Australian and New Zealand College of Psychiatrists’ submission to the Australian Human Rights Commission’s 2015 Examination of Children Affected by Domestic and Family Violence highlighted the impact of exposure to DFV in infancy:

[I]nfants have an extensive array of biopsychosocial competencies and are able to react to the meaning of others’ intentions and emotions. Early childhood is in fact the period of greatest vulnerability to stress-related changes to the brain. The majority of neurological development associated with language, values and complex cognitive and emotional functioning are determined in these early years of life. Infants who experience extremes of abuse or neglect are at risk of failure to thrive, reduced brain size, impaired development and ongoing mental health issues.

Children’s development is embedded in family dynamics and the social environment, and is deeply affected by parental mental health and stress. An infant’s sense of self and wellbeing is enveloped within that of their mother’s. Young children are very much attuned to maternal depression, and can experience threat to the life of their mother as akin to a threat to their own life...

Infants who are exposed to family violence will be exposed to dysfunctional relationships, inconsistent attachment dynamics and interactions characterised by negative affect and inconsistent meaning-making...[and] have been found to engage in more negative patterns of interaction.⁶¹

- 32 Irrespective of age, ongoing exposure to violence has been associated with the highest likelihood of behavioural difficulties.⁶² Exposure to DFV from infancy to age 10 has been associated with ‘probable psychiatric diagnosis, emotional/behavioural difficulties, impaired language skills (general and pragmatic), and having consulted a health professional about asthma or sleep problems.’⁶³
- 33 With respect to mental health impacts during childhood and adolescence, the Royal Australian and New Zealand College of Psychiatrists’ submission goes on to state:

Epidemiological data shows that half of all mental disorders begin by age 14. Adverse childhood experiences (ACE), including family violence, are known to be highly co-occurring

⁵⁹ Australian Human Rights Commission, *Children’s Rights Report 2015* (2015) 125.

⁶⁰ Australian Institute of Family Studies, *Children’s Exposure to Domestic and Family Violence: Key Issues and Responses (CFCA Policy and Practice Paper No 36, Child Family Community Australia, Australian Institute of Family Studies, December 2015)* 9, 13 (‘AIFS Report’) citing Kathryn H Howell, ‘Resilience and Psychopathology in Children Exposed to Family Violence’ (2011) 16(6) *Aggression and Violent Behavior*, 562, 563–4.

⁶¹ Royal Australian and New Zealand College of Psychiatrists, Submission No 37 to Australian Human Rights Commission, *Examination of Family and Domestic Violence Affecting Children* (17 June 2015) 9 (citations omitted).

⁶² *AIFS Report* (n 60) 7.

⁶³ Deirdre Gartland et al, ‘Intimate Partner Violence and Child Outcomes at Age 10: A Pregnancy Cohort’ (2021) 106(11) *Archives of Disease in Childhood*, 1066.

and strongly associated with the onset of psychiatric disorders. Insecure attachment during infancy, as described above, can manifest as conduct disorder, aggression, anxiety and mood disorders, hyperactivity, antisocial behaviour, vulnerability to stress, difficulty regulating negative emotions, learning problems and displays of hostility or oppositional behaviour as the infant moves through childhood. These can lead to self-harm, substance use, homelessness and depression in adolescence, with ongoing implications.⁶⁴

A longitudinal postpartum study showed that DFV in the first year was associated with the incidence of maternal depression and difficulties in children at 10 years of age.⁶⁵ Exposure to DFV in the prenatal period and early childhood is associated with a greater likelihood of mental health hospitalisation.⁶⁶ The hypothalamic-pituitary-adrenal axis contributes to stress response and may be compromised by exposure to DFV in vitro, impacting maternal mental health and foetal brain development.⁶⁷

Trauma and post-traumatic stress disorders

34 Exposure to DFV increases the likelihood of a mental disorder by two to three-fold and is associated with increased occurrences of PTSD, generalised anxiety disorder and alcohol use disorder.⁶⁸ Prolonged exposure to violence may result in psychosocial and sometimes physical responses that can have lasting effects on children's development, behaviour and wellbeing.⁶⁹ These include:

- depression, low self-esteem and anxiety
- poor coping mechanisms
- suicidal thoughts
- eating disorders
- self-harm
- substance abuse
- chronic pain.⁷⁰

35 The trauma caused by sustained and chronic exposure to DFV may distort survivors' sense of identity and concept of others, leading to mistrust, social isolation and inability to relate to others.⁷¹ Considering an earlier review, AIFS reported:

...PTSD has particular qualities when it occurs in relation to childhood experiences of domestic and family violence, and that the cumulative effects of long-term exposure might result in complex disturbances, such as an inability to regulate emotion, and cognitive and behavioural developmental delays.⁷²

⁶⁴ Royal Australian and New Zealand College of Psychiatrists, Submission No 37 to Australian Human Rights Commission, *Examination of Family and Domestic Violence Affecting Children* (17 June 2015) 9, 10 (citations omitted).

⁶⁵ Lorraine Skinner et al, 'Mechanisms Underlying Exposure to Partner Violence and Children's Emotional-behavioral Difficulties' (2019) 33(6) *Journal of Family Psychology*, 730.

⁶⁶ Carol Orr et al, 'Exposure to Family and Domestic Violence is Associated with Increased Childhood Hospitalisations' (2020) 15(8) *PLoS ONE*, 9.

⁶⁷ Alytia A. Levendosky et al, 'The Effects of IPV and Mental Health Symptoms on HPA Axis Functioning During Early Pregnancy' (2023) 27(2) *Archives of Women's Mental Health*, 1–8.

⁶⁸ James G. Scott et al, 'The Association Between Child Maltreatment and Mental Disorders in the Australian Child Maltreatment Study' (2023) 218 *Medical Journal of Australia*, S30.

⁶⁹ Australian Institute of Family Studies, *Children's Exposure to Domestic and Family Violence: Key Issues and Responses* (CFCA Policy and Practice Paper No 36, Child Family Community Australia, Australian Institute of Family Studies, December 2015) 7 ('AIFS Report') citing Peter G Jaffe, David Allen Wolfe and Marcie Campbell, *Growing Up with Domestic Violence: Assessment, Intervention, and Prevention Strategies for Children and Adolescents* (Hogrefe Publishing, 2012).

⁷⁰ *Ibid.*

⁷¹ *AIFS Report* (n 69) 8.

⁷² *Ibid.*

Links to Contact with the Criminal Justice System

Intergenerational transmission of violence

36 The Royal Commission into Family Violence noted that:

There is some evidence that exposure to family violence as a child can lead to intergenerational transmission of violence: children exposed to family violence are more likely to hold attitudes that justify their own use of violence.⁷³

37 In its submission to the Australian Human Rights Commission, the Royal Australian and New Zealand College of Psychiatrists explained that children who witness DFV may be at risk of developing similar behaviours in adulthood:

The neurological impacts of early childhood trauma and insecure attachment can also provide some clues as to how family violence can become intergenerational ... children whose formative years are affected by heightened and sustained stress and fear are vulnerable to developing long term mental health issues, which is in itself a risk factor for both experiencing and perpetrating family violence. Further, experience of developmentally appropriate attachment and boundaries in childhood is an important part of learning how to develop healthy relationships later in life. For some children who may otherwise love and respect their father, seeing him perpetrating violence can be confusing and they may come to consider violence as a legitimate response. These children can be at risk of developing psychologically controlling, physically violent or sexually abusive behaviours in adulthood and potentially, as a father and partner, repeat the family violence they witnessed as a child.⁷⁴

38 The AIFS found that studies ‘have consistently linked childhood exposure to domestic and family violence with future perpetration’ but notes that there is ‘some debate on the question of whether exposure to domestic and family violence *alone* is a factor in future perpetration of violence’ and refers to recent multi-country studies which ‘suggest that gender roles, stereotypes and violence-supportive attitudes are important for understanding the correlation’.⁷⁵

39 In 2022, ANROWS found that:

- There appeared to be a high level of overlap between experiences of child abuse and use of violence against family members among young people.⁷⁶
- Young people who experienced child abuse were statistically more likely to use violence in the home on a frequent basis and/or against multiple family members.⁷⁷
- Retaliatory violence is especially common; 93% of young people who had been abused by a sibling had also reported using violence against a sibling.⁷⁸

⁷³ Royal Commission into Family Violence, *Final Report: Summary and Recommendations* (Report, 2016) 37.

⁷⁴ Royal Australian and New Zealand College of Psychiatrists, Submission No 37 to Australian Human Rights Commission, *Examination of Family and Domestic Violence Affecting Children* (17 June 2015) 11 (citations omitted).

⁷⁵ Australian Institute of Family Studies, *Children’s Exposure to Domestic and Family Violence: Key Issues and Responses* (CFCA Policy and Practice Paper No 36, Child Family Community Australia, Australian Institute of Family Studies, December 2015) 10, 18 (‘AIFS Report’).

⁷⁶ Australia’s National Research Organisation for Women’s Safety, *Adolescent Family Violence in Australia: A National Study of Prevalence, History of Childhood Victimization and Impacts* (Research Report 58, 2022) 33 (‘AFVA Report’).

⁷⁷ Ibid.

⁷⁸ Ibid 38.

- 40 The term cross-over children applies to those children who have exposure to both the child protection system and the criminal justice system.⁷⁹ These children are over-represented in the youth justice system and, because of DFV, can enter the child protection system.⁸⁰ An international review and meta-analysis of adverse childhood experiences found that more than 50% of youth offenders had experienced DFV.⁸¹

Links to alcohol and substance abuse

- 41 Alcohol use is commonly associated with DFV. A lifetime experience of violence has been linked with hazardous and heavy episodic drinking.⁸²
- 42 In examining the effects of DFV on young people, the Royal Commission into Family Violence referred to submissions specifically addressing an increased risk of drug and alcohol abuse, finding that children and young people ‘who have experienced family violence are also at greater risk of drug and alcohol abuse and post-traumatic stress disorder as young people and adults.’⁸³
- 43 ANROWS found that children exposed to DFV had a 99% increased risk of substance use disorder.⁸⁴
- 44 The Australian Child Maltreatment Study has shown that people who have experienced childhood maltreatment are at substantially higher rates of health risk behaviours and conditions, including substance misuse such as smoking, binge drinking, cannabis dependence, self-harm and suicide attempts.⁸⁵

Treatment and Healing*

- 45 Research suggests that some children who are exposed to DFV display signs of resilience such that they experience no negative outcomes when compared with non-exposed children.⁸⁶ Maternal psychological wellbeing may be protective for exposed children, and encouraging women to seek help for themselves can promote positive outcomes for their children.⁸⁷ Research that is based on the Melbourne Maternal Health study investigated resilience in children exposed to DFV in their first year of life and found that no longer being exposed to DFV between three and four years of age was associated with emotional-behavioural resilience.⁸⁸

⁷⁹ Sentencing Advisory Council, *Crossover Kids: Vulnerable Children in the Youth Justice System, Report 1: Children Who are Known to Child Protection Among Sentenced and Diverted Children in Victorian Courts* (Report, 27 June 2019) xviii.

⁸⁰ Australian Institute of Health and Welfare, *Family, Domestic and Sexual Violence in Australia: Continuing the National Story 2019* (Report, 5 June 2019) 75 (*AIHW Report*).

⁸¹ Belinda Astridge et al, ‘A Systematic Review and Meta-analysis on Adverse Childhood Experiences: Prevalence in Youth Offenders and their Effects on Youth Recidivism’ (2023) 11 *Child Abuse & Neglect*.

⁸² Ashlee Curtis et al, ‘Alcohol Use in Family, Domestic and Other Violence: Findings from a Cross-sectional Survey of the Australian Population’ (2019) 34(8) *Drug and Alcohol Review*, 356.

⁸³ Royal Commission into Family Violence, *Final Report* (Report, 2016) vol 2 111.

⁸⁴ Australia’s National Research Organisation for Women’s Safety, *Investigating the Mental Health of Children Exposed to Domestic and Family Violence Through the Use of Linked Police and Health Records* (Research Report, October, 2022) 12 (*ANROWS PR*).

⁸⁵ David M Lawrence et al, ‘The association between child maltreatment and health risk behaviours and conditions throughout life in the Australian Child Maltreatment Study’ (2023) *Medical Journal of Australia* 218 S34; James G Scott et al, ‘The Association Between Child Maltreatment and Mental Disorders in the Australian Child Maltreatment Study’ (2023) 218 *Medical Journal of Australia*, S30.

* The research cited in relation to treatment and healing does not attempt to prescribe or recommend what is required for any individual. This will of course be determined by factors such as the individual’s personal experience or condition, the advice of any relevant experts, health providers or other support persons and the availability of treatment and opportunities to recover and heal.

⁸⁶ Alison Fogarty et al, ‘Factors Promoting Emotional-behavioural Resilience and Adjustment in Children Exposed to Intimate Partner Violence: A Systematic Review’ (2019) 71(4) *Australian Journal of Psychology*, 375–389.

⁸⁷ *Ibid.*

⁸⁸ Alison Fogarty et al, ‘Emotional-behavioral Resilience and Competence in Preschool Children Exposed and Not Exposed to Intimate Partner Violence in Early Life’ (2020) 44(2) *International Journal of Behavioral Development*, 97–106.

- 46 Although resilience in children is not well understood,⁸⁹ age at the time of exposure has been identified as a significant factor, with older children possibly faring better because of their capacity to develop a wider range of supportive relationships outside the home.⁹⁰ Identified protective factors include high self-esteem, positive social connections with caring adults and ready access to supportive extended family.⁹¹
- 47 Counselling and trauma-focused cognitive behavioural therapy may be beneficial for treating perpetrators and young people who have been exposed to DFV.⁹² Children have been shown to benefit from infant, child and parent psychotherapy and group work interventions.⁹³
- 48 The Australian Government recognises that access to safe and affordable housing for women and children when leaving a violent situation can promote recovery and healing.⁹⁴
- 49 The trauma resulting from Aboriginal and Torres Strait Islander children's exposure to DFV is distinct because of its compounded intergenerational effect. Culturally appropriate strategies are needed that can work to overcome intergenerational trauma for both victims and perpetrators.⁹⁵

Developing and maintaining positive connections to culture, community and family is a fundamental priority for Aboriginal peoples and several community-based opportunities exist for promoting multiple developmental capacities of youth at risk.

[P]ractitioners working with maltreated Aboriginal children and their families may find linking families to culturally-secure healing programs may begin to address the antecedents of violence perpetration, symptomatic of the intergenerational transfer of historic trauma. Healing programs at the individual, family and community level, that acknowledge historic trauma and contemporary consequences, are considered critical for beginning a pathway to recovery and may perhaps lead to the prevention of family violence and child maltreatment for future generations of Aboriginal children.⁹⁶

⁸⁹ 'Resilience' in the context of child maltreatment is widely understood as referring to 'children displaying competent functioning despite exposure to high levels of risk or adversity'. See, eg, Australian Institute of Family Studies, *Is Resilience Still a Useful Concept When Working with Children and Young People?* (CFCA Paper No 2, April 2012). 'Protective factors' are 'attributes or conditions that can occur at individual, family, community or wider societal level' which moderate adversity and promote healthy development and wellbeing: see Australian Institute of Family Studies, *Risk and Protective Factors for Child Abuse and Neglect* (CFCA Policy and Practice Paper, May 2017).

⁹⁰ Australian Institute of Family Studies, *Children's Exposure to Domestic and Family Violence: Key Issues and Responses* (CFCA Policy and Practice Paper No 36, Child Family Community Australia, Australian Institute of Family Studies, December 2015) 13 ('AIFS Report').

⁹¹ See, eg, ibid citing Jennifer Dawson, *What About the Children? The Voices of Culturally and Linguistically Diverse Children Affected by Family Violence* (Immigrant Women's Domestic Violence Service, 2008); Katrina D Hopkins, Catherine L Taylor and Stephen R Zubrick, 'Psychosocial Resilience and Vulnerability in Western Australian Aboriginal Youth' (2018) 78 *Child Abuse & Neglect* 85, 89. Hopkins, Taylor and Zubrick also found that living in low socioeconomic status neighbourhoods was a protective factor for high-risk youth, which 'may reflect the ready access to supportive extended family in the Australian context where the majority of the Aboriginal population live in lower socioeconomically ranked neighbourhoods' (at 89).

⁹² See, eg, Royal Australian and New Zealand College of Psychiatrists, Submission No 37 to Australian Human Rights Commission, *Examination of Family and Domestic Violence Affecting Children* (17 June 2015) 13–14 (citations omitted); Royal Commission into Family Violence, *Final Report* (Report, 2016) vol II 145; Mazerolle et al, *Criminal Justice Responses to Domestic and Family Violence, A Rapid Review of the Evaluation Literature: Final Report* (The University of Queensland, 2018) 75; Australia's National Research Organisation for Women's Safety, *Adolescent Family Violence in Australia: A National Study of Prevalence, History of Childhood Victimisation and Impacts* (Research Report 58, 2022) 61 ('AFVA Report').

⁹³ Wendy Bunston et al, 'Once upon a Pandemic: Online Therapeutic Groupwork for Infants and Mothers Impacted by Family Violence' (2022) 19(23) *International Journal of Environmental Research and Public Health*, 16143.

⁹⁴ Commonwealth of Australia, Department of Social Services, *National Plan to End Violence against Women and Children 2022-2032* (17 October 2022) ('National Plan') 54.

⁹⁵ Australia's National Research Organisation for Women's Safety, *Improving Family Violence Legal and Support Services for Indigenous Women* (Report, December 2020) 36.

⁹⁶ Katrina D Hopkins, Catherine L Taylor and Stephen R Zubrick, 'Psychosocial Resilience and Vulnerability in Western Australian Aboriginal Youth' (2018) 78 *Child Abuse & Neglect*, 91 (citations omitted).