University of South Australia | Australian Centre for Child Protection

Royal Commission into Domestic, Family and Sexual Violence
South Australian Government
GPO Box 464
Adelaide SA 5001

13th August 2024

Dear Royal Commission into Domestic, Family and Sexual Violence,

**Re: Issue Paper feedback for the South Australian Royal Commission into Domestic, Family and Sexual Violence**

Thank you for the opportunity to provide a submission to inform the work of the Royal Commission.

The Australian Centre for Child Protection notes the current issues paper and the critical issues of prevention, early intervention, response and recovery and healing raised within the Issues paper.

The Australian Centre for Child Protection (ACCP) is Australia's premier research centre for the prevention of child abuse and neglect, leading a public health approach to child protection research. Our vision and work are led by the desire to develop a system founded on research and clinical excellence which responds to the needs of vulnerable children and families. We specialise in innovative approaches and solutions, including responding to families with complex and multiple needs, child protection system and service reform and redesign, and the development and implementation of best practice child protection programs and services.

We offer the following brief comments in relation to the issues of prevention, early intervention, response and recovery, and healing raised within the Issues paper. The ACCP highlights the centrality of viewing these issues from the perspective of children and through an intergenerational lens.

The Australian Child Maltreatment Study estimates 61% of young Australians aged 16-24 years have experienced one or more forms of abuse or neglect, 24.7% have experienced 3 to 5 types, 25.7% had experienced child sexual abuse, and 43.8% of Young Australians had experienced exposure to intimate partner violence (a narrow definition of children's experience of FDV); in addition to being the most prevalent form of abuse or neglect, the ACMS found exposure to domestic violence was also the abuse type that most likely to co-occur with other types of abuse or neglect (www.acms.au).

The ACCP understands children's experience of family and domestic violence to be broad and complex. In addition to witnessing family and domestic violence, evidence shows children are too often involved in the violence – examples include children experiencing physical harm and coercive control directly, being harmed trying to intervene to protect others, and being manipulated and weaponised. Children can experience removal from a loving parent when systems fail or needs such as housing are unmet; and can be forced to spend time with their abuser in court ordered contact.

Research also shows the impacts of domestic and family violence on children are profound and for many long lasting. Children who experience family and domestic

P +61 (08) 8302 2874
E CHILDPROTECTION@UNISA.EDU.AU
A GPO BOX 2471 ADELAIDE SOUTH AUSTRALIA 5001
UNISA HOUSE, 195 NORTH TCE ADELAIDE SOUTH AUSTRALIA 5000
unisa.edu.au/accp

violence are also disproportionately more likely to experience and/or use violence in their own intimate relationships across their lifespan, including adolescent relationships.

It is the position of the ACCP that a significant and sustained reduction in the incidence of domestic and family violence is essential to reduce the parallel and inter-related epidemic of child abuse and neglect; which can be both a cause and effect of violence. Further, that prevention, early intervention, response and recovery, and healing of children's experience of family and domestic violence needs to be a critical priority in its own right. Finally, that preventing and responding to domestic violence needs to incorporate a focus on the experience and impacts of childhood trauma and intergenerational prevention, in addition to gender-based conceptualisations of family and domestic violence.

We would like to share a number of publications which we have produced in the area of domestic, family and sexual violence which are particularly relevant (summarised below).

The ACCP aims to provide a more detailed submission to the Commission in September 2024.

The papers in our feedback include:

1. **Victim-Survivors, Family and Domestic Violence Service Providers and Support People: Identification of Priority Issues for Research and Translation into Policy and Practice.** (2023). Melissa O'Donnell, Renee Usher, Samantha Burrow, Rebecca Nguyen, Anne McKenzie, Colleen Fisher. Global Social Welfare, 10, 129–138.

   The objective of this paper was to determine priority issues for future research and policy in FDV as determined by victim-survivors of FDV, providers of FDV services and informal support people. A range of priority areas were identified for research and translation including non-physical abuse, justice system reforms, accommodation, mental health of victim-survivors, children's health and wellbeing, education and prevention and perpetrator accountability. Victim-survivors, FDV service providers and informal support people identified a number of priority issues for research and translation into policy and practice. It is essential that victim-survivors are given opportunities to provide their views, knowledge and recommendations to develop research agendas, policy, practice and strategies aimed at reducing FDV in the community.

2. **ANROWS report: Investigating the mental health of children exposed to domestic and family violence through the use of linked police data and health records.**

   https://www.anrows.org.au/publication/investigating-the-mental-health-of-children-exposed-to-domestic-and-family-violence-through-the-use-of-linked-police-data-and-health-records/

   The study found that children who had been exposed to DFV were almost five times more likely to use a mental health service by the time they turned 18 than children who

P +61 (08) 8302 2874
E CHILDPROTECTION@UNISA.EDU.AU
A GPO BOX 2471 ADELAIDE SOUTH AUSTRALIA 5001
UNISA HOUSE, 195 NORTH TCE ADELAIDE SOUTH AUSTRALIA 5000
unisa.edu.au/accp

had not experienced DFV. On average, children were aged 6 when police or health recorded there was DFV in their home, but they only received a health service around the age of 12. Researchers were also able to identify an increased risk in 8 out of 10 mental health disorder diagnoses for children who had been exposed to DFV, including double the likelihood of substance use disorder compared to children who had not been exposed to DFV.

3. **ANROWS reports: The nature and extent of domestic and family violence exposure for children and young people with disability (Phase1).**

   https://www.anrows.org.au/publication/the-nature-and-extent-of-domestic-and-family-violence-exposure-for-children-and-young-people-with-disability/

   This Phase 1 report found that children with disability are twice as likely to have a mother hospitalised due to a DFV assault (8% compared to 4%) and that, according to police and hospital data, children with disability made up approximately 30 per cent of children who had experienced DFV. Children with disability were also far more likely than children without disability to have child protection involvement and enter out-of-home care.

   Child protection case file analysis revealed more about children and young people's experiences. Researchers found that the perpetrator of DFV often directed violence towards children as well as mothers. They also found violence negatively impacted children's and families' access to services and that mothers may feel unable to leave violence due to a lack of viable housing options that meet their child's needs.

   **Understanding the domestic and family violence experiences of children and young people within and across sectors (Phase 2)**
   https://www.anrows.org.au/publication/connecting-the-dots-understanding-the-domestic-and-family-violence-experiences-of-children-and-young-people-with-disability-within-and-across-sectors-final-report/

   This Phase 2 report extends on the prevalence data captured in Phase 1 to develop a richer picture of the lives and needs of young victims and survivors, their families and the practitioners working with them across services. The research team found that children and young people with disability: are first and foremost children with interests, humour, contributions and relationships; often know more about violence and safety than adults assume; can be destabilised, isolated and traumatised by violence.

   Participants also identified what effective service delivery could look like, naming a number of attributes such as practitioner consistency, flexible use of supports and disability-informed practice. Largely children, young people and families expressed that these characteristics were not replicated in the services they were receiving. Overarchingly, the research found support seemed to be in place because of the initiative taken by key people in their lives (mothers, mainly). A significant amount of advocacy and persistence was needed, often over years, for most of the children and young people in this study to receive a reasonable level of support.

4. **Narrative and fixed-field Data: Are we underestimating the risk of family and domestic violence?** (2023). Olivia Octoman, Sarah Cox, Fiona Arney, Alwin Chong, Ebony Tucker. Child Abuse Review; 32: e2811.

   This report examined the extent of children's exposure to FDV in child protection reports using both fixed-field and narrative data. Results from examination of the narrative data revealed that children's reported current exposure to FDV could be two to three times higher than fixed-field data suggest. In the current study, analyses also showed that over half of all reports to child protection did not have a primary harm type recorded (i.e. the reports were 'screened out'). A quarter of these included details of child exposure to FDV in the narrative. The implications for these findings are substantial. Underestimating risk is likely to lead to a significant underestimation in the need for services and interventions specifically relating to FDV for families involved in child protection, for example, parenting post-violence and child trauma responses incorporating exposure to violence. Based on the results of the current study, efforts need to be focused on ensuring adequate services are available to support children and families known to child protection who have experienced FDV.

Yours sincerely,

| | | |
|---|---|---|
| Professor Melissa O'Donnell<br>Deputy Director- Research | Professor Leah Bromfield<br>Director | Ms Amanda Paton<br>Deputy Director- Practice |

P +61 (08) 8302 2874
E CHILDPROTECTION@UNISA.EDU.AU
A GPO BOX 2471 ADELAIDE SOUTH AUSTRALIA 5001
UNISA HOUSE, 195 NORTH TCE ADELAIDE SOUTH AUSTRALIA 5000
unisa.edu.au/accp

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# Victim-Survivors, Family and Domestic Violence Service Providers and Support People: Identification of Priority Issues for Research and Translation into Policy and Practice

**Melissa O'Donnell[1,2] · Renee Usher[1] · Samantha Burrow[3] · Rebecca Nguyen[2,3] · Anne McKenzie[2,3] · Colleen Fisher[3]**

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## Abstract

**Purpose** The rates of family and domestic violence (FDV) remain significantly high in Australia, and to address this, we need to ensure that victim-survivors of FDV are at the centre of these efforts. The research objective was to determine priority issues for future research and policy in FDV as determined by victim-survivors of FDV, providers of FDV services and informal support people.

**Methods** A survey was made available online and a recruitment email sent out to FDV service providers, victim-survivor support groups and professional networks for the survey recruitment of victim-survivors, informal support people and workers within FDV services. Survey questions asked for demographic information and an open-ended question to identify priority issues for research and translation in FDV. It was completed by 150 respondents in Western Australia with 70% identifying as victim-survivors and heavily biased towards women (94%). Qualitative content analysis was utilised to code participant responses into themed areas.

**Results** A range of priority areas were identified for research and translation including non-physical abuse, justice system reforms, accommodation, mental health of victim-survivors, children's health and wellbeing, education and prevention and perpetrator accountability.

**Conclusions** Victim-survivors, FDV service providers and informal support people identified a number of priority issues for research and translation into policy and practice. It is essential that victim-survivors are given opportunities to provide their views, knowledge and recommendations to develop research agendas, policy, practice and strategies aimed at reducing FDV in the community.

**Keywords** Family domestic violence abuse · Community survey research priorities

## Introduction

Family and domestic violence (FDV) is a global priority issue (World Health Organisation, 2018) and is considered any behaviour that is violent, threatening or intended to create fear and risk of harm in another person (Australian Institute of Health and Welfare (AIHW), 2019). FDV can take many overt or covert forms such as physical, sexual, emotional, financial and/or psychological abuse, all with the intent to exert power and control over another. The terms "family violence" and "domestic violence" are typically used synonymously and refer to the nature of the relationship between the victim and the perpetrator. Family violence is usually between family members, whilst domestic violence is predominantly used in reference to intimate partner violence.

Australia has seen an unprecedented focus on FDV policy and practice issues, but despite these efforts, many families are still impacted by it — women disproportionately. According to the AIHW (2019), one in six women since the age of 15 years has experienced violence from a previous or current partner, compared to one in sixteen men. On average, eight women a day are hospitalised for assault, and one woman a

✉ Melissa O'Donnell
Melissa.O'Donnell@unisa.edu.au

[1] Australian Centre for Child Protection, University of South Australia, 2 Delhi Street, West Perth, WA 6005, Australia

[2] Telethon Kids Institute, University of Western Australia, Nedlands, Australia

[3] School of Population and Global Health, University of Western Australia, Perth, Australia

week is killed as a result of FDV (AIHW, 2019). Aboriginal women are 32 times more likely to be admitted to hospital due to FDV compared to non-Aboriginal women (Steering Committee for the Review of Government Service Provision, 2016). Other high-risk groups include young women, women with disabilities and women from low socioeconomic backgrounds (AIHW, 2019).

The response to FDV has primarily been driven by researchers and policy makers with minimal input from those with lived experience. Research has shown that it is essential to engage the people in the community who are most burdened by an issue and invite their participation in bridging the evidence and policy divide (Cacari-Stone et al., 2014). A person's lived experience is their first-hand, first-person knowledge of a phenomenon (Boydell et al., 2021). Therefore, identifying priorities for future research and translation into policy and practice requires taking into account how FDV is experienced by victim-survivors and those who offer formal and informal support. Kulkarni (2019) argues that expanding the role of those with lived experience, from "survivor-centred to survivor-informed", is key in continuing to progress the FDV sector forward and ensures meaningful participation and guidance in all aspects of FDV responses. A collaborative partnership between researchers, policy makers, service providers and community members with lived experience is essential to addressing the complex and nuanced issues of FDV.

In response to government and community concerns regarding FDV, the Western Australian Consumer and Community Health Research Network (including those with lived experience of FDV) partnered with Anglicare WA and researchers at the University of Western Australia to conduct a priority setting partnership project (Fisher et al., 2016). The aim of the project was to identify priorities for research and translation into policy that were important to the people who had experienced FDV and those who supported them. This survey formed part of the project to gain insight into the views of victim-survivors, service providers and support people of FDV to determine priorities for future research, policy and practices.

## Methods

An exploratory study was conducted utilising an anonymous online survey which involved close-ended questions about the demographics of survey participants and open-ended questions to allow participants to provide FDV priority issues for research and translation into policy and practice.

### Recruitment

The online survey was developed in collaboration between researchers, victim-survivors and FDV service providers. The survey was distributed using Survey Monkey through professional and community contacts of the project team and via FDV service providers and support groups. Government agencies, including WA Police Domestic Violence Victim Support Units and the Department for Communities Domestic Violence Response Team, were also invited to participate. The survey was open to anyone with lived experience or who provided formal/informal support to people experiencing FDV.

### Survey

Survey respondents were firstly asked to provide consent to participate in the survey. The survey included a combination of 10 open- and close-ended questions seeking information about demographics and an open-ended question to provide FDV priority issues for research and translation.

### Ethics

Ethics approval was obtained from the University of Western Australia's Human Research Ethics Committee (RA/4/1/8592).

### Analysis

Simple descriptive statistics were utilised to report on the demographics. The open-ended questions asking participants to provide priority issues for FDV research and translation into policy and practice were analysed using qualitative conventional content analysis (Hsieh & Shannon, 2005). This approach is widely used in contemporary health research and an approach through which researchers are able to classify text into a relevant number of categories that represent text with shared meaning (Weber, 1990). The approach was particularly relevant as the research was not to seek in-depth understanding of FDV but rather respondents' perspectives of future priorities for research and translation drawing on their experience as a victim-survivor or through providing formal or informal support for those experiencing it.

The final sample of 150 respondents was deemed sufficient to enable a robust analysis of the qualitative data. Tran et al. (2016), drawing on a random sample of 100 published studies using surveys with open-ended questions, found that sample sizes over 150 participants would not

be likely to significantly increase the number of identified themes. Two researchers coded and categorised this qualitative data to determine the main themes in the participant responses (Hsieh & Shannon, 2005). The responses were coded independently and a final discussion between the two researchers formalised an agreement on the themes. A research team member with lived experience of FDV provided further independent analysis to confirm the identified themes and interpretation. NVIVO was utilised to code the data.

## Results

### Demographics of Respondents

There were 150 people who responded to the survey, with 70% identifying that they had experienced or were experiencing abuse and/or violence (Table 1). It is important to note that respondents were able to select multiple answers as to whether they had lived experience of FDV or provided formal or informal support services; therefore, the 70% included those who could be classified as both. Thirty-five percent of respondents stated that they supported someone who had experienced abuse and violence, with 33% of respondents working for an organisation that provides FDV services. Eleven percent of respondents identified as Aboriginal or Torres Strait Islander, and 29% reported they were born overseas. The age of respondents was typically between 18–39 years (52%) and 40–64 years (37.3%), and the majority of respondents were female (94%). Fifty-eight percent of respondents were currently or had previously accessed FDV support services with 41% stating they had not.

### Access to FDV Services

Of the survey respondents, 58.4% were currently accessing FDV services or had accessed them in the past. There were 32.7% of survey respondents who had experienced FDV but not accessed FDV services and provided a reason. The three main themes for not accessing FDV services were "abuse not physical", "fear of further harm" and "accessibility of services".

#### Theme 1: "Abuse Not Physical"

Several survey respondents reported being informed that services (particularly police and courts) would not deem them to be in danger as they had not suffered any physical abuse. A respondent reported: "I applied for a restraining order

**Table 1** Demographics of respondents

| Respondent characteristics | Numbers ($n = 150$) | Percentages |
|---|---|---|
| **Type of respondent (more than one could be chosen)*** | | |
| Experienced or at risk of abuse/violence | 105* | 70%* |
| Support someone who has experienced or at risk of abuse/violence | 52* | 34.7%* |
| Work for an organisation that supports/provides services for people experience FDV | 49* | 32.7%* |
| **Age of respondent/client** | | |
| 18–39 years | 78 | 52% |
| 40–64 years | 56 | 37.3% |
| 65 + years | 4 | 2.7% |
| Missing | 12 | 8% |
| **Gender of respondent** | | |
| Male | 4 | 2.7% |
| Female | 141 | 94% |
| Missing | 5 | 3.3% |
| **Respondent ethnicity** | | |
| Aboriginal and Torres Strait Islander | 16 | 10.7% |
| Born overseas | 43 | 28.7% |
| Africa | 4 | 2.7% |
| Asia | 6 | 4% |
| Europe | 16 | 10.7% |
| Oceania | 9 | 6% |
| North and South America | 8 | 5.3% |

*Participants could tick multiple responses; therefore, numbers will not equal 150 participants or equal 100%

but was told because I hadn't been directly hit I couldn't get one" (Victim-survivor 11). In addition, a respondent who had provided support to a woman experiencing FDV noted: "services are only available to those who are subject to physical abuse.. this created further stress and disempowerment to the person who had been subject to severe and prolonged verbal and electronic threats" (Support person 2).

#### Theme 2: "Fear of Further Harm"

Numerous respondents reported that they feared that accessing services or obtaining a restraining order could make the situation worse. Respondents expressed concern about the reaction of partners/ex-partners:

> I didn't want to anger my ex-husband further… had to keep seeing him for the divorce process and feared reporting the abuse would make my situation worse. (Victim-survivor 3)

For others, fear and intimidation stopped them from going to services, a respondent stated:

> I felt like I had to handle it myself and also fear of what would happen if I did seek help. (Victim-survivor 13)

Additionally, previous experiences had resulted in some respondents not wanting to access services:

> (I) avoid accessing services as they are at best useless and at worst extremely harmful to the situation putting our family more at risk. (Victim-survivor 39)

#### Theme 3: "Services Not Easily Accessible"

Many respondents perceived that services were not accessible or did not know how to access them. A number of respondents described a lack of services in their area, particularly rural and remote respondents. Other issues included the lack of privacy in small towns and concerns around confidentiality:

> I live in a small town where everyone knows everyone. (Victim-survivor 49).

For respondents with disabilities, access was a particular issue:

> As a disabled woman with disabled children I found it difficult to access services… the refuge I went to was inaccessible for wheelchairs. (Victim-survivor 68)

A male respondent said:

> there are no organisations that are available to assist men with intimate partner violence; no one takes us seriously. (Victim-survivor 69)

## Findings on Priority Issues for Research and Translation

Respondents in the survey were asked to provide their priority issues for future research and translation. Eighty two percent ($n = 124$) of survey respondents answered this question with a further 39% providing further comments. Through analysis, seven priority themes were identified: non-physical abuse; justice system reforms; accommodation; mental health of victim-survivors; children's health and wellbeing; education and prevention; and perpetrator accountability.

#### Priority Theme 1: "Non-physical Abuse"

A large number of respondents discussed how non-physical abuse was not recognised as FDV within the community or by police and courts. They considered this a critical area for research and translation. One respondent explained:

> Sometimes I wish he had just hit me… Then it would have been easier to recognise, report and get support and understanding. (Victim-survivor 14)

Other respondents noted the need for more information in public places and education about non-physical abuse:

> I didn't know I was in an abusive relationship. All I knew was that I was really unhappy, worried for myself and my children, and I was led to believe it was my fault. More information on subtle but common controlling behaviours... would be helpful, because when the controlling partner monitors every internet site and backs up every file including your phone, you can't look up 'what is abuse? (Victim-survivor 42)

and

> greater education… through school education programs… about what constitutes abuse as mine started with emotional and psychological for several years before he actually laid a hand on me and it wasn't until it got physical that I thought it was not ok. (Victim-survivor 119)

#### Priority Theme 2: Justice System Reforms

Many respondents highlighted issues within the justice system that required research and translation, including the need to change perceptions, enhance practice and develop fair and safe systems.

**Changing Perceptions** The need to change lawyers, judges and police officers' perceptions of violent relationships was noted:

> lawyers think if we stay in a long marriage it can't have been so bad… not understanding that our reasons are numerous. (Victim-survivors 4)

And:

> changing judges' and police response to female victims of violence… it's about women's role in society and men's sense of entitlement. It's about power and control. (Service provider 110)

A small number of men responded to our survey with issues regarding not being taken seriously about their own experience of abuse:

> the Family Court of WA does not look upon men who raise issues of IPV favourably; so we [men] don't. (Victim-survivor 65)

**Practice Enhancement** Respondents felt there was a need for better training for court staff and more social work support during the court process:

> training to give them [court staff] a greater understanding of the issues women are facing… they do not understand the complexity of domestic violence and the increased risk of safety of the mother and child should they obtain a VRO or leave. (Service provider 6)

or

> More intensive assistance to walk scared women or men through mediation and family court processes. (Victim-survivor 53)

The need for stronger partnerships across justice and other services was also raised:

> health/justice partnership to identify victims and provide intervention services earlier… research suggests victims of DV will disclose to a health worker/social worker/GP (General Practitioner) before others outside the family… Victoria already have these in place with a lawyer present at the hospital. (Service provider 84)

**Developing Fair and Safe Systems** Respondents discussed the system's limited capacity to protect them and the lack of police response:

> even with a violence restraining order in place police dismiss numerous requests for help when feeling unsafe. (Victim-survivor 71)

and

> In my experience police are too slow to respond. On one occasion I waited 40 minutes for police to arrive in which time I may have been killed. (Victim-survivor 3)

Many respondents feared the courts' processes and experienced them as intimidating. They spoke of the fear of attending court and being in the same room as the perpetrator. Moreover, respondents discussed the drawn-out court processes:

> victims are often subject to years and years of drawn out court and custody battles (sometimes just labelled as 'high conflict' separations) and subject to smear campaigns .. that are often more convincing than the truth of the abuse. (Service provider 38)

Several respondents mentioned the lack of and cost of legal representation, the limitations of legal aid and the hardship that this imposes on families:

> It is extremely difficult to get timely, affordable and accurate legal advice, particularly with regards to rights about property or protecting children. It is actually harder if you don't qualify for legal aid but don't earn enough to afford a private lawyer. (Victim-survivor 81)

Mothers also reported being scared to raise the issue of FDV as it would negatively impact their child custody arrangements or safety:

> I didn't make a formal statement to police because I was worried it would work against me… it would either make my ex angrier and more unpredictable … or I would be seen in court as doing it just to be vindictive which might work against me in trying to resolve care arrangements for our children. (Victim-survivor 46)

Victim-survivors, support people and service providers were also concerned that reporting FDV might work against them with child protection services and noted a need for:

> support for mothers without the underlying threat of the children being taken away. (Service provider 105)

A number of respondents spoke about perpetrators being able to manipulate the legal system and questioned the appropriateness of child custody arrangements:

> Family court child order procedures urgently need review. I have been shocked by the manipulation that my ex has been able to get away with and the fact that past acts of violence were not seen as significant by a single expert witness. … I want an independent review of the system and transparency. (Victim-survivor 44)
> why does the court system believe that perpetrators have equal share care to subject our children to further abuse. (Victim-survivor 4)

And:

why do I have to prove that the kids don't want to see their father because of trauma. (Victim-survivor 39)

#### Priority Theme 3: Accommodation

The challenges for women trying to find safe places for themselves and their children, as well as remaining in housing and tenancies, were a concern raised by many respondents. They perceived the lack of housing as a deterrent to leaving situations of FDV:

housing is the biggest barrier to leaving an abusive relationship. (Victim-survivor 28)

And another:

home is a security even for an abused person and homelessness is a big reason why one stays. (Victim-survivor 115)

Inadequate emergency accommodation was frequently noted with respondents stating there was either a lack of refuges in their area or that the refuges did not meet their needs. A service provider working in a remote area stated:

there is no emergency accommodation, the refuge is always full… (we need) brokerage funds to assist women to leave the community. (Service provider 16)

Other respondents talked about the need for more support at refuges:

There wasn't enough caring support at the refuge … Women more battered than me were left isolated and depressed with no one coming to check up on them. (Victim-survivor 12)

A number of respondents spoke to the need for accommodation services for male perpetrators to allow mothers and children to remain at home:

why is it still overwhelmingly the case that women and children are relocated in the instance of domestic violence instead of being protected in their place. (Service provider 42)

And:

when leaving my partner I couldn't get housing and within a few months was homeless with two children – he should have been forced to leave – not me. (Victim-survivor 68)

Some respondents suggested a more responsive approach to those planning to leave a violent and abusive situation:

there needs to be some sort of service which can come in and help the person affected move quickly and safely. If I had somewhere I could have gone… I would have left years ago. (Victim-survivor 9)

Or:

I would like to see a government initiative to create a frontline program that supports victims who want to leave an abusive situation, like body guards, housing and financial support to make it easier for victims to leave. (Service provider 62)

#### Priority Theme 4: Mental Health of Victim-Survivors

The impact of FDV on mental health was a clear priority including diagnosable mental health conditions resulting from experiencing FDV:

I would like post-traumatic stress disorder researched … after trauma of FDV. (Service provider 55)

Or:

find out more about how FDV and abuse affects the developing brain. (Victim-survivor 73)

Others mentioned the ongoing nature of the trauma and need for continued mental health support:

years of counselling and the PTSD doesn't go away … it's relentless. (Victim-survivor 59)

And:

when you have made it out of a domestic violence situation but the effects of the trauma are ever present and stop you from moving forward in everyday life. (Victim-survivor 76)

**Priority Theme 5: Children's Health and Wellbeing** Many respondents who had experienced FDV were mothers and, in addition to the custody issues mentioned previously, they also stated the need to investigate the impact of FDV on children. This included the need for research on:

the impact on child's emotional and cognitive development and wellbeing. (Service provider 118)
what helps children to be resilient when a parent is experiencing domestic violence. (Victim-survivor 3)

And:

increasing support for children who have a lived experience with FDV and suffer ongoing mental and physical health issues. (Victim-survivor 57)

The need for "educating school staff to aid and support children" (Victim-survivor 58) and research regarding continued exposure were also identified:

> (the relationship between) family violence and adolescent mental health issues when the child has either been raised by parents in a physically/emotionally/financially abusive relationship and those children still exposed to the same abusive relationship where the family court encourages contact with both parents. (Victim-survivor 61)

#### Priority Theme 6: Education and Prevention

The need for education and prevention efforts for FDV was an area respondents felt strongly about. In addition to information previously mentioned around non-physical abuse and training for professionals, respondents also called for broader education in communities and schools:

> Education is important for men, women and children … people need to be informed about what may occur, how to deal with the situation if it arises, what professional services are available. (Victim-survivor 59)

And:

> one of the most significant ways we can counteract this epidemic as a community is for respectful relationship education to start in kindergarten and be built on year by year at school... (Service provider 28)

#### Priority Theme 7: Perpetrator Accountability

The need to provide programs for perpetrators that run alongside those for victims and family members was stated:

> I think family and domestic violence issues are often debated with the exclusion of perpetrators. Why do perpetrators do what they do to victims. (Victim-survivor 97)
> Victims are offered a lot of support but there aren't too many for rehabilitation of perpetrators. (Service provider 52)

And:

> until we start educating perpetrators and trying to change their behaviour.. rather than place the emphasis on the victim keeping away from situations where they may be at risk… nothing will change. (Victim-survivor 32)

## Discussion

Survey respondents identified a range of issues for not accessing services, as well as priorities for research and translation into policy and practice. There were 32.7% of our survey respondents who had experienced FDV but not accessed FDV services and provided a reason. Three main themes were identified as barriers to accessing services: abuse not being physical; the fear of further harm; and accessibility of services. Research has identified a high level of non-reporting and accessing services with the Australian Personal Safety Survey finding that only one in five women who experienced FDV from a current partner ever made a report to police (Australian Bureau of Statistics, 2016). In an evidence synthesis, barriers to reporting FDV included the fear of not being believed; fear of retribution or escalation of violence and abuse; and/or fear of being blamed for the abuse (Akers & Kaukinen, 2009; Birdsey & Snowball, 2013; DJIRRA, 2010; Goodman-Delahunty & Crehan, 2016; Ulbrick & Jago, 2018; Voce & Boxall, 2018; Xie & Lynch, 2017). Research also suggests the reluctance of victim-survivors to report abuse to police and other services is due to the need to provide evidentiary support in the courts and that controlling and coercive behaviours are not a crime and are difficult to prove (Walklate & Fitz-Gibbon, 2019). Research also identified that victim-survivors were more likely to report if they had suffered physical violence, compared to non-physical violence (AIHW, 2019). This can create adverse consequences for victim-survivors causing missed opportunities for earlier intervention and prevention of harm because of the high risk that non-physical violence will eventually escalate to physical violence (Walklate & Fitz-Gibbon, 2019). Therefore, it is essential that research captures the experiences of victim-survivors of FDV to help guide the development and evaluation of policies and practices to improve access to FDV services.

A diverse set of themes was identified from the survey responses as important priority areas for research and translation. These included non-physical abuse; reforming the justice system; accommodation; mental health of victim-survivors; children's health and wellbeing; and perpetrator accountability.

Many respondents discussed the lack of recognition in the community or the justice system regarding non-physical violence and abuse. Coercive control is described as acts or behaviours associated with FDV such as isolating victims from family and friends: controlling access to finances; monitoring movements; and restricting access to information and assistance (AIHW, 2019). Contrary to physical and sexual assaults, coercive control is not legislated as a criminal act in Australia; however, reports such as Victoria's *Royal Commission into Family Violence* (State of Victoria, 2016) and Queensland's *Not Now, Not Ever Report* (Queensland Government, 2017) have stated that Australia's current criminal law system fails to provide justice for victim-survivors of FDV. Survey respondents were also adamant there is a need for recognition of coercive control and legal responses to hold perpetrators accountable for their persistent, controlling and abusive behaviours. There has been increased awareness

and discussions in Australia to criminalise coercive control following England's implementation of coercive control as a punishable offense in 2015 (Dale, 2019; Douglas, 2017; Ulbrick & Jago, 2018). Investigations and consultations into the feasibility of introducing similar legislation into the legal system are currently ongoing across most Australian states and territories.

Respondents also expressed several issues relating to justice system reform. Many spoke about the fear and intimidation of the justice system and need for social workers to support victim-survivors navigating legal processes. Research indicates most victim-survivors of FDV experience trauma, yet court processes require victim-survivors to face their perpetrators causing retraumatisation (Jones et al., 2002). To support victim-survivors, it is essential that trauma-informed training is developed and implemented for all legal staff to recognise and understand the complex nature of FDV (Walklate & Fitz-Gibbon, 2019). This includes the need to help victim-survivors overcome barriers to access legal representation and recognise the manipulation of legal system processes by perpetrators (Douglas, 2017). Situations where victim-survivors and perpetrators are forced to remain in contact due to child matters, divorce/property settlements or through child support perpetuate the risk of ongoing abuse. Douglas (2017) found that 50% of women in their study identified that legal processes were being weaponised to continue the abuse post-separation. Therefore, legal system processes require further research and analysis alongside legislative reform to mitigate systemic abuse against victim-survivors (Walklate & Fitz-Gibbon, 2019).

Respondents stated that finding safe accommodation was the biggest challenge in leaving a violent and abusive relationship and suggested the need to investigate better response approaches to support people planning to leave. At least 42% of clients seeking assistance from specialist homelessness services do so because of FDV, with 121,000 clients assisted in 2017–2018 (AIHW, 2019). Respondents proposed an investigation into service options to address financial, transport and accommodation support once the abused person makes the decision to leave as a vital step forward in supporting victim-survivors of FDV, including children.

In terms of mental health impacts, studies show that victim-survivors of FDV can experience a multitude of long-term mental health issues as a result of the trauma. Moulding et al.'s (2021) study explored the impact that FDV had on women victim-survivors' sense of self, including loss of freedom, identity, home, work and relationships. These impacts have direct links to mental health, substance abuse and suicidality. In addition, FDV often results in victim-survivors being isolated from family, friends and social supports (AIHW, 2019). Respondents stated that the isolation and loneliness as a result of FDV can exacerbate the trauma and mental health symptoms that victim-survivors may experience. Therefore, understanding the long-term impacts of FDV on mental health for women, children and men requires further investigation to improve support services for victim-survivors to overcome trauma and optimise outcomes, as well as recognising how FDV may be experienced differently between genders.

Mothers in the survey highlighted their concerns about the impact of FDV on children's health and wellbeing, particularly around the challenges if being investigated by child protection. Social discourses around motherhood have created the assumption and expectation that mothers of children exposed to FDV are stereotypically responsible to be the protective parent or risk losing parental responsibility and care of the children (Buchanan et al., 2015; Meyer, 2018). Callaghan et al., (2018, p. 1573) states, "It is crucial that we move beyond seeing this [FDV] as an issue between two adults" to understand that children are often "witnesses" and also need "safeguarding" against FDV. Therefore, improved responses are needed to support protective parents, typically mothers, in providing a safety net of safe spaces and practices to help victim-survivors and their children to feel protected. Another concern for mothers was the issue of perpetrators gaining access to the children through court processes, thus exposing children to ongoing risk of abuse and neglect. Several Australian states are currently reviewing their legislation to protect the parental custody of non-offending parents (Australian Institute of Family Studies, 2022); however, research is needed to investigate how this potential legislation impacts child protection cases, family court orders and, more importantly, child welfare.

Prevention of FDV was a priority for many respondents, and the need for greater and more sustained efforts to address education and prevention was identified. There were many suggestions about how this could be addressed including determining the optimal age for teaching children about FDV, the need for respectful relationship education and how to recognise the signs of coercive control. Our Watch (2021) is Australia's peak body and framework on the primary prevention of FDV and aims to address gender inequality through community campaigns. Our Watch highlights that it is essential for ongoing evaluations of services and strategies in order to monitor the impact of social and systemic drivers of FDV.

From the survey responses, a theme emerged that highlighted how responsibility is typically placed on victim-survivors, predominantly women, to seek protection and support for FDV rather than placing the focus on the person who is perpetrating the violence. Thus, perpetrator accountability was another priority theme that respondents raised. Research studies discuss the challenges of perpetrators (95% men) having capacity to hold themselves accountable for their violent and abusive behaviours (Alderson et al., 2013; Meyer, 2018; Vlais, 2016) and the low success rates of behaviour change programs (Australia's National Research Organisation for

Women's Safety (ANROWS), 2019). Support for improved perpetrator programs was evident from survey respondents and is deemed important for further research to develop better strategies to encourage behaviour change.

## Limitations

Some advantages of online surveys include reach and anonymity; however, there are also some disadvantages (Ball, 2019). This online survey was made available through professional and community networks, government and non-government service organisations and support services potentially resulting in respondents skewed to those accessing services, particularly women. Additionally, the majority of respondents were from metropolitan Perth with a small component identifying as regional/rural. Unfortunately, there was no capacity to provide our survey in other languages or expand on the role of culture and ethnicity in FDV. The theory of intersectionality explains how overlapping identity factors create different experiences of oppression and marginalisation such as gender, race, sexual orientation, class, religion and ethnicity (Runyan, 2018). Further research should endeavour to achieve greater population representation to explore potential differences in priorities for research and policy translation across gender, sexual orientation and ethnic groups.

## Conclusions

This research has endeavoured to capture the views of victim-survivors, FDV service providers and informal support people to guide future research and policy directions in this area. It is essential their experiences, knowledge and recommendations are used to develop policy, practice, service design and strategies aimed at reducing the rates of FDV in the Australian community.

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## Declarations

**Competing Interests** The authors declare no competing interests.

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SHORT REPORT

Association of Child Protection Professionals

# Narrative and fixed-field Data: Are we underestimating the risk of family and domestic violence?

**Olivia Octoman**[1] | **Sarah Cox**[1] | **Fiona Arney**[2] | **Alwin Chong**[2] | **Ebony Tucker**[1]

[1]Australian Centre for Child Protection, Justice and Society, University of South Australia, Australia

[2]Arney Chong Consulting and Positive Futures Research, Australia

**Correspondence**
Dr Olivia Octoman, Australian Centre for Child Protection, University of South Australia, GPO Box 2471, Adelaide, South Australia, 5001, Australia.
Email: olivia.octoman@unisa.edu.au

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## INTRODUCTION

Family and domestic violence (FDV) has increasingly been recognised as a major societal issue globally (World Health Organisation, 2021). As research continues to highlight the nature and extent of FDV, growing attention has turned to the impact of FDV on children and young people's safety and wellbeing, highlighting that those exposed to FDV experience a multitude of long-term internalising, externalising and trauma symptoms (Evans et al., 2008; Jenney & Alaggia, 2018). It is estimated that between 133 to 275 million children globally are exposed to at least one incident of FDV each year (Pinheiro, 2006). More recent localised estimates suggest that in the US 17.3 per cent of children had witnessed assault between parents/caregivers in their lifetime (Finkelhor et al., 2013), while across low-income and lower-middle-income countries children's exposure to intimate partner violence was estimated to be 29 per cent (Kieselbach et al., 2022). Considering this, global changes have been enacted to improve child protection policy and legislation and better reflect children and young people exposed to FDV as at risk and in need of protection (Australian Institute of Health & Welfare [AIHW], 2021a; Black et al., 2008).

## FAMILY AND DOMESTIC VIOLENCE IN AUSTRALIAN CHILD PROTECTION CASES

In many Australian states and territories, exposure to FDV is formally recognised in legislative definitions as grounds for a child in need of protection. However, exposure to FDV is not always represented as its own category of harm in data. For example, Australian population-level statistics report four harm types including emotional abuse, physical abuse, sexual abuse and neglect (AIHW, 2021a). Exposure to FDV is commonly incorporated within the definition of emotional or psychological abuse (AIHW, 2021a; Australian Institute of Family Studies [AIFS], 2019). Australian child protection population-level statistics therefore report on emotional abuse broadly, inclusive of children exposed to FDV (AIHW, 2021a).

Researchers have examined children's exposure specifically to FDV using fixed-field child protection administrative data at the jurisdictional level. These data are recorded as structured, readily extractable pre-set fields (called fixed fields) in an administrative child protection system. For example, Shlonsky et al. (2019) found that 16 per cent of reports to child protection in New South Wales, Victoria, and Western Australian between 2010/11 and 2014/15 related to FDV, with an increase of 25 per cent across that time. Similar rates have been found in prenatal reports to

child protection in the Australian Capital Territory, where FDV was the reason for 13.4 per cent of reports (Taplin, 2017).

## LIMITATIONS OF FIXED-FIELD DATA TO ESTIMATE EXPOSURE TO FDV

While fixed-field data provide an indication of the extent of children's exposure to FDV, relying on these high-level operational data is limited for two key reasons. First, operational data are not primarily collected for research purposes. Instead, the information is collected and recorded, typically by social workers, as a part of the day-to-day operation and service delivery of child protection departments. In requesting fixed-field data from data custodians within child protection departments, researchers select the relevant data from an established list of available fields used in client management systems. Due to the availability of information routinely recorded about harm type in fixed-field data, using these data researchers typically can only report on one (primary) or two (primary and secondary) types of harm. However, it is the norm for children known to child protection to experience multiple forms of harm (Moore et al., 2015; Price-Robertson et al., 2013). While relevant child protection authorities can access the nuanced report details to understand the (potential) multiple harm types, researchers using fixed-field data cannot sufficiently capture a complete picture of the child's experiences. Secondly, the recording of a primary and secondary harm type often requires a report to be 'screened in' for a child protection response (i.e. those meeting the threshold for abuse and neglect), meaning that 'screened out' reports are not examined. By definition, screened-out notifications should not contain abuse or neglect. However, the 2016 South Australian Child Protection Systems Royal Commission assessed a small selection of notifications screened out as notifier-only concerns (i.e. the notification is insufficient or vague, the notifier lacks credibility or the notification does not meet the definition of abuse or neglect), including some that contained concerns relating to children's exposure to FDV. The Child Protection Systems Royal Commission (2016) found that only two of the 20 examined reports would *not* have required a response from the department. Hence, FDV may be significantly underestimated in studies that use fixed-field information from screened in reports alone.

In recognition of these limitations, research has started to examine the narrative information recorded in child protection reports, further highlighting the potential underestimation of risk. For example, in a recent study in Australia by Meiksans et al. (2021), a much higher level of intimate partner violence (70 per cent) was identified when examining prenatal child protection report narratives compared to that found in previous research using fixed-field data (13.4 per cent; Taplin, 2017). While such a considerable discrepancy between rates of similarly sized Australian samples points to the restrictive nature of fixed-field data, these samples are not directly comparable because they are from different Australian jurisdictions. However, considering the increased reporting of FDV (Shlonsky et al., 2019) this potential underestimation of child exposure to FDV warrants further investigation.

## AIM

This short report aimed to compare FDV in fixed-field and narrative-level data for the same child protection cases reported in an Australian jurisdiction. The study examined a sample of reports made in that jurisdiction, irrespective of how they were screened at intake. It is anticipated that doing so will lead to a better understanding of the extent of child exposure to FDV in child protection cases and provide a more comprehensive picture of the risks children and young people are facing. This research will answer the following research questions:

1. What is the extent of child exposure to FDV identified in fixed-field and narrative child protection data?
2. What is the level of agreement between child exposure to FDV identified in fixed-field and narrative child protection data?

## METHODS

### Ethics approval and cultural oversight

This study was approved by the Aboriginal Health Council of South Australia, Aboriginal Health Research Ethics Committee (Protocol #04–17-718) and the University of South Australia Human Research Ethics Committee (ID: 0000036590). Due to the over-representation of Australian Aboriginal and Torres Strait Islander children and families within child protection systems, the research was governed by an Aboriginal Leadership Group who provided cultural oversight and guidance in research design, coding and interpretation of findings.

## Source of data and collection

This study utilised data extracted for a broader program of research exploring the characteristics of, and concerns reported to child protection for, children and families (Octoman et al., 2022). Two types of child protection data were utilised including fixed-field and narrative.

## Fixed-field data

Unit record (report-level) fixed-field data were extracted by the child protection department and provided to the research team. The current study data included child ID, report date, age and harm type, including 'primary screening ground' and 'primary harm type', as recorded by the child protection department. The 'primary screening ground' category relates to detailed screening criteria about the reason/type of harm or likelihood of harm as determined at intake. 'Primary screening ground' was utilised in this study to explore the extent of FDV which included 'significant risk of emotional abuse – domestic violence' and 'significant risk of physical abuse – domestic violence'. 'Primary harm type' relates to the high-level category of harm/risk and includes: physical abuse, sexual abuse, emotional abuse and neglect. While not the focus of the current study, for comparison purposes with previous research, emotional abuse as a 'primary harm type' was also explored in supplementary analyses. FDV as a 'primary screening ground' and emotional abuse as a 'primary harm type' are mutually exclusive variables.

## Narrative data

Narrative data included child protection intake reports which were extracted on site by the research team from the child protection departments. Intake reports were de-identified, with all identifying information including surname, address and service use removed, and given names were replaced by pseudonyms. Information included in child protection intake reports is collected via telephone or an online reporting system and recorded in the electronic case management system. For the current study, information relating to the child/ren being reported, the date of the report and narrative details about the current allegations/concerns were considered.

## Sample selection and screening

The sample was identified using a three-stage process. First, 17 postcodes within a discrete metropolitan region were selected, ranging from the 4th to 80th percentile on the Index of Relative Socio-economic Advantage and Disadvantage (Australian Bureau of Statistics, 2018). Second, the unique child ID within the statutory child protection database was used to identify all children within the selected postcodes who were reported to child protection between 1 July and 31 December 2016. Third, 20 per cent of the children fitting the stage two criteria were randomly selected using IBM SPSS version 24 and the narrative reports for this sample were extracted. Of the 540 reports identified, 47 report narratives were unable to be reliably matched to the fixed-field data due to incomplete data. These reports were therefore excluded from analysis. Figure 1 depicts the sample selection and screening process.

## Coding of narrative data

The full-text narratives for all 493 child protection reports were systematically coded to a predefined definition of child exposure to FDV:

> A child present (e.g., seeing, hearing, being directly involved such as attempting to intervene, or experiencing the aftermath) when a family member is threatening, controlling and abusive toward another family member including a) adults in a family such as partners or spouses, between adult children and parents or between extended family members; and b) adults who used to be in the family (between former partners or spouses). Types of FDV may include physical, sexual, verbal, emotional, or psychological abuse (Council of Australian Governments, 2011; Raising Children Network, 2021).

For the purposes of the current study, FDV did not include verbal arguments between parents, for example, mention of an argument about money where no other details were provided or threats, control or abuse were not

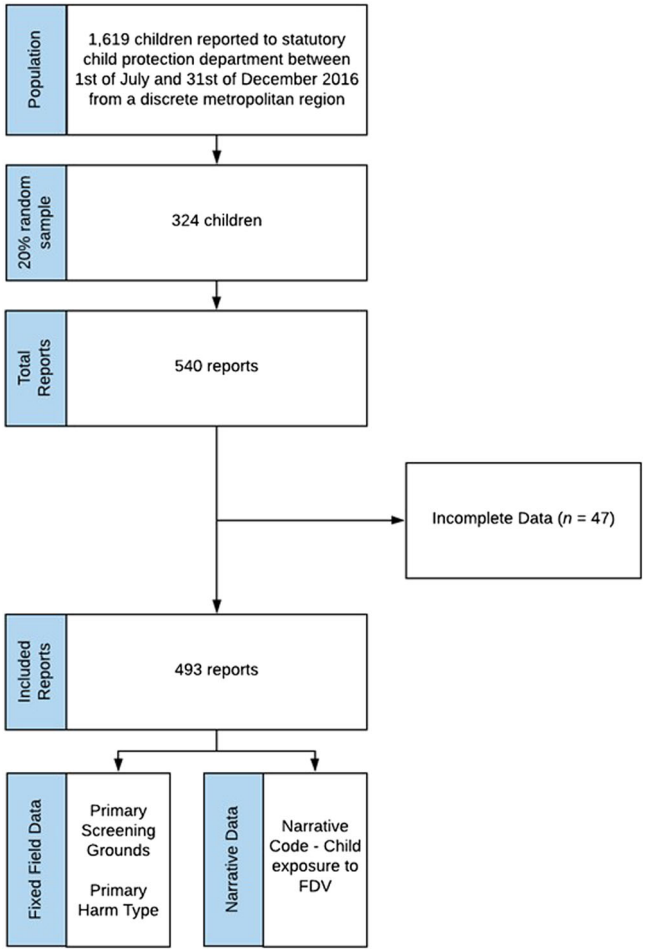


**FIGURE 1** Sample selection and screening

identified as forming part of the argument, or custody disputes that did not meet the above definition of FDV (i.e. threatening, controlling or abusive). For the comparative purposes of this study, only information recorded in the current concern section of the reports about child exposure to FDV were included, information recorded in previous child protection reports relating to historical concerns for the child were not considered.

One hundred per cent of the randomly selected files were independently coded by at least two coders. The presence or absence of exposure to FDV were coded from the current concern in the report narrative when information fitting the predetermined definition of FDV were identified. The coding was assessed by examining all codes and checking for agreement. Where a disagreement was identified between coders, this disagreement was discussed amongst the coders until 100 per cent consensus was reached for all reports.

## Statistical analysis

Frequency and descriptive analysis were undertaken using IBM SPSS version 24 to examine the characteristics of children and the proportion of reports that include FDV using fixed-field and narrative data.

# RESULTS

## Child characteristics and child protection reports

Table 1 displays the characteristics of children and the number of child protection reports received within the six-month study period. At the time of the first report to child protection during the study period, children and young people were a median of 7.9 years of age and had between one and five reports to child protection during the six months.

**TABLE 1** Characteristics of children and reports to child protection

| | Children (n = 324) | | |
|---|---|---|---|
| | N | % | Median (minimum-maximum) |
| **Age at first report July–Dec.** | | | 7.9 years (−0.1–17.9 years) |
| Unborn | 6 | 1.9 | |
| 0–1.49 years | 31 | 9.6 | |
| 1.5–2.9 years | 29 | 9.0 | |
| 3.0–5.9 years | 56 | 17.3 | |
| 6.0–11.9 years | 112 | 34.6 | |
| 12.0–17.9 years | 90 | 27.8 | |
| **Number of reports per child July–Dec.** | | | 1 (1–5) |

**TABLE 2** Comparison between FDV exposure identified in fixed-field data and narrative data (n = 493)

| | Fixed-field data: Primary alleged screening ground | | | |
|---|---|---|---|---|
| | FDV recorded[1] n (%) | Screening grounds other than FDV recorded[2] n (%) | No screening grounds recorded n (%) | Total n (%) |
| **Narrative Data** | | | | |
| **FDV Coded** | 34 (24.5) | 30 (21.6) | 75 (54.0) | 139 (100) |
| **No FDV Coded** | 10[3] (2.8) | 114 (32.2) | 230 (65.0) | 354 (100) |
| **Total** | 44 (8.9) | 144 (29.2) | 305 (61.9) | 493 (100) |

[1]FDV recorded as a primary alleged screening ground includes 'significant risk of emotional abuse – domestic violence' and 'significant risk of physical abuse – domestic violence'.
[2]Includes screening grounds related to e.g. emotional abuse, physical abuse or neglect due to other risk factors such as mental health or substance use, or sexual abuse or exploitation.
[3]FDV was not coded from the narrative in these reports due to the description of the FDV not meeting coding parameters (e.g. the exposure to FDV was historical).

## FIXED-FIELD DATA

Using fixed-field data, child exposure to FDV was identified in 8.9 per cent (n = 44) of all 493 reports recorded by the child protection department for the sample within the six-month study period. This included 35 reports which had a screening ground of' 'significant risk of emotional abuse – domestic violence' and nine reports with screening ground relating to 'significant risk of physical abuse – domestic violence'.

### Narrative data

Coding narrative data relating to current concerns within intake reports, child exposure to FDV was identified in 28.2 per cent (n = 139) of all 493 reports for this sample within the six-month study period.

### Narrative and fixed-field data

Of the 139 reports where exposure to FDV was coded from the narrative data, almost a quarter also had FDV recorded in the fixed-field data, just over one-fifth had a screening ground other than FDV recorded and over half had no harm type recorded in the fixed-field data (see Table 2).

## SUPPLEMENTARY ANALYSES

While not a focus of this study, to allow comparison with previous research and population-level statistics relating to FDV exposure, emotional abuse as a primary harm type was examined. Seventy of the 493 reports (14.2 per cent) were reported to have a primary harm type of emotional abuse using fixed-field data.

# DISCUSSION

This short report examined the extent of children's exposure to FDV in child protection reports using both fixed-field and narrative data. Results from examination of the narrative data revealed that children's reported current exposure to FDV could be two to three times higher than fixed-field data suggest. In the current study, analyses also showed that over half of all reports to child protection did not have a primary harm type recorded (i.e. the reports were 'screened out'). A quarter of these included details of child exposure to FDV in the narrative. The implications for these findings are substantial. Underestimating risk is likely to lead to a significant underestimation in the need for services and interventions specifically relating to FDV for families involved in child protection, for example, parenting post-violence and child trauma responses incorporating exposure to violence. Based on the results of the current study, efforts need to be focused on ensuring adequate services are available to support children and families known to child protection who have experienced FDV.

While this study looked specifically at child exposure to FDV, the results may have implications for other types of harm commonly seen in child protection cases, which may be underestimated using fixed-field administrative data. This is an important consideration given that reports of fixed-field data, such as population-level child protection reporting (AIHW, 2021a), are limited to one primary, and sometimes a primary and secondary harm type, despite increasing evidence that experiences and types of abuse or neglect are often multiple, interrelated and co-occur (Moore et al., 2015; Price-Robertson et al., 2013). When exploring harm type in child protection cases utilising fixed field data, consideration should be given to the limitation that it may not capture all types of harm and rather primary harm type typically includes the most serious type of abuse or neglect identified in the case. Future studies should look to investigate data from narrative child protection cases to determine the extent of other factors such as these, particularly where multiple abuse types are present for the child and family.

Narrative data within child protection reports are a rich source of information that in the current study has generated important insights about the extent of child exposure to FDV. Despite this, the methods required (e.g. manual review and coding) take considerable resources, meaning feasibility at a population level and timeliness of contemporary results are limited. Consideration should therefore be given to the use of innovative methods to allow narrative reports to be efficiently examined. Recent advances in data science (e.g. text mining), can automate the processes of reading and coding narrative data, bringing coding to scale and assisting with fast population-level insights to inform research, and assist with decision making for policy and practice. For example, feasibility studies in the US have used text mining and machine learning to identify domestic violence and substance-related concerns in narrative child welfare reports (Perron et al., 2019; Victor et al., 2021). Alternatively, if fixed-field data are to be reliably used in research to inform risk within child protection cases, then recording practices will need to be reformed to include all harm types reported, not just the primary and secondary harm types.

## Strengths and limitations

This study was strengthened by the direct comparison of fixed-field and narrative data within the same jurisdiction and enhanced by dual person coding that reached consensus. However, due to the nature of narrative data, for practicality, this study utilised a small sample from within a discrete metropolitan region of a single jurisdiction, which limits generalisability of the results. Further, while narrative-level data can provide rich information regarding child protection concerns, the data are limited to what has been reported by notifiers and therefore may not fully represent a child's or family's situation nor capture all occurrences of child abuse and neglect. In addition, analysis was undertaken at the child level which does not consider the complexity of the family situation. Further, while the purpose of this paper was not to compare harm types and exposure to FDV for specific populations within the broader child protection population, given that Australian Aboriginal and Torres Strait Islander children are significantly over-represented in Australia's child protection systems (AIHW, 2021b), future research could focus on comparing Aboriginal and non-Aboriginal children.

# CONCLUSIONS

Relying on fixed-field data underestimates the extent of risk and harm to which children are exposed. Fixed-field child protection data are important for efficiently understanding children's contact with the child protection system at a population-level. This paper however demonstrates the limitation of such an approach when it comes to understanding the concerns that are being reported to child protection. Understanding the extent of exposure to risk and harm has implications for demand modelling and service delivery for children and families. Narrative data contained in electronic

child protection systems include a wealth of information; utilising innovative approaches to efficiently examine these data is important to understand these concerns.

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## CONFLICT OF INTEREST

We have no conflicts of interests to declare.

## ETHICS STATEMENT

This study was approved by the Aboriginal Health Council of South Australia, Aboriginal Health Research Ethics Committee (Protocol #04–17-718) and the University of South Australia Human Research Ethics Committee (ID: 0000036590).

## ORCID

*Olivia Octoman* https://orcid.org/0000-0001-6564-3128
*Sarah Cox* https://orcid.org/0000-0003-0670-0692

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