

**Interdisciplinary Trauma Research Unit  
Institute of Public Policy**

**How To Do Things Better For  
Children And Young People  
Living With  
Domestic Violence**

**An exploratory qualitative study of  
mothers and young peoples' views of  
domestic violence interventions**



**Interdisciplinary  
Trauma  
Research  
Unit**



## **Authors**

Dr Emma Davies (Principal Investigator) is Programme Leader: Children and Families at the Institute of Public Policy at Auckland University of Technology

Associate Professor Jane Koziol-McLain is a nurse and Co-Director of the Interdisciplinary Trauma Research Unit at Auckland University of Technology

Puti Nicholls (MA Health Sciences) is a registered mental health nurse working at the Child and Family Unit at Starship Hospital

Karolina Stasiak (MA in Psychology) was a research officer at Auckland University of Technology at the time of this work

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The views expressed in this report are those of the authors and do not necessarily represent the views of the Ministry of Health.

## **Quotes**

The quotes included in this report are as close to verbatim as our data allows but to protect anonymity of the participants any potentially identifying remarks have been removed or changed.

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Auckland University of Technology  
Private Bag 92006  
Auckland, New Zealand 1020

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## Hearing From Children

“Children are not the people of tomorrow, but people of today. They are entitled to be taken seriously. They have a right to be treated by adults with courtesy and respect, as equals.”

**Janusz Korczak (1878-1942)**

“While trauma inflicted by community violence or natural disaster often brings swift support and intervention for child victims, domestic violence too often brings resounding silence.”

**(McIntosh, 2003, p. 230)**

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## **Executive Summary**

### **Introduction**

Children and young people are primary victims of family violence either by being direct victims of abuse or by being exposed to the abuse of a parent, most often their mother. However, children have sometimes been called the “silent victims” of domestic violence because of the lack of recognition of their needs and services to support them. In this study, we attempted to give them a voice and a chance to reflect on their experiences of interventions and agencies they have come across. We aimed to learn how to provide domestic violence interventions and services that are acceptable to children as well as their mothers.

### **Purpose of the report**

This report details a project aimed to gain feedback on domestic violence interventions designed to help children and their mothers. Our original intent was to interview a number of children and young people, as well their mothers, to ask about service usefulness. As this was an exploratory study, we also aimed to assess our methodology and build capacity for future projects.

### **Method**

Face-to-face interviews were conducted with nine mothers or female primary caregivers as well as with three young people aged between 16 and 18 years. All interviews were audio-taped and transcribed for analysis using standard qualitative methods.

### **Results**

Despite several attempts and various recruitment strategies we were not able to secure as many interviews with children as we would have liked. Instead we resorted to interviewing women who had experienced domestic violence in order to gain their perspective on intervention usefulness for their children. We conducted three interviews with young people.

Our participants talked about the reality of living with domestic violence and how it becomes normalised and passed from one generation to

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another. The impact of violence on children's safety and wellbeing was the main motivator for women to seek help. The feedback on the interventions and support received varied. While all women appreciated the attempts to help them, several difficulties were highlighted. Most importantly, we found that children and young people tend to be disregarded and their needs not prioritised by agencies. Children were seen as powerless and dependent on their mothers' choices. The participants suggested several ways to improve the interventions including listening to children and giving them more say in the process.

## **Conclusions**

Children in domestic violence situations still tend to be viewed as secondary victims. Often, their needs and perspectives are not taken into account when providing support to the family. Children need to be given a chance to speak up and given more attention and power from the helping professionals.

Our findings, despite a small sample size, are consistent with international researchers who have similarly sought the perspective of children living in households with domestic violence. As we move toward addressing the current gap in services for children, the voice of children should be in the forefront. In order to accomplish this, recruitment strategies for interviewing children need careful attention. As we found that media advertising is relatively successful, we recommend that this method be used. A close relationship with children's domestic violence programmes should also be developed to increase the number of interviews. Interviews with child protection workers and women advocates may also be needed to identify the ways to bring the two sectors to a common understanding and a unified response to children living with domestic violence.



## Section 1: Literature Review

### 1.1 Domestic violence – definition, scope and prevalence

Domestic violence is a social and public health problem that causes serious injury, pain and sorrow. The issue of domestic violence first gained public attention in the late 1960s as a consequence of the women's movement (Kashani, Daniel, Dandoy, & Holcomb, 1992). However, women were often viewed as consenting adults, and through traditional gender roles, men's right to control women through force was seen as socially acceptable by many.

While attention has been drawn to violence against women internationally, the understanding and response to the impact of domestic violence has lagged behind. Domestic violence is increasingly seen as an important public health problem. It results in increased costs of health care and community resources because of its detrimental effects on women's and children's mental and physical health and well-being (Koss & Heslet, 1992). The World Health Organization (2002) concludes: "*intimate partner violence occurs in all countries, irrespective of social, economic, religious or cultural groups*" (p. 89).

In this report, domestic violence is understood (and used interchangeably with terms such as family violence and intimate partner violence, wife abuse and battering) as violence toward women perpetrated by their male partners. Women are disproportionately represented among victims of family violence, especially serious violence with substantial health and social consequences. Studies report that women account for approximately 95% of victims of all domestic violence (Tilden, 1987).

Domestic violence takes various forms, including "*physical violence ranging from slaps, punches, and kicks to assaults with a weapon and homicide; and sexual violence takes forms such as forced sex, or forced participation in degrading sexual acts*" (Watts & Zimmerman, 2002, p. 1232). Emotionally abusive behaviours include verbal abuse, ongoing belittlement or humiliation, economic restrictions, isolation from friends and family and other controlling behaviours (Watts & Zimmerman, 2002). Women who have experienced physical and emotional abuse, often report the latter to be more detrimental to their wellbeing (Hester, 2000).

Worldwide, male violence towards women is common (Counts, Brown, & Campbell, 1999; Levinson, 1989). In a cross-cultural study, Levinson found family violence to be reported in 84.5% of the 90 cultures

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compared. Women were victims of life-threatening violence or violence serious enough to cause permanent injury in 46.6% of the cultures. Findings of population-based surveys from around the world indicate that between 10% and 50% of women who have ever been in intimate relationships have been hit or otherwise assaulted by a partner at some point in their lives (Heise, Ellsberg, & Gottemoeller, 1999; Watts & Zimmerman, 2002).

### ***1.1.1 Quantifying domestic violence in New Zealand***

In New Zealand, the scale of family violence is reflected in the available statistics from the Ministry of Justice, Women's Refuge reports and social and health research. In 1995, the Justice Department released findings from its "Hitting Home" study. The study revealed that 21% of the 2000 men surveyed reported at least one act of physical abuse and 53% reported at least one psychologically abusive act against their female partner in the past 12 months (Liebrich, Paulin, & Ransom, 1995). The Women's Safety Survey 1996, investigated women's recent experiences of violence by their intimate male partners. The survey found that 24% of women with current partners and 73% of women with recent partners reported experiencing at least one act of physical or sexual abuse. Of those who reported experiencing violence, 50% of women with current partners and 78% of women with recent partners, rated the violence as 'very serious' or 'quite serious' (Morris, 1997).

The National Survey of Crime Victims 2001 (Ministry of Justice, 2003) revealed that 21% of 'ever partnered' women were "deliberately hit, kicked, pushed, grabbed or shoved" by their partners, 20% had their property damaged and 6% had been threatened with a weapon. As a result of the assault, women were more likely to be afraid for themselves and for their children. When examining violence in the last year (year 2000), 3% of women had experienced one or more forms of violent behaviour at the hands of their intimate partners. The authors of the report caution that due to the methodological limitations of the study and the difficulty of measuring intimate partner violence, the figures may be underestimates.

In a recent population based survey of women in Auckland and north Waikato, Fanslow and Robinson (2004) identified lifetime prevalence rates for physical or sexual abuse by a partner of 33% (Auckland) and 39% (north Wiakato). The lifetime prevalence rate of partner violence among women seeking healthcare in an emergency care department in Auckland was recently reported as 44% (Koziol-McLain et al., 2004).

In central Auckland alone, the Domestic Violence Centre (now named Preventing Violence in the Home) receives approximately 3,700 police and healthcare-based referrals annually, or about 70 per week, to their 24-hour Callout Advocacy Service. Advocates are sent to meet with

women to assist with immediate housing issues, legal and medical needs, provide information on available services and give support. Eighty-seven percent of police referrals are female, 11% are male, and 2% are of unknown gender ([www.dvc.org.nz](http://www.dvc.org.nz)).

When examining gender differences in domestic violence, one cannot disregard the ongoing debate in the professional literature about gender (a)symmetry in domestic violence. Studies often produce markedly different figures, some of which are used to argue that male violence towards women is just as common as female assaults on their male partners. For example, Steitmetz, (1978a), concluded that some men experience the 'battered husband syndrome'. However, the differences in the findings are frequently attributed to the use of different methodologies. For example, a New Zealand longitudinal study of a Dunedin birth cohort of 21-year olds, found that 34% of men as opposed to 27% of women reported experiencing some form of physical abuse by their partner (Silva, Magdol, Moffit, Caspi, & Fagan, 1997). In the same study, 13% of the assaulted women sought medical treatment while none of the incidents reported by men led to similar assistance. The same sample of participants was further used in a study of 'gender differences in partner violence' and found that 11.3% of women reported that a male partner had assaulted them at least once in the preceding 12 months, as opposed to 2.7% of men (Langley, Martin, & Nada-Raja, 1997).

The two above studies used different definitions and measures of violence. Langley's study measured 'incidents of physical assaults' (defined as "hitting, punching, hitting with something, kicking, biting, choking, arm twisting, pushing or shoving, using a weapon, and burning or scalding") while Silva's study employed the Conflict Tactics Scale (CTS, Straus, 1974), which measures a range of behaviours considered abusive. There is considerable criticism of the CTS because it fails to take into account the context in which violence takes place in a relationship. Some argue that the CTS is unreliable and invalid: "*confining self-report data to a checklist of acts, devoid of motives, meanings and consequences cannot insure subjectivity, validity or an adequate development of theory to explain violence*" (Dobash, Dobash, Wilson, & Daly, 1992).

Johnson (1995) argued that the disparity in the collected data could not be reconciled by mere methodological differences (such as instruments or sampling methods) but that the researchers were actually studying two distinctively different phenomena - *patriarchal terrorism* (Johnson & Ferraro, 2000) and common couple violence (p. 283). The former less common typology, consists of systematic violence against women by men, including various control tactics such as isolation, financial subordination and emotional abuse. It is believed to be rooted in a patriarchal tradition of male ownership of "their women". Johnson

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purports that patriarchal terrorism is typically detected in studies interviewing women who have come into contact with law enforcement, women's shelters, healthcare etc. Johnson believes that common couple violence is fairly common and occurs when a conflict "*gets out of hand*", is a result of a "*violence-prone culture*" (p. 286) and is perpetrated by both men and women. Common couple violence is typically tapped by national random surveys (using various measuring techniques) and not by more in-depth studies as these women are less inclined to seek victim support services. Johnson believes that it is the randomly collected survey data on common couple violence, which is fairly gender symmetric, which leads to a claim that women are as violent as men in intimate relationships.

Johnson re-examined data and showed that women sampled by random surveys experience on average 6 incidents of family violence annually while the number of incidents among women in shelter was in the 65-68 range. According to Johnson a distinction between the different forms of violence is needed in order to avoid a "*dangerous distortion of reality*" (p. 292) such as the gender symmetry debate. He suggested that existing domestic violence interventions could be better adapted by identifying the type of violence a woman suffers from.

A subsequent study by Graham-Kevan and Archer (2003) provided supporting evidence for Johnson's argument. On the other hand, Grandin and Lupri's analysis of Canadian and USA (1997) cross-national data found partial support for the frequent occurrence of common couple violence, however, the researchers also found patterns of common couple *severe* violence (p. 440) in the Canadian sub-sample, which did not fit with Johnson's definitions.

### **1.2 Child witnesses to domestic violence**

Until recently, children who witnessed or were exposed to domestic violence have not been acknowledged as its *real* victims (Lansdown, 2000). This exclusion has resulted in children being referred to as "*silent*", "*forgotten*" or "*unintended*" victims of adult-to-adult conflicts (Elbow, 1982; Groves, Zukerman, Marans, & Cohen, 1993; Rosenbaum & O'Leary, 1981). Indeed, failing to acknowledge children's experiences is consistent with the traditional notion that marriage is essentially a means of male property ownership, including ownership of children (Kadushin & Martin, 1988). Children's needs are often not considered as children are typically seen as another of the battered women's responsibilities and regarded as an additional "complexity" to safety, housing and financial concerns (Jaffe, Wolfer, & Wilson, 1990). As children and young people who live with and witness domestic violence do not refer themselves for treatment and do not seek specialised

services, development of adequate interventions has not been driven by children's perspectives. *"Unlike children who are abused directly, they do not bear visible scars and are thus easily overlooked"* (Berman, 1999a, p. 104). The 1990s saw a surge in interest among researchers and practitioners on the impact living with domestic violence has on children and a multitude of publications followed. Since then we have learned that domestic violence does not only affect women. The tragic reality is that children and young people are also equally adversely affected by witnessing violence between the adults in their homes. Recent qualitative studies have shown the extent to which children experience and cope with domestic violence and its aftermath (McGee, 2000; McIntosh, 2002; A Mullender, G Hague et al., 2002).

Children's experiences of domestic violence range from being directly involved in the violent incident, to visually witnessing their mothers battering, to hearing the verbal and physical abuse as it occurs (J L Edleson, 1999a). In one study, nearly half of the children surveyed reported witnessing their father choking their mother (McCloskey, Figueredo, & Koss, 1995). Research has also found that many children attempt to intervene during the violent assault to protect their mothers, either by shielding them from the attacker or by calling for help (Rosenbaum & O'Leary, 1981). Furthermore, children witnesses also experience the aftermath of a violent event (J L Edleson, 1999a). This can range from police intervention, to the removal of their father from the home, to moving to a woman's refuge or other alternative housing, to witnessing their mother's hospitalisation and emotional turmoil. Such children also experience the omnipresent fear and intimidation produced by the violence (Jaffe et al., 1990). In this report the term child witness or child exposed to violence is used to encompass any or all of the above instances.

While the research and public attention surrounding the issue of battered women has been growing for nearly three decades (Fantuzzo & Mohr, 1999), the public discussion of children's fate did not occur until much later. The very first case reports documenting the harmful effects on children of witnessing violence against their mothers were published in Great Britain in 1975 (Mohr, Noone Lutz, Fantuzzo, & Perry, 2000). Research interest in the well-being of children of battered women beyond case reports, however, began only in the mid 1980s with the publication of the first empirical studies. Since then increasingly more attention has been given to the plight of child witnesses of domestic violence, and research on the psychological effects of domestic violence has flourished (Peled, 1997). As a result, it is now commonly understood that *"family violence is a contagion that is seriously threatening the health and emotional well-being of many young children"* (Fantuzzo et al., 1991, p. 258).

### ***1.2.1 Quantifying child exposure to domestic violence***

Many parents believe that their children are shielded from exposure to the violence and underestimate what their children see (J L Edleson, 1999a). Jaffe et al. (1990) report claims by parents who believe that because the violence occurred at night or while the children were playing outside, the children did not “witness” it. However, the same authors found that children can accurately recall several violent incidents which they were not supposed to have seen.

There are no epidemiological studies either from overseas or in New Zealand to document precisely the incidence or prevalence of children who witness intimate partner violence. The existing data sources include crime reports and population surveys into the occurrence of domestic violence and the figures can be translated to give estimates of the extent of children’s witnessing. One recent US based multi-city study revealed that children were present in the households of domestic violence at more than twice the rate they were present in comparable households in the general population (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1996). Furthermore, younger children under the age of five were more likely to be present at homes in which family violence occurred.

Data on children’s exposure to domestic violence in New Zealand is even scarcer than figures on the prevalence of domestic violence. Most of the estimations stem from police reports and statistics collected by Women’s Refuge. Data recorded by the Hamilton Abuse Intervention Project (HAIP) offers some insight into the involvement of children in domestic violence incidents where police intervene. The procedures followed by HAIP include a refuge advocate visiting the victim and completing an ‘Advocate Form’ detailing the incident, the assailant, the victim, and whether children were present (either as witnesses or being abused themselves) (Maxwell, 1994). The available data from these forms were analysed for the years 1991-1994 and showed that in 58% of all the incidents, children were present in the house at the time. When children were present, 73% actually witnessed (visually) the violent assault; other children who were not in the same room would often hear the distressing noises that must have accompanied the incident. In 93% of the cases the assailants were arrested and it is reasonable to assume that the children were likely to witness police officers taking away their parent. In 30% of cases, a doctor attended to the injuries sustained by women. Following the violence, in 10% of the cases women went to a refuge taking their children with them.

The National Collective of Independent Women’s Refuges 1991 report stated that “almost all” children who used Refuge services during the period 1 April 1989 to 31 March 1990 had witnessed their mothers being abused and had also been victims to some form of abuse themselves.



The figures showed that 50% of children had been physically abused; 12% had been sexually abused; 80% verbally abused; 90% had witnessed their mother being abused and 82% had experienced "other" forms of abuse.

The New Zealand Police are required to report all family violence incidents and offences (including breaches of Domestic Protection Orders) on a Family Violence form (POL 400), whether or not an arrest is made. A Pol 400b, or Pol 400 – Children, has been in use in Hamilton (see HAIP above) and work is currently underway to incorporate children variables in family violence police reports nationwide.

The findings of the Christchurch longitudinal study shed further light on the prevalence rate of children witnessing domestic violence in their homes in New Zealand. Out of a sample of 1,025 respondents aged 18 years of age, 35% recalled witnessing their parents verbally assaulting each other, 10% recalled their father pushing, grabbing or shoving their mother, 7% had seen their father slap, hit or punch their mother and 2% had been witness to their father threatening their mother with a knife, gun or other weapon (Ferguson & Horwood, 1998). Overall, nearly 40% of the sample reported at least one violent act by at least one parent. Considering that the incidents of domestic violence were recalled by young adults the figures show a wide spectrum of violent behaviours occurring in a large proportion of New Zealand families.

The findings of the New Zealand Dunedin Multidisciplinary Health and Development Study show that partner abuse is most common among young parents of small children. Before their 21<sup>st</sup> birthday, 10% of the young women had one or more children, and 53% of those young mothers were involved in a violent relationship, as compared to 26% of the non-mothers (Moffit, Caspi, & Silva, 1997).

The next section of this report reviews the literature on the effects of witnessing domestic violence on children and young people and highlights the need to recognise children as primary victims of violence in their home. Several exhaustive reviews have been done in the field and the reader is referred to those for further details: (Fantuzzo et al., 1991; Grych & Finchman, 1990; McCloskey et al., 1995).

### **1.3 How domestic violence affects children**

Overwhelmingly, evidence demonstrates that children exposed to domestic violence in their homes often experience serious negative consequences (Kolbo, Blakely, & Engleman, 1996; Margolin, 1998; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Child witnesses to domestic violence are caught in an environment that is not conducive to

their mental and often physical health. Witnessing the battering of their mothers may be as traumatic to children as being a direct victim of abuse, and both result in similar psychological and developmental effects (J L Edleson, 1999a; Jaffe et al., 1990). Children "caught in the crossfire" of domestic violence may be used for purposes of retaliation and control in adult relationships. They are exposed to repeated incidents of violence between individuals with whom they are supposed to have a strong personal and loving relationship. These children are living in "*dangerous, chaotic, and highly dysfunctional families*" (Jaffe et al., 1990, p. 466).

Children's witnessing of domestic violence is often referred to as a form of child maltreatment (Peled, 1997). Moreover, findings of a major US study showed that a sizeable proportion of children from violent households appeared to be involved in abuse incidents either by calling for help, being identified as a precipitant cause of the dispute that led to violence or being physically abused by the perpetrator (Fantuzzo et al., 1996). The authors concluded that "*children in households with family violence, are not just 'witnessing' a tragedy; they are involved in various ways in the violent incident*" (p. 120).

### **1.3.1 Physical health**

Various psychosomatic complaints have been noted among children who are exposed to domestic violence including failing to thrive, headaches, abdominal pains, stuttering, bed wetting, poor weight gain, and sleep disturbances (Holden & Ritchie, 1991; Hughes, 1988; Jaffe et al., 1990). In a study of children in refuges for women victims of domestic violence, it was found that children exhibit high levels of physical and mental health needs and have poor access to health care services (Webb, Shankleman, Evans, & Brooks, 2001). Alarming, Webb et al. found that the majority of children (57%) were either not identifiable or accessible via the child health system, making this group of children a "*largely invisible population, outside the health system and poorly served by it*" (Webb et al., 2001, p. 212).

### **1.3.2 Neurological consequences of trauma**

There is a fairly recent but growing body of evidence that suggests that repeated early-child stresses and the trauma of being abused, neglected or witnessing violence may alter the child's brain and central nervous system development (Balbernie, 2001; Glasser, 2000; B. Perry, 2002; Teichner, 2002; Zeanah, Danis, Hirshberg, Benoit, & Heller, 1999). The resulting brain changes may lead to significant physical, emotional, behavioural, cognitive and social functioning impairment.

Studies of children growing up in violent homes reveal that battered women may use more punitive child-rearing strategies or be more



aggressive towards their children (Holden & Ritchie, 1991). Battered mothers may also be preoccupied with the violence they experience from their partner and/or because they suffer from depression (Hilton, 1992). On the other hand, battering fathers may be less available to their children and less affectionate than non-violent fathers (Jaffe et al., 1990). Where domestic violence is present, parent-child relationships may be characterised by harsh and unpredictable interactions, which in turn increase children's stress response (Grych & Finchman, 1990).

This pattern of impaired parental emotional availability may also place children at risk of neurological trauma which may be profound if it occurs in early childhood when the rapid neuronal growth make the brain especially sensitive to environmental input (Koenen, Moffit, Caspi, Taylor, & Purcell, 2003). *"Both lack of critical nurturing experiences and excessive exposure to traumatic violence will alter the developing central nervous system, predisposing to a more impulsive, reactive, and violent individual"* (B. D. Perry, 1997, p.131). Perry (1997, p. 125) refers to children growing up in unstable, violent homes as *"incubated in terror"*.

The disrupted formation of attachment – *"the first and most primary of all relationships"* (B. Perry, 2002, p. 95) has received considerable attention from researchers investigating effects of trauma on children. Attachment is believed to be adversely affected by developmental neglect through abnormal or absent care giving interactions. The lack of appropriate and repeated parent-child interactions is believed to weaken the neural systems mediating socio-emotional behaviours and thus the future capacity to form relationships (Balbernie, 2001). Finzi et al. (2001) found that abused and neglected children had disturbed attachment capacity and abused children were more likely to engage in anti-social behaviour.

A recent study of 5-year-old twin pairs in England (Koenen et al., 2003) revealed that domestic violence may have harmful effects on brain development leading to a delayed intellectual development. The more violent the family the child came from, the more pronounced IQ impairment was. It is not clear whether IQ suppression is long term, but it appears to be associated with exposure to domestic violence and not just merely due to children's internalising and externalising problems brought on by violence.

### ***1.3.3 Psychological adjustment***

Grych (1990) found in a review of studies concerning the exposure of children to parental conflict, that 15 out of 19 studies provided evidence suggesting that children were at greater risk of adjustment difficulties. The review also highlighted that the greater the intensity and frequency of parental conflict, the poorer are the child behavioural outcomes. Child witnesses of domestic violence have more worries about family members

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and friends (Graham-Bermann, 1996). Mothers of child witnesses frequently report distress-indicating behaviours such as sleep disturbances, clinging and fretful behaviours (Lemmey, McFarlane, Wilson, & Malech, 2001).

The behaviours that children experience as responses to the trauma of witnessing family violence are commonly divided into internalising and externalising problems. Internalising problems that have been found to be associated with exposure to violence include anxiety, depression, and low-self esteem (e.g., Holden & Ritchie, 1991; Kolbo et al., 1996; Wolfe, Jaffe, Wilson, & Zak, 1985). Various externalising problems such as aggression, hyperactivity, and conduct disorders are commonly noted among child witnesses (e.g., Holden & Ritchie, 1991; Hughes, 1988; Hughes, Parkinson, & Vargo, 1989). In one study, 365 abused mothers described the same problems of depression, non-compliance, and aggression as their children, aged 6 to 12 (McCloskey et al., 1995). Additionally, several recent studies found domestic violence exposure to be a risk factor for posttraumatic stress disorder in school-age children (Graham-Bermann & Levendovsky, 1998; McCloskey & Walker, 2000). The reactions to trauma are most severe when the witnessed abuse victims are caregivers (Osofsky, 1995).

In a recent study drawn from a community sample McFarlane (2003) compared the internalising, externalising and total behavioural problems of children aged 6 to 18 years who were exposed and not exposed to intimate partner violence. Children of abused mothers scored significantly higher on all ranges of problem behaviours such as anxiety, withdrawal and depression than children for the same age and gender of non-abused mothers (please see section 1.3.3.1 Gender differences for more details).

Evidence from the majority of studies concludes that children of every age are affected in some way by exposure to domestic violence. Previously, many researchers believed that infants are too young and cognitively immature to be affected by domestic violence. However, recent developments in research are rapidly proving that infants and non-verbal toddlers are affected by partner violence in their homes. Emotionally, infants and toddlers who have been exposed to a range of violent family conflicts are highly likely to develop disorganised attachments to their mothers (Zeanah et al., 1999). Osofsky and Dickson (2000) make a compelling argument that if a child is old enough to be affected by family trauma, then they are old enough to warrant an early supporting intervention. Difficulties experienced by children across the age span are presented in Table 1.

Table 1: Effects of domestic violence exposure on children across the age span

<b>Infant</b>	<b>Preschool</b>	<b>School-age</b>	<b>Adolescent</b>
Attachment needs may be disrupted	Their world is not safe or stable	Greater willingness to use violence	Feelings of rage, shame, betrayal
Routines (sleeping, eating) disrupted	Yelling, irritability, hiding, and stuttering – signs of terror	Hold self responsible for violence at home	School truancy, early sexual activity, substance use/abuse, delinquency
Risk of physical injury	Many somatic complaints and regressive behaviours	Shame and embarrassment of the family secret	May be unresponsive
50% have eating and sleeping problems, decreased responsiveness to adults, increased crying	Anxious attachment behaviours of whining, crying, and clinging	Distracted and inattentive	May have little memory of childhood
	Increased separation and stranger anxiety	Lability and hypervigilance	Short attention span
	Insomnia, sleepwalking, nightmares, bedwetting	Limited range of emotional responses	On the defensive
		Psychosomatic complaints	
		May be uncooperative, suspicious, or guarded	

*Note: (Table cited in Rhea, Chafey, Dohner, & Terragno, 1996) who adapted it from Jaffe, Wolfe, & Wilson, 1990; Hughes & Barad, 1983; Ulbricht & Huber, 1981; Staff, Wills, and Howell, 1989)*

There is also evidence of a cumulative effect of domestic violence-related stressors with regard to children's developmental outcomes. One study with young children showed that while verbal conflict was associated with a moderate level of conduct problems, verbal *and* physical conflict was associated with levels warranting psychological interventions (referred to as clinical levels) of conduct problems and moderate levels of emotional difficulties (Fantuzzo et al., 1991). In children from families where verbal and physical conflict was accompanied by temporary shelter residence, clinical levels of conduct problems and lower levels of emotional and social functioning were noted.

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The developmental literature suggests that children's risk for maladjustment increases exponentially with multiple risk factor presence (Rutter, 1997). Violence is among six family stressors, and when two or more of these stressors are present the chances are two to four times greater that the child will develop emotional problems. There is strong evidence that family violence is related to additional contextual risk factors such as poverty, job and family instability, parental stress and social isolation (Garbarino, 1985), low educational level of primary care provider, multiple incidents of maternal abuse and parental substance abuse (Fantuzzo et al., 1996). Straus et al., (1990) found the highest rates of domestic violence in young low-income couples.

There is evidence that the detrimental effects of witnessing domestic violence as an infant or child is long lasting and may affect adult functioning (McNeal & Amato, 1998). Based on longitudinal data, McNeal and Amato showed that marital violence, first measured when the children were between 11 and 19 years old (on average), was associated with lower scores on multiple measures of well-being such as closeness to mothers and fathers, life satisfaction, happiness, self-esteem, distress, and an increased likelihood for offspring relationship violence when the young people were (on average) 23 years old. Furthermore, the results also suggested that even when parents treated children harshly and had substance use problems, marital violence placed children at additional risk for long-term negative outcomes.

The consequences of exposure to domestic violence may affect the subsequent relationship one forms with intimate partners. Witnessing domestic abuse during childhood is highly correlated with being either a victim or a perpetrator of abuse in later relationships as an adult (Cappell & Heiner, 1990). A study of abusive adult relationships carried out by Zeanah and Zeanah (1989) found approximately 54% to 80% of abusive men and approximately 37% of abused women reported being abused or witnessing abuse between their parents as children. The research provides support for the intergenerational transmission of violence hypothesis.

### *1.3.3.1 Gender differences*

While it is assumed and documented that exposure to violence impacts children, the relationship between exposure and gender is unclear and the results of various studies are inconclusive. Some studies find no gender differences for young children exposed to domestic violence (Grych & Finchman, 1990) while others show that boys seem to exhibit more problems than girls following exposure to family violence (e.g., Hughes, 1988). Boys have been found to exhibit more externalising behaviour problems but only in families marked by more extreme battering (Jouriles & Norwood, 1995).

On the other hand, Kolbo (1996) found that exposure to domestic violence was significantly damaging to self-worth among boys, and created behavioural problems among girls. The same study also found that high levels of support somewhat mitigates the effects of exposure among boys but not girls. Support appears to protect male self-worth. The author argues that perhaps girls in violent homes take on a care giving role, at their own expense, and thus do not benefit from the support of others. Boys may exhibit more externalising behaviours to divert their father's attention, while girls tend to behave extremely well to avoid putting their mother in any more stress and reduce the likelihood of further conflict (Vuchinich, Emery, & Cassidy, 1988). Similarly, Sternberg et al. (1993) found that mothers reported that their daughters had more problems and were more depressed than boys in the same group of child witnesses to family violence.

### ***1.3.5 Socio-emotional development***

Not only does living in violent homes increase children's risk for development of psychological problems, exposure to domestic violence may affect children's moral and socio-emotional development. Pre-adolescent children exposed to domestic violence have been found to have inappropriate attitudes about violence as a means of resolving conflict compared to children not exposed to violence (Jaffe, Wilson, & Zak, 1989). These children were also more likely to hold themselves responsible for the violence and their mother's safety. Grych, Wachsmuth-Schlaefler and Klockow (2002) found that aggression between parents predicted children's representations of parent-child and intimate partner relationships. Children of mothers who sought help from domestic violence agencies portrayed their mothers as less nurturing, affectionate and authoritative. Similarly, their self-representations were less powerful and more obedient. The authors believe that children develop beliefs and conflict schemas (patterns of typical behaviour) regarding close relationships, based on their observations of violence. This may be a process by which these experiences give rise to later behavioural and emotional problems.

Children growing up in a violent home and repeatedly observing their mother being assaulted, learn various beliefs, which may shape their world view (Bancroft & Silverman, 2000). Some of those beliefs are (adapted from Bancroft & Silverman, 2000):

- *Victims of violence are to blame for the violence* – children exposed to violence can learn that hurting others is not wrong. On the other hand they can also learn that when subjected to violence, they are to be blamed and that the perpetrator is in the right. This belief may explain why some sons of batterers have tendencies to become abusive in their relationships and some

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daughters of batterers end up abused and cannot escape the cycle of violence;

- *The use of violence is justified to impose one's will or to resolve conflict* – children may learn that aggression is a legitimate conflict-resolution tact and a way to control others. Increased aggression, particularly, among boys, has been noted in children of abused mothers (Jaffe et al., 1990) and such a belief may be a contributing factor to their behaviour;
- *Abusers do not experience consequences for their actions* – children whose mothers do not seek external help or who are failed by the system may never see the abuser held accountable for his violence;
- *Women are weak, incompetent, stupid or violent* – children may learn rigid and inappropriate gender roles and expectations, which may be either explicitly promoted by the batterer or be part of the more implicit home dynamics.

### **1.3.6 Domestic violence and child abuse**

Children living in families with domestic violence are likely to be targets of aggression themselves. The exact figures vary, but the link between domestic violence and child abuse has been found repeatedly in several studies. McCloskey et al. (1995) found that men who batter their wives are also more likely to physically abuse their children. The same study also found that children of battered women are at heightened risk for maltreatment from their mother. In a large American study which compared incidents of child abuse in families with and without domestic violence, fewer than 10% of parents with no domestic violence admitted to child abuse (Straus, 1990). However, half of the fathers and a quarter of the mothers who reported domestic violence also said that they had engaged in child abuse. In another study, child abuse rates were 25% higher among families characterised by women seeking shelter from battering, than were the rates reported in nationally representative community samples (Vuchinich et al., 1988). Within a group of children suspected as victims of child abuse or neglect, 45% of their mothers have also been battered (E Stark & Flitcraft, 1998). The risk of becoming a victim of aggression may be higher for boys as they are more likely to try to protect their mothers than girls (Vuchinich et al., 1988).

When the statistics are compiled, children of battered women are believed to be 6 to 15 times more likely to be abused (E Stark & Flitcraft, 1987). The overlap of domestic violence and child abuse is believed to be between 30% and 75% depending on the methodology and definition used (Appel & Holden, 1998; J L Edleson, 1999b; Emery & Laumann-Billings, 1998). Hughes et al. (1989) called the phenomenon of



being both a victim and a witness of abuse a "*double whammy*" where the experienced trauma has an additive affect meaning that such children were at highest risk of experiencing the poorest outcomes. "*Witnessing threats to one's mother, and receiving threats to one's own physical safety, extracts a serious toll on emotional stability*" (McCloskey et al., 1995, p. 1258). To this day, there are no systematic studies on the overlapping incidence of domestic violence and child neglect, sibling violence and sexual abuse (Graham-Bermann & Hughes, 2003).

Child's gender may also play a part; in one study, both fathers and mothers in families characterised by more extreme battering, were more aggressive toward sons than toward daughters (Jouriles & Norwood, 1995). However, mothers' and fathers' behaviour was explained differently – mothers' aggression was related to the increased levels of boys' externalising behaviours, while fathers tended to be more aggressive towards their sons regardless of the children's behaviour problems.

Holden and Ritchie (1991) found that abused wives view their husbands/partners as more irritable, short-tempered and uninvolved in parenting than non-violent fathers. Furthermore, the violence experienced by the mother and the resulting impact on her mental health, makes her less equipped to care for her children. Despite being aware of their children's requirements, battered mothers describe themselves as being too overwhelmed, tired and stressed to meet their children's psychological needs (A. D. Henderson, 1990).

Children may also be physically hurt when they become entangled in the violent conflict either willingly when they intervene to protect their mother or when they simply happen to be in the middle of the violent incident. In one survey of battered women, one quarter of the mothers reported that their children were physically involved in the events (J L Edleson, Mbilinyi, Beeman, & Hagemeister, 2003).

#### **1.4 Understanding children's experiences of domestic violence**

Most research related to children and violence has been written from the perspective of adults. Most studies into childhood suffer from "adultcentric biases" or in other words, proclivity among researchers to describe the worlds of children from adult perspectives (Polakow, 1992). Rarely have children been asked to talk about their experiences and rarely have researchers listened to children's stories. However, by initiating a dialogue and investigating children's narratives we can learn a great deal about children's own realities as well as *learn from them* what they consider most important and how to best help them.

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Lately a number of largely qualitative studies have been carried out to investigate the ways in which children who have grown up amid violence suffer, "make sense" and cope in their daily lives. Qualitative methodologies are particularly important in studying children's health as they assist in understanding the child's perspective (Bernheimer, 1986). This research adds crucial insight into understanding the complexity of experiences of children in domestic violence. It allows capturing of their own reality "*as they choose to present it, within their own categories of meaning*" (Peled, 1998, p. 396).

Children experience various difficulties at different stages of their experience of living with domestic violence: living with a secret; living in fear and terror; living with a violent model; living in conflicts of loyalties and emotions (Peled, 1997).

- *Living with a secret*: For many children, the violence in a couple's relationship may be the only known family reality. Since the witnessed violence is never discussed with anybody from the outside nor is it defined as "violence" the child may not be fully aware of the extent of the severity of the abuse;
- *Living in fear and terror*: Children who witness violence at home commonly report feelings of worry and fear (Ericksen & Henderson, 1992). Humphreys (1991) found that children's most common fears are related to mother's health hazards and uncertainty about mother's condition and circumstances. Exposure to domestic violence also introduces into the child's life an awareness of their father's capacity and possibility of further violence;
- *Living with a violent model*: Childhood exposure to parental models of abuser and victim is at the core of the intergenerational transmission of violence hypothesis which has received considerable support (Cappell & Heiner, 1990);
- *Living in conflicts of loyalties and emotions*: Children living with domestic violence often find themselves choosing sides between their mother and father (Peled & Edleson, 1995). Children may want to be loyal to their mother who is being hurt and who is frightened. On the other hand, they love and are attached to their father, who abuses their mother and violates social rules and norms (Ericksen & Henderson, 1992). Some children choose to de-emphasise their father's violent behaviour by excusing or reframing his abuse – a strategy also used by some battered women (Kelly, 1988).

Ericksen and Henderson's (1992) interviews with children (aged 4 to 12 years of age) whose mothers left abusive relationships suggested that



children who witnessed domestic violence perceived it as normal and acceptable. Children were also unaware of alternative means of expressing their anger or handling conflict. The children in the study were described as sad. Some exhibited feelings of grief over the loss of their intact family, changes in living accommodation, schools and socio-economic status. Despite their sadness, the children felt that they were unable to seek comfort from their mothers because it would upset them further. Finally, children's coping behaviours included several inward-directed patterns such as seeking solitude, use of fantasy, avoidance and disengagement reflecting their sense of powerlessness and avoidance of external help. The Ericksen and Henderson (1992) study reflects a shift in attention away from the studying "of children" towards an interest in children's own perspectives and strengths.

In 1994 in Britain, the NCH Action for Children commissioned a survey of women who had experienced domestic violence (Abrahams, 1994). Additionally, in-depth interviews were carried out with 15 mothers and 7 children to investigate children's perspectives on the impact of domestic violence on their lives. The children of more than a quarter of mothers in the survey were also physically abused by the mother's violent partner. More than three-quarters of the children had witnessed their mothers being physically assaulted by their partners. One in ten of the mothers had been sexually abused in front of their children. All the mothers reported being seen by their children crying and being upset following a violent incident. Many children vividly recollected the violence they had experienced even though at the time they may have been very young. In particular, questions were asked about the support and help needed and/or received. Most of the mothers and children highlighted the importance of providing support for children caught up in domestic violence. Informal support networks were vital and in most cases were found to be more helpful than formalised interventions. Children wanted to be able to talk to someone who could help them understand what was happening and break the sense of isolation. Community-based support services, however, play an important role in providing counselling, play facilities for the children, child care respite, help with housing and benefits, and support groups for women. Mothers believed their children would benefit from counselling, learning about domestic violence at school, and having a safe place to go.

Berman (1999b) carried out a qualitative study with 32 children (aged 10-17 years) witnesses to violence: refugees who left their war-torn homelands with their families and children of battered women who were no longer living with their abusive father or step-father. The author conducted two interviews with each child. The first interview was to elicit each child's story about the violence in her or his life, and in the second interview children were actively involved in co-construction of meaning through dialogue, reflection and critique. The study identified several parallel themes, which suggested that growing up amid "public"

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violence (war) is very similarly experienced by children growing up with private (domestic) violence. The children talked about the “normalcy” of the violence in their lives and the overwhelming feeling associated with it was one of sadness. However, for the children refugees, life during the war was a unique experience and the violence typically ceased and their families were able to reunite in a safe environment. On the other hand, the children who experienced violence at home spoke of “*constant yelling and fighting confused allegiances and ambivalent feelings toward both parents*” (p. 13). Violence for them was not a temporary interruption but a part of their everyday lives. The study also demonstrated that not only were children able to verbalise their troubling experience, they also welcomed the opportunity to be listened to and acknowledged it with great enthusiasm.

Berman (1999a) also analysed children’s narratives about their understanding of the relationship between health and violence. The children described health and violence as “incompatible”. The range of health problems children experienced after they had been removed from the violence situations included lack of sleep, eating disturbances, lack of energy, and difficulty in carrying out daily routines. All of these are consistent with the DSM-IV diagnostic criteria of post-traumatic stress disorder. Children of battered women differed from the children war witnesses. Children refugees experienced community violence collectively with their family and were able to share their sadness and be supported by their loved ones. On the other hand, child witnesses to home violence had to “*suffer alone and in silence*” (p. 104). Those children were forced to develop schemes to keep them safe in the home and ensure that the family violence was kept a secret from others in the community.

Peled (1998) interviewed 14 children (aged 10-13) and their mothers who had left abusive relationships. All children witnessed domestic violence and had completed a therapeutic-educational programme for children of battered women. The aim of the study was to capture the children’s realities of living and coping with the violence in their homes. The author allowed the children to tell their story and analysed the themes in a chronological order from the time when the children first realised the extent of violence, through the experience of shelter, counselling and adjustment to a new way of life, to the time when the violence became a distant, yet painful, memory. One of the main themes identified concerned the dynamics of living with a secret – the denial, ambiguities and contradictions that come with it and form a salient part of a child’s life for a long time before the full extent of the violence is acknowledged by the mother and her child. The first time a child realises the severity of a violent conflict between their parents may radically change their perceptions of the world and family and can potentially leave a mark on their life. Children’s coping mechanisms varied but overall all children engaged in subconscious or partially conscious

protective strategies either through distancing or interference in the conflict.

In Western Australia, Blanchard (1992) interviewed 18 children and young people (aged 6-15 years of age) as a part of a larger consultation to describe children's experiences of violence, survey facilities available and make recommendations to improve them. All children interviewed felt that they had been directly involved in the violence and felt acutely fearful for their own and their mother's safety. They felt responsible for their parents' fighting and wanted to protect their mothers from the abuse. Many also attempted to protect siblings from the violence. The children felt their behaviour provoked their father's actions and for some that led to becoming socially isolated, withdrawn or even contemplating suicide; while others became more aggressive and acted out their negative feelings through anti-social behaviour and offending. While the majority of the children no longer lived with their father, many said that their fathers were making threats against their mothers during access visits and telephone calls. Eleven of the eighteen children said they disliked their father for what he had done.

The above project was one of the earliest studies to directly question children about their perceived social support systems and how they dealt with the violence and its aftermath. Children were asked about their current situation and past experiences of violence, how they got out of the violent situation and coping strategies and sources of support utilised. Children talked about various coping strategies during and immediately after violent incidents between their parents. They mentioned a total of 12 sources of support including formal support (counselling, refuges, police and children's groups) and informal supports (mothers, siblings, friends, relatives, neighbours, teacher and being able to phone for help). The children were asked what sort of supports they thought would be useful – most (16 out of 18) would have liked to openly and freely talk about the violence in their lives. Some would have liked to have a *"reliable, sympathetic and capable adult within walking distance of the house who could take over the responsibility of dealing with the violence and ensure their safety"* (p. 13). Most younger children preferred informal supports such as neighbours and relatives, however the older children (12-15 years of age) were more likely to mention community-based supports independent of the family.

In 2000, McGee interviewed fifty-four children and forty-eight mothers about their domestic violence-related experiences and the support services they had received. Most women experienced physical violence, at times life-threatening. Women were often attacked while holding small children. More than half of the children experienced various forms of physical abuse from their mother's violent partner and nearly two-thirds were subjected to emotional abuse and controlling behaviours

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resembling those which the men used to control the women. Most children also witnessed their mothers being beaten or assaulted and *"regardless of age they were very aware of the tense atmosphere in the home and lived in constant anticipation of trouble"* (p. 110). The main strategy the children used to cope with the violence was to physically intervene. However, overwhelmingly the children felt powerless and while wanting to protect their mothers, they were often too frightened to act.

Questions were also asked about support services and interventions received from various agencies. When dealing with effective and competent professionals, children appreciated being listened to, taken seriously and able to work at their own pace. However, major criticisms expressed were in relation to being given insufficient information, feeling left out of the process (eg. in investigations into alleged child abuse or when police came to the house) and lack of action on the part of those whom the child trusted to intervene (eg. when children confided in their school teachers). Children were positive about their experience at refuges and, in particular, appreciated having other children to talk to about domestic violence. The main reason children gave for not talking about the violence was fear of the violent man and the danger they could place themselves and their mother in; moreover, they were *"acutely aware how easily they could be dismissed and even blamed for trying to cause trouble"* (p. 216). Children believed that the violence was a 'family secret' and for that reason were very reluctant to open up. However, even if they were more willing to tell others what was happening, children did not know where to seek formal help – they did not know of any agencies that could assist them or how to make contact with them. Even the most accessible phone help lines were not easy for children to use; they did not have adequate home privacy or were afraid that the number would show up on a phone bill. Children emphasised that schools should be a place where practical information about help could be available.

Most recently Mullender, Kelly, Hague, Malos and Imam (2002) asked children about their understanding of domestic violence, their coping strategies as well as the appropriateness of support they received. The study employed a multi-methodological approach. Initially a school-based survey was undertaken to investigate children's knowledge, views, and attitudes toward domestic violence; in the second part interviews with a total of 45 children (known to have lived with domestic violence), 22 mothers and 14 child protection workers were carried out.

The survey phase of the study revealed that just under 30% of children knew someone who had experienced domestic violence and that over three-quarters believed it to be either a 'very common' or 'common occurrence'. Sharp gender differences were found, showing that older boys were much more likely to excuse the action of the perpetrator,

however, girls showed an increasing awareness of the complexity of domestic violence as they matured.

The qualitative phase of the research found that while only one-third of the mothers thought their children were aware of the violence, all of the children knew about what had been happening. Nearly all the children attributed the violence to the man, with younger children finding more situation excuses and older children having a more sophisticated understanding of the power and control issues in the violence. The children were found not to be passive or "silent" victims of the violence; all of them had conceived and utilised various coping strategies which were often complex and advanced beyond their developmental age. Children knew how to keep themselves out of danger. Some of them intervened directly when the violence was happening to either stop the violence or guard their mothers. Many engaged in help-seeking behaviours by calling the police or getting neighbours to do so. The children also attempted to support their mothers by advising them to seek help and advice about the violence and by helping their younger siblings.

Most children felt they had received little help from anyone except their mothers. Among those children who had spent time at a refuge, many were able to name specific workers as being most helpful. Children who received counselling found it very useful and recommended it to others. However, overall, the children felt ignored by most professionals and agencies and felt that they had not been believed. Children wished they could talk to someone other than their mother. Children felt that agencies such as police and professionals in courts were not sensitive to their needs and they wished to be noticed, believed and supported. They wanted to be informed about what was happening to them and to be involved in decision making. They wanted to be listened to and have their opinions taken seriously. The authors concluded that the development of policies and interventions aimed to help and work with children of battered women should be actively informed by the young people's experiences and voices to better serve them.

### **1.5 Interventions for children of battered women**

Although children and young people are the unintended and indirect victims of domestic violence, who suffer predictable and documented ill effects and who have no way to avoid the detrimental environment or seek external help, they are commonly seen as secondary victims. Rhea et al. (1996), however, argue that children in abusive environments have the right to be regarded as primary victims and beneficiaries of professional care and have the right to protection from state. Their

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argument is based on the "*ethical rights of and obligations to an often neglected, always vulnerable population*" (Rhea et al., 1996, p. 10).

The available literature on interventions with children of battered women primarily consists of descriptions of and prescriptions for various programmes and intervention models. As well as there being few programmes cited in the literature, there is even less research examining programme effectiveness. A review by Peled (1997) described and examined research findings on model practices and identified gaps pointing towards future improvement in the interventions. The reader is cautioned that the following is generally based on expert opinion, and although such opinion is inevitably informed by research, it is not necessarily the direct outcome of research.

### *a) Police intervention*

Police officers called to the scene of a domestic violence incident may be the first outside people to become aware of the family violence. Police officers are likely to speak with the adults involved and focus on the safety of the primary victim or the removal of the offender. They may provide a meaningful crisis intervention. However, their presence may also add to the child's fear, confusion or guilt. The officers may ignore the presence of the children and fail to speak to them or to their mothers about children's protection (Davidson, 1994). Buzawa and Buzawa (1990, cited in Peled, 1997) suggest that children may also be traumatised by the arrest of the abuser.

If trained, police officers may be able to meet the needs of the child by inquiring about their safety and protection and providing the mother with information on available choices and services. Police officers may be the first social agents with whom the child may disclose the violence s/he witnessed. However, children witnesses to domestic violence are not often seen as victims needing assistance but instead are regarded as an extension of their mother (Peled, 1997). It is commonly assumed that women-centred victim-advocacy services are also best suited to assist children (Buzawa & Buzawa, 1990, cited in Peled, 1997).

According to Davidson (1994), child-sensitive police intervention with children of battered women requires police officers to be trained and knowledgeable about the impact of domestic intervention on witnessing children. Furthermore, he argues, police officers should be trained in delivering specific safety-promoting strategies when attending a scene of domestic violence: a) asking to speak to the children in order to ensure their safety; b) informing victims of their right to seek a protection order; c) and call to the scene a Domestic Violence Advocate who can refer the victims to agencies that can protect them and offer assistance (Davidson, 1994).



*b) Shelters/Refuges*

Women's shelters/refuges are designed to provide women and their children with safety, rest and support. However, children may experience them as highly stressful environments since most of them arrive at a shelter following a violent crisis at home. What usually follows is a disruption in daily living patterns and separation from fathers, peers, school, home and family support. In refuge, children are required to adjust to new routines, living arrangements, unfamiliar people and at times a lack of privacy. Fantuzzo et al. (1991) hypothesise that by placing young children in refuges with their abused mothers they may become removed from concrete coping mechanism naturally found in their environments leaving them feeling more defenceless. Some children may feel unsupported by their mothers during this stressful time, because of the mother's own emotional turmoil and practical demands of rearranging family life (A. Henderson, 1993).

The needs of children in women's refuges are great and may require various immediate and ongoing interventions. Unfortunately, there are several limitations to the services refuges can provide to children. Saathoff and Stoffel (1999) consider that in America, the mere number of refuges is inadequate and many women and children often have to be turned away or sent to alternative emergency safe housing. Furthermore, volunteers who work at refuges may lack the knowledge and skills to enable them to deal with the needs of traumatised children. A very small proportion of refuges offer specialised children's programmes. Saathoff and Stoffel argue that women's refuges should respond to children's mental health, physical health and educational needs (Saathoff & Stoffel, 1999).

Teenage boys are typically excluded from refuges in order to protect women's safety and privacy. Exclusion of young boys may cause some women to choose between moving into a shelter and staying with her son/s in an unsafe environment. Minority families may also require specialised services due to impaired language skills, different cultural or religious traditions or immigrant status. Other subgroups with special needs whose interests may be overlooked by mainstream services are pregnant women, people with disabilities, women with mental health needs and those with drug and/or alcohol dependency and victims of same-sex battering (Saathoff & Stoffel, 1999).

Because the interest of mothers and children may be conflicting at times, children's advocates should be available at each refuge to represent the needs of the child (Findlater & Kelly, 1999). A major challenge may be the protection of abused children and coordination with child protection agencies. Children of battered women should be protected from further child abuse if such is suspected or has been identified (Findlater & Kelly, 1999). The child abuse in such cases should be understood in the context of woman battering and when possible

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apply models of empowerment to support women's decision making for herself and for her children (Peled, 1997). However, according to Cummings and Mooney (1988), children should be protected from re-entering highly abusive environments, even if such acts interfere with woman empowerment. The authors argue that it is important that staff are clear about the refuge's policy and procedures of reporting child abuse and protecting children from further abuse. Further, that collaborative efforts of child protection services and women's refuges are essential to secure the safety and empowerment of both battered women and their children (Cummings & Mooney, 1988).

### *c) Child Protection Services*

Although children witnessing domestic violence places them at risk of harm and can be considered to be a form of child maltreatment, child protection services often fail to respond appropriately to protect the multitude of children from the damaging effects of being exposed to domestic violence (Echlin & Marshall, 1995). American research suggests that the reasons for this include a lack of specialised knowledge, an under-funded and overworked system and to some extent resistance by advocates of battered women (Echlin & Marshall, 1995). Child protection and domestic violence organisations operate under different structural and policy guidelines: while government law and policy usually heavily regulate child protection services, domestic violence services are more often community-based and operated by non-profit organisations (Findlater & Kelly, 1999). Child protection services and domestic violence advocates have historically been concerned about and operated with different aims. Child protection agencies were traditionally focused on child safety, sometimes at the expense of their mother's wellbeing, and domestic violence practitioners were concerned with women's safety while overlooking child's interests (Fleck-Henderson, 2000). Furthermore, it has been argued that child protection workers may lack understanding of the dynamics of domestic violence and that a common definition (legal and one that child protection practitioners use) of child abuse excludes witnessing woman abuse (Echlin & Marshall, 1995). Historically "*mistrust has been common, no collaboration was the rule*" between women advocates and child protection services dealing with domestic violence cases (Findlater & Kelly, 1999, p. 87).

Only recently did child welfare agencies begin to recognise that the wellbeing and safety of children living with inter-parental violence and their mother's safety cannot be separated. One is not simply superior than the other. A recent study of Australian child protection and domestic violence practitioners investigated ways they could work collaboratively to promote the safety of both children and their mothers (Waugh & Bonner, 2002). Although domestic violence was identified in New South Wales child protection legislation, it was up to individual practitioners



and agencies to operationalise who their client was and whose interests they were representing. This created a tension between services and led at times to inconsistent responses to domestic violence and child protection. Thus, according to the authors, it is not a mere matter of policy development, but clear interagency guidelines need to be implemented and reviewed to ensure that both women and children are served best by the very agencies that are meant to help them.

In order to improve the way child protection services handle child witnesses to domestic violence, the rights and safety of both women and their children need to be protected. Furthermore, it is arguable that the perpetrators of violence need to be held accountable for the abuse of both their partner and the witnessing children. To address these needs the following solutions have been proposed:

- Mandatory training programmes on the dynamics of intimate partner violence and the effects of domestic violence on children (Echlin & Marshall, 1995);
- Clear definition of child witnesses of woman abuse as children in need of protection (Echlin & Marshall, 1995);
- Protocols for identification, treatment and referral of cases of where a woman is being battered;
- Facilitation of cooperative and effective work of battered woman advocates alongside children's advocates in domestic violence agencies (Cummings & Mooney, 1988; Peled, 1997);
- Preference for protecting children by including mothers in safety planning and holding perpetrators accountable for their actions (Findlater & Kelly, 1999).
- Increasing public awareness and promoting public education on woman abuse (Echlin & Marshall, 1995)

*"Perhaps the most critical link in providing service to children exposed to domestic violence is the children's advocate"* (Saathoff & Stoffel, 1999, p. 104). Children advocates' role is to coordinate service delivery for children and serve as a link between a child's family and other community services. Children's interests, safety and protection may be best served by an on-site well-trained child advocate working with domestic violence services and agencies dealing with and providing assistance to women, such as refuges (Saathoff & Stoffel, 1999).

Worldwide, various agencies have been set up to address the needs of children caught up in domestic violence and have integrated effective responses to domestic violence into child protection efforts. A database search for programme evaluations of various initiatives failed to identify published reports and only descriptive information has been located. Incorporating programme evaluation components is challenging and requires both adequate funding and significant expertise. Even though many of the following programmes are as yet unevaluated, they are

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included in this report as examples of innovative intervention techniques. These programmes and services for child victims of family violence are not available in New Zealand.

- *The Advocacy for Women and Kids in Emergencies (AWAKE)* project at Children's Hospital Boston, Massachusetts. The focus of AWAKE is to expand the view of child abuse services to include intervention on behalf of battered mothers. Battered women with abused children are paired with an advocate in the hospital who collaborates with the healthcare/community workers to create a safety plan and locate resources. Services provided by AWAKE are free, are not time-limited and may include counselling, assistance in securing emergency shelter and income, criminal justice advocacy, referral for medical care, support group meetings for battered women (<http://www.childprotection.org/CPT/Providers/-DV.htm#AWAKE>).
- *The Dependency Court Intervention Program For Family Violence (DCIPFV)* is a project located in Miami-Dade County's Juvenile Court, Florida. The program collaborates with the judiciary in an effort to enhance the community's response to families in which child maltreatment and domestic violence co-occur. The project combines efforts of judiciary, domestic violence victim advocates, child protection advocates and mental health professionals. The central premise of the approach is that when child abuse and domestic violence overlap, ensuring the safety and self-efficacy of their mothers can better protect the safety and well being of abused children (Lecklitner, Malik, Aaron, & Lederman, 1999).
- *The GreenBook Initiative* is a demonstration project funded by the U.S. Departments of Justice and Health and Human Services to support child welfare agencies, domestic violence service providers and dependency courts to respond collaboratively to the co-occurrence of child maltreatment and domestic violence (<http://www.thegreenbook.info/>). Six community demonstration projects are currently being implemented. An interim evaluation was recently made available (*The Greenbook Demonstration Initiative: Interim Evaluation Report*, 2004).

Two U.S. publications have listed recommendations for a collaborative services approach to domestic violence and child maltreatment. They include recommendations from the National Council of Juvenile & Family Court Judges Family Violence Department, commonly referred to as *The Greenbook* (Schechter & Edleson, 1999) and from the National Association of Public Child Welfare Administrators (Foley, Berns, Test, & Bragg, 2001).

### d) *Community Intervention Programmes*

Only a very small proportion of children of battered women ever end up seeking shelter at women's refuge – most live at home either with an ongoing threat of violence or with the memories of violence. These children are even less visible and their needs less apparent than children of women residing at refuges. Although a definitive cessation of violence is in the immediate interest of the woman and her children, many children require either intensive short or long-term support and/or therapy to overcome the trauma of witnessed violence, family break-up, involvement of authorities etc. (Silvern, Karyl, & Landis, 1995).

Evaluations of specialised programmes are still limited in number but available literature suggests that programmes can be effective in helping children deal with the after-effects of the exposure to domestic violence (Graham-Bermann & Hughes, 2003). Group-based programmes are the most common form of intervention with children exposed to domestic violence (Saathoff & Stoffel, 1999).

Peled and Edleson's (1992) evaluation showed that a 10-session group programme was successful in allowing the children to break the secret of violence, enhanced their ability to protect themselves, and strengthened their self-esteem. Wagar (1995) evaluated a small pilot children's programme against a control group and found that the group was successful in changing children's attitudes and responses to anger and in reducing their sense of responsibility for their parents' behaviour and violence.

There is evidence that children's participation and completion of children's domestic violence counselling programmes is dependent on whether the mother is also a recipient of women-centred services (Peled & Edleson, 1998). The more services the mother receives the more likely she is to be aware of the children's needs and informed about the availability of supporting agencies. Furthermore, Peled argues that children who undergo specialist domestic violence interventions may have to confront painful memories to overcome the trauma. Mothers who participate in their own programmes are better equipped to support their children's shifting perspectives and respond to their needs. Whenever possible, the involvement of the formerly abusive parent should be encouraged to foster positive parental relationship but only if it does not impede on woman's and children's emotional and physical safety (Peled & Edleson, 1992).

Sullivan, Bybee and Allen (2002) evaluated a 16-week intervention against a control group for abused women and their children leaving refuge. The children participated in a group 10-week educational/mentoring programme while the mothers were given access to an advocate who provided them with assistance on legal issues, employment, education, social support and housing. Children improved

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their feelings of self-competence; an improvement in women's depression and self-esteem over time was also noted. Furthermore, fewer children who participated in the intervention were abused by a parent. These changes were maintained at an 8 month follow-up. Combining advocacy services for women with educational programs for children appeared to reduce violence and change children's self-perceptions.

A programme by Jouriles et al. (2001) targeted children with high levels of aggressive behaviour problems whose mothers have just left a women's refuge. The programme offered women 60-90 minutes a week of parenting coaching with a skilled therapist. Advocacy services were also made available to the women and children were assigned a supportive mentor. The results of the evaluation were mixed; while both the children in the intervention and comparison group were found to have reduced levels of conduct and aggression problems, the programme was successful in reducing problems at a faster rate.

Two hundred and twenty-one families were part of an evaluation of a 10-week Kids Club programme to foster resilience and to enhance children's recovery from the trauma of witnessing inter-parental violence (Graham-Bermann, 2001a). The aims of the programme were to identify feelings and fears and develop coping and social skills. Mothers received additional support for parenting. Children were randomly assigned to child-only intervention, child-plus-mother intervention and no intervention (comparison) group. Although children in all three groups showed an improvement in internalising and externalising problems over time, the children in child-plus-mother intervention showed greatest improvement. This suggests that combined programmes which provide empowerment and support for the mother and psycho/educational intervention for children are most effective and useful.

In New Zealand, an evaluation of six specialist programmes for child victims and witnesses of family violence was carried out by Shepherd and Maxwell (1999) at the Institute of Criminology, Victoria University of Wellington. Three of the programmes were group based and three provided individual counselling. The group programmes were time-limited and used various methods such as discussions, stories, puppets, role play, videos and drawing to explore topics of violence and trauma with children. Counselling was not provided in the group setting. The individual counselling was based on either cognitive or psycho-dynamic approaches and did not have a set number of sessions. The overall results indicated that many of the children's needs were met during the programme and that these gains were sustained at a three-month follow up. Various behavioural and emotional needs such as fears, aggression, feelings of sadness and anger were substantially reduced. The children for whom the programmes were least effective were those displaying

most acting-out behaviours and it was suggested that they might be best served by individual counselling.

In 2002, the New Zealand Ministry of Justice released the findings of a qualitative in-depth evaluation of three children's programmes under the Domestic Violence Act 1995 (Cargo et al., 2002). The programmes were based on educational principles and, overall, caregivers and children reported high levels of satisfaction with the programmes. The evaluated programmes were found to be successful in helping children to deal with their feelings about domestic violence, enabling them to better understand family changes and teaching them strategies for keeping safe. Following the completion of the children's programme, however, parents found the abrupt loss of support for their children to be very stressful. They wished that follow-up contact with the programme facilitators was available after a gradual withdrawal of support over a period of time. In addition, specific needs of adolescent children were singled out as not being met by the programme. It has been suggested that programmes incorporate a holistic family approach with an option of home-based delivery to better deal with some complex family dynamics such as sibling violence and poor parent-child relationships. Finally, specific knowledge of the structure and content of programmes was often lacking in those responsible for referrals. This in turn limited the quality of information that could be passed on to families and caregivers. The authors recommend that sufficient information be made available to facilitate programme uptake and better equip caregivers to make an informed choice (Cargo et al., 2002).

An Auckland-based Child Crisis Intervention Project was instituted by the Domestic Violence Centre (now Preventing Violence in the Home) in 2003. The project involved child advocates making three visits to a home in which a police family violence incident report indicated child witnesses. An evaluation was conducted reviewing service provision during a nine month period (Bennett, Coggan, Fill, & Lee, 2004). While positive outcomes for children were identified, it was disappointing that only one out of every three referrals resulted in a primary caregiver accepting the service. This finding is consistent with international literature. For example, less than one-third of domestic violence agency clients (mostly women) at the Domestic Abuse Project of Minneapolis enroll their children in their specialised support programme (Peled & Edleson, 1999). Peled and Edleson comment, "*Some of the changes required [to increase children's access to services] involve simple alterations in existing efforts but other require major changes in agency attitude toward and outreach to both parents and to the children themselves*" (p.585).

Interventions for children of battered women who have left their abusive partners are becoming more accessible. However, children of mothers who remain within an abusive relationship are largely unseen and

unsupported. These children suffer silently in environments detrimental to their physical and emotional wellbeing and are not able to disclose the violence in their family. *"An inclusive societal response to children of battered women will also have to consider the unique situation of children who live in families where the violence is still a secret"* (Peled, 1997, p. 292). Such interventions include raising the topic of domestic violence through TV programmes, children's literature and media advertisements. One such example is the use of "edutainment" (integration of education into popular entertainment formats) in South Africa in the popular television series *Soul City* (Usdin, Christofides, Malepe, & Maker, 2000). The television show is accompanied by written material which is distributed to adults and children across the country. One of the TV series dealt specifically with the issue of domestic violence and attempted to shift public attitudes about family violence. The programme portrayed *"a community journey of silent collusion with the abuse to active opposition"* (p. 61). Independent evaluation showed that *Soul City* is among the three top popular TV programmes and brings observable social and behavioural change (Soul City Institute for Health and Development Communication, 2004).

The WHO *World Report on Violence and Health* calls for an increased investment into research, intervention and prevention programmes, and a collaboration of many sectors at community, national and international levels (World Health Organization, 2002). *"It is vital that responses should involve children and young people, and focus on changing community and societal norms"* (World Health Organization, 2002, p. 113) to allow the next generation of young people to be equipped with better relationship and conflict-resolution skills and more appropriate norms of how men and women should relate to each other.

McIntosh (2003) makes a compelling argument for early intervention after reviewing the cumulated years of research on the effects of trauma. In particular, trauma, which may disrupt neurological pathways in a developing child (Perry, 1997) McIntosh (2003) concludes that practitioners have the duty to identify traumatised children and prevent them from further exposure to violence. She notes that research-based rationale for early intervention is more than warranted and that a wide-ranging public health campaign is needed to prevent family-based trauma. While *"many of our philosophical and theoretical persuasions lead to a focus in service delivery on the adult's experiences and their recovery [...] the costs of delaying treatment for traumatised children are simply too great"* (p. 230).

### **1.6 Integrative approach to screening and intervention**

Health care systems, both adult and child-centred, can be utilised to identify and provide interventions to victims and survivors of family



violence. Battered women are frequent users of the health care system. In a recent study screening women in an Auckland emergency care department, 44% reported having been exposed to partner abuse (Koziol-McLain et al., 2004). Women in violent relationships often have long medical histories, however, most of their healthcare visits end without an appropriate domestic-violence related interventions (Culross, 1999). Only in the recent years have healthcare providers begun discussing ways to systematically identify and intervene in family violence. Various protocols have been proposed (J. L. Fanslow, 2002; Ministry of Health, 2003) and may include procedures for abuse screening, risk assessment, victim safety planning, referral system, and in some places mandatory abuse reporting.

Some battered women may only seek medical help when injury occurs to their child. Health professionals at paediatric departments are in a position to detect both child abuse and domestic violence whether they occur separately or as overlapping phenomena. When child abuse is suspected, the potential that the child's mother is being battered cannot be ignored (Wright, Wright, & Isaac, 1997). Conversely, other researchers have pointed out that identifying battered women may be the single most important means of identifying child abuse (E Stark & Flitcraft, 1991). Wright et al. (1997) proposed that paediatric emergency departments be used to identify and respond to battered women who arrive with children needing medical assistance. However, while nearly all doctors they sampled had received training in child abuse and neglect issues, less than a third had any training on domestic violence screening and intervention. "*When the child is the patient, but not the direct victim of abuse, recognition of family violence by child health providers is the first step to intervention*" (Culross, 1999, p. 116). Routinely asking questions about domestic violence of all mothers in paediatric settings can give abused women additional opportunities to seek help for themselves and their children (Culross, 1999).

Specialised treatment issues for children should incorporate an assessment of the range of verbal and physical violence to which the child has been witness and the meaning the violence has had for the child. Furthermore, a helping professional should discuss a basic safety plan, the child's feeling about the family situation, and the child's erroneous sense of responsibility for the violence (Jaffe et al., 1990).

The American Academy of Pediatric Committee on Child Abuse and Neglect recommends routine screening of all women for abuse at the time of well-child visits and implementation of a protocol that includes a safety plan for the entire family (American Academy of Pediatrics Committee on Child Abuse and Neglect, 1998). The incorporation of standard questions about family violence into nursing, mental health and school counselling is warranted. "*Clinicians must start asking about violence in the family and accept the possibility of trauma in witnesses*

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*who may be direct victims of violence*" (Jaffe et al., 1990, p. 468). *"While not all child observers will need extended treatment, all deserve crisis intervention, assessment and advocacy..."* (Rossman, 1994, p. 33). Early detection and interventions aimed to help women living with intimate partner violence has the potential to interrupt and prevent behavioural problems for their children.

*"The western world remains predominantly adult-focused society, and in many of our philosophical and theoretical persuasions lead to a focus in service delivery on the adult's experiences and on their recovery"* (McIntosh, 2002, p. 232). Such attitudes continue to prohibit an establishment of an integrated service delivery for the child.

### 1.7 Service Integration

The heightened awareness of domestic violence as a child protection issue is reflected in the growing body of empirical research which identifies the impact of family violence on the developmental outcomes of children witnesses (as discussed in section 1.3).

New Zealand social workers are increasingly being trained to respond and intervene in families where domestic violence is present (Fielding & Scott, 1998). In 1998 the National Collective of Independent Women's Refuges (NCIWR), Children, Young Persons and Their Families Service (CYPFS) and New Zealand Police delivered a training package to professionals at various locations around the country on effective family violence interagency intervention (Elliott, Gillies, Hill, & Irwin, 2000).

However, Fielding and Taylor (2001) point out that there is wide-spread *"fragmentation in our understanding of violence in families that has affected our ability to provide help to both adults and children. Often interventions are offered to different members of the family with little attention paid to a holistic approach"* (p. 39). The fragmentation of responses is also apparent at the structural level. Whereas responses to partner violence are usually through the justice system, responses to child abuse tend to originate in the social sector. This results in a lack of communication and ineffective interventions where both types of abuse are present (Fielding & Taylor, 2001). The Safety Assessment Form (SAS) pilot was initiated to address this problem. It was developed by the CYPFS, NCIWR and the Police to make mandatory assessment and referral of children at risk by police attending family violence incidents. The trial took seven months and resulted in increased rates of notifications for suspected child abuse. However, the proportion of unsubstantiated notifications needing no further action was higher than for notifications from other sources suggesting lack of Police training in making adequate risk assessment and screening (Fielding & Taylor, 2001). Furthermore, it has been suggested that CYPFS staff may not



have necessarily perceived child exposure to domestic violence as being abusive in itself, and that others in the community whom CYPFS has interviewed may have had limited understanding and awareness of the impact of domestic violence. The evaluation concluded that CYPFS needs to "*clarify its role in relation to family violence, in consultation with the Government, other relevant public sector agencies and voluntary sector providers of family violence services*" (p. 40).

New Zealand's *Agenda for Children - making life better for children* (Ministry of Social Development, 2002) and *Youth Development Strategy Aotearoa* (Ministry of Youth Affairs, 2002) stress youth participation as an integral component of any research or policy development affecting young people. Further, youth participation is emphasised in the development strategies endorsed by the Ministry of Youth Affairs, The Ministry of Social Development, the Office of the Commissioner for Children and the Children, Young Persons and their families Act 1989.

### **1.8 Research involving children – listening to the voices of children**

Traditionally, researchers have neglected the views and voices of children and young people (Hazel, 1995). The tendency has been to carry out research *on* children rather than *with* them as active participants (Woodhead & Faulkner, 2000). Children's opinions were either not elicited or neglected because it was assumed that they lacked the cognitive skills to contribute to decision-making processes in their lives (Steward, Bussey, Goodman, & Saywitz, 1993). However, a shift has recently taken place whereby researchers are increasingly beginning to recognise children's competence to report their views. Young people are becoming consulted on current debates that have a direct impact on their lives especially in social, educational and health fields. Future policy can better serve children and young people if we recognise and value them as valid partners to the discussion.

## Section 2: Methodology

The Ministry of Health recently published family violence intervention guidelines (2002) that include a recommendation for routine partner abuse screening in the healthcare setting. For any family violence intervention to be effective and holistic, children's perspectives and needs should be acknowledged and incorporated into service delivery. We conducted this study to consult with children of battered women to learn their views on the efficacy and acceptability of domestic violence interventions. We wanted to find out what children found helpful and unhelpful. In a developmentally appropriate manner, we wanted to interview children to learn "how to do stuff better for children".

This research study did not make any formal preconceived hypothesis about what the children and young people may tell us, rather we aimed to capture the children's realities regarding the interventions/agencies they might have experienced while dealing with domestic violence in their lives. However, we sought answers to some of the following questions:

- what children know and think about interventions for domestic violence,
- whether anyone has talked or tried to help hem (e.g. social worker, CYF worker, counsellor) and whether they were helpful or not,
- what information would they like to receive,
- how they think future interventions could be done in a manner acceptable and sensitive to their needs,
- how they would like to be treated and engaged in decision making processes that have a direct effect on their lives.

The study followed a qualitative design using face-to-face interviews. Interviews were semi-structured and were tailored to individual experiences of interventions.

Four recruitment methods were utilised in this study:

1. Participants from the *Women Seeking Healthcare, Prevalence of Intimate Partner Violence and Screening Acceptability* (Koziol-McLain et al., 2004; Rameka, Koziol-McLain, Fyfe, Giddings, & King, 2005) who screened positive for intimate partner violence and were primary caregivers for children (aged 7-16) were asked if they were willing to be contacted to hear more about a study examining partner violence and its relationship to children's safety (see box below). Those who consented to being followed up were contacted by telephone. The researcher explained to the women the details of the *Children Study* and asked her if she and her

child/ren were interested in participating. Four interviews with women and one with a young person were secured using this method.

For women with children living in the home who screened positive:

*A colleague is interested in examining issues around partner violence intervention as it relates to children. She would like to talk with mothers and children about what they believe would be best for kids. Would be willing to have her call you to talk about the study?*

YES                      NO

2. Social workers in Middlemore and KidsFirst Hospital were asked to hand out information about the study to women who screened positive for domestic violence. The social workers decided to hand out information to women who were not in an immediate crisis and it was left up to the woman to contact the researcher. No interviews were secured using this method.
3. A researcher attended a monthly South Auckland Family Violence Prevention Network (SAFVPN) meeting and introduced the study to attendees. Information concerning the study was also distributed. Fliers and notices inviting women and their children to participate were sent out to agencies which work as a part of SAFVPN. Additionally a notice was placed in the SAFVPN newsletter. No interviews were secured using this method.
4. Media advertisements were placed in South Auckland free community newspapers under the Public Notices section. Women were invited to contact the researcher. Eight women contacted the researcher. After further information was provided, five women and two young people agreed to participate.

All Interviews began by the researcher asking the mother/primary caregiver to provide the type of interventions she and/or her child/ren received in the process of dealing with domestic violence (please refer to Appendix A for the interview schedule). The researcher and the woman "mapped out" the various agencies and people the mother/child might have accessed. This allowed the researcher to identify the pertinent issues to be explored further with the woman and her children, if the woman agreed to it.

The young people we spoke with wanted to be interviewed with their mothers present. On the basis of the information provided by the mothers, the young people were questioned about their views of the interventions. They were asked what they found most helpful or most

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hindering and how the services could be improved to better serve children.

If a woman chose not to have her child/children interviewed or if the child was under 7 years of age, we interviewed the women alone to inquire about the interventions and services accessed and how they may have affected the children.

To ensure consistency, all interviews were carried out by Karolina Stasiak (project coordinator) who was supported by co-investigators experienced in the field of domestic violence research. Interviews with Maori women and children were supported by Puti Nicholls (Maori co-investigator).

The interviews lasted up to one and a half hours. Participants were offered a \$10 gift voucher as koha for their participation in the research.

Interviews were audio-taped and transcribed for analysis using qualitative methods. Thematic analysis was used to search for and identify common threads or themes and interrelationships between themes that extended throughout the interviews as related to the study's research objectives and questions. This was accomplished by the researchers reading and re-reading the transcripts. QSR NVIVO Software was used to manage and support the process of identifying and coding of these themes.

The analysis of Maori transcripts was overseen by Puti Nicholls to ensure that themes pertinent to Maori people were included and that the interpretation of the data was appropriate from a Maori perspective.

### **2.3 Ethics**

The research protocol was approved by the Auckland Ethics Committee and the Kawa Whakaruruhau Komiti, Faculty of Health, Auckland University of Technology.

Prior to the interview commencing, the following ethical guards were in place to protect the privacy and well-being of women and children interviewees:

- An information Sheet (see Appendix B) was handed out and explained verbally;
- A consent Form (see Appendix C) was handed out and explained verbally;
- No pressure was put on the young people or their mothers to participate; the participants were reminded that they did not have

to answer all questions and that they could stop the interview at any time;

- Confidentiality - and anonymity - in reporting were assured;
- Written information was available about local domestic violence services;
- A non-directive, open-ended approach to interviewing was used to ensure that the participant did not feel pressured to say anything they did not want to;
- The interviewer had experience in interviewing children and young people and was sensitive to the topic of research.

#### **2.4 Safety protocol**

Because of the sensitive nature of the topic a careful safety protocol was developed. This included an initial telephone conversation with the women; women were telephoned only from a work phone and the researcher always followed a script to ensure that the time of the call was convenient and safe. If a woman was interested in participating in the study the researcher arranged a convenient place and time for the interview. A support person accompanied the researcher to the interviews. The researcher carried a cell phone that could be used in an emergency.

## **Section 3: Results**

### **3.1 The participants**

Nine interviews with women were carried out. Three interviews were carried out with young people (aged 16 to 18 years of age). The women we spoke with all lived in the South Auckland region. Four were followed-up through the *Women Seeking Healthcare Study* (Koziol-McLain et al, 2004) and five responded to the public advertisements placed in the community newspapers.

The women had varying pasts and histories of domestic violence. Three of the women had left abusive relationships and were now living either alone or in violence-free relationships. One woman had recently returned to her partner and was attending couple counselling; another woman had her partner committed to a residential treatment programme and one woman lived with a violent partner and until the time of the study had not sought any assistance. One of the women was a grandmother who had left a violent relationship and had a daughter and grandchildren who were living with violence. Another woman was a foster parent of several children who had been removed from violent homes and she had been a survivor of domestic violence between her own parents. The last woman had been a survivor of domestic violence between her parents and sought counselling as an adult.

The three young people we spoke to were a pair of siblings (young man aged 16 and young woman aged 18) and a young man aged 16. They had been witnesses of domestic violence from a young age.

Despite several attempts to recruit a larger number of children and young people, we were only able to speak to three adolescents. For a further discussion of limitations and difficulties encountered during this exploratory study please see Section 4.

### **3.2 Summary of identified themes.**

A thematic analysis was undertaken based on the research questions and was discussed by the study team at meetings.

In the section that follows, we have organised the themes around five main categories as shown in Table 2.

Table 2: Summary of themes emerging from the interviews

<b>Living with violence</b>	<b>The cycle of violence</b>	<b>Seeking help</b>	<b>Children's powerlessness</b>	<b>Cultural issues</b>
Abuse suffered by women and children	Violence becoming a normal part of child's life	Feedback about services and interventions received	Children don't have choices	Maori-specific support
Child witnesses	Breaking the cycle to protect the future generation	Informal support	Prioritising children	Whanau approach
Impact of violence and its aftermath		Suggestions for improvement of services		
Barriers to seeking help				
Children as motivators to seek help				

We have attempted to represent women and young people's views as accurately as possible. However, we present only a sample of the quotes to serve as illustrations and to provide context for the summaries we made on behalf of the participants and the issues they raised during the interviews. The quotes included in this report are as close to verbatim as our data allows. However, in order to maintain anonymity certain potentially identifiable comments have been removed or changed.

### **3.3 Living with violence**

#### ***3.3.1 Abuse suffered by women and children***

The women and children we spoke to described various types of violence suffered and the effects it had on them. Women described the physical abuse they suffered throughout their relationships, ranging from pushing and shoving, to extreme incidents where they were seriously hurt and required hospitalisation or medical attention.

*When he hit me, man, he head butted me, smashed my head into a wall, closed fist too, booted me, threw me on the ground, booted my head in, kicked me, yeah.*



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*I went into hospital twice from my ex-husband.*

Women recalled getting beaten and assaulted for various reasons and never felt safe from the omnipresent threat of violence. The beatings came when the proverbial dinner was not served hot enough or other domestic tasks were not done to the man's satisfaction.

*And getting a hiding when you iron his shirt button the wrong way.*

Some women were afraid for their lives as their partners threatened to kill them.

*My ex turned around and told the judge that next time he sees me he'll kill me ...*

Women also reported mental and emotional abuse. The women were put down, verbally abused and degraded.

*So through the whole seven years that we were together we never got on. He was always saying things like: "You've got a fat arse or you need to go on a diet". "You think you know what you are talking about but you are full of shit.*

*He was abusing me and he was telling me that "you are crazy man, you are masochist, yes you're fuckin' stupid bitch.*

The women often put up with the mental abuse for many years and suffered silently as there were no visible scars from it.

*They couldn't see the evidence that he was mean to me all those years so I didn't tell them about it.*

While the physical violence was painful, it was also emotionally difficult to accept that an intimate partner could inflict such pain and sorrow. This was noted by one of our participants:

*I was looking at him like this "how come you could do this to me?" I couldn't believe it. It hurt but I was actually more hurt because **he** did that.*

When the women managed to separate from their abusive partners, it was not necessarily the end of their torment. Some women lived in fear of their partner and were extremely safety conscious for themselves and for their children.

*I don't think he knows that I've moved back here yet. It's just until I run into some of his mates, it's like I haven't run into anyone that knows him so I'm just touching and praying that I don't meet anyone that knows him.*

The physical and mental abuse was often accompanied by other control methods such as financial control and neglecting to provide for the family.

*He would give me a cheque with eighty dollars on it and I had to buy all the groceries for two kids, and me and him, toilet paper and stuff like that. And that's it. Anything after that I didn't have any deodorant or shampoo or anything like that I didn't have any shoes or new clothes.*

It was noted by one woman who had experienced domestic violence in her life and whose friends and relatives were similarly affected, that domestic violence was widespread and affected various socio-economic and ethnic groups.

*It's not just the one sort of walk of life, I mean it's I know people who are well off and it's happened to them, so it doesn't matter whether you are poor and all that, and that contributes to it. It's just everybody.*

### *3.3.1 1 Child abuse*

Some of the women also spoke of child abuse that occurred at the same time as the domestic violence. The children were usually abused by their violent fathers. At times child abuse was independent of domestic violence and used as a form of discipline and control. At other times, children tried to protect their mothers from being battered and sustained their own injuries.

*And my partner used to hit me and if the kids were naughty he would hit them too, we never knew when he would get angry.*

*She was the one that got most hell from dad; she was always in trouble with him (Woman).*

*And I said "Oh, leave my little brother alone" and he's there coming around me trying to give him a bleeding nose and I just got up and I was screaming at him "get lost"! And then he picked me and chucked me on the bed, and I cried and got a bleeding nose, and everything. (Young person).*

*And my son once tried to protect me, he got in the middle of it, and he pushed my son aside and yelled at him and hit him too (Woman).*

*He tried to assault me at my mate's house. I was at my mate's house and he just welcomed himself in so we were trying to get him charged for breaking and entering, because he opened a sliding door and walked in, and we were hiding in the toilet and*

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*my mate was going nuts aye, because she had never seen anything like that happen and she was freaking (Young person).*

In one instance the abuser was the mother who took out her anger on the child in her care.

*I didn't access any services until nearly 24 years of marriage and I didn't do anything and through that process, what I went through, I began to physically abuse my child, and I started with him from the age of four. My husband at the time kept turning his affections to my boy, so in my mind, I got jealous.*

*I was able to recognize why I did this to my boy where it had nothing to do with my boy, but it had to do with me with all the insecurities that I had inside because of the abuse that I suffered.*

Another woman acknowledged that she came close to abusing her own children after being repeatedly assaulted by her partner and it was her own father who became alerted and prevented the abuse.

*What happens is the abuser abuses the victim, the victim abuses the next thing in the place and what's the next thing in the place? The children. I never went that far because I got to the point where if I'd have touched my kids, my father would have killed me. He would have throttled me.*

This was also brought up by other women who made the link between domestic violence and child abuse.

*Today so many children are being abused because of you know because of those hidden abuses that go on because women don't know how to handle their own abuse (Woman).*

*And that is where a lot of these kids get abused in the home. (Woman).*

*They repeat the abuse. They turn around and beat their kids (Woman).*

One woman whom we spoke to talked about the struggle of her own daughter who was caught in a violent relationship. As a grandmother she knew about the violence her grandchildren grew up amongst and was concerned for their safety and wellbeing.

*This is what I mean, the kids suffer from both, the man beating the woman, and the woman takes all that and all that anger and then turns around and beats the kids up. This is what is happening with my family too (Woman).*

### **3.3.2 Child witnesses to domestic violence**

The children who lived in those homes not only saw the violence, they were also directly involved in various ways. Some of the worst violence happened when women were pregnant. The women were aware that their partner's abuse may have endangered their children's lives and tried to protect their unborn baby.

*I was five months pregnant and my face was black and blue from being kicked around (Woman).*

*I was pregnant with my child and then he punched my face he went whoosh, I wrecked my back and I said "don't punch my stomach I'm pregnant" (Woman).*

Another woman spoke about her struggle with an abusive partner. She mentioned an event in which a small baby was directly involved in a violent assault.

*The father hit the boy and he was only about 7 months old. You know, I was holding the baby and he was punching into me, but I grabbed the baby for protection (Grandmother).*

Some of the women acknowledged that their children witnessed most, if not all, of the violence that occurred at home.

*She (daughter) was there where things happened at home, she saw it all (Woman)*

*My children saw everything that we did and they had to deal with it and sometimes I believe they couldn't deal with it and I couldn't deal with them, so I had to fix myself up to be able to deal with what I did to them (Woman).*

*Yes, my oldest son was first. He used to get a lot of beatings and he saw (name of father) hitting me, and he lived through it from when he was a baby and he was exposed to it for the longest (Woman).*

The young people we spoke with recalled several violent incidents they witnessed:

*And he was always there trying to start trouble with my Mum, and I had my cellphone, so I clicked on my cellphone and rang the police, but he had hung up the phone and chucked it, and smashed it (Young person).*

*My dad was going savage at my Mum, chucking the rubbish out and everything (Young person).*

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As children grew older they increasingly saw more of the violence between their parents.

*I remember when we were fighting and (name of child) came running in and she told us to stop it. And her face was "Oh!", something like that, and I looked at my kid and I realised that my kids could see it all. We were getting to the point where we were scrapping in front of the kids (Woman).*

*I can't remember much of it as a child, like really, really young, but from about ten years old onwards is when I can remember most of it (Woman).*

### **3.3.3 Impact of violence and its aftermath**

Living with violence affected the children in various ways. The damage the violence had on children who lived with it was believed to be wide ranging, affecting children's mental and physical health. Moreover, it harmed them on a deeper level by also affecting their spirituality.

*It's in their mind, their body and their spirituality. They've got none, no spirituality (Woman).*

*By the time they get to CYF or any of our whanau, Maori children, Pakeha or Indian children or whatever, the damage is already done in here (pointing to chest). Internally you know. Mentally, emotionally, physically and spiritually, it's already been broken. And it's a helluva mess to clean up (Woman).*

Fear was one of the reactions that children who grew up with violence showed. This fear extended to other adults in their lives. The children were especially afraid of males whom they may have associated with the batterer. They also reacted with fear to any displays of anger or conflict between adults fearing that it may escalate into a violent incident.

*With the kids I had in subsequent relationships, I have seen what it has done to them, the fear, mostly towards my husband. Fear towards him, which generally tells where the abuse is coming from, and in a long run it's been beneficial because he has then become their role model and a good role model instead of a bastard, abusive man (Woman).*

*When he heard my husband raise his voice, he just went to pieces and I was out in the lounge watching him, and I just knew how he was feeling (Woman).*

*A little girl, if you raised your voice she would be petrified. Absolutely petrified (Woman).*

The children who witnessed violence later emulated it in their interactions with siblings and other children and adults. The mothers we spoke with made a clear connection between adult violence in the home and their children's behaviour.

*But the affects of what we do is there, I see it happening in my kids, you know they fight amongst themselves and but they are only picking up on what they see you know. I don't want that to rub off on them (Woman).*

*Just the things that I see them doing and it worries me. You know when they fight one another and stuff like that. I know it's just an effect of what they have seen from us as parents (Woman).*

Mothers were aware that children were copying what they had seen at home. Boys were copying their fathers and using violence as a means of control towards their sisters. On the other hand, girls were led to believe that women did not deserve respect from other males.

*And my daughter would say "No, it's your room, you clean it" and my son would hit her for not cleaning his room. He's got to do his own and he can't bully his sister into doing it for him because then that puts her in a situation where she thinks it's acceptable to be hit (Woman).*

*I used to see my son hitting his sisters and that's wrong (Woman).*

The relationship between women and their children also suffered as a result of violence at home. One woman talked about how her daughter had left home and of the resulting ill relationship between them as a consequence of what they had experienced:

*And she left and she went to her poppa's place about a month ago to be with them because over at her nanny's place they have got a nanny, poppa and other kids and my sister and partner and my older brother. So they are a family whereas yeah, so that is where she has gone to look for stability. [...] And I die in here. Especially when I think of myself, man you know I never ate for you. There were days when I didn't eat, just to give you food. It does, it kills me.*

The violence also affected the relationship between the children and their fathers. Some children blamed their fathers for the abuse they had subjected their mothers to. Other children could not understand why they could not have a normal relationship with their fathers and felt neglected and unloved.

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*Basically I blame my father for everything that went wrong (Young person).*

*Well I have always been...outspoken about it. I even used to confront my dad about it and say to him this is what you used to do and put mum through and da da da, and he would deny it, but I have always been quite open about talking about it (Young person).*

*He's done too much damage. Because now I've got a son saying "why doesn't my father want me?" I can't answer that. But until his father actually turns around and says what had happened, and actually starts changing his attitude I don't want him to see the kids (Woman).*

*And he saw his dad getting better and then (the violence) would start again, things would deteriorate and he wouldn't trust his dad anymore (Woman).*

*When their father actually came back to NZ and he and his father came over and he got very angry with him and he physically jerked him around "you pay attention to me, you listen to me, blah blah blah." But he stood up for himself and said "why do you think I am like this Dad, you tell me!" (Woman).*

Some children blamed themselves for what had happened between their parents and believed that they had caused the violence.

*And there is a lot of guilt, I guess often, they blame themselves or, your know, "I did something wrong and then mum and dad had a big fight and then mum got beaten up or whatever" (Woman).*

The children were also affected by the violence after their mothers' separation from the abuser. One woman talked about her fears for her children's safety as she was on the run from her ex-partner and was afraid he could find her and take away her children. As a result she would restrict her children's freedom to some extent and monitored their whereabouts at all times.

*To me it sort of makes it stressful with the kids because they say that I'm mean because they're not allowed to leave the property, they're not allowed to do this, they're not allowed to that and it's "you don't love us because you won't let us...". And it's not that I don't love you, it's ...are you going to come back? But not actually telling them that I'm worried they're not going to come back that their father might know where we are...because I don't want to scare them and it's trying to keep the balance and trying to give them their freedom to*



*grow up as kids and also trying to protect them from that thing that's running the streets (Woman).*

*When I say 'no don't go down the driveway'...My five year old says to me 'Are you worried Daddy's going to take me?'. But it's because she's the one that told me that her Daddy said he was going to come and take her and she's scared that he's going to come and take her.*

### **3.3.4 Barriers to leaving violence and seeking help**

Women talked about various reasons for not leaving their violent partners and not reaching out to others. Asking others for help required opening up and sharing a secret and some women found it too hard to find the courage to do so. What happened to them at home was seen as personal and private and not to be shared with others.

*It's just having the courage to open myself up to others because I am very, I have my own pride, my self-pride to admit that something is happening is to admit fault (Woman).*

*I would rather just keep my problems at home, behind my door. That's just the way it is, yeah. I suppose there are a lot of mums out there who do the same... (Woman).*

Many women covered bruises and other evidence of violence. They made up various explanations for injuries as they did not want to share the secret.

*But I covered it up. "Oh no I walked into the cupboard, or I walked into the towbar of the car or was lifting a patient and he kicked me in the ribs or..." (Woman).*

Some women were ashamed of what had been happening to them and felt a sense of guilt and failure. Admitting that they had been abused meant admitting to a failed relationship and the women were reluctant to do so.

*That guilt was put on me. And this is what women are going around today. It's my fault he's like that. I've done something wrong. (Woman).*

*Yeah, it's a bit embarrassing and shaming. They are putting it out there, admitting that the relationship has more or less failed... (Woman).*

Embarrassment accompanied the feeling of failure. Women were afraid of being belittled and blamed for the demise of the relationship.

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*I couldn't tell my family, I was too embarrassed. I was embarrassed that they might laugh at me or think that I was useless for not being able to...you know that kind of attitude that's in the environment. "Oh can't you get your life together? You know that is what happens when you open your legs" (Woman).*

One woman talked about being afraid of not being believed. The only person she could have shared her pain with was her mother-in-law, whom she was afraid would side with her son instead of herself.

*I didn't tell her about how I was feeling because it was her son. And she wouldn't have believed me. And without her ever realising she would always side with her son (Woman).*

Another woman who mainly suffered from mental abuse had never shared her secret with her family out of concern that without physical evidence of the abuse she would not be believed.

*They didn't know until he left because they always believed he didn't do that to me or they couldn't see the evidence that he was mean to me all those years, so I didn't tell them about it.*

Women talked about being raised in the traditional belief that marriage was for life.

*So I remained in that marriage all those years. I had been faithful and doing what I needed to do, because I was brought up to do that, you were loyal to your partner, and you stayed with one partner and that was it, but today I realise that you don't have to go through that (Woman).*

Women talked of love for their partners as an emotion that kept them in the relationship.

*And I still had that love, about that much even though inside my heart I despised him, but that love was still there making me keep going (Woman).*

*And a part of me still loved him, and I went back there (Woman).*

Another woman who was still living with an abusive partner was considering ending the relationship. When asked about her decision to leave him she said that it was the love for her partner that kept her with him. She realised that leaving the violent relationship would liberate her but she did not feel confident about coping without him.

*Oh, it [leaving] would be liberating. It would lift that off my shoulder, but in saying that I'm in love and that is the hardest*

*things, it's easy to get out there and do it but when you know your mate, you get to know your mate, that's actually the thing that stops me from doing it. I feel that I can't go without him. Even though, I know I probably could (Woman).*

Some women felt unsupported in their attempts to leave their violent partner. They found themselves lonely and isolated after a separation and in a desperate time returned to the only person they knew well – their former abuser.

*And then I felt helpless again and the only person I knew was (name of partner), he was the father to my kids and I rung him and he let me stay in his house with a flatmate and it went good for a year with him (Woman).*

Some women attempted to separate from their partners several times and even pressed charges after being assaulted. However, they returned to their partner after being assured by him that he would never repeat his violence and that he wanted them back.

*But every time I went to lay charges or went to open my mouth, it was 'No'. I love you...we'll change blah, blah'. So I believed him that it would change it never did (Woman).*

### **3.3.5 Children as motivators for seeking help**

When we initially approached women to be part of the study we explained that the focus of the project was on improving services and interventions for children. This was met with great enthusiasm from women, most of whom said that children were their main motivators for seeking help in the first place.

*I was just really mindful of my child. At the end of the day I thought "I am a grown up and so is my partner, but at the end of the day what's best for her?" (Woman).*

*I suppose she was like my inspiration to get up and stand up (Woman).*

*And that yeah, that's another thing when I knew I had to think I had to cut that stuff off man, because those kids were watching us scrap. It wasn't good for them (Woman).*

Some women talked about the way their children were a source of strength to them. Despite being abused and isolated they knew that they had to look after their children and prioritise their needs.

*And that strength must have been very strong, that strength was because of my kids. You get up and be strong for these kids not for you. Who cares about you? I did say that. Who cares if you*

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*get hit? It doesn't matter. But look after those kids. It was my kids. They pushed me through. I don't really care what happens to me as long as they are going to be all right (Woman).*

One woman described feeling depressed and suicidal as a result of the abuse she suffered from her partner. The thought of her children's wellbeing was what kept her going throughout those times.

*I did grab hold of a knife and held it to my wrists and I meant it, but I never had the guts to do it. Because that passion was still alive in me to look after my kids (Woman).*

Women acknowledged that they had often put up with violence and had suffered in silence until they realised what damage it was doing to their children's development. Perhaps it was easier to live with violence when their children were younger as the effects on them were less visible; however, once their children became older it was impossible to ignore the detrimental impact of the abuse.

*Because of them. Because of the children. Before I could go away from it before because they were smaller and it seemed as though it didn't affect them, even though I knew it did and it does. But now that they are getting older and they are asking more questions and you know wondering why and yes, now that I know that they understand, they are aware of what is going wrong, it's hurting now that they are getting older. I thought that I could get away with it before because they were too small to understand, I thought (Woman).*

Children were a further source of strength when women decided to leave the relationship and separate from the abuser. Some women experienced isolation and hardship following the separation but it was the belief that they were doing it for their children that motivated them. One woman struggled with a decision whether or not to return to the abuser but the consideration for her children stopped her from turning back.

*So one whole year I struggled with the pain of being hurt and being torn, ripped, I kept on walking though; I kept on walking for them (Woman).*

### **3.4 The cycle of violence**

#### **3.4.1 Violence becoming a normal part of child's life**

One of the central and overarching themes we found in all the interviews was the way domestic violence becomes normalised for the women and children who live with it. With time, women who live with

an abusive partner may come to accept the violence as a normal part of their relationship. They are often reluctant to seek help until someone from the outside points out that they do not have to live like that.

*To me it was normal. And then when other people, strangers, were telling me 'hey get out' I started looking at things and then realised 'hey I need to get out ... for the safety of my kids, for the safety of myself I need to get out', so I did. But it was a long and hard road to go from that person to what I am now. (Woman).*

When children grow up amidst domestic violence they do not realise that the violence they witness at home is not a normal part of adult relationships. The family is the first place a young person learns about the world. What children see in their homes, they learn for life.

*Not all of these kids get treated bad, but it is the mental abuse that needs watching as well. You know, their learning. What you have in your home, you are learning how to live the life of your whanau. How you are living in your whanau, that is how your life. That is exactly what you know (Grandmother).*

*So I know that what goes in the system - stays in the system (Woman).*

Some children may never be exposed to loving and caring relationships and accept violence as a natural part of life. One woman was aware that her children were witness to the ongoing fights and believed that as a result the children may have become desensitised to the violence and accepted it as normal.

*But it has just got so much that they are pretty used to it now to be honest. I am not saying that it is a good thing but they are hearing the same things over and over again, the same explanations over and over again... (Mother)*

Children may sense that what happens at home is not right but they do not know any other reality. Only when they grow up do the young people realise that what they had lived through was not normal and that violence is not acceptable.

*And it's not until they are older that they realise what's been going on in their normal daily every day life. They suddenly wake up and say this isn't normal everyday life. It doesn't have to be that way, but not until they are older (Woman).*

*I think a lot of young people want to know what to do in these situations, and to know it's not normal, it's not acceptable so young people are growing up wanting to know what to do. Well, you start a cycle, it felt wrong, it looked wrong but no one*

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*ever told you anything else so never learned anything else or were ever exposed to anything else (Woman).*

*I mean it's a big...it's an adult issue you know, these kids are growing up and have no idea of what's normal or not (Woman).*

Growing up with violence in one's family has wide-ranging implications for the child's development and future functioning. When children grow up with violence in their family they become conditioned to it. Violence becomes a common and acceptable way of conflict resolution and a natural part of human relationships. Children may begin to behave violently from a young age.

*They haven't got out early before the damage has been done, they have learned this is the normal way and they are doing it themselves. And they are only little, but they bash each other up with a baseball bat and that, this is seven or eight year olds (Woman).*

*I mean my son is out burgling houses, and he thinks it's cool to beat someone up and I said to him what do you want to be when you grow up [name of child] and he said "I want to be a gang member". That's his future for goodness sake. And we are looking at it up and coming. He will end up in jail (Woman). Seven or eight year olds - people say "oh poor children", but they are going to be up-and-coming violent citizens. They don't become poor children by seven, eight years; they become vicious, violent kids. That the reality of it, but they don't know any better, why don't we just show them that it isn't the normal way (Woman).*

The process by which violence becomes normalised makes the children disposed to entering a violent relationship when they grow up.

*I met a really nice guy. I had been with a gang member for years, who treated me like rubbish, beaten me from pillar to post and fistfights and that. I met a really nice guy who treated me well, gave me everything I wanted. I couldn't handle it. You know, I couldn't handle living without that violence. I had to go to counselling. So it causes a lot of problems, domestic violence. You learn to live that life (Woman).*

*A lot of our Maori women go from one...from their family violence, then they go into violence with their partner and a lot of our Maori women go from violence with their partner to a gang (Woman).*

Women spoke of the need to educate children that violence is not a normal or acceptable part of life. Children should be taught by other adults in their life that violence at home is not right. Schools were singled out as one potential place where such learning could occur.



*They got to learn in school being sexually abused is not normal, that being mentally abused is not normal, being verbally abused is not normal. Seeing Dad kick Mum in the head is not normal, seeing Mum kick dad in the head when he's asleep is not normal (Woman).*

*They still got to school every day, but they don't learn that what Mum is doing to Dad, what Dad is doing to Mum is not right. They got to learn no matter what your parents do, you should be able to recognise whether it's right or wrong (Woman).*

*And they come to school and this is how the proper nuclear family is. Mum and dad are good to each other and kind, show them early and if it's not happening for them and they come to school, you know, with a problem, there should be something in place to say I've got a problem at home you know mum and dad are doing things that are not right (Woman).*

*What have they got at school is to teach these children what is normal. They haven't got it. They didn't have that when I was at school. Didn't have nothing. For my uncles and aunties that go sleeping with their sisters and kids, they didn't know that was wrong. They didn't know that my thirteen, fourteen year old cousins having babies to their fathers was wrong. You don't know that until you are older and by then it is too late. Why wait. Why don't you educate the children right from school? It's not throwing it in their face, it's what is happening in this world. The government can't ignore it, it's is happening (Woman).*

### **3.4.2 Breaking the cycle**

The theme of violence becoming normalised and established as an acceptable and natural part of life is strongly linked with the second major identified theme - the need to break the cycle of violence. The cycle needs to be interrupted in order to protect the future generation of young people from repeating the violence. The children who grow up amidst violence are affected by it and may go on to either enter abusive relationships (as an abuser or a victim), abuse their own children or become delinquent or violent outside the home.

*I think there is a need for some sort of service that can help the children as they are going through what they are going through before they get older...so they can help them when they become adults, so they are not going to continue with the cycle of abuse and end up doing it to their own children or partners (Woman).*

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*Quite often you'll find that the adult will go back to someone, will marry or live with someone who was just like what they were growing up with. And it just goes round and round and until we wake up to that you're stuck. So the more you can put into them to helping them to be aware you can break that cycle (Woman).*

Children who grow up with violence are of primary importance. They need substantial support through counselling or other child-centred interventions.

*There needs to be more support for the kids. There needs to be a kid that's been in a situation where he's witnessed abuse or has been abused definitely needs counselling or else he'll go off the rails. And also the cycle needs to be broken. It needs to be stopped at the kids. You can help a parent to break the cycle, but you've also got to break the cycle with the kids. The kids have seen it and they've got to be taught that it's not acceptable in our society. They've got to learn that there are consequences for their actions if they follow the pattern (Woman).*

The need to support the mother was also raised. In order to break the cycle, the women who leave a violent relationship need to be supported in their efforts to regain a sense of self-worth and rebuild their lives for themselves and their children. By supporting the mother the children have a better chance to grow up violence free – both from domestic violence and from child abuse.

*The women [who left abusive relationships] haven't been taught how to stand on their own two feet again - they're just going to let it happen again. And that's where their kids get killed, the kids get abused, and then the cycle goes again. You're never going to break it unless you start from the basics (Woman).*

Early intervention was regarded as vital. By intervening early and helping the children while they are still young, it was believed the full extent of the harmful effects of living with violence could be stopped.

*Prevention needs to come in early. Seven/eight year olds - people say oh poor children, but they are going to be up-and-coming violent citizens. They don't become poor children by seven/eight years old, they become vicious, violent kids. Getting ten or eleven years old, they go out and murder someone. That the reality of it, but they don't know any better, why don't we just show them that it isn't the normal way.*

Helping children deal with domestic violence and its aftermath was not only a means of healing but also a preventative measure to protect the next generation of victims. Children today will be the next generation of

adults and if they repeat the cycle they will be harming their own children. So breaking the cycle is important in the long term in order to care for the future society.

*That's it that's the way it is. Happened to my mum. Happened to my aunties. Happened to all of them. Yes, and unfortunately that's that generation of my mum and dad's generation and then there's my generation now and you just either go against it or you just live the same life. So this is where the whole circle goes around and around. It's still happening today (Grandmother).*

*I want to look after the kids so they don't grow up to be abusers too. That is what I mean if we had a system, we got all these people who have fallen through the cracks another generation coming through (Woman).*

One woman we interviewed was still living in an abusive relationship and she felt that she was repeating the cycle of abuse that she had experienced as a child herself. She was mentally gearing herself up to leave the relationship for the sake of her children as she did not want them to live through what she had experienced.

*I mean I went through that in my own childhood I don't want them to go through that too. It's not good. You've got to try and stop the cycle somehow. That's up to me, getting my butt out there and doing something about it you know, and I hope I will do something about it (Woman).*

### **3.5 Seeking help**

We asked the women and young people to provide feedback about the services and support they had received to deal with domestic violence. Women talked at length about the process of leaving the relationship, seeking help and starting afresh violence-free. The women we talked to were very willing to share their experiences in the hope of improving the system for future victims. They wanted us to learn from their experiences and were very vocal about their needs.

*That's why I agreed to do it because I know the road that I've been through and it's hard and it's tough and it needs to be made easier for the victims and their kids because if it was easier when I was going through it I wouldn't have taken so long... (Woman).*

#### **3.5.1 Feedback about support and services received**

The women and young people we talked with received various degrees of support from formal and informal sources. Some had received very

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comprehensive interventions ranging from Women's Refuge, police involvement, court proceedings, supervised access for their children, social work involvement, Victim Support and counselling. Other women had received little or no formal support either through their own choice or because the system had failed them. For some women, the main source of support had been their family or friends and their own faith and personal strength.

Women who had experienced specific interventions varied in their satisfaction with the assistance and support offered. Some found the support satisfactory and helpful while others complained about a lack of services and not being served by the agencies. The next section describes the feedback we received from women and young people. We separated the information about interventions that were aimed primarily at women from the interventions that involved children.

### *3.5.1.1 Interventions for children*

The young people we talked to had received various levels of support from formal and informal sources. Additionally the mothers we spoke with described how various agencies and professionals had assisted their children.

Overall, however, we have found that children were commonly excluded from domestic violence interventions. Frequently they were not asked by police and other authorities investigating the assaults on their mothers, their views of what had been happening. Equally, the process of intervention was rarely explained to them and in cases where children made active attempts to influence the process (for example, a letter written to the Courts) no feedback was received. In cases where the family had been offered counselling, the intervention was seen as mainly adult-centred and the children were not given adequate attention.

### Counselling

Some of the children attended counselling and group programmes for child witnesses to domestic violence. The support offered was very welcome and helpful. The children liked their counsellors and attended the sessions with enthusiasm. The counselling was useful in helping children deal with anger and helping them to learn to live without violence.

*Yep, and we got into counselling and that, so that as a family we can work out the issues of violence and that to say no, you're not allowed to hit, you've got to love each other, you've got to respect each other, respect each other's things, respect each other's space. You've also got to respect Mum's wishes and Mum's space and so far.... It's taken a while but they're actually starting to come around.....We still have the odd squabble and the odd fight but it's not as bad as what it used to be... (Woman).*

The counselling helped children and their mothers to regain family strength and structure after separation from their violent father. One woman talked about the counsellor helping them to establish family goals and work towards them. Counselling allowed the mother to become closer to her children and vice versa.

*We've actually written up family goals. The kids worked out what they want and I've worked out what I want and we've put them down and that is what our family goal is for the year. We want to try and add those into our life so it's one way of me finding out what they want and it's one way of them finding out what Mum wants. And I said I want peace and I want the kids to be loving to each other. My son said he wants no violence and no swearing. So it's about things that the kids want in their home and what I want in my home and then we just work on out how to get it and how to put it in place and how to keep it in place (Woman).*

We specifically asked women how counselling had addressed their children's needs regarding their past experiences of domestic violence. One woman talked about her 12 year old son's experiences. She believed her son felt comfortable talking to the counsellor about the past violence but he preferred to put it behind him. The woman also made a point that as a mother she would talk to him about it whenever he wanted to.

*They just asked them like what they wanted in a home life ...like my son just turned around and said he didn't want any violence and they said 'was there violence in the past?' and he goes 'yea, my Dad used to hit my Mum' and he goes 'I don't want to talk about it any more so they left it and he just said 'we don't want*

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*that, we don't deserve that' and he goes 'Mum keeps telling us that it's no good" and that was it... But he knows that he can talk to the counsellor or he can come to me and we can talk ... I'll always sit down and we talk and he's got a lot of questions...*

The two siblings we spoke with had not been offered any formal domestic violence-related interventions. However, they both sought help from the school counsellor but due to their different needs had varying experiences and opinions of it. The young woman appreciated the support offered by the youth worker. She believed that it was the youth worker's relaxed manner that made her easy to relate to and comfortable to speak to. She felt that the youth worker was successful in listening to her and did not judge her.

*She was a youth worker, so it wasn't so bad as going to see the counsellor. You were going to see the youth worker and that could be about anything. So I just sat there and relaxed and she made me feel good, and I just told her what I wanted to talk about and she didn't really judge me. Just wrote down a few notes and told me "what do you want to do about it?" "Oh, well, I'm going to get me a fat session after this to relax". That was it basically. She didn't tell me how to sort it out...she was just there to listen. [...] Yeah. She was very laid back. And she knew how to talk to kids. You know, on your level. [...] Yeah, I liked the youth worker. It was just like a cosy place to sit down and you'd be able to just say whatever you wanted to say (Young person).*

The same young woman we spoke to had been referred to group anger management by the youth worker at her local high school. She found the sessions helpful and liked attending.

*It was better than being by yourself and getting told what to do. I thought Anger Management was cool (Young person).*

She talked about meeting other young people in her group and that it made her realise that she was not the only person in such a situation.

*They'd talk about how their Dads used to bash their Mums and their Mums used to bash them, and how fucked they'd been when they were younger, and how they don't like their Dad, and all of this (Young person).*

Moreover, she was surprised to find that other children from more affluent homes were also exposed to domestic violence in their families. She learned that domestic violence was more widespread in her community than she had previously thought.

*It was good because you get to hear everything... You know, you are not the only person, because I think sometimes when*



*you are in that situation you think "Aw yeah. " Because I was in (name of area), everyone ... like the population are pretty much... like wealthy and you don't reckon that stuff like that would happen, but then I was also shocked to know that these rich kids had shit like this happening too. I wasn't the only one - the poor Maori getting it done to me. It happens to everyone (Young person).*

She chose to attend only a few sessions and believed that her behaviour and mood improved as a result of what she had learned in the group.

*Young person: I've done that for, oh, I only went like three times I didn't really need more. I was sussed. I didn't want to sit and listen to everybody.*

*Interviewer: But the three times that you went, that was okay?*

*Young person: Yeah, settled me down (Young person).*

On the other hand, her younger brother did not take the offer to see the youth worker at school regularly. Perhaps his needs were different because he was much more forgiving towards his father. He did not find talking to the youth worker very useful.

*But I didn't really like going there, I mean I didn't think it was useful. Like if I wanted to go and see her, I did, but I only went a couple of times or something. [...] I think, I didn't really have much to say to her. I think I was the one who always forgave dad for what he did, I was the one in the family to forgive him and take his side, even when he did something wrong (Young person).*

Phone counselling was also seen as a helpful service allowing for immediate help. The young people knew of the existence of a few help lines as they had been advertised on television, at school and recommended by the school counsellors.

*You can tell them and they get you references to go and see other people. But I reckon "What's up?" is one of the good ones I've talked to, and Youthline. Those are the good ones I've talked to. I like them, just when you're bored and got nothing to do, and you feel down and out. ... call them. They are an easy and fast way to get a little bit of counselling (Young person).*

The younger the children were, the less likely it was that formal support was offered through counselling or other means. In some instances, while the family was offered counselling the child was not considered a part of it.

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*He was just a young boy at primary school when we started the counselling sessions and I didn't push him into counselling (Woman).*

In one case, a social worker organised family meetings which the whole family was required to attend. However, children were largely excluded from the discussions that took place. As one woman said, the prevailing attitude was "*kids go outside and play while we are talking*". The young person we spoke with did not remember being involved or talked to by the social worker.

*Interviewer: What do you remember about the family meetings?*

*Young person: Just all the grownups talking.*

*Interviewer: Do you remember being asked anything?*

*Young person: No, I was too young. Was I? Yes, half the time I wasn't listening (Young person)*

One young person spoke of the counsellor appointed to her violent father who had made a formal report for the Courts. The report included the counsellor's assessment of the family and the children. However, as pointed out by the young person, the counsellor failed to interview the children. This upset the young person and she believed that her perspective should have been heard. She was afraid that the official report may have misrepresented the truth and could have influenced the outcome of her father's court case.

*Because she only got one side of the story . . . it was like she was taking Dad's side. It wasn't true. And she didn't come and ask us if that was the truth. She wrote stuff like we were useless and that I don't listen and how he's had us for ages and that. I know she said heaps of bullshit and it was not true. She made it sound really sophisticated with all her degrees and everything and it sounded if you were to read it out at the judges table that it sounds real professional but she'd set it up like that and everything was pretty much not the truth. I thought she was just a hypocrite for not knowing us and writing stuff about us. [...] She wrote heaps that was not true and she was just saying how we have never given him chances and all of this. He gets too many chances. [...] I wish she had confronted me before she had let it go out and let us read everything that wasn't true and not think "Oh, this man's not so bad," when really he is just exactly what we say he is. (Young person).*

### Support from teachers

Two of the young people we interviewed felt supported by other significant people in their life. In particular, one young man built a good rapport with his form teacher who was aware of his home situation and took an interest in the boy.

*I didn't talk to the counsellor that much... but the teacher I saw him every day so I would talk to him, so the teacher helped a lot (Young person).*

The young man believed that it may have been easier for him to relate to another male instead of a female counsellor.

*Young person: Um...I think they're probably men, that's all. And I probably felt safe talking to them about stuff....*

*Interviewer: That kind of man-to-man kind of talk?*

*Young person: Yeah, they understand.*

The boy's mother was aware of the important role the teacher played in her son's life. She spoke highly of his involvement and of the support he had offered the family.

*He was a Maori teacher who was better than any of the teachers whom he's ever had eh? Your first teacher who you really looked up to, connect with... He was proactive because he came to visit too. He came over home and met my husband and would talk to my son and me too.... over some of the things that were happening at home and he was really concerned (Woman).*

Another young person also mentioned her teacher whom she found easy to talk to and helpful when things got difficult. She felt that the teacher believed in her and understood her home situation. Although she didn't commonly raise the issue of domestic violence she appreciated having someone whom she could trust and confide in.

*My design tech teacher and she was also my homeroom teacher, so I pretty much could talk to her about anything. And she had really good words to say. She was the only one out of the whole school that said that I was going to amount to something. [...] She did know about some situation, she knew there must be a situation at home for me to act like that at school. I was really the type that didn't let it show at school, I didn't like people knowing my problems at school. Just brings you down. But I think I shared it a little bit with her, but I didn't go into too much detail with her (Young person).*

### Child Youth and Family and Social Workers

The women and young people we spoke with had limited interactions with Child Youth and Family. Out of those who did, the grandmother talked about attempting to make a complaint about her grandchildren and the violence they lived with. However, she was not able to establish whether the complaint was followed up properly.

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*So I rang up Child, Youth and Family and nothing they can do. They said they can take a complaint, that's fine, but it doesn't go far enough, you know what I mean. [...] I have never ever got a reply back, nothing. I have emailed them, spoke to them on the phone, never once replied back. Never. (Woman).*

The foster mother had primarily dealt with an agency and had limited direct contact with CYF. She was, however, aware that the agency was under-resourced and believed that they were overloaded and thus not able to respond appropriately to the children's and their families' needs.

*I think with CYF there is so many kids in care, too many cases to deal with, they also have to put in place programmes for parents that's my understanding. And there are only so many hours in the day I don't always blame the social worker (Woman).*

Another woman had a social worker appointed to her and her children. The social worker made regular weekly visits. Her involvement was welcomed and the woman could talk to her about any of her problems. She provided both emotional and tangible help, assisting with various health and finance issues.

*Because I asked for help, I needed it, I knew I did. I went through my counsellor to get it sorted out. They are helping us with counselling. There is a lady that comes around once a week and sees me and I talk about any problems. She helps me with my son's health products. If there are things I need to talk about, she's helped me learn ways to control my stress levels and other bits and pieces. She helps me with WINZ and all that (Woman).*

The social worker was also someone who could advocate for her children when dealing with other agencies.

*It's not for me, it's for the kids because they're the ones that have to miss out because Mum can't get the things they need. Especially my son with his medication and all that (Woman).*

When asked about the social worker's involvement with her children, the woman responded that the children liked her a lot and looked forward to her weekly visits.

*Like this time she came over and brought them some presents and talked to all of us. And she asks them about school or things like that. [...] They really like her; they enjoy her (Woman).*

### 3.5.1.2 Interventions for adults

#### Police involvement

Most of the women and young people we spoke with had experienced police involvement. For some women, police officers were involved several times over a number of years.

Police officers played various roles: they provided the victims with first hand assistance, removed the violent offender from the home, provided the women with information on available services and actions they could undertake to keep themselves safe.

*Yes, they were awesome. I have to say they were better than I thought they would be! (Woman)*

*They were very informative and told me about the processes that they could take or you know to help me with the violence and informed me about other agencies that could help. Victim support groups, what are those homes you go to? Refuge. Women's refuge and go to court and putting in a restraining order. That sort of thing. They informed me about that (Woman).*

*They have already sent me some information. The Victim Support Group. So I have their number and that because he (police officer) passed on information to them and they told me what sort of services they have there for me. Emergency homes and stuff like that (Woman).*

*They (police) gave me the card for different agencies (Woman).*

*When I called the police, that is when he actually hit me, physically hit me, ... the police came around and they actually told me that Victim Support would be in contact with me on the Monday, as the incident happened on a Saturday (Woman).*

We inquired about the way the police officers attended to the children who may have witnessed the violent assault. One woman recalled noting that when two police officers arrived it was the male police officer that would speak with her and make inquiries. She felt comfortable with that but found it somewhat odd that the female officers did not approach her.

*You, know, you have a man and a woman that would come out, but it was usually the man that I would speak to (Woman).*

However, when we asked her in more detail what the female officers were doing at the time, she recalled that they had attended to the children and attempted to calm them down.

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*Well, that's what the woman was doing was taking care of the children actually when I come to think of it. She was looking after the kids while he was talking to me and making sure that the kids were alright. I'm not sure what she was doing but she was just calming them down like that because they were they were they see everything that happens when me and their father fight, so yes that is what the woman was doing. It makes sense now. (Laughter). I just didn't realise it. (Woman).*

Some women complained of the time it took for the police to respond to a domestic dispute. In some instances the women said it took over two hours for the police to arrive at the scene and in the meantime the abuser was able to leave and was unable to be found.

*Young person: But they take too long though...*

*Interviewer: How long did they take before they came over?*

*Young person: Ages, I think he took off before they came.....*

*Woman: Yeah, they took a long time to respond, I had to run away from him because he was chasing me. He was here for a long time before he did go and then they turned up and he was gone. Time to respond to things like that should be quicker.*

*They say you've got a protection order, we'll be within 10 minutes or 20 minutes the max... you're waiting around an hour or an hour and a half for a police officer to turn up and by that time it's too late, he's gone (Woman).*

*But every time he turns up the cops take so bloody long they never get here, they never get here in time anyway (Woman).*

On one occasion, a woman who had made a telephone call asking the police to come and intervene waited for them for over two hours. Instead of arriving she received a phone call from the police asking her if the situation was under control and if she was alright.

*I've made a big complaint about that when we had to ring the police, he turned up about two and half hours later and I was just disgusted. Well, he didn't even turn up, he rang back! [...] We could have been dead. In situations like that you have to be that little bit more wary and act immediately because it can get really bad really quickly... (Woman)*

Her young daughter was present at the time and was equally unsatisfied with the police response and feared that the whole family's safety was compromised due to the delayed response.

*Then the police rang back like two hours later and my Dad had crashed out by then. And if you think about it, if he's really in that state of mind, he could have killed someone. They caught up with me and said "Did you ring the police" and I said, "Yes,*



*two hours ago." They were "Okay, is everything alright?" And I was "Fuck you, you need to sort your shit out" (Young person).*

A woman whose violent ex-partner was harassing her despite a protection order felt let down by the police response. Not only did they take a long time to respond but also made her feel uncomfortable by questioning her inappropriately. She felt that she was not believed by the officers.

*They were busy, they apologised and said that they were busy and they wanted a description and they wanted a description of the car, and as I said to the cop "he didn't bring his car up the driveway so how can give the description of the car". "Well, how do you know it's him?". I should know my own ex-husband... But it was as though I was the idiot, not my ex-husband. And that's not fair to be treated like you're an idiot and your ex-husband walks away when he's harassing the shit out of you.*

One woman was disappointed with the treatment she had received from the police. They had lost her file containing the initial complaint she had made of an assault. Only after Victim Support had not contacted her for a number of days did she realise that her complaint was not being followed up. In the end, another police officer was appointed to her case and she was reinterviewed.

*Monday came and I didn't hear from Victim Support, Tuesday Wednesday and I thought, oh, maybe I should ring them and I actually called them and they hadn't heard of my case, or there was nothing for them to contact me. [...] My case file actually got lost by the police so another constable had to, you know, pick it up. [...] I had to give him more information and I had to also give a victim impact statement as well (Woman).*

Young people were disappointed that police did not listen to or inquire about them when attending to a domestic violence scene. They were not asked about their own safety even when they had made the emergency call and had clearly witnessed the violent assault on their mothers.

*They don't even come to the children. They don't take statements from children (Young person).*

*Young person: Well I think they did that time, they took a witness statement from me and my mate, but they didn't even talk to my sister when she rang them. [...] Normally that never happened (Young person).*

*Then I ran over to my neighbours and I asked if I could use the phone and I was about 13. What's wrong? Dad's assaulting Mum blah blah blah, and I told them his name, he's in remand*



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*blah blah blah, he's at our house. He's out on bail. And they were just "oh, okay, yeah we'll come out". [...] Yeah, they always just go straight to the victim and the person, they didn't really ask me any questions. "Are you alright or anything?" No police officers ever asked me "who was the one that called the police?" (Young person).*

*The police have a tendency to disregard children (Woman).*

A young person pointed out that children and young people are only required to make statements to the police when they get in trouble with the law but not when they witness domestic violence at home.

*If they do something naughty they take a statement from them, but they wouldn't come to me they only went to Mum. I've never done a statement for the police or something like that. Only when I got in trouble I would do statements (Young person).*

A young person and her friend made witness statements to the police after both of them were assaulted by the young person's violent father. However, there was lack of follow-up and the young person was uncertain whether her complaint was ever attended to.

*So I wrote it and I just wrote what he was doing. But it wasn't that bad, it was mainly my friend wrote the victim's report thing because she was freaked out. Nothing really happened from that I don't think. [...] I didn't get any feedback or anything. No, they didn't follow anything up (Young person).*

## Women's Refuge

Only one woman we spoke with had stayed at a Refuge. She stayed there for approximately a week after her husband had assaulted her. She found it a safe place and especially appreciated the presence of other women in a similar situation. She was able to speak to them about their experiences and learn a little about their experiences of the interventions.

*I met another young girl who was at the refuge, I was doing a lot of talking at the refuge (Woman).*

Refuge was also a place where she was given the necessary information about and referrals to various agencies of support. It was a place where the woman found out about her options and where she was able to initiate her court case.

*I did speak to one of the ladies at the refuge and she said to me that I would then need to apply for some orders through a solicitor and it was through the refuge that I was put onto a*

*solicitor and I was able to get legal aid, and through the solicitor a lot of stuff was done in court (Woman).*

The woman wished, however, that there was more help available to the women residents. She experienced a time during a weekend when staff were not available to talk to a new woman who had come to seek temporary shelter. She found that the Refuge staff were often busy and not always available to talk to her or debrief her about her situation.

*We just needed to talk to someone and there was really no one there to talk to. She (another woman) had come in over the weekend and the staff were not really there and so we sat around and talked quite a bit and she said you know I just wanted some one to talk to and I think that was what was really lacking (Woman).*

*But at the time, I really wanted...I thought there would be someone there to talk about, you know sort of debrief me about what was happening, because I really didn't know what was happening and stuff like that... The person who was taking care of me at the refuge she was the coordinator and she was quite busy and stuff, and she was busy most of the time and so I sort of asked some other women who had been at the refuge who had been there before, sort of "look what's happening with you and where do I go from here" sort of thing (Woman).*

Having a small child at the Refuge was particularly difficult to manage. The usual demands of child care were made more difficult by staying at an unfamiliar place. The woman did not find everything in the Refuge very child-friendly and struggled to make her child comfortable.

*She was pulling herself up and you know I found myself rearranging all the furniture in the refuge and stuff and there were other children there and I actually saw her being bullied by another child who probably would have been about two or three and I was really upset when I saw that. And then I thought you know that is really sad because that is only a product of what that child has seen in their own home and this child was no more than three and yeah, so it was tough at the refuge having a crying baby and unfamiliar surroundings.*

She felt that the Refuge lacked facilities for both younger and older children to occupy their time. She believed that the children could learn more about domestic violence while living at the Refuge by being offered educational videos or other similar resources.

*I found that there wasn't really much for children and even those teenagers that I spoke with there wasn't really much for them. I mean they would just sort of run and do TV and stuff like that, and yeah, but even I don't even think that they had*

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*things like videos there on Family violence sort of thing (Woman).*

She noted that some of the older children were missing out on schooling and suggested that a schooling programme be made available for those children so that their routines were kept as normal as possible.

*I know they were at high school because they were talking about going to the school and oh we are going to be missing out on school and stuff like that, I think that even some kind of schooling programme in place like how they do at the hospitals or something. Just to keep things as normal as possible (Woman).*

## Courts and the judicial system

Some of the women we spoke to had dealt with the Courts, lawyers and the judicial system when securing a restraining order to protect them from their partners, when separating from him or when negotiating access to their children.

One woman talked about the time it took to have her case heard in court.

*It took about six months, which I got told that it was pretty good (Woman).*

When asked about the judges and their attitudes towards the victims and their children one woman believed that the judge made a sound judgement in appointing a counsel for the child. She believed that her child's best interest was taken into account by that decision.

*I think it was good that the judge it was a good call that he appointed a counsel for child. I think that because my partner had made allegations saying that I was an unfit mother and I think well OK even if there was a slight hint of doubt that anyone was an unfit parent, even if at the time I knew hey I am so not, but I thought that's good. I think that they had her interests at heart. And so the judge to make that call even though for me it was "Hey, this is really unfair, I am her primary caregiver how can you even think that?" and that is how I felt. I probably felt that at the time you know. Like the light was on me now rather than on my husband even though looking back now and yeah, I would say it was a good call because anyone who makes allegations it should be investigated (Woman).*

*The woman looked forward to meeting with the Counsel for the child but was disappointed that only one home visit was made. She felt that it did not allow for an adequate assessment of the child's home environment. Upon reading the Counsel's report, she wished that it included more*

*information. Ultimately the report was not used in Court as her partner changed his plea.*

*To me I think it was very vague, it was very vague and I thought "this is my daughter's life on the line here", how could one visit with me and one visit with my husband determine what my daughter's life is going to be, you know, and that's how I felt. This is my daughter's life we are talking about here (Woman).*

Another woman dealt with the Family Court when her partner petitioned for access to the children. She was reluctant for them to be left with their father because she knew they did not feel safe with him. Despite telling the Judge about it she was told that there was nothing to prevent the father from being granted the access. The judge did not appoint a counsel for the child in her case.

*The Courts said 'Nah, sorry...' And to me it was that judge hated females or hated mothers that were trying to stop the fathers from trying to see their kids. OK, in some cases where the mothers do it and the fathers aren't bad, OK, I understand the judges on that one, but where the father is being abusive and the kids turn around and say they are not safe, there should actually be a different thing for it. But the judge said no, it's the law and he's got a right to see his kids and that law stinks as far as I am concerned.*

The same woman requested that her partner undergo anger management. However, her husband's lawyer disagreed that such a step was necessary and the Court acquiesced.

*The Court said to go to Anger Management. His lawyer said he didn't need it. The Court said OK then he didn't need it. [...] He's supposed to go for Anger Management but his lawyer got him off that one (Woman).*

She was also distressed because she knew that despite the conditions of the protection order, her partner owned a gun. She believed that the judicial system did not do enough to police the conditions of the order.

*They said that he couldn't get a Firearms License. I know he's got a Firearms License but I can't prove it...because he goes shooting so he must have a Firearms License to go shooting. What are those things on the orders going to do for him? Who polices them? (Woman)*

One woman found that she needed to be extremely proactive to be able to have her case heard. It took numerous phone calls and letters. She was disappointed with the delays which were due at least partially to her partner's pleas.

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*Otherwise it would probably still be sitting there in the pipeline and yes, and because my husband had kept pleading not guilty it just sort of pushed matters further on down the track (Woman).*

Lawyers were involved in several cases and their responses varied. Lawyers were seen as a crucial support when dealing with the court and some women were satisfied with their level of involvement and the representation they offered.

*She was good, we got on great. She was a wonderful person and she is really good at what she does. [...] She came up to the refuge a lot, that helped a lot and she saw my child quite a bit as well and she got quite fond of her, and so I knew deep down inside she had our best interests in mind. And she had, the good thing was she had worked in South Auckland before. She told me she knew quite a few people who worked around there and she had known my husband's solicitor, a bit like you see on TV really. And she knew counsel for child quite well who was appointed too (Woman).*

Another woman had been represented by a solicitor to help her through divorce proceedings. She told her lawyer about the violence she had experienced and was given information on available services for victims. She believed that her lawyer served her well and helped her with what she needed most which was ensuring that a fair division of property took place.

*The only reason why I got help from the lawyers was my husband was doing a runner and in order to stop him the lawyers started asking me all about what had happened so I told them so the lawyers gave me...all they could do was put me onto different agencies. He gave me the card for different agencies. Which I didn't use. They didn't actually help me to sort out my problems. That wasn't their job. Their job was to stop this man at the airport, stop his bank account until I was fairly given what I needed for the children. That was their job which they did. Which really helped otherwise he would have gone with everything in the bank and left (Woman).*

A woman complained that her lawyer did not provide her with all the information about her entitlements.

*And that was my greatest disappointment with her was that she didn't refer me to say the South Auckland Family Violence Centre, she didn't refer me to even counselling. And I did ask her about counselling and she sort of had little knowledge (Woman).*

When she spoke with the Family Court Co-ordinator she was told that this lack of referral from lawyers was a relatively common occurrence. Some lawyers lack knowledge of available services.

*But the co-ordinator said that they are finding that a lot of solicitors don't know themselves so there are often no referrals (Woman).*

### Legislation

The Domestic Violence Act was seen as a helpful piece of legislation as it gave women access to more services. However, if women were not prepared to press charges the Act could not protect them from the abuser.

*It also put a lot of things into perspective as to how stronger I've got because of it and also how the law and different agencies say they are going to do things but they don't. They say you've got a protection order, we'll be within 10 minutes or 20 minutes the max... you're waiting around an hour or an hour and a half for a police officer to turn up and by that time it's too late, he's gone. At the moment as far as I am concerned the law sucks, it needs to be changed (Woman).*

*But then the law is on his side where they say he can. So I definitely want to see the law changed where a father that does something like that can't get away with it (Woman).*

### Counselling

Some women attended individual counselling to heal from the violence and learn how to live independently. Their experiences of the counselling were very positive and overall they felt empowered.

*I became right through the counselling and the last counselling sessions she said you don't have to come back here. From that time on, it was like a whole new world (Woman).*

*This is where the counselling sessions helped you to recognise why you do certain things and to recognise what you have to do at the end (Woman).*

The counselling helped women to break the cycle of violence and prevented them from entering new abusive relationships.

*I look at it as I want to break the cycle that I don't fall back into the trap of getting into another bad relationship jumping from one frypan into the fire. I don't want to do that I don't want to put my kids through that and if I could work through*



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*my issues. I've already found out why I went into a relationship like that and why I stuck for it for so long. Now I'm just working through those issues to make things right. So I've got a happier life and the kids have got a happier life (Woman).*

One woman attended couple counselling with her partner following a Court case. She found it helpful and believed that it allowed her and her partner to find a resolution to violence.

*The counsellor is great and we have come along way. My husband's come a long way. It's been a real eye opener for him (Woman).*

*We talk more about how we can move on from there, how we can be in the future. And also how our backgrounds have affected who we are and what sort of parents we are. We talked heaps about Glen's growing up and initially he didn't want to but once the flood gates opened - it all came out! (Woman)*

The counsellors inquired about the children and helped women with some child-rearing issues.

*We talk about parenting, how to raise our child without the violence. I have heaps of books on parenting. [...] We talk about those things with the counsellor and my husband so that he can become more aware, because often he doesn't know or doesn't understand (Woman).*

## Social workers

Social workers were appointed to assist some of the women we interviewed. They were liked and their help was appreciated. One woman was initially appointed a social worker for 12 weeks but requested that she stayed as her case worker for longer as she needed her ongoing assistance. The social worker provided her with emotional help and was able to provide her with emergency telephone support if needed.

*I asked her (social worker) if she could stay on a bit longer and she said she'd stay on as long as I need her. To me that's good because it's somebody that when things are going to crash I can say help! I can feel the little rock starting to fall from beneath me and I can get help before it actually comes crashing down. A couple of pieces may fall out but I've still got that foundation, it's still stable until I can actually stand on my own two feet properly. It's good to have someone that I can ring up and say I need someone to talk to and she'll come around and we'll sit down and we'll talk (Woman).*



The social worker was able to assist the woman to secure financial aid for her family. She felt that the social worker was skilled and confident when dealing with other agencies and that she advocated for her needs.

*She don't take no shit. She knows what the entitlements are and that and she pushes their buttons and they don't like her. Every time that she turns up when I'm at an appointment it's useful, it's "yes we'll do this, yes we'll do that", but then they don't do it. And when I ring up and say such and such has said that they'll do this, "...oh well, it's not on file. And "it's sorry we've got not proof". Then when I take her in and she goes, "but we came in 3 months ago and you said you would get this sorted out and it's been 3 months now and you still haven't got it sorted out"... "Oh, right, we'll get it sorted out now" (Woman).*

A victim support adviser was appointed to the woman and provided her with information on the way her case was handled by the Courts.

*I had a victim adviser appointed to me and she was really good in that I was able to ring her up and say what's happening with the case (Woman).*

Another woman who had never talked to Victim Support wished that they had provided her with more information.

*We got a letter later on in the mail from Victim Support. That's about all we received. [...] It would be helpful if there was a possibility of support but we were never told about it (Woman).*

### Financial assistance

Women who had separated from their violent partners faced financial hardship. Being able to receive the Domestic Purpose Benefit meant being able to be financially independent.

*I rung and got an appointment and they filled out some forms and I think the next day there was a man that came over to grant the benefit to see if I was really by myself and he came through and looked through the whole house and then the money started to come through. And soon as that money started to come through, I started to get on with my life, so to look after my kids and start being myself instead of being tied to him, so they helped me (Woman).*

As sole parents they had to choose between either staying at home with children or entering the work force. However, child care was expensive and they felt trapped financially. Some talked about the ongoing fights they had with Work and Income New Zealand (WINZ) to receive more financial support.

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*So, as far as I'm concerned I'm fighting them (WINZ) to keep my kids afloat. OK, if I can go to work full time it will be better for me, but then I've got to worry about getting assistance for childcare especially with me working nightshifts as well. I've also got to be sure that my kids are going to be safe from their father which is the hardest thing to do at the moment (Woman).*

*If I decided that I wanted to go to work, or even part time employment there was a subsidy that you could take up for childcare, but financially it was tough. Being a little baby, I mean \$30 a week alone goes on nappies and wipes (Woman).*

*It's like having a wall against you (Woman).*

*As far as Work and Income's concerned it's none of their business, it's not an issue, it's not a problem. To me they look at it as if you're a solo Mum you're about two inches big as far as they concerned. It's your problems that you're on the DPB. It's not their problem. But then again, it is their problem because we're getting told get out of the violence, get out of this, get out of that, OK we get out of it, but what's at the end of it for us, there's no no financial support (Woman).*

Women who leave long-term abusive relationships may need more than financial assistance. The years of abuse and isolation may impact on their self-esteem and many may be unskilled and unprepared for steady employment. Women wished that more support in terms of up skilling and education was available to help them become independent.

*There's a lot of people out there that their self esteem, everything is down the tubes.... And like you get married you had nothing. You got married and you weren't allowed anything. How are you going to get work? When you are so squashed down to nothing that you can't stand on your own two feet to find a job or get the education for a job. For example, I don't know how to use the computer and so my kids help me. And it's why should my kids teach me? Why can't the government or somebody help us to get back on our feet so that we can actually support our kids in a secure and safe environment? (Woman)*

*Unless they want us sitting on the DPB for the rest of our lives, there should be some assistance to help us get our lives back together. Put things into place so that our kids are safe so that we can get a job (Woman).*

Child care was an issue that a few women highlighted. Some women found it hard to attend Court proceedings as they had small children to look after and were not able to pay for adequate child care. They would not have been able to manage without family and friends' support.

*Child care was really difficult and being so little and being breast fed I was really mindful of that and yeah, particularly going to court. It's hard enough going to court without having to think "oh gosh I am going to have to leave my baby somewhere" or stuff, I don't know maybe there should be a child care facility in the court, I think? I found it really difficult and just having to ask "Oh look Mum can you take off an afternoon because I am in court, or I have to meet with a solicitor", but like I said without the support of my family and friends I mean women who are left isolated, I don't know it must be very difficult. Well I thought maybe I just need to take her to court with me, and at one stage I almost nearly did take her with me although my solicitor did say to me if I could find someone to look after her and I said "that's easy for you to say, you don't have children" (Woman).*

Child care was also an issue when staying at a Women's Refuge. Women felt that they could not ask others to help them with child care duties.

*The child care thing is huge because even at the refuge it was you know you pretty much had to take care of your own, but OK you do, but also, you know, when you are going through such a stressful time and sometimes you do just want to be alone, but there was no one there that you could just say to "could you just keep an eye on this one"? (Woman).*

#### Lack of services and information about them

Several of the women we interviewed spoke of the lack of services or their inability to access them. The women felt that often they were unsupported by anyone and had to cope alone.

*There is another thing that hurts me when I look at it, that there was no bugger there for me. Nobody. I did it all by my bloody self. And I hated the world (Woman).*

*I had nobody. No one (Woman).*

*At least offer it because not many people get offered it at all. I haven't been offered it (Young person).*

*No, we went really off with nothing. We were not really offered or even really approached for any sort of support. I really had to go and seek it for the kids and the kids really got theirs from the school. And a lot of that really came from them attending school and the problems they were having at school at the time (Woman).*

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The long waiting lists of overloaded agencies were seen as a major problem and prevented children from getting speedy interventions when needed. The foster mother we spoke to was particularly vocal. She had been fostering children (many of whom came from violent families) for several years. On numerous occasions when she had requested counselling for the children in her care she was told of the long waiting lists and lack of available resources. She noted that in some instances the counselling was offered after the children had moved on from her home. On some occasions, she believed, family reunification was prevented because the child and his/her family were not able to access appropriate interventions.

*Everything that you ask for you goes on a waiting list. OK! This child needs counselling. Oh we will just go on the waiting list. Quite often it's just left up to us. We are with an agency so we do have a little bit of a middle person, but it's a real hard battle. [...] I mean that could take a process of a couple of months and then we will hear "Oh we are too full", so like you say you could be requesting counselling and getting nowhere (Woman).*

*When it (counselling) finally came, the child had moved on. It was four months down the track (Woman).*

*So for the kids in care, they are not getting help when they need it or they get it when it's too late. And what do they do in the meantime? Or we have been told "yes we are going to get some help", but because they are overloaded they don't get it. And that also puts a stop to family reunification, so you know at the same time the kids need help, the parents need help; and South Auckland is really bad because everything is filled up. So where do you go? (Woman)*

A lack of resources was highlighted by the foster mother we spoke with. She complained about her inability to access counselling for the children in her care due to, what she believed to be, a lack of funding from Child Youth and Family. She also noted that as a foster parent she was required to pay for some of the counselling she requested for the children she cared for.

*We run into the problems that the agency is relying on CYF to fund things, and CYF say no, then everything stops. We have had, how many children in care, this year? Lots. How many have we asked for counselling for? A few. How many have we got counselling for? None. [...] But the resources aren't big, so even for me as a foster parent to ring up and ask for something, we still have to pay for it (Woman).*

While a lack of services and under resourcing was frequently highlighted, another issue involved a lack of knowledge of available services. Women feel that they have to be extremely proactive in order

to find out about what support is available and what they are entitled to. Services need to be better advertised to people in the community. One suggestion included a toolbox or a catalogue of local services.

*The hardest thing is finding out about them, knowing that they even exist. I wish there was a system in place where you could just look up a type of service and get their telephone numbers or address or whatever. Sometimes, I had to ask for some agency or a service that I wanted to contact and nobody knew about them, even the social workers might not know about them. So how are we supposed to know about them? It's not always lack of services that's the problem, although the ones that exist, here especially, are often filled up and the waiting lists are long, but it's also about knowing and communicating to people that they are out there. There is no communication there (Woman).*

*Something that I can have in a folder, with phone numbers, information about them. [...] And it would be great to have such catalogue of information (Woman).*

### **3.5.2 Informal sources of support**

The children also received informal sources of support from family and friends. Having a friend who knew about their home situation and who was not judgemental meant a lot to the young people. The young people could go and spend time with friends or invite them over.

*I had a mate from school....and I used to ... I still see him, I go over there a lot. [...] 'Cos he was there when that happened. Two of my friends saw stuff happen. One saw mum get hit and then the other one saw me and my dad fighting (Young person).*

The young person's older sister also talked about having friends who knew about her home situation but she chose not to talk to them about her family problems. She preferred not to be asked about the violence at home by most of her friends, perhaps with the exception of her best friend. She simply felt happier spending time with her friends.

*Nah, I didn't tell any of my mates, but they knew. They knew what was happening because I was running down to their house at like early hours of the morning. But they knew something was up but they never asked because they'd know I would snap. [...] Some of my mates I would have liked them to ask, but not in the way of "are you alright, what happened?" Just "how's your day been". I don't know. One of my mates I would have liked if she had asked what was up but most of the rest of them nah. I just like those that see you in a bad situation and just want to make you happier right away, and those were most of my mates anyway (Young person).*

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Family support was a very important source of comfort for children. It came mainly from siblings who helped and confided in each other in difficult times. Older siblings often took on the role of supporter for their younger brothers and sisters. The younger children felt protected by their older siblings.

*That's my oldest daughter. She watched and looked after him. They just became very close because of it (Woman).*

*Every time it happened I got closer to my sister, yes. She was someone I could talk to about it (Young person).*

On some occasions older siblings intervened in the violence to protect their younger brother or sister. They got involved in a violent situation with their father to either stop him from assaulting the younger child or to punish him for his abuse.

*I rang up my older brother and I told him what had happened and he came over right away, saw my Dad. Snatched him and bashed him. And my brother told me if anything like that happens, tell me, cause he was really worried about us (Young person).*

Children's grandparents were also important in providing the women and children with help when needed.

*My father took them to give me time to work myself out and that's another thing, the kids have got to know they've got a safe place to run and my kids know that if they see me falling or they know that I'm in a position where I can't handle things, Granddad's a safe house (Woman).*

### **3.5.3. Suggestions for improvements – how to better serve children**

#### Police involvement with child witnesses of domestic violence

The young people we spoke with wished that police officers attending a domestic violence scene were more responsive to children's needs and wellbeing. They knew that as children who had witnessed a violent assault they required attention and wanted to be debriefed and comforted. A suggestion was made that a youth aid officer be made available to talk to children when required.

*Yeah, no they never do (ask children questions). "Are you okay" or "was your brother okay"? They just see the victim and that's it. That's what I am saying. I reckon that they should have...when you go to a situation like that you should have the police officer for the victim, the police officer for the person who's starting the trouble and maybe a youth aid officer to talk*



*to the young people. The kids. Because it's not always the adults that are all shook up. The little kids are freaking out too. Someone cool that can talk to the young people and not scary in their uniform (Young person).*

If police officers were seen as less threatening and more “cool” the young person believed they would be easier to talk to. Police officers need not be intimidating to young people if they learn how to approach children and speak to them “on their level”.

*And even trying and make police officers cool to talk to because then maybe you'll get like the odd teen and it happens to them and they would tell (Young person).*

*And that's what the cops have got to learn. They are the authority figure but don't be this nasty 6 foot 4' thing leaning over this little person. Get down on their level (Woman).*

Most importantly children need to be listened to and believed. While the police officers' main job is investigate the violent assault and ensure the safety of the victims, children's perspectives of the situation need to be taken into account.

*Because the kids have a point of view and not all kids lie. Kids are probably the most truthful ones out of all of them. They need to know how they felt or whatever, because I don't know if the police officers are there to talk about how do you feel at the moment, or do they just want to get everything out in the open, but someone needs to talk to the kids: “What did you see? Did it hurt you?” Stuff like that (Young person).*

### Supporting and listening to children

Children's safety and wellbeing was seen as a priority in policy development and in the future direction of services. Protecting and supporting children and in particular, early intervention, was believed to be the key to building a healthier society and preventing future problems.

*I don't bloody care what you going to do, and how much it's going to cost. I would rather save the children, take the money from roads, take the money from anywhere else I don't care where you take the money from, the government. Because its going to cost us a lot more money later (Woman).*

The women and young people we interviewed wished that more services, such as counselling, were available for the child victims and witnesses of domestic violence. Counselling for children was seen as essential in helping them heal and it needed to be offered while the children were still young.



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*No. We didn't get nothing. We didn't get offered counselling or anything (Young person).*

A young person we spoke to wished that he was more involved in the family meeting and counselling that was offered to his family. He believed that the reason he was not involved was because of his then young age and he felt unable to speak up in front of the group of adults that dominated the meetings. He suggested that counsellors and social workers take that into account and speak to young children individually to make them feel more at ease.

*They need to get them (young children) involved. They need to speak individually to them. [...] That's where they need to talk with kids one on one maybe? (Young person).*

*It's easier to speak up when there is just two people (Young person).*

The importance of involving everyone in the intervention was highlighted a number of times. The young people believed that everyone in the family deserved the same attention from the professionals aiming to support the victims.

*Interviewer: And if they do come and do a home visit, do you think they should have a chat with the kids as well?*

*Young person: Everyone. Everyone in the house.*

*Interviewer: Have a chat with everybody?*

*Woman: And individually too (Woman).*

*Young person: Especially the kids!*

*Young person: 'Cos like I said things, like not being asked by the police. I think that everybody should have a say.*

*Interviewer: So everybody should have a say in the process?*

*Young person: The same say as everyone else...*

A young person whose home had been visited by police officers several times in response to domestic violence remembered being a young teenager and not being asked or attended to by the officers. He found it frustrating and wished that he had been more involved. He concluded that even the youngest children should be able to have a say in such circumstances.

*Interviewer: Do you think a 14 year old should have a say when police come to your home?*

*Young person: I think anyone should have a say. Even if you're five!*

*Woman: I'm sure they'll want to say something, when you've witnessed something like that you'd probably have a few things you'd want to say! Like "I'm scared" or something like that I suppose. They should be saying something.*

*Young person: You're right, yeah...They should be talking to them about, well, how they feel about it, like a debriefing.*

One of the young people, when asked what he would tell other children living with domestic violence, believed that children need to speak up about their needs and problems to those who can help them.

*Young person: Speak up, that's how I think is best. [...] I remember when I was little I was just quiet. I was just little when all this was going on. You just have to speak up (Young person).*

### Social workers and home visitations

Home visitations by a social worker were regarded as important as long as the social worker included the whole family and inquired specifically about the children's wellbeing. This allows the social worker to be more aware and better monitor the home situation.

*Just to check up on things (Young person).*

Home visitation by nurses or social workers were seen as potentially able to identify families at risk and protect the children from further violence.

*We used to have Plunket and they did a dozen or so visits in the first year but it's down to four visits isn't it? (Woman)*

*And that is one way of picking up things really early when they are babies and keeping a record of how the family is doing and how the kids are developing and whether they are healthy or not (Woman).*

Infants and very young children were seen as particularly vulnerable.

*The biggest thing would be particularly with children who can't talk, you can't talk to (name of child) you know. Making judgement calls for babies, I mean you can go and ask a grown child "what do you think?" sort of thing, but with littlies like her maybe I think you have got to be even more careful (Woman).*

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### School's role in educating and helping children exposed to domestic violence

As previously mentioned, school was singled out by both women and young people as a place where children can learn about getting help for themselves if they have been exposed to domestic violence. Schools were seen as a place where children could be told that if they were living with violence there were places and people that could support them.

*Oh, like just talking about violence and learning more about it and what you can do about it. So that kids know more about it and you know like, that, like they talk to us at school about health or something (Young person).*

*You know how we have speeches on bullying at school, we should have the same on domestic violence, because heaps of people, it's not saying that it's South Auckland but heaps of people are going to be sitting there thinking "Oh, look, it doesn't happen to me", but there's going to be next to each other that are thinking "that happens to me! Maybe I should go and talk about it with someone?" (Young person)*

The school counsellor was seen as someone who could refer children to other sources of support as needed and provide them with information on domestic violence and agencies that deal with it.

*And maybe if they do (disclose violence at home), those teachers tell them, like give them references, not to go to see other counsellors but to see their counsellor or their youth worker at school. And maybe their youth worker can forward them on to someone else or forward them on to family group meetings or whatever (Young person).*

### Legislation

The women wanted to see changes in legislation to see tougher penalties for abusers and an increase in services available for victims – both women and children. Domestic violence was seen as an issue that is often raised in public debate but one which remains largely unattended to.

*Somebody in Parliament either needs to go through what we have been through or get out there and see what we go through and do something about it. They don't make tougher penalties. They say they're going to give harsher penalties to different things but they still don't give it to domestic violence. Domestic violence is sort of down there on their scale even though they advertise a lot about if you see domestic violence report it, if you see this, report it, if you see that, report it. It's*

*good to report it but the people you report it to need to do their job and need to do it properly. Otherwise our country is going to turn into another America as far as I am concerned. Too many of our kids are getting killed, too many of our women are getting killed (Woman).*

*I want to see more protection out there and if you've got a protection order, the police should respond to that ASAP, not two hours later (Woman).*

One woman was concerned because, in her opinion, her violent ex-partner was able to manipulate the judicial system by pleading insanity. After each violent assault, her ex-partner entered a psychiatric unit and was never prosecuted for his crimes. She was frustrated with the judicial system that did not recognise her rights as a victim.

*The hospital and the law and the Courts should be able to see the patterns where every time a complaint has been made against them they go into hospital. They get out, another complaint is made, they go into hospital. And that should be able to be stopped. Otherwise all our criminals are going to use the system to beat the system. (Woman).*

Some of the women we spoke with debated whether the family or the wider public should be allowed to make a complaint and press charges against a violent offender even in situations when the woman refused to do so. They drew on their own experiences of when their abusers got them to retract the charges against them. Some believed that sometimes when the evidence is clear, police officers or medical professionals attending to the woman should be able to press charges.

*The cops needs the power that even without the woman making a complaint, they need the power that they've got two ambulance officers that have said it, and have got the victim bleeding in her own home. They've got the tell tale signs on the male and he's in a real ropeable mood... that's where the cops need the power to arrest and charge without the victim's complaint and that's where the law needs to be changed. Because what happens is the abuser gets to the victim, and the victim changes their mind. The law needs to say 'Nah, we've got photos, we've got evidence, we're charging.... Whether we've got a statement or not we're charging'. The doctor can say yes that's fist marks or yes, it's hand marks or yes it's a metal pole - they can tell the difference between the injuries. They can write a letter saying this woman sustained a broken rib due to a baseball bat, or a black eye due to a fist or a broken nose due to whatever, and that's all the cops should need to go to Court. Otherwise they're just going to walk because the abuser will always get the victim to change the statement. I know that, I've been through it (Woman).*

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*If the woman's not going to do it (press charges). Well, that is what happens, he walks off scot-free and then it happens again and again. And if she is not going to take responsibility for it maybe somebody else should be able to (Woman).*

*Well maybe that needs to be looked at so the cops can charge them (Woman).*

*She gets the choice and the children don't. You know if the choice was taken away from the mother and somebody else said "No, that's it". We are going to press charges, it might give the woman a chance to wake up a bit and realise that she better get out of the situation (Woman).*

*Do we have the power to look after those children if the parents don't approve? Can we get a court order to say "Right sorry, the parents are not fit enough to have a say in this, but these children have got problems to sort out and need to be looked after"? (Woman).*

### Collaboration between services and one-point of service needed

The women wished that a more collaborative approach be taken to help victims of domestic violence. They found it difficult to access some of the agencies because of transportation problems and often felt that they were being given the "run around". They suggested that a centralised agency be made available for broad consultation.

*Maybe one big service, one big centre where you can expect the service because, you know like my husband had taken our car and so I was borrowing everybody's car. So maybe just one place and point of contact, that would set you up basically WINZ, counsellor, the court people, the refuge rather than going to...being given the run-around basically (Woman).*

*Like a one stop shop approach, then it's all there in one place, not 'oh well you have to go down there'...The ones in the most need really would have a lot of difficulty to access those agencies...It would be better to have it all in a centralised place where they are being attended to under the one roof (Woman).*

### Whole family approach

Many of the participants talked about the way the whole family is affected by the violence. Witnesses of violence and others who lived through it should be offered counselling for the psychological trauma they were subjected to.

*They should do the victim first and then if the victim wants the other person then yeah, get that other person. [...] If it's an all*

*round, like everyone in the family sees the shit, so it would have had to be a family counselling (Young person).*

*Just because I was the one who received the head butt doesn't mean to say that you weren't injured or my child wasn't from just being exposed to that. Because there would be emotional psychological injury you know, not actually just the person who took the blow (Woman).*

Collaboration between agencies and supporting the whole family was brought up several times. Some women preferred family-based rather than individual counselling and others wished that the wider family were taught how to support the victim and keep her safe in the future.

*Yeah, I think overall there could have been probably more collaboration and involvement with the family and any sort of link that includes the whole family as early as possible rather than the one to one approach (Woman).*

*Ongoing help and building and getting the victims to build their confidence, their self-esteem. Even it's not only the victim, it's the people around the victim too that need to be taught so that they will never let it happen again (Woman).*

The young people believed that they should be given choices in the supportive interventions they wish to engage in. Various people may have different needs, some of them may be developmentally driven and thus individualised treatment is the key.

*My brother had his own way of dealing with things and I had my own way I just reckon everyone is different. Some people like to go to counselling, some people like group counselling, and some people just like to deal with it themselves, but yeah I reckon you can offer it, but if they don't take it, then that's their choice (Young person).*

### Ongoing support

Support provided to victims of domestic violence should not be time-limited. Sometimes ongoing support is needed to prevent the woman from re-entering a violent relationship.

*And we'll be working through it for the rest of our lives but the government and the agencies and everybody else doesn't see that. They think, yeah, you work through it with counsellors, as soon as you've finished, you're fine. It's not easy like that, you fall back into the trap (Woman).*

A woman was offered couple counselling through the Court and believed that the six sessions were not enough to support her and her partner.



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She went on to pay to continue the sessions but believed that offering such time-restricted support was unethical.

*I thought six sessions wasn't enough. I thought that was really little. [...] And because my husband initially didn't want to do it, at first, I took the first two sessions on my own, in which case we only had four sessions left. So by the time he sort of said yes to a session, we only had four sessions, we really had only just started getting going towards the last session. [...] I mean to me if I was a counsellor and I was to have six sessions with someone and only got somewhere in the last session and they couldn't afford to pay for sessions you know I would think that that is quite unethical. It's almost like getting someone not to commit suicide and just when you are getting to the top, the peak "Oh look your sessions are over sorry I cant see you anymore".*

### Improving existing services

Women talked about the need to improve and build upon the existing services. Services need to be aware of the various needs of their clients and be able to tailor their interventions accordingly.

*They need to review their processes and the models they are using to meet the challenges in today's environment - not just one model fits all (Woman).*

Quality of services and specialised domestic violence services were a key concern. Counsellors working with domestic violence victims need to be trained in the area. Educating social workers and counsellors about the dynamics of family violence and victim needs may be a more effective and cheaper option than building a new tier of services.

*I would say that you really need quality services and by that I mean you do have a lot of social services offering counselling in mainstream and Maori programmes, but I would see domestic violence as a specialized area and my concern really is around the extra teeth of the actual counsellors (Woman).*

*I think its really just about the existing services that are already out there and expanding the opportunities maybe with the programmes they already have. I don't think we need to recreate a whole new layer.... Because its all about family and social services... Its all about training. (Woman).*

### Public awareness campaign

A public campaign using mass media was seen as a way to shift people's attitudes towards domestic violence. Media campaigns may have the power to encourage some women to seek help. Seeing other people



who have successfully left an abusive relationship may give some women the inspiration to take action.

*I didn't speak out and all these hundreds and hundreds of women that are going through this today. They are going through the same thing because they won't speak out. And so there has to be more awareness out there. On the billboards or whatever it takes, there has to be more awareness out there that there are problems out there (Woman).*

*"Oh, there are other people that have been through that. I wouldn't have thought SHE went through it. Because she doesn't look like she has been through that kind of persecution and look at her". You have to give them inspiration (Woman).*

Media advertisements targeting children were also seen as important. They may allow the child to realise that what they are experiencing is not normal and that they could seek support from others. Such advertisement should include specific information concerning where help is available and how to access it.

*I do think that those ads that they have had on TV about domestic violence are good you know at least it's showing kids that people know what is going on, its not like it's a big secret, that domestic violence is going on. Like the ads saying that there are help lines or whatever to ring if that is what you are going through I think that is good. It lets people know where to go and find help if they need to. It may make some people think (Woman).*

It is important that advertisements that target children should be easily understood by them. Furthermore, advertisement campaigns that show adults how children experience violence and how it affects them, would be beneficial.

*And the one where the husband or the boyfriend is bashing his wife and the baby is just sitting there and the baby gets older and older. It was shocking... In "Molly Eat Your Peas" she's talking to her doll. She's bashing it "Naughty Molly". It's a good ad, the kids can relate to that, because it's about a child and stuff. And the adults would understand it too. They could see how kids see them. [...] Just make some ads that kids will understand more (Young person).*

Women and children caught up in domestic violence can be reached in various innovative ways. One woman found leaflets in the restrooms of her GP and thought it was a good strategy of delivering information to victims in an anonymous way.

*I was most impressed when I took one of my kids to the doctors just recently and he had to go to the toilet, and in the*

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*toilet there was domestic violence brochures and I thought what a great place to have them. You know, in the toilet where nobody else can see you getting them, and I thought that was quite good actually (Woman).*

### **3.6 Children's powerlessness**

Throughout the interviews we realised that children are essentially powerless in their experiences of living with domestic violence and dealing with agencies of support. Their powerlessness was evident in the way they were unable to stop the battering of their mothers. Some women who grew up in violent homes remembered clearly being young and wishing that their mothers had left their abusive father and sought safety.

*I just wish I could speak up every time every time I saw my mum you know upset, that was it (Young person).*

*I could never understand as a kid why she didn't walk out. My brother and I, because there was two of us growing up, we used to think you know "why does she stay?". We used to pray like mad, please leave, please leave (Woman).*

#### **3.6.1 Children don't have choices**

It is obvious that children do not choose to live with domestic violence. They do not have the power to seek help or to leave the abusive relationship. Their fate is tied to the fate of their mothers and what decisions she chooses to make.

*This is where I want you people and whomever you are working for to recognise the rights of the child. I know the women are the victims too, but she has got choices. The children haven't. The choices come from whatever the mum's choices are (Woman).*

*We don't get a say in it at all and then we've got to go and live it all (Young person).*

In some extreme cases, it is possible that children need to be protected from their parents and even their mothers who may make the wrong choices. Some women may choose to stay in a violent and unsafe relationship and while it is the woman's right to make that decision, it takes the choice away from the child.

*You can't get anywhere with some parents. It takes the kids choices away. Those kids have got no choices (Woman).*

*Give them choices. At least by giving children choices you can give the parent time to reflect on what they are doing. They might think "oh god I've got to clean my act up I can't live like this" (Woman).*

One young person spoke about the differences in opinion between her and her mother about the punishment her father received in court. She noted a conflict between their wishes and believed that the court always granted her mother's requests. As a result, she believed that her father got away with his actions and was treated leniently despite his re-offending.

*I was always the one that wanted him to stay inside. I was never the one that wanted him to get out. And Mum was the one that wanted him to stay inside on the night that it happened and he'd be arrested, but the next day she was the one to turn around to say "No, no, he needs a chance" or whatever. And I thought he got too many chances! (Young person).*

### **3.6.2 Prioritising children**

Children were seen as inadequately served by the very services designed to protect them. Women's needs and perspectives were prioritised by the legislation and policy of some agencies.

*What about the kids? What are their choices? There is too much protecting the parents (Woman).*

*We need to put something in place to listen to these children without Mum and Dad. There are too many laws protecting Mum and Dad. I mean you have got to think is that good or not? Who do you want to protect? The parents? Or the kids? (Woman).*

Women believed that when children's safety is jeopardised there needs to be an effective system that allows the services to act in the child's best interests. Parents who engage in violence may not be able to judge what is best for their children and at times their wishes may have to be overruled to protect the vulnerable child.

*Because we need to protect the children, not the parents at that time. The children are the first ones that we protect (Woman).*

*Why do we have legislation to say we can't help the kids without the parents, because it's the parents who are often the perpetrators? How ridiculous! (Woman).*

*You know New Zealand can be a role model for the world to show that we've got measures in place that really protect our*

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*children whether the whole society likes it or not. And the ones who don't like it are the ones who are perpetrating it (Woman).*

### 3.7 Cultural issues

*The main themes to emerge from a Maori perspective are the need to develop both a Maori workforce and culturally specific interventions. One Maori woman suggested the development of domestic violence intervention programmes which were specifically responsive to the needs of Maori.*

*What I'd really like to see really, programmes being developed by actual Maori experts and really qualified people like psychologists could develop and put together a programme... culture does put a twist on some of their perceptions and the way they perceive and make things acceptable and not acceptable. And you need to be mindful of that (mother)*

*.. it's really just about the existing services that are already out there and expanding the opportunities maybe with the programmes they already have (mother)*

The unavailability of Maori therapists to assist Maori women was noted by one woman.

*.... I did not feel that the mainstream programmes that were offered at the time were appropriate for Maori families and I would have really wanted to see a Maori at the office with a Maori approach (mother)*

She also recalled that the clinicians who had attended to her at Marae services were non-Maori.

*Marae health services, all their therapists, not one of them was Maori at all, and that was what I saw was a problem there ... to meet the needs of the community (mother)*

A young Maori person suggested that victims be offered a choice regarding the ethnicity of their service providers.

*.. it's good if you can choose  
..More services offered but nah, not necessarily "oh it's a Maori kid, maybe we should offer them more services"  
..But if you are Maori, you can be offered "Do you want a Maori counsellor or something like that?"*

Another intervention suggested was the availability of the marae as a place for healing for all cultural groups.

*And then get them on the marae and talk about it, because that affects a lot of my mokopuna and maybe if we can all be together in our setting on the marae and that, just have our kaumatua to support us, it's a very spiritual and uplifting thing to be on the marae for Maori women, and any other culture actually, because it would benefit other cultures as well*

Speaking up was another dominant theme for the Maori women who were interviewed. One Maori woman spoke of the intergenerational violence that had been experienced by the women in her whanau, and the domination they had suffered from men.

*But even today my great auntie, even my grandmother they had to sit in the background, whatever they thought, was irrelevant. You know, so the men always dominated...*

*.. if our women stood up for themselves at home against their husbands, oh hell, a hellova hiding, that's it, that's the way it is. Happened to my mum. Happened to my aunties. Happened to all of them.*

One of the young men who had experienced domestic violence spoke of the need for children in similar situations to "speak up" and let somebody know of their situation. He considered it essential that a child have someone to confide in as he himself had confided in his older sister. If young people are unable to access whanau support it is necessary for the community to provide alternative support services.

*Speakup, that's how I think is best  
.. I remember when I was little I was just quiet. I was just little when all this was going on. You just have to speak up*

One mother who had experienced years of domestic abuse from her husband, and had also abused her foster child, discussed her reluctance to tell others of the abuse. After a year of counselling she was able to recognise that "speaking out" functioned as a child protection mechanism.

*If I had of spoke out to one of my family members, or school, or church, and said, hey listen I am abusing my boy, but you don't speak out. Because you don't want anybody to know, but if I had of done that then maybe all those services would not have been needed*

## **Section 4: Discussion**

### **4.1 Limitations of the study**

1. The study's sample was very small. Despite numerous attempts and several recruitment methods during the five months of recruitment we were only been able to recruit nine women and three young people to participate in the study (recruitment difficulties described below).
2. There was a self-selection bias in the sample of participants we interviewed. It is possible that others may not share their views and experiences.
3. The women and young people we interviewed were either New Zealand European or Maori. We did not interview families of other ethnicities or belonging to other cultural groups.
4. The sample of participants was limited to those currently living in South Auckland.
5. Two of the women we spoke with had left abusive relationships a number of years ago and thus their experiences of domestic violence interventions were not recent.
6. We failed to recruit any young children and thus are not able to report their particular needs or perspectives.

As such, our findings are limited to the sample and cannot be generalised to a wider population. Further work is warranted to hear from more children and young people.

### **4.2 Difficulties encountered**

Despite four recruitment methods and five months of active recruitment we were not successful in interviewing any young children. The difficulties we encountered required us to re-think the recruitment strategy and as a result we submitted two amendments to the Auckland Ethics Committee to allow us to recruit through Social Workers in Middlemore and KidzFirst Hospital and to place fliers and media advertisements in South Auckland community newspapers.

The reasons for the inability to interview children were as follows:

1. Out of the original sample of women who participated in the Screening study, we were unable to follow up several of the women due to them moving out of the area or changing their telephone numbers.
2. Several of the women in the original sample who had consented to being followed up declined to participate in the Children's study. Some reported being either in danger from their partner, others were uncomfortable at the prospect of a face-to-face interview. Some considered the violence to be in their past and preferred to leave it there.
3. Some of the women did not fit the study's criteria as the violence they had experienced was historical. Some of women did not experience any interventions. In other cases, the violence occurred prior to the birth of their children and the women had left the abusive relationship since.
4. Some of the women reported that their children were very young at the time of the violence and they had lived violence-free since. The women did not wish to re-open the past and believed that their children did not remember any of the events.
5. Many of the women we spoke with on the phone or in person, refused to allow us to interview their children. They believed that being questioned by a researcher would be detrimental to their children's wellbeing. Those women spoke of wanting to protect their children from reliving the trauma of the violence.
6. For one woman still living in a violent relationship safety issues were a concern. She believed that if her children had participated in an interview they would have been placed in a potentially dangerous situation. Primarily, the children may have inadvertently disclosed their participation to their father who would possibly have reacted in a violent manner.
7. Some of the women we spoke with had children under the age of seven and we were unable to interview their children directly due to their developmental stage and verbal ability.
8. We approached a number of South Auckland agencies that work with domestic violence victims to help us with the recruitment of women and children. While all of them agreed to post our fliers, many were reluctant to actively recruit families for our study. Some of them cited concerns for the wellbeing of the participants and, in particular, the children. They were concerned that the families they were assisting may have been in a state of crisis and thus they needed to prioritise their safety and immediate future.



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Participating in a study was seen as adding to their burden. Furthermore, as our aim was to investigate children and women's experiences of interventions and support, we believe that some agencies may have been apprehensive that our study would directly evaluate their services.

### **4.3 What have we learned?**

Our study, although small in sample size and exploratory in nature, confirms some of the findings established by previous research with children and their mothers who had experienced domestic violence.

#### ***4.3.1 Children are primary victims of domestic violence***

We have found that children are directly involved in domestic violence and frequently witness abusive acts towards their mothers. As a result, they are affected by their experiences. They become fearful of adults and live in an anticipation of violence; even following a separation they may fear for their safety from a violent father who continues to pursue the mother. They copy the violent behaviours and become aggressive towards their siblings and other children and adults. Their relationship with their parents becomes difficult and estranged.

Recent research based on interviews with child victims of family violence challenges the notion that children are passive and secondary victims. For example, Mullender et al. (2002) described various coping mechanisms children engage in to deal with violence in their homes. These include intervening to help or protect their mothers, supporting each other during and after violent outbursts and finding solace in other supportive adults.

Fear of omnipresent violence is a widely recognised reaction that children from violent homes exhibit (Jaffe et al., 1990). This fear is a natural reaction to their daily reality and they come to associate their home with a place where violent outbursts are common and unpredictable. Some researchers have noted that children who are exposed to domestic violence suffer from PTSD symptoms

Mullender et al. (2002) also noted that children who grow up with domestic violence have difficult relationships with their parents. The older the children are the more they understand the issues of power and control involved in the battering of their mothers. Most children place the blame on their fathers, however, some children may come to view their mothers as weak women who let themselves be victimised. As a result, their relationships with people they are supposed to love and be

loved by may suffer. This leads to a further disruption of their development and ability to function socially.

#### ***4.3.2 Domestic violence is linked to child abuse***

Children who live with domestic violence are also more likely to be abused themselves. The abuse may come from a violent father who exercises his control over both his partner and his children. The women in our study also linked child abuse and domestic violence, whereby a powerless mother takes her anger and desperation out on her children. The literature on this phenomenon is divided – some researchers minimise or ignore battered women's abusive behaviours towards their children and believe that women not only suffer abuse from their partners but also are blamed by the society for failing to protect their children. In an in-depth analysis of the link between domestic violence and child abuse, Stark and Flitcraft (1988) conclude that women abuse their children because they are entrapped. Further, they suggest that empowering women is the best method of preventing this abuse.

However, Peled (1996) argues that *"looking at battered women's parenting only through the lens of women's rights can lead to a sacrifice of children's rights"* (p. 140). Because women's and children's interests do not always overlap, some children of battered women do not get the services and attention they need. Peled argues that research needs to better examine the difficult question of battered women's abusive behaviours. However, that attributing the sole responsibility for children's wellbeing to mothers and ignoring the role of battering men as fathers, needs to be avoided

#### ***4.3.3. Violence becomes normalised for families who live with it***

The women we spoke with often lived in an abusive relationship for many years. They normalised what happened to them and made excuses for their partners' behaviour. They did not ask for help for a combination of reasons. These included fear of not being believed, feelings of shame and the desire to keep one's homelife private. Additionally, the traditional notions of life-long marriage and unconditional love for one's partner also played a part.

When children grew up with violence it became a "normal" part of their life. They may not ever have experienced loving relationships and may not have realised that what had happened to them and their mothers should not have been a normal part of human interactions. Children learned to use violence to solve their own problems and to deal with other people in their lives. Siblings who were exposed to the battering of their mother used aggression towards each other. Some women were particularly concerned that their sons may have learnt to be

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abusive towards other females while their daughters may have learnt to be submissive and accepting of violence from males.

Mullender et al. (2002) noted several beliefs that children from violent families adopt about the use of violence. With times these beliefs become internalised and may lead to future behavioural and emotional problems. Some of the women in our study intuitively noticed that their sons became more abusive towards their sisters. These women were afraid that their children might get caught up in the cycle of abuse. They talked about actively combating their children's violent behaviours by setting positive examples. Women hoped that they could teach their children to be respectful and loving towards each other.

### ***4.4.4 Women leave to protect their children and break the cycle of violence***

Overall, women talked extensively about the vicious cycle of abuse and how it needs to be broken by teaching children that violence is not acceptable. Children from violent homes need assistance to understand that what happens at home is not normal and that they deserve a better life. Breaking the cycle of abuse and protecting children from further exposure to violence and its harmful effects is often the main motivator for women to seek help. Mothers and children who have experienced domestic violence need to be supported in their efforts to regain their lives and seek a violence-free life. This support goes some way towards ensuring that the next generation of young people do not repeat the violence characteristic of their parents' relationship.

### ***4.4.5 Victims of domestic violence need support from appropriate interventions***

We talked at length with women and children about their experiences of support and domestic violence interventions. Their responses varied, reflecting different levels of satisfaction with the assistance received. However, all of the participants wanted to share their stories in the hope that victims of domestic violence can be better served in the future. Women and children prioritised the need to develop specific services for children. It was seen as important that children were listened to and counselled. Women wanted services designed for them to be improved. Interventions needed to be able to help them regain a sense of self-worth and support them in rebuilding their futures and raising their children in happy violence-free environments. Services such as counselling, social work and financial assistance were seen as vital. One of the problems with current interventions was that they contained insufficient information and knowledge about the existence of agencies designed to service women and children victims of domestic violence. Some women had to be very proactive in finding out their entitlements. Another major issue highlighted was the under resourcing of available

community services. Some women had experienced long delays waiting for the police to arrive, to receive counselling, and to receive adequate financial and child-care assistance for their families. Women wanted to see changes in legislation and the judicial system so that their abusers were brought to justice and more support was given to victims.

***4.5.6 Children and young people want to speak up and be more involved in domestic violence interventions***

The young people we interviewed wished that they had been more actively acknowledged and listened to by the people designed to help them. They felt powerless, ignored and wished they could speak up. They wanted the interventions given to their mothers to be more sensitive to their own needs and perspectives. They wanted to talk to someone who was “cool” and “on their level” and someone who they could trust and be comfortable with. Sometimes, those people may be friends or family, other times a youth worker or a teacher may play this vital role. Overall, school was singled out as a place where children can learn more about coping with domestic violence and be given information on sources of support such as guidance counsellors or free telephone counselling. Public campaigns with child-friendly advertising on the issue of domestic violence can also be an effective way of communicating messages to children and young people.

Mullender et al.'s (2002) study highlighted that being listened to and taken seriously and being actively involved in finding solutions, is crucial to children and young people caught up in domestic violence situations. Active participation is important because it helps children cope better. Not being listened to leaves them “doubly disadvantaged” (p. 121). Children who live with domestic violence witness many, if not most, of the violent incidents between their parents. Talking to children calms and reassures them and helps them make sense of such incidents. Women's attempts to hide violence may not only be unsuccessful, but may also leave children feeling more confused and isolated from their mothers.

The most significant finding from a practitioner's point of view is the importance of listening to children and taking their concerns seriously. Children want to be involved and help make decisions that influence their family life, safety and, ultimately, their future. Children's needs and perspectives need to be taken into account when designing and delivering domestic violence interventions to their mothers. Young people want to be given choices and to no longer feel powerless. They want to be supported by being listened to and believed.

## **Section 5: Conclusions and recommendations**

### **5.1 Children are still regarded as secondary victims of domestic violence**

Domestic violence can deeply affect the children and young people who witness it daily and who go on to live through years of watching their mother being battered battering. It places them at an increased risk of being abused themselves. It teaches them that violence is normal and acceptable and may predispose them to enter into abusive relationships or become violent in their adult lives.

The provision of effective and holistic interventions and services to women and children victims of domestic violence is critical. Early intervention with children is especially vital as it can prevent them from repeating the cycle of violence. As a society we will benefit from these efforts by raising a future generation of adults who do not condone violence and are less likely to repeat it.

We need to learn from the experiences of women and children who have lived with violence and build a better network of services to support them. It is essential that services consider and incorporate children's needs and perspectives. This research indicates that women often cite their children's safety and wellbeing as their main motivator to seek help. Women realise that exposure to violence can harm their children for life. However, taking into consideration the experiences of participants with support agencies, we can conclude that the support system offered does not fully recognise or address this link. We have shown that children still remain relatively unnoticed and secondary victims of domestic violence.

This research has highlighted that services for victims of domestic violence remain difficult to access and are under resourced. Interventions are often not designed in the best possible way to meet the requirements of recipients. Both the literature reviewed and the women and children interviewed identified the need for children's viewpoints and concerns to be incorporated into service design and provision.

If as researchers and practitioners we are prepared to listen to children and respond appropriately to their needs, they will no longer remain unseen or silent. We should accept that children are not merely witnesses to domestic violence; instead they are directly involved

(primary victims) in it and suffer equally harmful consequences. Perhaps the reason these children are perceived as silent victims is because they are silenced by *our* lack of understanding of the dynamics and trauma of domestic violence on children's lives. Children and young people deserve to be given a voice and recognition of their unique experience so we can provide them with the interventions and support they deserve. By hearing their pain and supporting them through it, we may be able not only to help the children here and now but also stop future generations from repeating the cycle of violence.

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## Appendix

### A. Qualitative Interview Guide

The content of interviews will be divided into questions appropriate for younger and older children/young people and presented in a developmentally appropriate manner.

1. The interview will begin by asking the mother to provide factual information about the type of interventions she and/or her child received in the process of dealing with domestic violence. Together the researcher and mother will “map out” the various agencies and people the mother/child might have accessed. This will help to identify the pertinent issues to be explored with the individual child.
2. Following that (same session), the researcher will go over the information with the child and will ask the child whether and what they know about their mum being screened and offered intervention/s during the recent hospital visit. The researcher will also ask whether anyone has talked to them about it and whether they received any help or if anyone has been involved with their family.
3. This information will help in the second part of the interview where the researcher will ask children their opinions of the interventions: what they think about them, what they liked/disliked, what was most helpful/hindering, and how they could see the interventions be improved for them and for other children.

The semi-structured interview will be customised to each child/young person, depending on the factual information provided by the mother and it will include some of the following questions:

#### HEALTHCARE SCREENING

- What are the issues for children? E.g.: if screening is done in private - children are not aware of it. What are children's perceptions of that? Would they like to know what mum is being asked about?
- If mum discloses domestic violence, did/who/when/how should someone talk to the children?
- How is or how should child abuse screening be incorporated into domestic violence screening? If mum screened positive, did someone ask the child about child abuse? What do children think about being asked about child abuse (even if no obvious signs)?

### **BRIEF AND/OR COMPREHENSIVE INTERVENTION**

- Were the children aware of the brief or comprehensive intervention provided to their mothers at the healthcare setting? If so, what do they know/remember about it? Did they understand the information given?
- What would they like to know about the intervention? Would they like to receive their own information? If the child had any questions, was there a chance to ask them and have them answered?
- Specifically about the *comprehensive* intervention: How do children perceive it? E.g. what they know/like/don't like about the involvement of social workers, community advocate, and/or law enforcement?
- How could people involved in helping mum make sure that the child is safe?
- Did the intervention change things for the child? Was it a positive or negative change?
- How do they think interventions could be improved?

### **GETTING OUT, ACCESSING SERVICES**

- How did the "getting out" impact on children's lives? What were the main positive and negative aspects of it?
- Were the children told what was happening at the time? Who told them?
- If in shelter, did someone from the staff talk to them? What were they told? What would they like to know?
- Were the children informed about any available programmes for children who witness domestic violence?

### **WHERE TO GO FROM HERE?**

- How do the children/young people see their situation now? What do they think will happen in the near future?
- What would they like to know and who would they like to talk to?
- What sort of help do they think they (and their mothers) need?
- What do they think about the nurses'/other healthcare workers' attempts to help children and young people in such situations? How could their attempts be improved?
- What/who was the most helpful/important thing that happened to them during the time between the intervention at the hospital and now?
- What was most difficult? What obstacles/difficulties did they face and how did/do they cope with them?
- What else could they tell us about helping young people be safe from domestic violence?

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**B. Participant Information Sheets**

**C. Participant Consent Forms**