

An early intervention role for Goodstart to address Family Violence – including fathers

Paper presented as "Key research directions on the impact of family violence on children, families and staff and what Goodstart can learn from this to formulate its response to family violence" Goodstart seminar Melbourne, February 2017

Richard Fletcher, Jaime Wroe and Johanne Knowles

Family Action Centre, Faculty of Health and Medicine
University of Newcastle, Newcastle, Australia

Contact: Richard.Fletcher@newcastle.edu.au

Executive summary

Family violence is an increasing concern for the Australian community. Commonly misperceived as an exclusively physical threat, family or domestic violence describes any violation of an individual's safety or wellbeing within the family context (e.g. emotional, social, and financial). While family violence can occur between any family members, it is most commonly inflicted on women by a current or previous romantic partner. Approximately 1 in 4 Australian women experience intimate partner violence, with marginalised or disadvantaged groups facing the greatest risk. Alarming, evidence suggests that children are present, as either witness or victim, in 1 out of 3 reported cases of family violence. The cumulative and detrimental effect of childhood exposure to family violence is evident in the physical, social and emotional development of affected children. As incidence rates increase, along with the associated social and economic costs of family violence, the burden on the Australian community is clear.

In March 2016, the Victorian Royal Commission into Family Violence released a report providing an overview of the current state of family violence in Australia and recommendations for addressing this important social issue. A key strategy outlined in the recommended approaches, adopted from the public health framework, is a focus on population-based prevention, and early detection and intervention strategies. As a key service for families and children, early learning centres are perfectly placed to contribute to the early detection of family violence. In response, the current report summarises key research directions on the impact of family violence on children and families with attention to the inclusion of fathers, and provides key directions and recommendations to enable Goodstart to support the national effort to reduce the high social and financial cost of family violence.

A. The Nature of Family Violence

Despite a growing awareness among both community and professional settings, domestic violence remains a serious national and global concern [1-3]. Domestic, or family violence, is described by the Royal Commission of Family Violence [4] and section 5 of the *Family Violence Protection Act 2008* (VIC), as a violation of an individual's safety or wellbeing within the family context. Family violence is not limited to physical or sexual harm (e.g. slapping, kicking, forced or coerced intercourse) inflicted on a family member by another family member but includes any threat or coercion (e.g. emotional, psychological, financial or social) that elicits fear in the intended family member or another person [1, 2, 4, 5]. While family violence can be inflicted or experienced by any family member (e.g. stepchildren, parents, aunts, grandparents etc.), Intimate Partner Violence (IPV) is the most prominent manifestation of family-related violence and the primary focus for most services and interventions [5-8]. Intimate partner violence describes domestic violence inflicted on individuals by their current or former partner [4, 7-9], with men more commonly being the perpetrator [8, 10]. Although, intimate partner violence exclusively relates to intimate partnerships its devastating effects extend beyond intimate partnership to others in the environment (i.e. children exposed to the violence) [5-8, 11]. Domestic violence does not discriminate and is prevalent across the array of socioeconomic, religious, and ethnic/cultural groups [1, 2, 9].

B. Effect on Children

Children experiencing domestic violence, either as a victim or as witness, may demonstrate profound and persistent deficits across a broad range of short and long-term developmental trajectories [4, 11-13]. Effects such as reduced cognitive capacities (e.g. memory, attention and problem solving activities); dysfunctions in emotional regulation (e.g. less able to regulate feelings

and behaviours); impairments in social functioning (e.g. difficulties with adjustment and understanding social rules) and psychological distress (e.g. depression, anxiety, aggression and impulsivity) are characteristic outcomes of children exposed to domestic or family related violence [11, 12, 14-16]. Howell, Barnes [6] conducted a review of empirical studies investigating the impact of exposure to intimate family violence on children across their lifespan. The authors concluded that the confronting effects of domestic violence on children's developmental trajectories is evident in children who have witnessed violence at any time point in their childhood (e.g. prenatal through to adolescence).

Other immediate and long term effects on children exposed to family violence include, but are not limited to, less likely to succeed academically; more likely to make poor relationship choices [13, 16, 17]; and greater risk of experiencing other adversities such as homelessness, poverty, mental health and/or substance abuse disorders and victimisation [12, 16, 18]. Additionally, evidence suggests exposure to family violence may have an intergenerational effect with impacts of exposure to family violence transcending beyond the individual [19]. Early exposure is a key moderating factor associated with the extent to which these generational effects are observed [12, 16, 20].

In summary, the effects of exposure to domestic violence across the lifespan of children is complex and varied with many factors (e.g. sex; age, type and frequency of exposure; developmental stage) influencing outcomes [15, 16]. Crime statistics issued from the Victorian Government indicated children are present in more than 30% of the family violence cases reported to police [21]. Although not all children will experience the devastating impact of exposure to domestic violence [4], as many as 4 out of 5 are vulnerable to these effects [6, 14]. Therefore, early detection and intervention is paramount in tackling the issue of domestic-related violence.

C. A public health approach to eliminating family violence

“For most victims, family violence is part of a longer-term pattern, rather than a one-off event. The pattern often involves an escalation of the violence, so that unacceptable behaviour becomes ‘normalised’ over time or a person’s mental wellbeing is eroded to the point that they come to believe they deserve the violence” [4]

The primary goal of the public health framework is to maximise the wellbeing of the population within the context of a specific public health concern, with a focus on early prevention and intervention [2, 22]. Broadly, interventions fall into three main categories, which exist along a continuum: primary, secondary or tertiary. Primary interventions address broader social attitudes to prevent the issue of concern at a community level. In the context of family violence, primary prevention strategies may include programs and policies (e.g. those that address alcohol-related harm or early childhood strategies to protect and promote the wellbeing of children) [23] or large-scale efforts such as raising community awareness through media campaigns [22]. Secondary levels interventions focus on early intervention and utilise human services contact to detect, reduce or eliminate the occurrence of family violence. Tertiary level services directly address ongoing violence in the family.

While recent commitments to strengthen the evidence base for primary, community-wide programs and for perpetrator interventions, such as through the Australia’s National Research Organisation for Women’s Safety Limited [24, 25] are to be welcomed, the need for a public health approach to include early intervention is clear.

D. Early Intervention – a role for Early Childhood Services

“Key personnel in universal systems, such as health services and schools, are not adequately equipped to recognise that family violence may be occurring and often do not know what to do when it is identified”[4]

Children’s behaviour

Emerging evidence suggests a range of behaviours in infants and toddlers may be indicative of exposure to domestic violence, thus providing a valuable potential platform for early prevention strategies [6, 13, 16]. Affected infants and children are more likely to exhibit behaviours such as excessive irritability, regressive behaviours (e.g. forgetting toilet training,) and sleep disturbances [6, 26]. Exposure to domestic violence will affect the child’s relationship with their caregiver [6, 12, 27]. For example, a child exposed to domestic violence may be more likely to demonstrate a disorganised or insecure attachment style with caregivers and exhibit violent or aggressive behaviours [28], especially towards siblings [6, 12, 27]. Accordingly, a strong supportive relationship and attachment with a caring adult has also been shown to be a protective factor [6, 18].

As indicated in the Royal Commission’s Family Violence (RCFV) report released in 2015 [4], early detection is a primary goal in the prevention and early intervention of domestic violence. Recent statistics suggest that up to 64% of children exposed to domestic violence, witness family violence in their first year of life [6, 13, 16]. Therefore, early childcare workers, with the appropriate support and training, may be perfectly placed to aid in the early detection and prevention strategies aimed to address domestic violence by raising awareness among parents of the information and support available as well as directing parents to specialised services. Additionally, enrolment in early childcare services may present an optimal opportunity to screen families for developmental and behavioural indicators of domestic violence [29].

Effect on families

As well as directly affecting each individual in the family or household, family violence has a detrimental effect on the relationships between family members [6, 18, 27]. This is especially the case for mothers and their children, where family violence has been implicated both prenatally (e.g. pregnancy outcomes) and postnatally (e.g. parental attachment) [2, 6, 18, 25, 27, 30]. Throughout childhood, these disruptions can be a consequence of targeted interference, (e.g. taking the child, alienating the other parent) or instrumental e.g. using the child to manipulate/coerce/control other parent [25, 30].

Moreover, evidence suggests parents living with family violence may manage their children’s behaviour differently (e.g. harsher/more aggressive parenting styles) [15, 25], often as a consequence of trying to keep them safe [18, 25, 30]. While some parents dealing with family violence are more sensitive and responsive to their children’s needs, the majority at the very least become less engaged and consequently may fail to meet their children’s basic needs (e.g. forgetting immunisations) [18, 30].

Parents themselves may develop physical [31] and mental health issues (e.g. PTSD, depression) [15, 25, 31-33]; as a consequence of family violence, but the most common co-morbid disorder is that of substance misuse, particularly alcohol abuse [2, 23, 25, 34]. While alcohol may not be the direct cause of violence, it dramatically increases to the likelihood of family violence, and its abuse may precede, co-exist or evolve as a consequence of family violence [2, 18, 25]. In other words, while family violence may erupt as a consequence of one member of the household having a problem with alcohol, victims of domestic violence (partners and children) are themselves more likely to use

alcohol as a means of managing the stress of victimisation [18, 25, 35]. Furthermore, evidence suggests that children tend to use their parent's alcohol habits to justify the violence [18], which increases the likelihood that they themselves will develop problems alcohol in the future [18], thus perpetuating the cycle of abuse.

Family violence undermines the parent-child relationship and makes it difficult to maintain effective parenting practices (e.g. loss of control, sleep practices, neglect) [18, 25, 30]. Family violence leads to a lack of consistency in the family environment, leading to a lack of trust and security thus undermining the child's development [18, 25].

Early childhood services have a role in supporting parents in fostering their children's development [27, 34]. As part of assisting with parenting difficulties as they arise in the context of providing care to children, staff may become aware of harsh parenting practices, disrupted relationships within families and other indicators of family violence.

Including fathers

Recent research has recognised that engaging fathers in child and family health services will be an essential part of addressing family violence [36, 37]. Father involvement and the associated benefits to child development are increasingly acknowledged in both professional and community settings [27, 38, 39]. Engaging fathers in family and child-centred services may positively influence father-child involvement through education and awareness of their unique role in their child's development [37, 40, 41]. In the context of family violence, fathers' contact with services provides an opportunity for increasing their understanding of the impact of violence on children and for offenders to have referral to services that may address their abusive behaviours. Awareness of the negative impact of family violence on their children has been shown to provide perpetrating fathers, or those at risk of perpetrating, with a motivator for change [27, 34, 39, 42].

Finally, the Royal Commissions report on Family Violence proposed educating young people on respectful relationships as a core long-term prevention strategy [4]. For early childhood services, engendering respectful relationships between children (See *Start Early. Respectful relationships for life* described below) is an accepted goal. However new parents may be another population to be targeted by early learning centres for awareness raising and education on the effects of family violence and treatment or support options. Engaging fathers in child and family health services may therefore be an important element in preventative or early intervention strategies to reduce the occurrence of family violence [27, 34].

E. Implications for Goodstart

“Universal service systems that are available to all community members are ideally placed to play a much greater role in identifying family violence at the earliest possible stage.” [4]

Raising awareness of the existence of family violence, its damaging effects in children and the unacceptability of abusive behaviour within families is an important task for early childhood organisations. Beyond raising awareness, early childhood services' unique role with young children can provide a point of contact for early intervention with families before violence escalates. Stepping up to this challenge will require a willingness to expand the way that children's interests are conceived and protected. Having staff who are equipped to respond to possible cases of family violence and take appropriate steps to refer parents to support will require increased training and supervision. However, the training should go beyond building the capacity to refer to existing domestic violence specialist services. Early intervention includes engaging with families to support,

respectfully, their seeking help in the earliest stages of conflict. A key element will be engaging with fathers or male parent figures in those families.

While there are significant resource implications in delivering new training and developing protocols and procedures, Goodstart should be able to incorporate or link to existing family violence materials and programs. The *Start Early* online modules of Early Childhood Australia and the *Small Steps* face-to-face workshop from the University of Newcastle are two examples. *Start Early. Respectful relationships for life* is a professional learning package of free online short courses (modules) addressing *Respectful relations, Gender, respect and identity* and *Father inclusive practice*. Early Childhood Australia (ECA) developed *Start Early* with support from the NSW government as part of its long-term goal of developing strategies to prevent family and domestic violence. Over its first nine months, *Start Early* modules gained more than 5,000 registrations with more than 43,000 visiting ECA's *Start Early* website (www.startearly.earlychildhood.org.au). As part of the Master of Family Studies program at the University of Newcastle a two-day *Small Steps* workshop exploring 'difficult conversations' for staff in settings such as Early Childhood was developed. The conversations, with either mothers or fathers when there is simply a hint that violence is occurring, aim to encourage parents to get help before any abusive behaviours escalate.

As Mark Moshinsky, QC noted at the commencement of the Royal Commission into Family Violence "We do not know what is a 'safe' level of violence. This means as parents we should be thinking about how we relate to each other and our children," [43] Goodstart early childhood centres have an opportunity to assist parents to reflect on their relationships and to take action for the sake of their children and themselves.

References

1. United Nations Children's Fund. *Behind Closed Doors: The Impact of Domestic Violence on Children*. 2009; Available from: <https://www.unicef.org/media/files/BehindClosedDoors.pdf>.
2. World Health Organisation (WHO). *Violence prevention alliance: The public health approach*. 2017; Available from: http://www.who.int/violenceprevention/approach/public_health/en/.
3. Bugeja, L., et al., *Domestic/family violence death reviews: An international comparison*. Trauma, Violence, & Abuse, 2015. **16**(2): p. 179-187.
4. The Hon. Marcia Neave, P. Faulkner, and T. Nicholson, *Royal Commission into Family Violence: Summary and recommendations. Part Paper No 132 (2014-16)*. March 2015: State of Victoria.
5. Bohall, G., M.-J. Bautista, and S. Musson, *Intimate Partner Violence and the Duluth Model: An Examination of the Model and Recommendations for Future Research and Practice*. Journal of Family Violence, 2016. **31**(8): p. 1029-1033.
6. Howell, K.H., et al., *Developmental variations in the impact of intimate partner violence exposure during childhood*. Journal of injury and violence research, 2016. **8**(1): p. 43.
7. Condino, V., et al., *Therapeutic interventions in intimate partner violence: an overview*. Research in Psychotherapy: Psychopathology, Process and Outcome, 2016. **19**(2).
8. Strand, J., et al., *Parenting difficulties and needs described by victims and perpetrators of intimate partner violence*. Journal of child custody, 2015. **12**(3-4): p. 273-288.
9. Devries, K.M., et al., *The global prevalence of intimate partner violence against women*. Science, 2013. **340**(6140): p. 1527-1528.
10. Cox, P., *Violence Against Women in Australia: Additional Analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012*. 2015: ANROWS.
11. Levendosky, A.A., G.A. Bogat, and C. Martinez-Torteya, *PTSD symptoms in young children exposed to intimate partner violence*. Violence against women, 2013. **19**(2): p. 187-201.
12. McIntosh, J., *Children living with domestic violence: Research foundations for early intervention*. Journal of Family Studies, 2003. **9**(2): p. 219-234.

13. Tsavoussis, A., et al., *Child-witnessed domestic violence and its adverse effects on brain development: a call for societal self-examination and awareness*. *Frontiers in public health*, 2014. **2**: p. 178.
14. Graham-Bermann, S.A., et al., *Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV)*. *Child abuse & neglect*, 2009. **33**(9): p. 648-660.
15. Herschell, A.D., et al., *Feasibility and Effectiveness of Parent–Child Interaction Therapy with Victims of Domestic Violence: A Pilot Study*. *Journal of Child and Family Studies*, 2017. **26**(1): p. 271-283.
16. Artz, S., et al., *A comprehensive review of the literature on the impact of exposure to intimate partner violence on children and youth*. 2014.
17. Carlson, B.E., *Children exposed to intimate partner violence research findings and implications for intervention*. *Trauma, Violence, & Abuse*, 2000. **1**(4): p. 321-342.
18. Holt, S., H. Buckley, and S. Whelan, *The impact of exposure to domestic violence on children and young people: A review of the literature*. *Child abuse & neglect*, 2008. **32**(8): p. 797-810.
19. Eriksson, L. and P. Mazerolle, *A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration*. *Journal of interpersonal violence*, 2015. **30**(6): p. 945-964.
20. Costa, B.M., et al., *Longitudinal predictors of domestic violence perpetration and victimization: A systematic review*. *Aggression and violent behavior*, 2015. **24**: p. 261-272.
21. Crime Statistics Agency, *Family incidents, year ending 31 March 2016*. 2016, State Government of Victoria.
22. Herrenkohl, T.I., et al., *Positioning a public health framework at the intersection of child maltreatment and intimate partner violence: primary prevention requires working outside existing systems*. *Child abuse and neglect*, 2015. **48**: p. 22-28.
23. Harvey, A., C. Garcia-Moreno, and A. Butchart, *Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting May 2–3, 2007*. Geneva: World Health Organization, Department of Violence and Injury Prevention and Disability, 2007.
24. Australia's National Research Organisation for Women's Safety (ANROWS). November 2017; Available from: <http://anrows.org.au/>.
25. Hooker, L., R. Kaspiew, and A. Taft. *Domestic and family violence and parenting: Mixed methods insights into impact and support needs: State of knowledge paper*. 2016; Available from: http://media.aomx.com/anrows.org.au/s3fs-public/L1.16_1.8%20Parenting.pdf.
26. Mertin, P. and P.B. Mohr, *Incidence and correlates of posttrauma symptoms in children from backgrounds of domestic violence*. *Violence and Victims*, 2002. **17**(5): p. 555-567.
27. Lucas, P., et al. *Increasing men's awareness of the effects on children exposed to family and domestic violence*. 2016; Available from: <https://www.salvationarmy.org.au/Global/State%20pages/Tasmania/Safe%20from%20the%20start/Increasing%20Men's%20Awareness%20of%20the%20Effects%20on%20Children%20Exposed%20to%20Family%20and%20Domestic%20Violence.pdf>.
28. Holmes, M.R., *Aggressive behavior of children exposed to intimate partner violence: An examination of maternal mental health, maternal warmth and child maltreatment*. *Child abuse & neglect*, 2013. **37**(8): p. 520-530.
29. Attala, J.M. and S.M. Summers, *A comparative study of health, developmental, and behavioral factors in preschool children of battered and nonbattered women*. *Children's health care*, 1999. **28**(2): p. 189-200.
30. MacDonald, H., M. McKenzie, and E. Fish. *'Bad mothers and invisible fathers' Parenting in the context of domestic violence*. 2009; Available from: <http://www.dvrcv.org.au/sites/default/files/Bad%20mothers%20and%20invisible%20fathers%20%28full%20paper%29.pdf>.
31. Dillon, G., et al., *Mental and physical health and intimate partner violence against women: A review of the literature*. *International journal of family medicine*, 2013. **2013**.
32. VicHealth, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*. 2004.
33. Devries, K.M., et al., *Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies*. *PLoS Med*, 2013. **10**(5): p. e1001439.
34. Bourassa, C., et al., *Fathers' Perspectives Regarding their Children's Exposure to Intimate Partner Violence*. *Journal of Public Child Welfare* 2016(just-accepted).

35. Devries, K.M., et al., *Intimate partner violence victimization and alcohol consumption in women: a systematic review and meta-analysis*. *Addiction*, 2014. **109**(3): p. 379-391.
36. Maxwell, N., et al., *Engaging fathers in child welfare services: A narrative review of recent research evidence*. *Child & Family Social Work*, 2012. **17**(2): p. 160-169.
37. Wise, S., G. Soriano, and C. Berlyn. *Engaging Fathers in Child and Family Services: Participation, Perceptions and Good Practice*. 2008; Available from: <https://www.dss.gov.au/sites/default/files/documents/op22.pdf>.
38. Sarkadi, A., et al., *Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies*. *Acta paediatrica*, 2008. **97**(2): p. 153-158.
39. Stover, C.S. and D. Morgos, *Fatherhood and intimate partner violence: Bringing the parenting role into intervention strategies*. *Professional Psychology: Research and Practice*, 2013. **44**(4): p. 247.
40. Magill-Evans, J., et al., *Effects of parenting education on first-time fathers' skills in interactions with their infants*. *Fathering*, 2007. **5**(1): p. 42.
41. Doherty, W.J., M.F. Erickson, and R. LaRossa, *An intervention to increase father involvement and skills with infants during the transition to parenthood*. *Journal of family psychology*, 2006. **20**(3): p. 438.
42. Labarre, M., et al., *Intervening with fathers in the context of intimate partner violence: An analysis of ten programs and suggestions for a research agenda*. *Journal of child custody*, 2016. **13**(1): p. 1-29.
43. Perkins, M. *Family violence: Royal commission aims to be 'a turning point'*. 2015, July 13 2/2/2017; Available from: <http://www.smh.com.au/national/family-violence-royal-commission-aims-to-be-a-turning-point-20150713-giavuw.html>.