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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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Domestic and family violence and parenting: Mixed methods insights into impact and support needs: State of knowledge paper

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This report addresses work covered in ANROWS research project 1.8 "Domestic and family violence and parenting: Mixed methods insights into impact and support needs". Please consult the ANROWS website for more information on this project.

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Executive summary

Parenting can be a challenging task under any circumstances, but especially so in an environment of abuse and control. This paper has identified that research on parenting in the context of domestic and family violence (DFV) is limited. In particular this paper is concerned with the impact of DFV on parenting, and pays particular attention to the tactics a perpetrator may use to disrupt the mother-child relationship and what helps to strengthen or heal this relationship (Australia's National Research Organisation for Women's Safety, 2014).

This comprehensive state of knowledge paper is the first of a three part mixed-methods research project (ANROWS research project 1.8) addressing parenting and abuse tactics. This paper presents the current state of knowledge on parenting in the context of DFV by examining the following four research questions.

1. What is the prevalence of DFV among parents?
2. How does DFV impact on parenting capacity?
3. What are the methods and behaviours that perpetrators use to disrupt the mother-child relationship?
4. What interventions exist to strengthen and support a positive and healthy mother-child relationship?

Prevalence of Domestic and Family Violence (DFV) among parents

Approximately one third or more of parents in the general community experience DFV. This estimate is higher in clinical and "at risk" populations such as those in police and acute service data however there are significant data limitations. There are few studies on the prevalence of DFV among marginalised parent populations such as Culturally and Linguistically Diverse (CALD), rural, disabled and same sex parents. Indigenous men, women and children suffer considerable DFV although the prevalence among parents is often not captured and a lack of reporting, limited screening for DFV and methodological issues means the true prevalence of abuse is difficult to determine and is possibly much higher.

Impact of DFV on parenting capacity

DFV has a damaging effect during pregnancy with poor pregnancy outcomes and often reduced attachment. Although women's experiences of violence differ and their responses are also diverse, DFV does impact mostly negatively on women and their experience of motherhood. Motherhood and the act of mothering is a unique and powerful role for women, one that abusive men often want to interrupt and control. Despite women's attempts to maintain an effective mothering role and protect children, the majority of evidence in this paper suggests a struggle for abused women to parent effectively. Women attend to abusive men's demands and needs and subsequently control and discipline children in order to keep them safe. Poor mental health and social conditions related to the abuse impact on women's capacity to parent effectively. Attachments/relationships can improve over time and parenting and child health outcomes also improve once DFV stops.

There is limited information on the parenting style of abusive fathers. Abusive men as fathers have been characterised by researchers and victims as authoritarian, under-involved, self-centred and manipulative. These men also engage in high levels of substance abuse. Children exposed to partner violence in the home by their father/stepfather are at heightened risk of child maltreatment including child sexual abuse.

Tactics of abuse that interrupt mother-child relationships

In relation to their role as fathers, men are described as the dominant perpetrators of DFV and their behaviours aim to isolate, control and undermine women's authority to parent and have meaningful relationships with children. Perpetrators can try to interrupt the mother-child bond, by using direct (child loss) and indirect (maternal alienation) tactics of abuse. Children are often used as tools to abuse mothers and exert coercion and control. This violence does not end once couples separate. Litigation abuse is a common method used by perpetrators post-separation and in extreme cases fathers can use filicide as retaliation. Poor understanding by some legal professionals of the complex relationship dynamics surrounding DFV may heighten risk for women and children in co-parenting arrangements.

As an alternative to reporting all DFV to child protection services, supportive services should assess the mother-child relationship and have an understanding of the complex dynamics surrounding DFV. Supportive care should include ways to strengthen the mother-child relationship; and improved understanding and collaboration between services delivering domestic violence advocacy, child protection and family law could improve the outcomes for mothers experiencing DFV and their children.

Interventions to support abused women and children

This review examined randomised controlled trial evidence of interventions to identify best practice in supporting women and children to repair damage from an abusive partner. Whilst home visiting programs for vulnerable mothers have shown effective outcomes in reducing the incidence of child maltreatment, improving parenting skills and children's behavioural outcomes, evidence of their effectiveness to prevent and/or reduce DFV is limited. New interventions are underway to assess the effectiveness of modified home visiting programs with an additional DFV focus.

More intense and targeted therapy is needed for victims of abuse. Psychotherapeutic interventions based on trauma and/or attachment theory that include combined sessions with the mother and child show good results and can be recommended. Promising interventions with Aboriginal and Torres Strait Islander families are showing client satisfaction but are yet to demonstrate other effective outcomes. Screening and risk assessment tools have been developed for DFV advocacy services and courts.

Evidence gaps

The “state of knowledge” on prevalence of DFV among parents is hidden within various surveys and data sets and not synthesised and published in an accessible form. This review identified considerable gaps in Australian research on parenting and DFV. More research is needed on the prevalence of DFV in diverse groups of parents and more qualitative research that explores DFV and the experience of motherhood and fatherhood. Additionally, the authors strongly recommend further research into the parenting behaviours of abusive fathers. An improved understanding of resilience factors for women and children experiencing DFV could inform treatment services for victims. Qualitative research on the co-occurrence of DFV and child sexual abuse is minimal. It is unknown whether same-sex partners experience similar abuse tactics including the undermining of the mother-child relationship.

Within the intervention research, further development of effective interventions for mother-child victims of DFV is needed, along with more interventions measuring parenting and the parent-child relationship as primary outcomes. Trials of interventions for children and mothers experiencing DFV have been predominantly undertaken in the United States of America with specific populations. Future Australian research using larger, more representative samples is needed to fully understand parenting in the context of DFV and what works to help women and children recover from abuse.

Introduction

The purpose of this report is to identify the state of knowledge on parenting and DFV through the current global literature: in particular, what proportion of parents experience DFV; what methods perpetrators use to undermine mothers; and how DFV affects parenting. Finally, we examine rigorous evidence to identify best practice interventions to help heal the mother-child relationship.

Definitions and scope

Domestic violence refers to violence between people who have had an intimate relationship. This violence may be physical, sexual, emotional and/or psychological abuse and is often aimed at exerting ongoing power and control of a person through fear. Family violence includes violence within a broader definition of the family, to include other family members as well as intimate partners. This definition includes culturally recognised family groups, including those concepts of family used by Aboriginal and Torres Strait Islander people (Council of Australian Governments, 2010).

When combined, domestic and family violence (DFV) includes any violence between family members and within domestic relationships. This state of knowledge paper will focus on the most common form of DFV - intimate partner violence (IPV) and its occurrence between those who are parenting children. In particular, we focus on the damaging psychological, coercive and controlling violence men use towards women and children. Whilst we acknowledge that some women abuse their female partners and men may be victims of violence by women, this research assumes that in the majority of cases, DFV is perpetrated by men towards their female partners (Australian Bureau of Statistics, 2013b; World Health Organization, 2013a). We do not directly address childhood sexual abuse by family members except as a result of DFV.

Measuring DFV

Accurately measuring DFV can be difficult (Australian Bureau of Statistics, 2013a) and our understanding of how best to measure the complexity of DFV is evolving. Many methodological issues prevent reliable estimates of abuse: such as variations in the definitions of DFV/partner abuse used (intimate partner/family members/household members); the breadth of the measure of violence (whether only physical or sexual and not emotional, financial or harassment measured); the testing of reliability of the measures used; the time frames considered (lifetime abuse or past 12 months); and the study sample (nationally representative or smaller, less representative samples) (Carlson, 2000; Stanley, 2011).

There are several reliable and valid tools designed to measure perpetration of and exposure to DFV aimed at improving consistent data collection and accurate prevalence. Tools and valid scales may measure physical, sexual, psychological/emotional abuse and stalking. Scales can measure each individual aspect of violence on its own or may measure all of these components within the one scale (Thompson, Basile, Hettritz, & Sitterle, 2006). Most measures are aimed at the individual victim's or perpetrator's experience and often do not include anything about parenting beyond whether they have children or not. Prevalence estimates of DFV may ask about violence between parents or reports on proxy measures, such as the number of children witnessing and/or exposed to abuse, so that these are limited and inconsistent (Carlson, 2000; Osofsky, 2003; Stanley, 2011; Zinzow et al., 2009).

Australian (and international) systems that collect data on violence within families are spread across many different sectors such as police/justice, health, social and human services. Measuring the extent of DFV is difficult due to reporting barriers (professional reluctance to ask and victims' fear of reporting) and inequalities in service access (Australian Bureau of Statistics, 2013a). There are further hurdles to estimating DFV in Aboriginal and Torres Strait Islander peoples, such as under reporting by victims, limited opportunities for disclosure and poor or incomplete identification of Aboriginal and Torres Strait Islander people within data sets (Australian Institute of Health and Welfare, 2006). The state of knowledge on prevalence of DFV among parents is spread across various surveys and data sets and not synthesised or published in an accessible form.

In this paper, studies have used various methods to measure DFV including researcher designed survey questions which ask a range of questions from family and inter-parental conflict to sexual violence. Validated tools have also been used such

as the commonly used, but widely criticised, Conflict Tactic Scale (CTS) (Straus, 1979) and its modifications, along with the Composite Abuse Scale (CAS) (Hegarty, Bush, & Sheehan, 2005). The CAS is an Australian developed validated measure of abuse that considers the range of violent behaviours perpetrators use. Four subscales measure severe combined abuse (including sexual violence), emotional and physical violence and harassment (Hegarty et al., 2005).

Many studies in this review have used the CTS, which may underestimate the true prevalence of partner violence. This is because the CTS is based on the premise that conflict is an inevitable aspect of relationships and attempts to measure both perpetration and victimisation levels of aggression and conflict (Straus, 1979). There have been many criticisms of the CTS (Hester, 2013; Kelly & Johnson, 2008; Laing & Humphreys, 2013; Straus, 2012). The CTS excludes much of the context around the violence (such as fear, severity, tactics of control and coercion) and early versions in particular have an emphasis on physical abuse/aggression, and no questions about sexual abuse consequently under estimating prevalence (Fergusson & Horwood, 1998; Straus & Michel-Smith, 2014). Sexual abuse was added to the CTS2. Critics suggest that the CTS is not suitable to measure violence against women due to its focus on assumed conflict between parties rather than fear, coercion and control. It therefore often results in gender symmetry, because the first version neither sought the context of the abuse, any sexual violence or the levels of fear. Critics argued that methodological issues rather than true gender similarities were the result (Hester, 2013; Taft, Hegarty, & Flood, 2001).

DFV as conflict is an over-simplified and misguided measure. Conflict is very different to DFV which is more a pattern of abusive behaviours that seek to instil fear, control and coercion (Laing & Humphreys, 2013). Large scale, national sample survey research often using the CTS captures conflict rather than the damaging controlling violence we are discussing in this paper.

What is the prevalence of DFV among parents?

Globally, almost one third (30%) of ever-partnered women have experienced physical and/or sexual violence from an intimate partner (World Health Organization, 2013a).

Australian statistics from the 2012 Personal Safety Survey indicate that 17 percent of women and 5.3 percent of men have experienced partner violence (Australian Bureau of Statistics, 2013b). Recent, in-depth analysis of the above survey estimates that women's experience of IPV may be higher, at around 25 percent (since the age of 15 and whether a woman is living with the perpetrator or not)(Cox, 2015). Violence harms victims and those exposed to the abuse, such as children and other family members (Department of Families, 2009), however the extent of violence within families, and specifically the prevalence of violence among parents, is harder to estimate (Australian Bureau of Statistics, 2013a), as many young Australian women will not yet be parents.

As suggested above, measuring DFV among parents with accuracy can be difficult. The prevalence of violence among parents varies widely between nine and 63 percent depending on the methodology and study sample used. Populations within the literature include:

- a. General adult population based samples, where the parent reports either their experience of partner abuse and/ or their child's exposure to violence.
- b. General child/adolescent population based samples, where the child reports on their exposure to violence between their parents.
- c. Other parent populations including those involved with police, parents involved with child protection /homelessness services or the legal system and clinical populations, such as parents attending health care services with their children.

For ease of reporting, findings on the prevalence of DFV among parents are presented below according to the type of study population.

Adult population based surveys - parent report of DFV

Partner violence reported by adult parent populations (based on questions about DFV experience in the 12 months prior to the survey) range from nine to 26 percent (Chan, 2011b; Gartland, Hemphill, Hegarty, & Brown, 2011; Machado, Gonçalves, Matos, & Dias, 2007; O'Leary & Smith Slep, 2005; Taft et al.).

Three Victorian surveys investigated partner violence to new mothers. Gartland et al. (2011) followed n=1507 pregnant women into motherhood and identified (using the CAS) that 17 percent of these first time mothers reported intimate partner violence (IPV) in the first year postpartum. This is consistent with Taft et al. (2015) who (using the same CAS measure) reported a rate of 13.9 percent IPV among postpartum women with infants less than 12 months. Further estimates of fear of a partner in a large (n=11,305) Australian postpartum population include (unpublished) rates of 15.8 percent (Lumley et al., 2006). All three were postal surveys, which often under-estimate DFV as more educated women are likely to respond.

More recently, findings from the Longitudinal Study of Australian Children suggest that 35 to 36 percent of mothers are exposed to frequent verbal and/or physical conflict (Westrupp, Rose, Nicholson, & Brown, 2015). The authors estimated that therefore approximately 1.9 million Australian children are affected by inter-parental conflict in their early to middle years. It should be noted that this work measures the broader definition of inter-parental conflict, rather than abuse.

Internationally, studies have also reported inter-parental conflict. Twenty-four percent of North American parents (n=453) with young children 3 to 7 years reported physical aggression (using the CTS2) in the past 12 months (O'Leary & Smith Slep, 2005). This is comparable to the above Australian study (Westrupp et al., 2015) and a Portuguese study (26.2%) (Machado et al., 2007) which also measured parental conflict.

Parent report of children witnessing DFV

Large Australian nationally representative surveys report that younger adults (18-24 years) are the most likely to experience violence (Australian Bureau of Statistics, 2013b; Mouzos & Makkai, 2004) and these are least likely to be parents. The Personal Safety Survey reports on violence experienced by Australian men and women over the age of 18 years. Areas relevant to parenting and DFV within the Personal Safety Survey include rates of abuse during pregnancy and the numbers of children witnessing DFV. In those women who have or have had a cohabiting partner, it has been estimated that over 400,000 Australian women (since the age of 15 years) have experienced IPV during pregnancy (Cox, 2015). Of those

with a current cohabiting partner, one in five experienced violence during the pregnancy; 61.4 percent for the first time. In the majority of cases, women with children in their care report that children have seen or heard the abuse. Over half a million children are reported to have witnessed partner violence (Cox, 2015).

Internationally, prevalence reports of children witnessing DFV report a range from eight to 29 percent (Moore, Probst, Tompkins, Cuffe, & Martin, 2007; Probst et al., 2008). All have been conducted on large North American samples. Moore et al., (2007) and Probst et al., (2008) used a very large national child health survey (99,660 observations) to measure violent disagreement reported by parents and the subsequent proportion of children exposed to the abuse in the home. They identified low rates of around eight to 10 percent with American Indian and Alaskan children having the same rate of exposure (8.4%) as white parent families. A smaller representative survey (n=1615 dual parent households) reported that 29 percent of children live in homes where violence occurs. Thirteen percent of children were exposed to severe forms of violence (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006).

Child population based surveys - child/ adolescent report

Children's reports of exposure to DFV can also provide some insight into the frequency of violence occurring in the home, between parents. Very few child population based survey studies have been identified from Australia. Data from the Australian National Crime Prevention Survey (2001) suggests that up to 25 percent of youth aged 12-20 years (n=5000) had witnessed DFV against their mothers. Rates varied according to households, with higher rates of DFV exposure for Aboriginal and Torres Strait Islander youth and those living with "mum and her partner" (41%) (Indermaur, 2001).

A review by Carlson (2000) suggests that up to one third of all American children witness DFV in their lifetime. This estimate, mostly derived from four large population based surveys conducted in the nineties, reports on parent's recall of violence in their home as a child. Population based surveys of children/adolescents >10 years (from several countries) using measures based on the CTS reported prevalence of 17 to 50 percent exposure to DFV between parents (Benjet et al., 2009; Chan, 2011a; Fergusson & Horwood, 1998; Haj-Yahia & Ben-Arieh, 2000; Indermaur, 2001; Maker & DeRoon-Cassini, 2007; Margolin et al., 2009; O'Brien, John, Margolin, & Erel, 1994; Silvern et al., 1995; Straus & Michel-Smith, 2014). Many of the studies described above measure violence according to aggression or conflict within the household and probably fail to capture the true extent and nature of the violence. The majority of these studies are based on US samples. Several of these child report studies indicate some degree of gender symmetry of abuse between parents (Chan, 2011a; Fergusson & Horwood, 1998; O'Brien et al., 1994; Silvern et al., 1995; Straus & Michel-Smith, 2014).

A recent large scale population survey of university students (using the CTS) (n=11408) across 15 nations found similar rates of perpetration between parents. Twenty five percent of assaults were by fathers only (father assaulted the mother and the mother did not assault), compared with 22 percent of mothers only (mother assaulted the father and the father did not assault). More than half (52%) of the assaults reported were between both parents (Straus & Michel-Smith, 2014).

Other measures

Those studies using general survey questions to measure DFV and family conflict reported a prevalence of nine to 33 percent (Annerbäck, Wingren, Svedin, & Gustafsson, 2010; Habib et al., 2014; Hamby, Finkelhor, Turner, & Ormrod, 2011; Stanley, 2011; Vameghi, Feizzadeh, Mirabzadeh, & Feizzadeh, 2010; Zinzow et al., 2009). These rates are similar to the earlier parent reports of abuse.

Habib (2014) surveyed n=7876 Australian school children in grades six to eight, on exposure to family conflict, with one third exposed to levels of conflict likely to increase future risk of poor mental health (Habib et al., 2014). This is consistent with Westrupp et al.'s (2015) earlier report from the Longitudinal Study of Australian Children, which found that mothers report rates of inter-parental conflict between 35 and 36 percent.

The 2008 US National Survey of Children's Exposure to Violence (a major comprehensive study to determine the extent of child violence exposure, n=4549) found that 26 percent of children (under 17 years) were exposed to at least one form of DFV in their lifetime, 11 percent exposed in the past 12 months and seven percent exposed to IPV between parents (or step-parents). Fathers were the most common perpetrator, with 68 percent of children witnessing violence only by men (Hamby et al., 2011).

From the United Kingdom (UK), Stanley (2011) reports on two recent, large scale prevalence studies concluding that 25 percent of adolescents 18-24 years reported witnessing abuse at least once in their childhood. In cases where respondents had seen a parent beating another, men were the perpetrators 96 percent of the time and 4.5% of children in the UK were exposed to severe forms of DFV (Stanley, 2011).

In summary, it is difficult to accurately estimate the prevalence of DFV among parents within the community, however broadly speaking, the evidence from both parent and child reports above suggests that approximately up to one third of parents may be experiencing inter-parental conflict, or other forms of DFV within the general population. The studies described above provide strong evidence of the prevalence of DFV among parents in the community. Studies are mostly from large, diverse representative and population based surveys and are a reliable measure of DFV in the wider population.

Other parent populations

An estimate of prevalence of DFV among parents may also be captured by assessing service system reports where parents who are experiencing DFV are involved (i.e. high risk samples). These include clinical presentations, child protection services and police reports.

Parents involved with police crime data

There is widespread routine service data evidence that young children are often present in homes where DFV occurs (Australian Institute of Criminology, 2006; Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997; Fantuzzo, Fusco, Mohr, & Perry, 2007; James, 1994; Sinai, 2012; Victoria Police Law Enforcement Assistance Program (LEAP), 2014).

In Australia, rates of children's presence at police DFV incidents vary between 34 and 44 percent (Australian Institute of Criminology, 2006; Victoria Police Law Enforcement Assistance Program (LEAP), 2014). Current Victorian police family violence incident data (2013-2014) report that children are present in 34 percent (22,445/65,393) of DFV cases. This figure has remained stable over the past 5 years, varying each year between 31 and 36 percent (Victoria Police Law Enforcement Assistance Program (LEAP), 2014). These results are very similar to police and crime reports in the US and Canada which suggest that the majority of children are under 5 years old.

Evidence on prevalence of children's exposure to substantiated cases of assaults on females, collated from police reports in five major US cities, indicates that young children (under 5 years) are overly represented (Fantuzzo et al., 1997). Fantuzzo and Mohr (1999) report that families with DFV are twice as likely to have children at home, compared with families not experiencing abuse (Fantuzzo & Mohr, 1999). More recently, Fantuzzo et al., (2007) examined police data over a 3 year period from 1999-2001, identifying 5295 substantiated DFV events. Children were present in 44 percent of all cases. Fifty-eight percent of these children were under 6 years of age (Fantuzzo & Fusco, 2007; Fantuzzo et al., 2007).

Bauer et. al note that higher rates have been reported in US community based study samples from lower socio-economic areas with high crime rates (Bauer et al., 2006). This community cohort study of parents with children aged 6-13 years reported partner violence in 42 of 98 (43%) households increasing to 49% 3 years later (Bauer et al., 2006).

Data from the Canadian Uniform Crime Reporting / Homicide Survey and responses from the General Social Survey on Victimization (reporting on spousal violence in the past 5 years) identified that 52 percent of all victims with children

reported that their child heard or saw the abuse. This figure was higher than the 2004 prevalence of 42 percent. Parents were four times more likely to call police when children were directly exposed to the violence (Sinai, 2012).

Parents involved with child protection services

Witnessing and exposure to DFV can be regarded as a form of child abuse and neglect (Richards, 2011; Sety, 2011). The Australian Institute of Health and Welfare-Child Protection Australia 2013-2014 report includes DFV in their definition of emotional abuse. Emotional abuse is defined as "any act by a person having the care of a child that results in the child suffering any kind of significant emotional deprivation or trauma. Children affected by exposure to family violence are also included in this category" (Australian Institute of Health and Welfare, 2015, p. 127). Over half of all child protection substantiations are due to families experiencing DFV (Australian Institute of Health and Welfare, 2014a; Casanueva, Martin, & Runyan, 2009; Victoria. Department of Human Services, 2002; Lewin & Abdrbo, 2009).

The most recent Australian national child protection data (2013-2014) suggests that emotional abuse and neglect are the most common types of substantiated abuse. Up to 40 percent of all substantiated abuse cases (40,844 children) are due to emotional abuse attributed to DFV exposure (Australian Institute of Health and Welfare, 2015). Aboriginal and Torres Strait Islander children are seven times more likely than non-Indigenous children to be involved with child protection services (Australian Institute of Health and Welfare, 2015). The Australian rate is consistent with survey findings from a US national representative study of children investigated for maltreatment (n=1236), which reported that 44 percent of mothers had experienced physical violence by their partner (Casanueva et al., 2009).

Parents seeking specialist homelessness services

In 2013-2014, approximately 254,000 Australians accessed specialist homelessness services (Australian Institute of Health and Welfare, 2014b). DFV was the main reason why people sought help, accounting for one third (33% or 84,744 clients) of all clients seeking assistance (mostly for short-term or emergency accommodation). This figure is up by nine percent from the previous year including an increase of 14 percent in children experiencing DFV. Of those escaping DFV, women and children were the most frequent users (66% women, 8% men and 25% children) (Australian Institute of Health and Welfare, 2014b).

Separated families

Violence is known to escalate when victims try to leave abusive relationships (Domestic Violence Resource Centre Victoria), Swinburne University of Technology, & No To Violence, 2008). Separated families with children experience high rates of continued DFV and children are witness to this abuse (Bagshaw et al., 2011; De Maio, Kaspiew, Smart, Dunstan, & Moore, 2013; Kaspiew, Carson, Dunstan, Qu, et al., 2015; Kaspiew et al., 2010; Kaye, Stubbs, & Tolmie, 2003). A recent evaluation of changes to the Australian family law system shows consistent levels of reports of violence among two annual cohorts of separated parents with nearly a quarter of mothers and 16 percent of fathers reporting physical violence prior to or during separation (Kaspiew, Carson, Dunstan, Maio, et al., 2015; Kaspiew, Carson, Dunstan, Qu, et al., 2015). These reports are again broadly consistent with findings from an earlier survey using a comparable methodology (Kaspiew, Carson, Dunstan, Qu, et al., 2015; Kaspiew et al., 2009), suggesting the patterns described may have consistent features for each annual cohort of separated parents. The more detailed analysis of intensity of emotional abuse shows mothers experience greater intensity (frequency of abuse and the number of types of abuse) than fathers (Kaspiew, Carson, Dunstan, Qu, et al., 2015).

Higher rates of violence were reported before or during the separation period than post separation (De Maio et al., 2013), but emotional abuse particularly remained common during the post-separation period and arose newly for some parents at this time (Kaspiew, Carson, Dunstan, Maio, et al., 2015). Substantial proportions of parents report that children witnessed family violence, amounting to about 54 percent of fathers and 64 percent of mothers in relation to the period before or during separation. In the period after separation, 43 percent of fathers and 50 percent of mothers reported children had witnessed violence and this was lower than the rates reported by the parents in 2012 cohort (53% of fathers and 64% of mothers) (Kaspiew, Carson, Dunstan, Maio, et al., 2015). These figures are roughly similar to a smaller Australian study (59%) reporting child witnessing family violence (Bagshaw et al., 2011).

A qualitative Australian study examining women's experiences (n=40) of negotiating child contact arrangements with abusive ex-partners, found that 63 percent of women reported children witnessing abuse. The majority of women (82.6%) were subjected to ongoing violence by separated partners despite "protection" through apprehended violence restraining orders (Kaye et al., 2003).

Clinical populations

There are higher rates of DFV among parents in clinical populations (Dubowitz, Prescott, Feigelman, Lane, & Kim, 2008; Folsom, Christensen, Avery, & Moore, 2003; Hultmann, Möller, Ormhaug, & Broberg, 2014; Kellogg & Menard, 2003). Children exposed to DFV suffer significant developmental and psychological health consequences (Evans, Davies, & DiLillo, 2008; Holt, Buckley, & Whelan, 2008; Stanley, 2011). No Australian clinical population studies reporting DFV among parents were identified.

Fifty-two percent of children between the ages of 7-19 years attending a sexual abuse clinic in the USA (n=164) reported violence between parents throughout childhood (Kellogg & Menard, 2003). In a parent self-referred child abuse agency, 201/537 (40.3%) chart audits revealed a history of DFV (Folsom et al., 2003).

Hultmann et al., (2014) reports that 40 percent of Swedish parents attending a child-adolescent psychiatric clinic have been exposed to DFV, the majority in the past 4 years or longer. Of 200 parents, mostly mothers with children attending a North American primary care paediatric clinic, nine percent reported physical injury from DFV and 76 percent reported psychological aggression (using CTS) (Dubowitz et al., 2008). Three out of the four studies above measured the presence of physical violence only and are possibly an underestimate of abuse.

Minority groups

Some parents are more vulnerable to abuse than others. Higher rates of DFV are estimated within "at risk groups" such as Aboriginal and Torres Strait Islander; CALD; Gay, Lesbian, Bisexual, Transsexual, Intersex and Queer (GLBTIQ); young women and women in non-urban communities (Australian Institute of Health and Welfare, 2006; Dillon, Hussain, & Loxton, 2015; Tayton, Moore, Campo, & Kaspiew, 2014). There is limited information however on minority parent groups, including data from adoptive parents, same sex couples who are parenting, or the DFV experiences of migrant and refugee parents.

Same-sex couples

Some evidence suggests same sex-couples experience equivalent rates of abuse to heterosexual couples (Donovan, Hester, Holmes, & McCarry, 2006; Hester & Donovan, 2009; Leonard, Mitchell, Patel, & Fox, 2008). Leonard et al., (2008) surveyed 390 GLBTIQ Victorians on their experience of heterosexual violence and same-sex partner abuse. Sixty-three percent of

respondents who reported having children or step-children and over half of the respondents (n=199) were in same-sex relationships. Almost one third of same-sex couples reported partner violence. In this study (n=40) lesbians experienced higher rates of abuse than gay men (41% vs 28%) (Leonard et al., 2008).

Comparable rates of abuse have also been found in the UK. Donovan et al., (2006) compared DFV in same-sex and heterosexual relationships (n=800) and found that 38.4% (266/692) had experienced domestic abuse. Similar proportions of women (40.1%) and men (35.2%) reported DFV. Sixteen percent of same-sex couples involved in their study were parents. It is unclear what proportion of these parents were experiencing DFV. Women were three times more likely to be parents (21.7%, 97/447) than men (7.2%, 21/279) and mothers were more likely to have their children used against them by the abusive partner (Donovan et al., 2006; Hester & Donovan, 2009).

A recent meta-analysis (14 studies) on the prevalence of DFV among lesbians suggest a lifetime rate of 48 percent and 15 percent in the current/most recent relationship (Badenes-Ribera, Frias-Navarro, Bonilla-Campos, Pons-Salvador, & Monderde-i-Bort, 2014). The parenting statuses of these women were not described, however it is likely that a significant proportion of these women are also mothers.

Aboriginal and Torres Strait Islander parents

Data on DFV among Aboriginal and Torres Strait Islander communities suggest that Aboriginal and Torres Strait Islander men and women both experience significantly high rates of DFV and family conflict when compared with non-Indigenous Australians (Australian Institute of Health and Welfare, 2006; Habib et al., 2014; Mouzos & Makkai, 2004; Steering Committee for the Review of Government Service Provision, 2011). The proportion of those who are parents however is not collected or reported.

The Australian Institute of Health and Welfare (2006) found Aboriginal and Torres Strait Islander women experience high rates of abuse, especially young women of reproductive age, who are likely to be parents. Flood & Fergus (2008) reported that 42 percent of Aboriginal and Torres Strait Islander youth report witnessing violence against their mother, compared with 23 percent of all children (cited in Richards, 2011). Aboriginal and Torres Strait Islander females and males are 35 and 7 times more likely to be hospitalised due to DFV than non-Aboriginal and Torres Strait Islanders (Steering Committee for the Review of Government Service Provision, 2011).

Alarming as these figures are, they are most probably an underestimate of DFV within Aboriginal and Torres Strait Islander communities due to data limitations such as under-reporting by victims and incomplete identification of Aboriginal and Torres Strait Islander status within data sets (Australian Institute of Health and Welfare, 2006; Steering Committee for the Review of Government Service Provision, 2011). It has been suggested that 90 percent of violence against women within Aboriginal and Torres Strait Islander communities is not disclosed (Willis, 2011). This indirect evidence suggests that Indigenous parents and their children suffer significantly high rates of DFV.

Summary

Making estimations and global comparisons of the extent of violence among parents is challenging and subject to potential error. However, the prevalence estimates of DFV are remarkably consistent across countries and from both child and parent report in nationally representative population samples. This suggests that up to 30 percent of parents in the community experience some form of DFV. Differences in rates arise from the methodological differences in measures and types of population. Similarly, rates of DFV (~30%) are found in parents and children presenting to homelessness services.

Higher rates are recorded in clinical populations and in those parent populations involved with courts and child protection services. This evidence is credible considering that the more serious cases are liable to come to the attention of police and formal services. Additionally, DFV rates appear to escalate just prior to and during separation from robust studies of separated parents.

Generally, DFV research is limited when we want to understand DFV in specific minority groups, such as those from CALD backgrounds, rural populations, people with disability and the sexuality and gender diverse communities (Department of Families, 2009). We need to improve data collection methods to assess the prevalence of violence experienced by women and children in all the diversity of Australian families.

Strengths and limitations of the data

Based on the evidence above, we can be reasonably confident in reporting prevalence estimates. The cross-sectional data derives from predominantly large and diverse national population based surveys. Many of the prevalence rates reported are consistent with others from different respondents (parent or child), settings (police or survey data) and across different countries.

However, much of the evidence on prevalence of DFV among parents is from US populations and may not generalise to other populations. Whilst population studies reported here have large sample sizes, many of the surveys rely on the CTS or CTS2 (Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) and its modifications as a measure of abuse. The extensive use and appropriateness of the CTS is concerning when a majority of evidence suggests women and children are most commonly the victims of DFV and the nature, context and consequences of violence perpetrated by men is very different from that of women who are abusive (Hester, 2013; World Health Organization, 2013a).

Other bias

Other population based survey studies rely on child and/or parental self-report which is often retrospective and subject to recall bias. Parents may also underestimate the extent of children's exposure to violence between parents (O'Brien et al., 1994; Osofsky, 2003). Accurate crime report data rely on victims reporting abuse, agreed definitions of DFV, consistent reporting protocols, and competent police personnel (Fantuzzo & Mohr, 1999). Many victims do not report to police (Cox, 2015). From the 2012 Personal Safety Survey, in the past 12 months prior to the survey, only one in three (32.8%) women reported their most recent physical assault (by a current male partner) to police. Even fewer (19.1%) women report recent sexual violence (Cox, 2015). As discussed, specific data on parental violence is not collected in one easily accessible source and the evidence is widely distributed among data sets and surveys not originally designed to capture DFV.

How does DFV impact on parenting capacity?

Parenting involves the process of supporting children's physical and emotional health and wellbeing from infancy to adulthood. Fundamental elements include physical/emotional care, illness prevention and safety, limit setting /behaviour management, and optimising the child's potential (Mares, Newman, & Warren, 2011). Whilst there is ample research on the effects of DFV on women and children exposed to DFV, the effects that violence has on parents and parenting capacity is less well described (Lapierre, 2008; Levendosky & Graham-Bermann, 2000b; Peled & Gil, 2011).

Parenting capacity can be defined as the ability to “recognise and meet the infant's changing physical, social and emotional needs in developmentally appropriate ways, and to accept responsibility for this” (Mares et al., 2011, p. 63). Parenting capacity depends on parental, child and contextual factors. Optimal parenting requires the ability to reflect on the thoughts, feelings and intentions of both self and others (child) in order to adequately communicate and respond (Fonagy & Target, 1997).

The following section discusses mothering in the context of abuse and subsequent child care, including how abuse affects children and the parenting consequences for mothers. Fathering characteristics of abusive men are also considered, including those of stepfathers. Please note, review authors are focusing on mothers, as the primary question posed by ANROWS for this review was “the impact of DVF on parenting, with particular attention to the tactics a perpetrator may use to disrupt the mother-child relationship and what helps to strengthen or heal this relationship”.

Mothering and DFV

Caring for children has traditionally been the responsibility of women. However, women's increased participation in the workforce and evolving social change has resulted in men, as fathers, becoming increasingly engaged with their children and parenting (Baxter, 2012).

Slowly changing gender roles may not apply to all families; and, while social change is occurring, the literature on parenting and DFV reflects parents in more traditional gender roles. Much of the evidence for this review has been derived from feminist researchers who have been influential in informing the thinking around DFV, mothering, and challenging traditional "motherhood" ideology. Such literature also highlights that DFV is much more prevalent in families and countries where gender roles are more rigidly stereotyped.

The traditional stereotype of the "ideal mother" and the reality of motherhood is often very different, especially for those women who are abused (Peled & Gil, 2011). These ideals have found abused women frequently being blamed for not parenting well, being labelled "bad mothers" who fail to protect and care for their children (Fish, McKenzie, & MacDonald, 2009; Lapierre, 2008; Radford & Hester, 2006).

In reality, exposure to DFV causes significant health risks for women and their children. The maternal health consequences of DFV include greater risk of physical injury, somatic health conditions, poor reproductive health outcomes and significant mental health issues (Campbell, 2002; Howard, Oram, Galley, Trevillion, & Feder, 2013; VicHealth, 2004). Mental health conditions associated with DFV include low self-esteem, depression, anxiety and stress including post-traumatic stress disorder (Golding, 1999; Howard et al., 2013) often co-occurring with alcohol and other substance use (Campbell, 2002).

It is understandable then that the consequences of this health burden - and other factors such as living chaotic, unpredictable lives with men who undermine women's authority as parents - impacts on function and parenting effectiveness (Peled & Gil, 2011; Stanley, 2011). Women affected by the significant mental health consequences of abuse may have limited capacity to attend to infant/child signals and subsequent care (Lieberman, Diaz, & Van Horn, 2011).

Findings on mothering in the context of DFV are mixed and reflect the fact that abused mothers are a diverse population. The majority of empirical studies in this section of the review suggest that most women exposed to DFV have significant difficulties in their parenting role, although some researchers report other abused women neither resort to negative punishment methods (Holden & Ritchie, 1991) nor are less emotionally available to their children (Letourneau, Fedick, & Willms, 2007). Radford

and Hester (2006) concede that mothering is more emotionally and physically challenging for abused women, however they contest the argument that all mothers exposed to DFV will be inadequate parents.

In considering the findings on parenting and DFV we emphasise that parents are not one homogenous group - rather circumstances may vary in their exposure to abuse and contextual factors that moderate the effects of violence. This also applies to children exposed to DFV, as not all children will be overtly affected by the violence they experience. Factors that may moderate the effects of DFV include children's age, gender and temperament and the quality of the mother-child relationship (Edleson, 1999; Mares et al., 2011).

Pregnancy, early infancy and attachment

Pregnant women may be at higher risk of DFV and when with child, are dually vulnerable to the negative effects of abuse including adverse pregnancy outcomes, with higher rates of unwanted pregnancies, stillbirths and babies with significant health problems (World Health Organization, 2013b). Abused pregnant women consistently present late for antenatal care, often have preterm labour, low birth weight infants and poor health behaviours such as smoking and substance abuse (Jasinski, 2004).

In a US study of women attending abortion services, those women who fail to terminate unwanted pregnancies experience higher rates of physical abuse at the hands of the men involved in the pregnancy, compared with women who secure abortion (Roberts et al., 2014). Policy that restricts women's access to abortion services means more women are unable to terminate unwanted pregnancies, possibly keeping women in physically violent relationships and causing further harm to women and children (Roberts et al., 2014).

Warm, loving relationships and secure attachment with a primary care giver (most often mothers) provide the optimal conditions for child growth and development, starting in utero. Secure attachments develop through the provision of consistent child care that is sensitive and responsive in nature. DFV occurring at this vulnerable time can cause altered attachment states between a mother and her child (Bogat, Levendosky, von Eye, & Davidson, 2011; Buchanan, 2008; Pires de Almeida, Sá, Cunha, & Pires, 2013).

Relationships change during pregnancy, as mothers are forming a maternal identity and "making room" for a new relationship with her infant (Huth-Bocks, Krause, Ahlfs-Dunn, Gallagher, & Scott, 2013). Abusive men may see this as a threat to the existing bond he has with his partner, inducing jealousy and

further violence (Izaguirre & Calvete, 2014; Radford & Hester, 2006). Partner violence “has a significant effect on the mother’s representations while she is pregnant, that is, while the mother-child relationship is in its formative stage. The transition from an early maternal relationship with the foetus to an actual relationship with a child is complex and vulnerable to intimate partner violence exposure” (Bogat et al., 2011, p. 29).

As the mother psychologically transitions to parenthood, her ideas of self and the developing child are influenced by her past and present experiences. Huth-Bocks et al., (2013) suggests it is very difficult for women to prepare to be protector and provider of care when their own person may be under threat, especially from degrading and intimidating psychological abuse. Pregnant abused women have reported overwhelming helplessness and fear when considering motherhood due to unresolved experiences of trauma. Mental health suffers at this time when mothers need to identify as caregiver for the sake of the child. Infants may then become fearful and traumatised due to interactions with their traumatised mothers (Huth-Bocks et al., 2013).

Early life experiences have an indelible influence on later life. Emotional environments provided by primary carers (mostly mothers) shape the maturation of brain systems involved in attachment functions that will be accessed throughout the life span (Carpenter & Stacks, 2009; Schore & McIntosh, 2011). Prenatal and postnatal stages of infancy are critical periods for the development of personality, with peak time for attachment formation overlapping with rapid brain growth from late pregnancy to the age of three years. Attachment forms between mother and baby through non-verbal, social-emotional communications, with interactions provided by mothers impacting on the infants growing brain circuitry (Schore & McIntosh, 2011).

The developing architecture of the child’s brain is disrupted in environments of fear and chronic anxiety (National Scientific Council on the Developing Child, 2010). Longitudinal analysis of the effects of abuse on children from in utero to 4 years, shows that trauma and stress from DFV may disrupt neural processes, resulting in suboptimal infant attachment (Bogat et al., 2011). Additionally, the physical and psychological effects of DFV during pregnancy may compromise women’s capacity for sensitive and attuned relationships with their newborn. Impaired parenting, in addition to life stressors (low income and social support) further influence the insecure relationship (Bogat et al., 2011). In Bogat’s (2011) longitudinal study, those mothers with emotionally supportive networks experienced less detrimental effects from DFV and children whose mothers left the abusive relationship were more likely to have secure

relationships by 4 years than those who were still exposed to DFV. Due to the significant effects DFV has on the mother-child relationship during pregnancy, this seems to be an ideal time for intervention and targeted therapeutic work to support the mother-child bond (Bogat et al., 2011).

Consistent with global studies (World Health Organization, 2013a), an Australian representative study of 14,784 young Australian women found that young women experiencing abuse are likely to be pregnant at a younger age; seek pregnancy termination more often and experience more miscarriages than women who are not abused (Taft, Watson, & Lee, 2004).

Carpenter & Stacks’ (2009) extensive literature review on the developmental effects of intimate partner violence on children suggest an association between disrupted maternal affect and parenting behaviours that are frightening for children, especially from the primary care giver who they rely on for protection and support (Carpenter & Stacks, 2009). Mother-infant dyads with secure attachment relationships result in children with fewer socio-behavioural problems, improved language and school readiness compared to children exposed to insensitive parenting and a history of insecure attachment (Carpenter & Stacks, 2009). Pires de Almeida et al., (2013) studied 204 Portuguese women attending an outpatient clinic in their last trimester of pregnancy and found that victims of DFV were more likely to have a lower attachment with the foetus and negative attitudes towards pregnancy and the foetus compared with women who do not suffer abuse.

In an in-depth qualitative examination of how partner violence impacts on pregnancy, 35 women described their experiences of DFV, with 75 percent reporting their mothering skills were negatively influenced by abuse (Izaguirre & Calvete, 2014). Pregnancy does not protect women from partner violence and the abuse was reported to complicate women’s mothering after the birth, reducing time and energy dedicated to their babies. Overwhelming stress stopped women from appropriate parenting methods. Those women who felt parenting was not affected still described a constant need to modify parenting to protect infants and children (Izaguirre & Calvete, 2014).

Unfortunately, the state of motherhood has been associated with an increase in the duration of a violent partnership. Motherhood has been found to increase the duration of physical, psychological, and sexual violence, even when controlling for duration of partnership and socio-demographic variables (Vatnar & Bjørkly, 2010). Keeping women busy with many young children may be a strategy fathers use to stop women leaving abusive relationships (Lapierre, 2010; Radford & Hester, 2006).

The evidence supporting the discussion in this section is relatively strong. The majority of the evidence is informed by empirical studies, most completed outside Australia. However, samples are often small and researchers have used convenient, refuge/shelter samples in most instances, which cannot be generalised to all abused women. The two qualitative studies by Lapierre (2010) and Izaguirre & Calvete (2014) provide useful insights into women's experience of abuse.

Infant feeding, routine care and DFV

There is limited and contradictory evidence surrounding women's ability to breastfeed in the context of DFV. Some researchers suggest there is no difference in breastfeeding initiation, duration or rates of feeding between abused and non-abused women (Averbuch & Spatz, 2009; Bullock, Libbus, & Sable, 2001; James, Taft, Amir, & Agius, 2014; Silverman, Decker, Reed, & Raj, 2006).

Australian research by James et al., (2014) examined secondary data from a study of postpartum women (n=2621) who had been involved in a randomised controlled trial to evaluate an enhanced model of DFV screening by Maternal and Child Health nurses. Analysis revealed no significant difference in breastfeeding rates between abused and non-abused women and results are supported by several other studies described above. The low survey completion rate (25%) and potential under reporting of IPV may have influenced findings (James et al., 2014).

In a large and diverse US sample (n=118, 579) of new mothers, Silverman et al., (2006) identified that abused women were less likely to initiate breastfeeding and to also stop before 4 weeks postpartum, but when adjusting for socio-economic variables and smoking, there were no statistically significant differences.

Others have found a significant association between partner abuse in pregnancy and breastfeeding (Lau & Chan, 2007; Moraes, de Oliveira, Reichenheim, & Lobato, 2011). From a random sample of 811 Brazilian mothers with infants under 5 months (attending a primary health care clinic), researchers found that severe physical violence increased the risk of early cessation of exclusive breastfeeding by more than 30 percent (Moraes et al., 2011). Lau & Chan (2007) found an association between Chinese women (n=1200) who did not experience DFV during pregnancy and breastfeeding. Mothers who were not abused during pregnancy were almost twice as likely to initiate breastfeeding compared with those who reported abuse. Mothers who reported psychological aggression and physical coercive violence were more likely to use mixed or artificial feeding. Proposed explanations include men's power and control of women's health care service use (Moraes et al., 2011)

and decision making (Lau & Chan, 2007), as partner support (or lack of) is a well-known predictor of breastfeeding success (Mitchell-Box & Braun, 2013). The intimacy of breastfeeding, the emotional closeness and reciprocity may exclude and threaten some men. Resultant stress from the abusive relationship may also contribute to lowering women's milk supply, further hampering breastfeeding (Lau & Chan, 2007).

Women in currently abusive relationships may want to breastfeed but face significant barriers to feeding effectively. These barriers include higher rates of low birth weight infants, early discharge and smoking—all associated with early cessation of breastfeeding (Kendall-Tackett, 2007). It is unclear if abusive fathers use undermining and controlling behaviours to stop women from feeding (Cerulli, Chin, Talbot, & Chaudron, 2010; Thiara & Humphreys, 2015), or if it is the chaotic home environment that impacts on women's decision making. Breastfeeding takes time and caring for the demands of abusive men along with young children may impact on time to feed. Abusive fathers are often characterised as not being particularly interested in the child and child-rearing practices and have been reported to forbid mothers to breastfeed (Thiara & Humphreys, 2015), declaring it "distasteful" (Bancroft, Silverman, & Ritchie, 2012, p. 82). This supports the theory that women are trying to breastfeed but barriers prevent it from occurring to any great length (Kendall-Tackett, 2007). The variation in findings suggests different sample populations and methods and more research is needed to understand the complexities surrounding DFV and infant feeding (Moraes et al., 2011; Yount, DiGirolamo, & Ramakrishnan, 2011).

There is also some evidence to suggest that the psychological and physical maternal health effects of violence may stop mothers from seeking routine preventative care for their infants and toddlers (Yount et al., 2011). Children exposed to DFV may be less likely to attend recommended routine child health and development visits in the first year of life and less likely to be up to date with scheduled immunisations (Bair-Merritt et al., 2008; Yount et al., 2011), possibly reflecting abusive men's interfering with children's health needs and/or the chaotic and disrupted lifestyle of those experiencing DFV (Bancroft et al., 2012; Murphy, Paton, Gulliver, & Fanslow, 2013).

Mothering styles

From the diversity of findings about mothers' responses to abuse, we note that mothers experiencing DFV are a heterogeneous population and what makes some mothers resilient is only recently being investigated. In the literature, mothering styles in the context of abuse have been unfortunately classified into "compensatory" or "deficit" responses.

Compensatory responses

Some mothers who experience DFV display supportive, protective and consistently positive parenting behaviours (Casanueva, Martin, Runyan, Barth, & Bradley, 2008; Letourneau et al., 2007; Levendosky & Graham-Bermann, 2000a; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003; Levendosky, Lynch, & Graham-Bermann, 2000).

Women can make considerable efforts to protect their children from abuse (Buchanan, Power, & Verity, 2014; Lapierre, 2010; Mullender et al., 2002; Radford & Hester, 2006) and have found strength at times, in their motherhood role and identity as mothers (Irwin, Thorne, & Varcoe, 2002; Macy, Rizo, & Ermentrout, 2013; Semaan, Jasinski, & Bubriski-McKenzie, 2013). Although Levendosky et al., (2000) found that most abused women reported that DFV affected their parenting, they reported both positive and negative effects on their mothering. Women felt the violence could increase the empathy and care they had for their child.

Mothers may underestimate the effects DFV has on themselves and their children as a way to cope with the abuse, finding strength through adversity (Radford & Hester, 2006).

Abused women can describe their struggle to be “good mothers” despite the abuse (Peled & Gil, 2011; Semaan et al., 2013). Being a mother can be one of the few positives in these women’s lives, one area where they still feel some worth, ability and authority as abusive men are often uninterested in child rearing and household tasks (Bancroft et al., 2012; Holden & Ritchie, 1991; Semaan et al., 2013). Violation of motherhood can be a driver for women to leave abusive relationships (Semaan et al., 2013).

Sullivan and colleagues (2001) examined the relationship between DFV, parenting stress, maternal parenting and children’s behaviour in a cross-sectional survey of women mainly from refuges (n=80). They found mothers to be emotionally available to children, with the abuse having limited effect on parenting stress or their use of discipline to manage children. No evidence emerged of the abused mothers using harsh parenting styles or aggression towards children, despite the finding that men’s violence in the home increases child misbehaviour and parenting demands (Sullivan et al., 2001).

In a small qualitative study, Peled & Gil (2011) describe how women (n=10) attempt to separate and shield the DFV from their children, describing two worlds - one of the *children and mothering* and one of the *abuse*. This split narrative between mothering and the experience of abuse reflects the perpetuation of the motherhood myth and society’s judgemental nature of

abused women (Peled & Gil, 2011). Others have described this split narrative as a dissociative disorder occurring as a self-protective, coping mechanism from severe abuse and post-traumatic stress disorder (Levendosky, 2013; Lynch, 2013). This “loss of self” (Lynch, 2013) and dissociated behaviour interferes with parental sensitivity and responsiveness. Subsequently, mother-child attachment is impaired and parenting capacity is reduced (Levendosky, 2013).

Evidence of a compensatory mothering response derives from a mixture of quantitative and qualitative research from the UK, US and Canada. Abuse is measured in various ways, with US studies mostly using the CTS. Generalising to the larger population is difficult as some studies have very small, convenient samples. The addition of fathers and children’s voices would strengthen the research. Further description of methodological issues is discussed in detail later in this section.

Deficit model of parenting

Despite the often compensatory attempts by a minority of mothers in the above studies to parent effectively, DFV exposure appears to have a negative influence on mothers’ parenting behaviours in the majority of studies in this review. The literature provides significant description of greater parenting stress, more aggressive childrearing behaviours and compromised parenting in those exposed to abuse (Coln, Jordan, & Mercer, 2013; Gage & Silvestre, 2010; Graham, Kim, & Fisher, 2012; Holden & Ritchie, 1991; Kelleher et al., 2008; Levendosky & Graham-Bermann, 2001; Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006; Mbilinyi, Edleson, Hagemester, & Beeman, 2007).

Trauma theory predicts that DFV exposure results in impaired emotions and a state of stress and hypervigilance that disrupts women’s everyday functioning, mental health and parenting capacity. Inability to regulate one’s own behaviour in response to abuse consequently compromises appropriate responses and interactions with infants and children (Dayton, Levendosky, Davidson, & Bogat, 2010). The detrimental effects of DFV on women’s mental health causes further dysfunction and parenting stress. Resultant substance misuse by some abused women may also add to parenting dysfunction. Relationships with children often change in an environment of abuse. Inconsistent and distant parenting leads to a lack of trust and a sense of security the child needs for optimal development (Carpenter & Stacks, 2009).

Early work by Holden & Ritchie (1991) describes mother’s inconsistent parenting, with childrearing behaviours altered in the presence of the abuser. Abused mothers were more likely to display affection toward the child when alone than in the

presence of the abusive father (Holden & Ritchie, 1991). Authors also reported more conflict between women and children and that abused women attended to children less often than non-abused women. Findings from interviews with women (n=111), sampled from shelters in the US, indicate that the abuse women endure stops them from caring for children in the way that they want. Up to 88 percent of women reported this, along with significant attempts to protect their children from harm (Mbilinyi et al., 2007).

Mothers as primary care givers are dealing with these parenting challenges along with keeping themselves and their children safe. As a consequence, abused women have been reported to use more strict maternal parenting styles (Gage & Silvestre, 2010; Graham et al., 2012; Kelleher et al., 2008; Kistin et al., 2014). This may occur to try and control the environment and placate the perpetrator (Bancroft et al., 2012). Several studies report mothers prioritizing perpetrators needs over children's (Bancroft et al., 2012; Bromfield, Lamont, Parker, & Horsfall, 2010). Others have described how the environment of fear and exhaustion have led mothers to adopt abusive parenting behaviours. Damant et al., (2010) interviewed women exposed to DFV (n=27) to explore how their victimisation related to parenting. Women spoke of the mothering difficulties they face in the context of DFV such as being louder, less patient with their children due to constant fear of the abuser, and needing to control children through abusive behaviours to keep them safe. Losing control and punitive discipline methods were directly linked to women's own experience of DFV (Damant et al., 2010).

The tactics perpetrators use to disrupt the mother-child relationship are described in the next research question (3) and will highlight the many reasons why a deficit model of mothering has been reported.

All of the deficit model evidence described above comes from America or Canada. The majority are quantitative studies with reasonable sample sizes. The cross-sectional design of these studies means readers cannot assume cause and effect but it is known that the effects are associated with DFV. Again the CTS measure is the most common measure. There are very few qualitative studies that describe a deficit model of parenting as opposed to the evidence in the earlier compensatory discussion.

Contradictory responses to abuse

Studies on the effects of abuse on mother-child interactions and responsiveness to children's needs are contradictory, which suggests that parenting in the context of DFV is complex and that women are a diverse group. There are several reasons

why the literature describes conflicting evidence on effects of DFV on parenting.

Many studies are methodologically weak with varying measures of abuse, small convenience samples, self-report of DFV exposure and parenting abilities and often use a narrative descriptive approach. Comparison groups (mothers not exposed to DFV) are rarely used nor are adjustments made for confounders. Few observational studies are used to support the abundance of self-report measures (Yount et al., 2011).

DFV and mothering is a complex and dynamic issue. Parenting attempts combined with societal pressures and motherhood ideology result in deficit, compensatory and combinations of both parenting styles.

Resilience to the effects of abuse is not well understood. Not all abused women and children are affected to the same degree. Good mental health and social support are important factors for women. A strong mother-child relationship is essential for optimal children development (Bogat et al., 2011).

The effects of DFV on children

Children exposed to DFV are at greater risk of behavioural, physical and mental health problems. These include conditions such as mood and anxiety disorders, attention deficit hyperactivity disorder and oppositional/defiant or conduct problems (Carpenter & Stacks, 2009; Evans et al., 2008; Hazen, Connelly, Kelleher, Barth, & Landsverk, 2006; Kitzmann, Gaylord, Holt, & Kenny, 2003; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). The evidence for these findings is very strong with several meta-analyses reporting significant child health issues (Evans et al., 2008; Kitzmann et al., 2003; Sternberg et al., 2006; Wolfe et al., 2003).

In Australia, the 2012 population Study of Recently Separated Parents (n=6119) reveals the detrimental effects of DFV on children's wellbeing. The most commonly reported problems were adverse impacts on ability to form relationships, mental health and behavioural issues such as anger/aggression and the adoption of increased violent behaviours (De Maio et al., 2013). Male children have been shown to exhibit more externalising behaviours, whereas girls tend to internalise issues (Evans et al., 2008).

Sternberg and colleague's (2006) meta-analysis of n=1870 subjects (from 15 studies) showed that children who experience multiple forms of abuse were at greater risk than those with lower exposure rates. Gender differences were not evident and witnessing parental violence was just as detrimental as being a victim to physical abuse.

Increased behavioural issues such as distress and aggression may make parenting more challenging. Post-traumatic stress disorder is often exhibited in children exposed to violence, young infants and children may have trouble feeding, exhibit difficulties in self-soothing and falling asleep at night and be more irritable and fearful (Carpenter & Stacks, 2009). Kistin et al., (2014) reports that children's repetitive behaviours such as attention-seeking, limit-testing or oppositional behaviours were the most stressful to deal with and made mothers feel ineffective and frustrated. Coping mechanisms included removing themselves from the children, often for long periods of time, use of harsh discipline as a measure of control and as an attempt to prevent further misbehaviour (Kistin et al., 2014). Effective parenting requires mothers to have confidence and credibility, to set boundaries and manage children's behaviour. This is difficult when women are in an environment of undermining, coercion and control (Humphreys, 2011).

Adolescent violence towards parents (mostly mothers) occurs more often when there has been abuse in the home, including witnessing partner violence and child abuse. Although causal factors are many and interrelated, altered attachment and inconsistent parenting are contributing factors (Cottrell & Monk, 2004). Abusive fathers who undermine maternal authority and women's control of her children may facilitate this type of intergenerational violence (Bancroft et al., 2012).

Despite low parenting resources, abused mothers and children may show resilience to the negative effects of abuse. Resilience is more often seen in those with adequate social support, fewer mental health issues and in children with easy temperament (Boeckel, Blasco-Ros, Grassi-Oliveira, & Martínez, 2014; Bogat et al., 2011; Mares et al., 2011; Stanley, 2011).

Effective mothering practices can assist children in recovery from the trauma of DFV (Gewirtz, Degarmo, & Medhanie, 2011) highlighting the need for interventions focussing on the mother-child relationship and optimal parenting. Whilst it may take some time for distress from the violence to abate (Jarvis & Novaco, 2006); attachment, relationships, child health and parenting outcomes improve once women are out of the abusive relationship (Bridgman-Acker, 1998; Damant et al., 2010; Fujiwara, Okuyama, & Izumi, 2012; Stanley, 2011). This healing process may not occur if women and children have regular contact with abusive partners post separation. Family law and post-separation are discussed in further detail to follow.

Summary

The evidence on the impact of DFV on mothering is inconsistent due to the heterogeneity of women, their contexts and the abuse they experience and the methods used to explore the phenomenon. However, the majority of empirical studies in this section of the review suggest women exposed to DFV have significant difficulties in their parenting role. Why some women are able to have resilient and supportive mothering is poorly understood. Children exposed to DFV experience significant health and behavioural concerns, potentially making parenting more challenging. Even those studies that describe a compensatory mothering response often acknowledge the challenges abused women face.

Very few studies have been undertaken within the Australian context, with most research conducted in the US. Most quantitative studies assess the association between DFV and the impact it has on mothering behaviour and the child's development (Peled & Gil, 2011). These types of studies may not be the best way to answer the question on how DFV impacts on mothering. To gain a deeper understanding of women's experiences, more qualitative evidence on DFV and mothering is needed (Buchanan et al., 2014).

Fathering in the context of DFV

There is a significant lack of global research examining the parenting of violent men, including the father-child relationship of abusive men (Fish et al., 2009; Guille, 2004; Perel & Peled, 2008; Salisbury, Henning, & Holdford, 2009). Exceptions to this include the extensively cited, recently updated work of Bancroft, Silverman and Ritchie (2012) who describe, through their years of clinical work and research with perpetrators, the characteristics of abusive fathers.

The origins of Bancroft et al's (2012) work derives from counselling and supporting families and men in behaviour change/intervention programs. Bancroft and colleagues work is based on thousands of diverse clients from the US and some 20 other countries of origin, predominantly court mandated perpetrators of all socio-economic and class status. Observations and years of challenging abusive men's thinking and behaviour revealed how "psychologically destructive" these men can be and encouraged further research into the consequences of the abuse on women and children. These clinical observations are supported by empirical research of the authors and others.

It is important to note that this Bancroft et al., (2012) text is one single source of evidence and needs to be considered when assessing the overall limited evidence on fathering and DFV. Further research is needed to explore the concepts Bancroft et al., (2012) propose. In considering fathering in the context of abuse, we make note that abusive fathers do not fit one profile, but also vary according to various individual, cultural and other external circumstances.

Characteristics of abusive fathers

Bancroft and colleagues (2012) describe adverse parenting styles. Abusive men have been typically described as authoritarian, under involved and/or neglectful parents who are undermining, self-centred and manipulative. Bancroft et al., (2012) suggest such fathers can perform well under observation, displaying caring and attentive attitudes towards children in the presence of relatives, friends and professionals (such as family report writers) who may be assessing parenting effectiveness or supervising child contact visits. Abused children can also respond in positive ways to their fathers at these times, as they may be hungry for this type of attention (Bancroft et al., 2012). A false illusion of happy families can result, with men having romanticised ideas of children's unconditional love towards them.

Authoritarian

When men do involve themselves in disciplining children, they tend to demonstrate hostile-coercive parenting behaviours (Fox & Benson, cited in Stover et al., 2013). They are often less

affectionate, more rigid and controlling, and resort to more severe corporal punishment and negative parenting practices (Holden & Ritchie, 1991).

Often having unrealistic expectations of their children, fathers lack of understanding can lead to child punishment and neglect. He may perceive normal child development as hostile and antagonistic e.g. a crying infant or expecting a young child to complete chores more appropriate to that of an older child (Crooks, Scott, Francis, Kelly, & Reid, 2006). The child is then seen as intentionally defying them, warranting punishment. Children are expected to obey unquestioningly, without resistance or arguing. Abusive fathers are often unable to accept criticism or feedback from family members to adjust to children's needs and often accept the status and reward of being a father without the sacrifices and challenges involved. They are poor role models for healthy relationships, and often have low self-esteem, identity and trust (Bancroft et al., 2012; Holtzworth-Munroe, Stuart, & Hutchinson, 1997).

Under involved

Men who perpetrate DFV are less likely to be involved with their children (Bancroft et al., 2012; Holden & Ritchie, 1991; Lapiere, 2010), are less affectionate and display inconsistent parenting behaviours. While children are under his domain and seen as a possession of his, the care and responsibility of them resides with their mother. Evading parenting responsibilities to spend time away from the home is preferable to engaging with "annoying" children and making sacrifices for the family (Bancroft et al., 2012). Post separation, men see child access as a right and entitlement, irrespective of the best interests of the child.

Holden and Ritchie (1991), compared 37 mothers experiencing DFV who reported stressful and less consistent parenting with 37 comparison mothers. The abusive fathers were described as being less involved or affectionate and displayed more punitive responses towards the children.

The more educated men are, the more involved they can be with their children. However, abusive fathers often fail to acknowledge the impact the partner violence has on children (Salisbury et al., 2009). Among a large sample (n=3824) of predominantly African American men (87%) who were attending court due to perpetration of DFV, Salisbury et al. found that abusive men had limited understanding of the significant risk and harm they posed to their children. Men who did acknowledge that violence affected their children were older, better educated, married and in longer term relationships with women (Salisbury et al., 2009). Although this is a large sample, the sample and use of self-report measures limits its generalisability.

Self-centred and manipulative

Abusive fathers have been described as self-centred and tending to put their own needs first (Mullender et al., 2002). As they expect with their partner, their children need to self-sacrifice for him and modify their needs to accommodate his. Emotional boundaries are poorly defined with perpetrators needing children to listen to their adult problems about money, work and relationships and should be available to him when he is ready (Bancroft et al., 2012). These men display a lack of the reflective functioning and appropriate emotional intelligence needed to parent effectively. Recognition and prioritisation of children's needs for love, respect and autonomy is essential for abusive fathers. A greater understanding of their child is needed, including child development and the need to balance the needs of adults and children. Only then will perpetrators move from an adult-centred parenting style to a child-centred approach (Crooks et al., 2006).

Violent men can manipulate and convince children (and mothers themselves) that their mother is an inadequate parent and deserves or is the cause of the abuse. Children are often used as weapons to retaliate and further perpetuate violence towards mothers (Bancroft et al., 2012). Fathers may establish a superior position in the eyes of the child by capitalising on affection when he is in a "good mood", spending time and money on children, allowing "off-limits foods" and entertaining them. This is often in the context of post-separation abuse. This is especially enticing for children as there are often few enjoyable opportunities when they are with their mother, who is regularly burdened by their care, the ongoing effects of abuse and financial restraint (Bancroft et al., 2012).

Recent examination of abusive men's (n=111) parenting attitudes (pre-behaviour change intervention) indicate that perpetrators of DFV are at increased risk of poor child rearing practices and potential child maltreatment (Burnette, Ferreira, & Buttell, 2015). Men displayed a lack of empathy for children, supported corporal punishment and expected children to meet their needs (parent-child role reversal). These are all characteristics described by Bancroft and colleagues above. Biological fathers who perpetrate DFV have been shown to display more concern for children than violent social (step) fathers, although caution is needed as stated concern may be a poor indicator of actual intention to refrain from abuse (Rothman, Mandel, & Silverman, 2007).

The limited evidence on parenting by abusive men is weak. The few empirical studies described use US samples, often small (except Salisbury et al., (2009)) and are sourced from men's behaviour change programs or are court mandated attendees.

These samples of men may be the most severe offenders and may not be representative of the wider population of abusive men. Men's self-report measures on their behaviours may not be reliable, however many of the suggested characteristics of abusive fathers are supported by studies from abused women and children who concur and thus validate the attributes described above.

Substance abuse

While gender inequality and violence supportive attitudes are contributing causal factors to DFV (Department of Families, 2009), substance abuse (drugs and alcohol) adds to the frequency and severity of violence (including sexual abuse) towards women and children (Bancroft et al., 2012; Bromfield et al., 2010; Campbell et al., 2003; Guille, 2004). High levels of substance abuse among abusive fathers' impacts on men's attentiveness towards their children, emotional availability/attachment and their parenting capacity (Guille, 2004; Stover, Easton, & McMahon, 2013).

Stepfathers

Stepfathers have been shown to be more abusive than biological fathers (Cavanagh, Dobash, & Dobash, 2007; Miner, Shackelford, Block, Starratt, & Weekes-Shackelford, 2012) and women are at greater risk when abusive men have stepchildren at home (Campbell et al., 2003). When perpetrators of DFV are not biological fathers, families are also more likely to be involved with child protection services (Lee, Lightfoot, & Edleson, 2008). Although some research indicates that stepfathers are not more physically abusive towards children than biological fathers, they have been found to be more verbally abusive to children and children feel more fear from these men (Sullivan, Juras, Bybee, Nguyen, & Allen, 2000).

In a US case control study to identify risk factors for femicide in abusive relationships, Campbell et al., (2003) found that along with access to guns and estrangement, perpetrators having a stepchild in the home significantly increased women's risk of being killed by their partner. Miner et al., (2012) also found that women who have genetic children in the house sired by a previous partner are over-represented among victims of severe forms of abuse.

Findings from the Murder in Britain study on fathers (n=26) who have committed child homicide (in which DFV was a factor) include characteristics such as men being resentful and jealous and having unreasonable expectations of children. Motivations were often not to kill but rather discipline or silence children. Stepfathers were over-represented in this cohort of men (62%) (Cavanagh et al., 2007).

Not all abusive men - Alternative views

The evidence we have on fathering by violent men is methodologically weak, however, it portrays a deficit parenting model. More research and a more comprehensive approach to examine the qualities of abusive men's fathering is needed (Perel & Peled, 2008).

Moving on from the earlier work of Bancroft et al., (2012) and others, a review by Scott & Mederos (2012) suggest that the characteristics described above (authoritarian etc.), do not apply to all fathers who are violent towards their partners. They describe three categories of abusive fathers in addition to the traditionally described hostile and controlling men. These include men who are *emotionally disconnected*, *physically disconnected* and having *reasonably healthy connected relationships* (Scott & Mederos, 2012).

Emotionally disconnected

Men as perpetrators of DFV may want a bond with their child but are frequently unable to connect. Two small volunteer studies with small sample sizes (n=14, 8) found that men in behaviour change groups, Perel & Peled (2008) (Fox, Sayers, & Bruce, 2002) described themselves as good fathers but vulnerable, distressed and yearning to repair relationships. Working away from the home and children's fearful responses to violence resulted in a disconnection and an eventual reduced commitment to their children. Methodological limitations, along with the small sample size mean we cannot generalise findings to a wider population. Bancroft et al., (2012) acknowledges that some men claim to be good fathers, with parenting an important part of their self-identity, however as discussed, their love and care of children is often self-serving.

Physically disconnected

Scott & Mederos (2012) suggest physically disconnected men are those who typically have low income, multiple children and are estranged from these families due to infidelity and DFV. They have limited contact with children or obligations to support families leading to a physical disconnection. This category of violent fathers has been under-researched.

Reasonably healthy and connected

In an acknowledged smaller group of men, there are those with seemingly healthy relationships with children. These circumstances often occur post-separation, where men have respected court orders and not continued with abuse and have sought independent relationships, often with their older children (Scott & Mederos, 2012).

In a pre/post-intervention evaluation of a program for abusive fathers (n=42) called Caring Dads (Scott & Crooks, 2007), half of the participants showed typical behaviour patterns of self-centredness, controlling and entitlement. These men needed help with issues such as exposing children to abuse, using children to retaliate against mothers and intervention to stop undermining the mother-child relationship. The other half displayed emotional availability and had developed a reasonable father-child relationship irrespective of ongoing abuse towards the mother (Scott & Crooks, 2007).

Although the research described above is not generalisable to all violent fathers, it provides additional information on the complexity of relationships and areas for targeted interventions with some types of abusive fathers.

Summary

Fathers who are abusive to partners vary in their characteristics and relationships with children. Very limited evidence exists on the fathering of abusive men. Australian literature is restricted to discussion papers and small sections on parenting and DFV within literature reviews. Some researchers describe abusive fathers as authoritarian, under-involved and self-absorbed men, disinterested in their children or parenting. The high rates of substance misuse in abusive fathers and stepfathers may further impair their parenting capacity. Children exposed to partner violence in the home by their father /stepfather are at heightened risk of child maltreatment including child sexual abuse, filicide or familicide which is described further below.

What are the methods and behaviours that perpetrators use to disrupt the mother-child relationship?

Children's exposure to DFV goes beyond simple witnessing of abuse. Exposure can include physical and emotional violence directed at the child, witnessing of violence toward their mother, and child sexual abuse; as well as use of the child to undermine the mother's self-worth and their parenting and to disrupt the mother-child relationship (Radford & Hester, 2006). Impaired parenting in the context of DFV may be due to the following perpetrator tactics which can directly and indirectly disrupt mother-child relationships.

Tactics of abuse

Ongoing DFV in the home has been identified as a *sustained* attack on the mother-child relationship (English, Marshall, & Stewart, 2003; Humphreys, Thiara, & Skamballis, 2011). "Children grow and develop through relationships, and when you undermine or destroy those relationships, then you damage their cognitive, behavioural and emotional lives" (Humphreys, 2011, p. 7). Abusive men's parenting cannot be separated from their behaviour with their partner. The violent partner's abuse is interwoven with his parenting, causing relationship disruption between parents, siblings, mother and child and father and child (Bancroft et al., 2012).

Perpetrators may use direct or indirect behaviours to attack the women's identity as a mother and the relationships with her children (Humphreys, 2011). The use of children in the abuse occurs pre and post-separation.

Direct methods

There are multiple reports of direct abuse tactics used by perpetrators to disrupt the mother-child bond (Bancroft et al., 2012; Humphreys, Mullender, Thiara, & Skamballis, 2006; Mullender et al., 2002; Radford & Hester, 2006).

Loss of child

Direct methods include loss of the child through violence during pregnancy, child abduction and homicide (Humphreys et al., 2006). The risk of child abduction and filicide (child homicide) are higher post-separation and commonly occur in the context of DFV (Bancroft & Silverman, 2004; Cussen & Bryant, 2015; Kirkwood, 2012). Other direct tactics include general undermining of parenting capacity, denying women a relationship with children and sleep deprivation.

Abusive partners often insist that their needs come first, with mothers focusing attention on fathers, to the detriment of children. Australian research by Buchanan et al., (2014) argues that partner abuse may be focussed on the formation of the mother-child relationship. Mothers (n=16) describe deliberately attending to over-demanding partners in order to protect their children from harm. Attention to the man draws his focus away from the perceived threatening mother-child relationship. Once appeasing men's wishes, mothers attempt to form a relationship with the child in peace and quiet. However, time to relate and take pleasure in growing infants is limited in environments of sustained hostility. Protection and shielding infants and children from harm

preceded the luxury of developing a relationship which could enhance secure infant attachment (Buchanan et al., 2014).

Tactics that extend to financial abuse result in women having limited budgets to provide for their children (Fish et al., 2009). Enforced social isolation may see children miss out on active social lives (Bancroft et al., 2012) and prevent women from obtaining supportive networks that would help her normalise child behaviour and assess her disordered relationships (Buchanan et al., 2014).

Abusive men have been reported to be manipulative, not just toward family members but also when reporting violence. Men suspected of abuse have been reported influencing decisions police officers make at DFV incidents, often minimising their own aggression and claiming that the woman (victim) was more responsible for the abuse (Hester, 2013). Vexatious, false claims to police, lawyers and child protection staff against the mother (post-separation), aim to separate mother from child (Kaye et al., 2003).

Parenting

Disabling physical abuse may leave women in hospital, injured and unable to care for children for periods of time, depending on the frequency of abuse. Continued interference with the mother's parenting includes humiliation, criticism and undermining of her parenting authority (Thiara & Humphreys, 2015), often deliberately in front of children (Bancroft et al., 2012). Research with South Asian women describes mothers being denied a relationship with their child. Parenting and child rearing became the role of the abusive father's female relatives and mothers were refused to care for them (Thiara & Humphreys, 2015).

Bancroft et al., (2012) reports that the most common form of direct interference is through stopping mothers from comforting and attending to their distressed children. A mother who attends to a crying child, hurt or fearful of their father, may be punished for providing this attention as comforting the child is seen as criticising his actions. General mothering activities such as playing and reading to children may also be banned (Humphreys, 2010).

DFV has been associated with harsher parenting behaviours by mothers however, this may occur as women attempt to discipline and control the child to protect them from further harm from the father. "You had better smack him before I

do" statements from fathers, portray mothers (who act) as violent and uncaring in the eyes of the child (Mullender et al., 2002, p. 162).

If mothers fail to adequately discipline children or if they intervene in the partner's punishment of children, then they may be assaulted (Mbilinyi et al., 2007). Results from a telephone survey of women (n=111) from DV refuge centres in the US indicate that almost half of the sample (48%) said they had been intentionally physically assaulted by the abuser for trying to protect children (Mbilinyi et al., 2007). This retaliatory abuse was a common occurrence for more than one third of the women. Frequent retaliatory violence may stop women intervening over time (as a self-protection method), further complicating relationship dynamics and harming healthy mother-child functioning (Bancroft et al., 2012). Twenty-one percent of women in the study above (from a high risk sample) reported partners forcing children to watch him physically hit or sexually assault her. Over half (55%) of the women said they were often blamed for their partner's excessive punishment of the children (Mbilinyi et al., 2007).

Sleep

Women have described sleep deprivation in the context of DFV that impairs their parenting. Focus group discussions with UK women (n=17) who had experienced DFV indicate that fear and disturbance from ongoing violence disrupts women's and children's sleep patterns (Humphreys, Lowe, & Williams, 2009). Sleep deprivation was described as an active strategy and a consequence of abuse. Women adjusted sleep patterns to keep themselves and their children safe, often sleeping together for protection. Women were often hyper-vigilant, sleeping light but described being attacked when asleep, and children exhibited trauma through bedwetting, nightmares and difficulties falling and staying asleep. Children's sleep problems and tiredness further exacerbated women's sleep deprivation and made parenting more difficult. Women frequently took sedatives or other drugs to help them sleep, which may further impair parenting capacity. As a consequence of men's violence, sleep deprivation undermines women's mental health/resilience and parenting ability may be impaired. All of the behaviours described above may threaten a child's healthy relationship with their mother.

Indirect methods

Indirect methods are described as more subtle techniques used by perpetrators to undermine women's parenting and the relationship between mothers and their children. This includes the frequent and damaging psychological abuse that women experience and the deliberate use of children as tools of abuse, both before and commonly after separation.

The damage of emotional abuse

As previously described, the debilitating mental health problems women suffer as a result of DFV may render women mentally unavailable to parent their children effectively. Significant depression, post-traumatic stress and even suicide can result. To cope with the DFV, women may resort to substance abuse which further hampers parenting and may result in women losing custody of children (Bancroft et al., 2012; Humphreys, 2011; Humphreys et al., 2006; Mullender et al., 2002).

Perpetrators may engage in abusive behaviours that manipulate the environment, so that children view their mother in a less than favourable light. Messages to children (relayed by their father) that the mother is unfit to parent and to blame for the abuse, attempts to undermine the mother-child relationship. Negative messages such as "she is a bad mother", "she is crazy", and "she doesn't love you", shape children's views of their mother (and women's views of themselves) and act as propaganda for the perpetrator's cause (Bancroft et al., 2012; Fish et al., 2009; Morris, 2009; Murphy et al., 2013; Thiara & Humphreys, 2015). Other tactics include belittling and overruling of mothers parenting decisions and mothers being physically and sometimes sexually abused in front of children as a demonstration of power and control. This humiliation shows children that their mother is weak and cannot care for herself, let alone her children. Ultimately this damages women's confidence, authority and the respect needed to parent effectively (Bancroft et al., 2012; Humphreys, 2011; Mbilinyi et al., 2007; Radford & Hester, 2006).

Maternal alienation

This range of undermining tactics used by perpetrators has been coined "maternal alienation" (Morris, 2009). In an Australian study, Morris (2009) describes the tactics men use as a coercive web-like regime (Abusive Household Gender Regime) where *maternal alienation* and control work to disrupt the mother-child relationship. The term *maternal alienation* incorporates a range of abusive behaviours, including child sexual abuse that fathers deploy to deliberately undermine and destroy relationships. This mix of "brainwashing", manipulation and emotional, physical and sexual violence "means that his voice

and his 'truth' seep into women's and children's minds and beings in complex and interlocking, but frequently intangible, ways" (Morris, 2009, p. 417). Fathers portray themselves as victims and/or heroes and children can in turn despise their mothers, verbally abusing them and replicating the violence. Bancroft et al., (2012) suggests, in the context of these altered relationships, that older children tend to distance themselves from mothers, especially boys. They are more likely to identify with the powerful father and absorb the abuser's disrespect for the mother, misunderstanding the relationship dynamics and thinking that their mothers have failed to protect them.

The evidence of direct and indirect methods perpetrators use is modest and includes a range of qualitative lived experience narratives from women and children survivors mostly from the UK, along with empirical research using cross-sectional and longitudinal design. Self-selected, convenience samples are common in the qualitative work and may not be representative.

Deliberate use of children

Children may be deliberately used by the perpetrator as a means to further control and abuse their partner. Researchers report perpetrators making threats to harm, kill or remove children e.g. fathers driving erratically with children in the car, or locking children in the house with him to prevent women from trying to leave. Direct mistreatment of children to retaliate against the mother and/or singling out children and picking on them to distress mothers is also reported (Bancroft et al., 2012; Mullender et al., 2002). Children may be used as weapons to facilitate the abuse by forcing children to witness the violence, monitor and report back on their mother's actions and whereabouts, be involved in mother blaming and general undermining and alienation of the mother. This deliberate involvement of children in the abuse directly adds to distress and trauma for both women and children and may exacerbate unhealthy family dynamics (Bancroft et al., 2012; Morris, 2009).

These examples are reinforced by recent qualitative interviews from a nurse home visiting intervention with African American women (n=12), over a 2 year period. Findings indicate that children are frequently used by perpetrators to control women's lives (Bhandari et al., 2014). Abusive partners are reported to highlight the mother's faults in parenting, make false accusations to authorities regarding her intention to hurt children and would prolong and /or refuse to return children to their mother after child visitation access, causing intense emotional distress for mothers and children. Abusive fathers in this study were not interested in the child, rather they were more interested in using children strategically to gain control of women or turn circumstances to their advantage (Bhandari et al., 2014).

Violent behaviours/tactics by men may also include child sexual abuse. Children exposed to DFV are at greater risk of child sexual abuse (Bancroft & Silverman, 2004; Bancroft et al., 2012; Bedi & Goddard, 2007; Holt et al., 2008). Despite some knowledge on this topic, such as estimates on the co-occurrence of DFV and child sexual abuse (44.5-77%), the literature on this topic is limited to prevalence (Bancroft et al., 2012; Holt et al., 2008). Radford and Hester (2006) argue that it may be difficult to differentiate between abuse of mothers and abuse of children, as "the intention of the perpetrator is that the violence or abuse of the child will have a directly abusive impact on the woman" (Radford & Hester, 2006, p. 63). Co-occurring abuse of mothers renders them less supportive and available emotionally for their abused children. Using children in this way extends abusive men's power and control of mothers. These tactics of abuse and use of children may increase when families separate.

Much of the evidence above is derived from narratives with women and children who have been abused. Although limited

it provides examples of how children are used by men to further control women and disrupt relationships. Qualitative research on the co-occurrence of DFV and child sexual abuse is minimal.

Post-separation abuse and the mother-child relationship

There is now a significant body of evidence to indicate that DFV does not end when parents separate (Bagshaw et al., 2011; Bancroft et al., 2012; De Maio et al., 2013; Evans, 2007; Holt, 2013; Kaye et al., 2003; Perel & Peled, 2008; Qu, Weston, Moloney, Kaspiw, & Dunstan, 2014; Radford & Hester, 2006; Thiara & Humphreys, 2015). Threats to hurt or kidnap children, stalking and harassment affect up to one third of women who leave violent relationships (Hardesty & Ganong, 2006; Saunders, Faller, & Tolman, 2012).

Abusive men have been reported to use children to get back at their partners, manipulating situations for their own gains and to control and disrupt family dynamics. Intense undermining of the mother's authority, threats, and manipulating children's favour are common tactics of perpetrators post-separation. Women are often the initiators of separation and divorce proceedings from abusive men. This separation challenges their partners' control over them, resulting in an escalation of violence (Hardesty & Ganong, 2006) and the use of children as tools to continue abuse and to pressure women for reunification (Bancroft & Silverman, 2004; Bancroft et al., 2012).

Australian population survey data collected in 2012, from the Longitudinal Study of Separated Families (n=9028) reveals that just over two thirds of separated mothers report experiencing emotional abuse from her ex-partner (in the 12 months before the survey) 5 years post separation (wave 3) (Qu et al., 2014). Women reported safety concerns for themselves and their children at higher numbers than men (7.3% vs. 2.3%-wave 3). When fathers had concerns for their child's safety, they were more likely than mothers to indicate that another adult or the mother's new partner was the source of the concerns. Mothers were more likely to indicate that the fathers were the source of the concerns (92% vs. 72%). Around five percent of parents had safety concerns over all three data collection periods (wave 1-3), to 5 years after separation (Qu et al., 2014). Post-separation shared parenting arrangements may also compromise child safety. Almost half of the 65 Australian children who completed a survey conducted by Bagshaw et al., (2011) reported not feeling safe in shared arrangements and felt three times more unsafe with fathers than with their mothers (Bagshaw et al., 2011).

Women and children may continue to be at risk when abusive fathers have ongoing and unsupervised contact with their children. Continuing contact with perpetrators allows ongoing

violence and prevents women and children from rebuilding their relationship (Evans, 2007; Radford & Hester, 2006).

Australian population survey data (using large, diverse samples) with separated parents contributes much of the strong evidence on post separation DFV. Other more modest evidence is from empirical studies in the UK and the US, which validate the Australian findings.

Family Law

As described earlier, violence doesn't stop when partner relationships end. DFV often escalates during the time of separation, with victims at higher risk of severe violence at this time (Campbell et al., 2003; DVRC (Vic) et al, 2008; Humphreys, 2012). This section summarises the evidence on family violence and the family law system, focussing first on long-standing concerns before moving to a discussion of recent evidence on family law system approaches. The context for this discussion is a history of persistent concern about limited visibility of family violence and child safety concerns in the family law system in the context of a pro-contact philosophy underlying family law practice. Since 1995, three successive sets of legislative reforms have addressed family violence and safety concerns at the same time as supporting a shared parenting philosophy (Fehlberg, Kaspiew, Millbank, Kelly, & Behrens, 2014; Kaspiew, 2008). Over this time, research and analysis have established that for women affected by family violence, these twin goals across the system have created difficulties in pursuing safe parenting arrangements. A range of cultural, systemic, legislative and practical difficulties have been identified as relevant in producing this situation (Australian Law Reform Commission & NSW Law Reform Commission, 2010; Chisholm, 2009; Kaspiew et al., 2009; Kaye et al., 2003; Laing, 2010, 2013; Rhoades, Graycar, & Harrison, 2000). Recognition that Australia's federal system of government - which sees responsibility for family violence and child protection exercised by state and territory governments and matters arising from relationship breakdown dealt with at a federal level - places significant burdens on women and children seeking safety in the post separation context is also gaining momentum (Australian Law Reform Commission & NSW Law Reform Commission, 2010; Family Law Council, 2015; Higgins & Kaspiew, 2011; Kaspiew, Carson, Dunstan, Qu, et al., 2015).

Long standing concerns

Over time, research and analysis has highlighted the difficulties that women face in the context of parenting arrangements after separation from a violent relationship. Among the barriers to effective responses are cultural issues and a lack of awareness

that family violence and abuse may not end when women separate from an abusive partner. Some legal professionals such as judges, lawyers and evaluators/family report writers have been shown to have limited understanding of post-separation DFV and the complex power dynamics involved, with calls to reform the family law arena to better protect abused women and children (Bagshaw et al., 2011; Bancroft, 2002; Chisholm, 2009; Parker, Rogers, Collins, & Edleson, 2008; Saunders et al., 2012; Shea Hart, 2004).

There have been long-standing concerns that the pro-contact philosophy of the Australian family law system creates tensions for women leaving violent relationships (Kaye et al., 2003; Rendell, Rathus, & Lynch, 2000; Rhoades, 2002, 2008; Rhoades et al., 2000). Empirical studies have shown that orders restricting parent-child contact are only made in litigated matters when there is severe violence well-established on the evidence (Kaspiew, 2005; Moloney et al., 2007). A range of other qualitative studies have demonstrated that Australian women have significant difficulties negotiating parenting arrangements against a background of past and/or continuing DFV and that arrangements for children to spend time with the other parent may mean that both the children and their mothers may be exposed to continuing abuse (Kaye et al., 2003; Laing, 2010, 2013). These and other analyses and small scale studies from Australia and overseas have highlighted how various parts of systems related to post-separation matters, including the negotiation of property, parenting and child support can be used by abusive ex-partners to maintain the dynamics of abuse and control (Cameron, 2014; Fehlberg, Millward, & Campo, 2009; Patrick, Cook, & McKenzie, 2008).

In the past 10 years, there have been two sets of changes to the *Family Law Act 1975* (Cth) concerning parenting arrangements. The first, introduced as part of a raft of wide-ranging changes to the family law system introduced a presumption in favour of equal shared parental responsibility and at the same time, enacted provisions intended to provide scope for greater emphasis on protecting children from harm for exposure to abuse and family violence (*Family Law Amendment (Shared Parental Responsibility) Act 2006* (Cth) ("the 2006 changes"). In light of research and analysis suggesting that further change was required to support the latter aim to a greater extent (Chisholm, 2009; Family Law Council, 2009; Kaspiew et al., 2009), further changes were implemented in 2012 (*Family Law Legislation Amendment (Family Violence and Other Matters) Act 2011* (Cth) ("the 2012 family violence amendments"). These changes introduced wider definitions of family violence and child safety and imposed obligations on professionals to inquire about family violence and child abuse. They also specified that

where the principle of supporting a child's right to a meaningful relationship with each parent stood in conflict with their need to be protected from harm, the latter principle should be given greater weight (see: *Family Law Act 1975* (Cth) s. 60CC(2A)).

Several analyses have highlighted the potential for changes such as these to be less effective if they are introduced in a context where the professionals working with them have limited expertise in DFV (Bagshaw et al., 2011; Shea Hart, 2004). Laing (2010) reports that Australian legal systems have failed to understand the dynamics of DFV and respond adequately to protect women and children from abuse. She argues that the family law courts frequently uphold men's rights to co-parent, despite abuse and that women's motives are unfairly challenged. Women's mental health is often over emphasised in child custody evaluations and DFV minimised (Saunders et al., 2012). Women can be portrayed as deliberate manipulators, attempting to stop fathers seeing their children and can be labelled as obstructionist rather than have their pleas acknowledged as an attempt to enhance safety (Laing, 2010; Saunders et al., 2012). Women feel pressured by lawyers to agree to co-parenting arrangements even though children's safety may be at risk (Bagshaw et al., 2011) and they may make decisions on co-parenting arrangements in an environment of fear, pragmatic concerns and family ideology. Perpetrators can play on women's guilt around "breaking up" the family (Hardesty & Ganong, 2006).

The present environment

An evaluation of the 2012 family violence amendments by the Australian Institute of Family Studies shows that 3 years into the operation of the changes, some shifts have occurred in practice (Kaspiew, Carson, Dunstan, Qu, et al., 2015). There is evidence of more emphasis on screening for family violence and safety concerns across the system, but nearly three in 10 parents reported using family dispute resolution, lawyers and courts to make parenting arrangements and not being asked about either of these issues in 2014 (Kaspiew, Carson, Dunstan, Maio, et al., 2015). This finding is particularly concerning, since the research evidence also shows that a minority of separated parents in each annual cohort use family dispute resolution (10%), lawyers (6%) and courts (3%) to resolve their parenting arrangements (most parents indicate they made arrangements by "discussion" or that they "just happened") (Kaspiew, Carson, Dunstan, Maio, et al., 2015 section 3.1.3). However, it is the parents with complex features – including a history of DFV, ongoing concerns of their own and/or their children's safety, mental ill health or substance abuse - who rely on these three avenues for making parenting arrangements (Kaspiew, Carson, Dunstan, Qu, et al., 2015 Table 2.2). Such parents are present

in the case-loads of each of these kinds of services, but are particularly concentrated in the case-loads of lawyers and courts. For example, in 2014, 46 percent of the parents who used courts reported concerns for their safety or that of their children as a result of ongoing contact with the parent (Kaspiew, Carson, Dunstan, Qu, et al., 2015 Table 2.2). For lawyers, the proportion aware of and reporting this in the survey was 34 percent and for mediation, the proportion reporting this was 26 percent. The evaluation findings suggest that practice in screening and assessment across the family law system remains under-developed. In this context, it is notable that the Evaluation indicates that uptake of the Family Law Detection of Overall Risk Screen (DOORS) screening approach (see further section 4) has been limited and there are mixed views of its utility among family law system professionals (Kaspiew, Carson, Dunstan, Qu, et al., 2015 section 4.3.2). Screening approaches across the courts (Family Court of Australia & Federal Circuit Court of Australia, 2015) are continuing to evolve, with a trial of a new screening tool underway at the time of writing. The tool is an adaption of the Mediators' Assessment of Safety Issues and Concerns, Practitioner Version 2 (Beck, Holtzworth-Munroe, & Applegate, 2012; Family Court of Australia & Federal Circuit Court of Australia, 2015).

The evaluation findings show that in relation to court orders, some subtle shifts are evident in patterns for parenting and care time arrangements to different extents depending on whether cases were (a) decided by a judge (judicial determination), (b) agreed prior to or during trial (consent after proceedings) or (c) presented to courts for endorsement as consent orders (consent without litigation) (Kaspiew, Carson, Dunstan, Qu, et al., 2015 section 5.1.2). The most substantial shifts have occurred in cases where both family violence and child abuse concerns were raised, with shared parental responsibility orders dropping from 54 percent to 32 percent in the judicial sample. In this sample, the rate of orders for shared care time was stable (about 8%). In matters determined by consent after proceedings, the findings were divergent: shared parental responsibility orders showed limited change (83% of 88%) and shared time orders diminished from 25 percent to 12 percent. For the consent without litigation sample, where the application form requires limited factual information, shared time orders increased from 21.4% to 26 percent and shared parental responsibility orders stood at 90 percent in the pre- and post-reform samples. In this context, it is notable that the Chief Justice of the Family Court of Australia, Diana Bryant, has recently called for additional court resourcing to support improved consideration of matters involving family violence, and noted concern about the dynamics of settlement in such cases (Bryant, 2015).

A further point arising from the Evaluation findings and research and analysis published prior to the findings is whether further legislative reform is required. One of the main issues highlighted by Rhoades et al., (2014), Chisholm (2009) and Strickland and Murray (2014), is that the current legislative framework does not provide any signposts that should be followed when concerns about family violence, child abuse or child safety are upheld. The evidence from the Evaluation demonstrates that the 2012 legislative changes have not at this stage produced any shifts in the extent to which orders involving supervised time or no face-to-face contact are made (Kaspiew, Carson, Dunstan, Qu, et al., 2015 section 5.1.2). In 2014, four percent of court orders involved supervised time and three percent involved no face-to-face contact with one parent. In relation to separated parents generally, up to 10 percent (mostly mothers) report that the child has no contact with the other parent (Kaspiew, Carson, Dunstan, Maio, et al., 2015 Figure 2.3) and ten percent report contact is supervised either by a relative of friend or contact service (Kaspiew, Carson, Dunstan, Maio, et al., 2015 Table 2.7). A further issue that continues to be raised in relation to the workability of the legislative framework governing children's matters in Part VII of the FLA is its complexity, with recent research (Rhoades, 2015), commentary (Chisholm, 2015) and analysis (Reithmuller, 2015) possibly indicating the emergence of momentum for further legislative reform.

Considering the issues in the wider research program of which this state of knowledge paper is part, it is noteworthy that parenting capacity is not an issue explicitly acknowledged in the legislative framework, although some issues relating to parenting history are, as is the quality of the child's relationship with each parent *Family Law Act 1975 (Cth) s. 60CC (3)*. Nonetheless, the Evaluation evidence indicates that issues relating to parenting capacity, including the capacity of a parent to meet the child's needs and to put their needs ahead of their own, is raised not infrequently in family court proceedings (Kaspiew, Carson, Qu, et al., 2015 section 3.2.4). Arguments of this nature were raised in 16 percent of matters prior to the 2012 legislative amendments and 19 percent after. In this context, it is notable that some published judgments do include consideration of the impact of a child spending time with a perpetrator parent on the parenting capacity of the other parent (Kaspiew, Carson, Qu, et al., 2015 section 4.5), however there is limited recent systematic empirical examination of the extent to which this occurs.

Also relevant to the issues to be considered in this research program is the position in relation to parents supporting the other parent's relationship with the child, known as the

"friendly parent" criterion. This is a factor that only had explicit legislative recognition in the FLA between 2006 and 2012 (Kaspiew, Carson, Qu, et al., 2015 section 3.2.4) with a provision requiring courts to have regard to the extent to which one parent had supported the child's relationship with the other parent in considering the type of parenting arrangements that may be in a child's best interests. However, research has demonstrated that it was consideration before (Kaspiew, 2007), during (Kaspiew et al., 2009 section 15.1.4) and after the period of explicit inclusion in the FLA and that it was raised more frequently after the 2014 family violence amendments than before (21% of cases cf. 17%), despite its repeal in 2012 (Kaspiew, Carson, Qu, et al., 2015 section 3.2.4 and 4.5). The "friendly parent" criterion has generated long-standing controversy and concern, for two main reasons. First, the principle that one parent should support the child's relationship with the other, for the healthy development of the child, is considered problematic when one parent behaves abusively. The complex dynamics that arise in this context have caused concern in relation to family law decision-making and in the context of the intersection between the family law system and the child protection system. Broadly, in family law decision making, the "friendly parent" criterion is seen to inhibit women from raising concerns about family violence and child safety out of concern that this will be seen as an attempt to undermine the other parent's relationship with the child (Kaspiew, 2007). The analysis of published judgments in the evaluation of the 2012 family violence amendments shows that these arguments are raised in a range of circumstances, including by and against parents with majority and minority time with the child (Kaspiew, Carson, Coulson, Dunstan, & Moore, 2015 section 4.5). The study shows such arguments are raised in circumstances where the non-facilitation occurs as a result of concerns about family violence or child safety but it also is raised where the non-facilitating parent is the source of family violence and child safety concerns. Some judgments referred to in the evaluation indicate that acting protectively when there are concerns about family violence and safety will be viewed positively by judges. However, there are also judgments referred to where a parent's actions in attempting to limit the other parent's engagement with a child is criticised where this is seen to be unreasonable. Overall, the evaluation evidence in relation to this issue suggests a need for a more focused examination of the role that arguments about non-facilitation play in family law proceedings.

In the child protection context, research has shown that child protection agencies require a parent (usually a mother) to be a protective parent where the other parent perpetrates family

violence. Where a matter is also in the family law system, these analyses have shown that women experience a contradiction in the expectations placed on them by the family law system (which requires them to support the child's relationship with the other parent) and the child protection system (which requires them to protect the child from the other parent) (Humphreys, 2012). Attention has recently been drawn to child protection agency practice in Victoria in this regard, in the findings of the Coronial Inquest into the death of Luke Batty at the hands of his father, Greg Anderson (Finding into Death With Inquest: Luke Geoffrey Batty, Coroner's Court of Victoria, Gray J, 28 September 2015). Justice Gray recommended that the onus to protect children be placed with the Department of Health and Human Services and that this responsibility should not rest on the shoulders of a non-perpetrating parent.

The second controversial aspect of the "friendly parent" criteria is its connection to the concept of parental alienation. There are a number of dimensions to this concept. One of the more notorious and contested aspects of this concept arises in the context of arguments that one parent has attempted to "brainwash" the child to reject the other parent. One of the early proponents of this concept was the American psychiatrist Dr Richard Gardner, whose work continues to remain controversial. One of the main criticisms of this work is that "alienation" as a clinical concept lacks credibility and may be deployed to divert focus away from abusive behaviour by the allegedly alienated parent. There have also been more nuanced theoretical and clinical accounts of the issues that may underlie situations in which a child may have a poor relationship with a parent (see Altobelli (2011) for a discussion of this work and its relevance in Australia). In 2001, Kelly and Johnston (2001) put forward an analysis that accepted "alienation" as a situation in which a child unreasonable and persistently expressed negative feelings (anger, hatred, fear, rejection) in a context where the rejected parent's behaviour and parenting history could not be seen to justify such feelings. Kelly and Johnston (2001) distinguished such situations from circumstances where children were "estranged" from a parent due to behaviour by that parent, such as abuse or neglect that would reasonably give rise to negative feelings in the child. An analysis of the research evidence on "alienation" has concluded that it was "not a diagnostic syndrome" but rather a cluster of commonly recognised symptoms with "little empirically validated evidence about cause, prognosis and treatment" (Saini, Johnston, Fidler, & Bala, 2012).

Co-parenting

Perpetrators of DFV may use post-separation, co-parenting arrangements in a range of ways to continue to harass women

and undermine their mothering and their relationship with their children.

Fathers often report a right to co-parent irrespective of abuse and may use aggressive court tactics and multiple presentations to court to achieve control (Kaye, 2003).

Kaye et al., (2003) examined the experiences of 40 Australian women who negotiated child contact arrangements with their abusive ex-partner. Abusive partners used court processes as a continued method of abuse and control, subjecting women to extensive financial and emotional strain. One woman reported having to attend court on 66 occasions at the request of a former abusive partner to negotiate child contact arrangements. This added stress further traumatises women and limits parenting resources, with subsequent consequences for her children and their relationship.

Hester (2013) reports on the case of a father who reportedly called police, making accusations that his ex-partner was an unfit parent (taking drugs) even though he was drunk at the time of the call. His actions were rewarded, with him gaining "staying visit" access to his children despite his violent past and police acknowledging the father's lack of parenting skills (Hester, 2013). Concerns have also been raised when abused, breastfeeding mothers (infants < 12 months) are ordered to comply with co-parenting orders, compromising the health and wellbeing of the child and the mother-child bond to ensure (paradoxically) "the best interests of the child" (Power & Sweet, 2009).

Retaliatory filicide

Filicide is defined as the killing of a child by a parent. Retaliatory (or spouse revenge) filicide is the ultimate form of DFV and child abuse where perpetrators kill children to punish their mother (Jeffries, Field, & Bond, 2015). Retaliatory filicide is often associated with parent separation where there is a history of DFV (Cavanagh et al., 2007; Johnson, 2005; Kirkwood, 2012). Although homicide is declining in Australia, 40 percent of victims are killed by a family member, most commonly partners, parents and children (Cussen & Bryant, 2015).

Both gender differences and equal numbers of mothers and fathers have been reported as perpetrators of filicide (Kirkwood, 2012).

In Australia, from 2002 to 2012 there were 186 incidents and 238 victims of filicide; 22 percent of filicide incidents involved a prior history of DFV (Cussen & Bryant, 2015). Women accounted for just over half (52%) of the offenders and almost one third (32%) of victims were infants under 12 months. While neonaticide/infanticide is reportedly higher among

mothers (Bourget, Grace, & Whitehurst, 2006; Debowska, Boduszek, & Dhingra, 2015; Kirkwood, 2012), recent evidence suggests that fathers may kill their offspring equally or more often (Bourget et al., 2006; Debowska et al., 2015) and more often out of revenge (Kirkwood, 2012). Motives for filicide can be classified into five main areas - altruistic, acute psychosis, accidental (fatal maltreatment), unwanted child and spousal revenge (Hatters Friedman, Hrouda, Holden, Noffsinger, & Resnick, 2005), with noticeable gender differences between perpetrators (Bourget et al., 2006; Debowska et al., 2015).

Older men kill older children (more often boys) and more often from overly forceful discipline, in the context of mental illness, substance abuse and out of revenge towards their partner (Bourget et al., 2006; Debowska et al., 2015). Fathers are also more likely to commit filicide (not infanticide), suicide and or familicide (annihilation of the entire family) (Hatters Friedman et al., 2005).

Women who murder their children are more likely to kill younger children (<12 months) in the context of severe mental illness. Retaliatory filicide by mothers is rare (Debowska et al., 2015; Kirkwood, 2012). Hatters-Friedman et al., (2005) retrospective examination of 30 coroners' cases of filicide-suicide in the US found that twice as many fathers killed than mothers. Sixty-five percent of fathers attempted to kill their wives as well as children, however no mothers attempted to kill their partners. Women reported more altruistic reasons for killing children rather than spouse revenge (Hatters Friedman et al., 2005).

Debowska et al's., (2015) recent critical review of the literature (n=17) on parental filicide identified that fathers who kill their children often act out of negative emotions that are directed at the partner rather than the child. Marital conflict/separation, jealousy and revenge was identified in up to 50 percent of cases (Debowska et al., 2015). Retaliatory paternal filicide is a lethal means of restoring perceived patriarchal rights and dominance over a partner (Debowska et al., 2015) and could be seen as the ultimate form of control, depriving women of a mothering relationship with their child (Humphreys et al., 2011) and ensuring life-long suffering.

Similar perpetrator characteristics have been identified in Australian filicide studies (Johnson, 2005; Kirkwood, 2012). An exploratory descriptive study conducted over a 10 year period in Western Australia, identified seven families affected by filicide (n=15 children murdered). Children ranged in age from 7 months to 8 years and families had all been exposed to DFV, with crimes occurring post separation. These men expressed the idea that their wife and children were possessions. Common characteristics included egocentricity, obsessiveness

and pathological jealousy, including jealousy of their own children (Johnson, 2005). Kirkwood (2012) examined eight child homicide cases (post-separation) where children had been used (killed) as pawns to exert greater punishment to the mother than just killing the mother only. Children may be at risk when parents experiencing DFV separate and abusive fathers co-parent (Johnson, 2005; Kirkwood, 2012).

Although Debowska et al's.,(2015) work examines many child homicide cases, caution needs to be taken when considering filicide evidence. Contradictory findings may be due to the fact that studies are few, and samples vary. Often small samples are taken from correctional and forensic mental health facilities or include retrospective chart audits that rely on accurate documentation by personnel. Despite these limitations, the evidence suggests that the killing of children for revenge purposes by abusive fathers is a common presentation in filicide cases and may be considered as a deliberate tactic of abuse.

The need for services and integrated supports

Katz (2015) argues that greater recognition is needed of children's agency and the bidirectional aspect of the mother-child relationship, in the context of DFV. Older children and mothers may support each other in times of abuse, moderating the negative effects of DFV. This bilateral concept is lacking in the general DFV literature, which focuses on unilateral models of parent only actions. How children resist manipulation from fathers and are resilient to his undermining tactics needs to be better understood to inform treatments for families (Katz, 2015).

Improved collaboration and understanding between services delivering domestic violence advocacy, child protection and family law is needed. Service sector responses are said to be disjointed and on different "planets" (Hester, 2011). A co-ordinated and cohesive approach is difficult with services who have different histories, laws and cultures.

Increased reporting of DFV has led to increased referrals to child protection services who are at risk of being overwhelmed with cases requiring substantiation and support (Australian Institute of Health and Welfare, 2014a; Humphreys, 2008). Instead of referring all families experiencing DFV to child protection services, scholars propose improved resources for alternate services (such as advocacy, counselling support) and referrals only for the most serious and chronic cases of abuse (Humphreys & Absler, 2011). Supportive care should include ways to strengthen the mother-child relationship rather than child protection responses (Humphreys & Absler, 2011) that can mean removal of children into out of home care. Services need to work together to have a better understanding of the

complex dynamics surrounding DFV and focus care on the healing of mother-child relationship (Humphreys et al., 2006). Women have requested relationship help with their children post abuse, yet tertiary level services with a crisis focus, dominate. These services have limited funding and capacity to provide early intervention support (Thiara & Humphreys, 2015).

The one common factor among abused children who have done well, is the supportive relationship with at least one stable and committed adult caregiver. This supportive relationship buffers and protects children from developmental disruption and, along with later positive experiences, is the foundation of resilience (National Scientific Council on the Developing Child, 2015). In the context of DFV, this supportive relationship is most likely with the non-abusive mother, who also needs support and guidance to recover from the abuse and provide the child with the love and care they need.

There are significant gaps in our knowledge about perpetrator behaviours, DFV and parenting. Some scholars argue that the legal profession fails to appreciate the complexity surrounding DFV with family relationships. Many studies have described women being silenced or discouraged from raising the issue of violence in fear of the concern being seen as an attempt to deny father's access to children (Bagshaw et al., 2011; Chisholm, 2009; Laing, 2010). Strong descriptive evidence is provided of women's experiences within the court system (Kaye et al., 2003; Laing, 2010) however, more empirical research in this area is needed to identify barriers to justice and to improve the safety and support of women and children.

In this paper, parenting in the context of DFV and tactics that perpetrators use to disrupt mother-child relationships are all described within heterosexual relationships. There is limited research looking specifically at the parenting of abusive same sex couples. Lesbian mothers may be more likely to have their children used against them by their abusive partner (Hester & Donovan, 2009) however, the parenting behaviours of lesbians and gay men are not well known (Bancroft et al., 2012).

Summary

Men's abusive behaviours can be direct (child loss) or indirect (maternal alienation), and frequently include the use of children to "drive a wedge" between the mother and child and disrupt healthy mother-child relationships. After separation, families continue to suffer from abuse, with sometimes hostile court processes including co-parenting orders, aiding men's violence. Consequently "relationships between mothers and children within and after domestic violence are complex and varied – affected by the ways in which children have been

used and by their level of understanding of the events in their household" (Mullender et al., 2002, p. 163). In extreme cases parents can turn to filicide and in greater numbers among fathers, can use child murder as retaliation just prior to or after separation. Whilst the evidence is moderate to strong in some areas, further research is needed into how men use children to further control women and disrupt relationships and how post-separation custody arrangements and legal process can be improved. While Australian evidence from longitudinal surveys of separated families is strong, Australian studies of other aspects of perpetrator tactics are limited. Greater understanding of relationship changes due to DFV is needed, along with improved collaboration between women's DFV and children's services to focus on repairing the mother-child relationship and optimise maternal and child health and development and parenting function.

As noted, some clearer emphasis could be placed on the need to reform the *Family Law Act*, particularly regarding the presumption and the shared parenting emphasis. Of course, this flies in the face of strong bi-partisan support for involving fathers – so it is not easy. However, the issues raised in this paper show the importance of the mother-child relationship and not disrupting it – but emphasising that in family law is forbidden territory.

What interventions exist to strengthen and support a positive and healthy mother-child relationship?

Evidence suggests that a secure, warm relationship with the non-offending parent (most often the mother) is protective and essential to emotional recovery and long-term improvements in functioning for children affected by DFV (Bancroft, 2002; Bogat et al., 2011; Buchanan, 2008; Miller, Cater, Howell, & Graham-Bermann, 2015; Mullender et al., 2002). Abusive fathers who disrupt this relationship and have ongoing child access, may also damage the healing process that is needed for abused women and children (Bancroft & Silverman, 2004). Greater understanding of the importance of the mother-child relationship and improved ways of working with women and children experiencing DFV is required to rebuild damaged bonds (Humphreys, 2011; Murphy et al., 2013).

Abused women have expressed the need for integrated services and emotional support from both peers and professionals, in order to promote healthy child development and positive relationships with their children (Letourneau et al., 2013). Individualised responses are needed, that recognise the complex dynamics involved when children are exposed to abuse. Child focused social services and women focused DFV services need to work together to support women and child dyads traumatised from abuse (Humphreys, 2011). Community, welfare-based responses are preferable to the mandatory reporting of families to child protection services (Davies & Krane, 2006; Holt et al., 2008; Humphreys & Absler, 2011).

Interventions for children are diverse and vary from prevention/early intervention home visiting programs, one off treatments sessions or group work, to specific intense psychotherapy (Rizo, Macy, Ermentrout, & Johns, 2011). In this current paper, we examined clinical trial evidence of interventions (the strongest design for measuring effectiveness with the use of a matched randomly chosen comparison) to identify best practice in supporting women and children to repair damage from an abusive partner. Findings include home visiting interventions for at-risk groups, specific targeted interventions for mothers and/or children and a discussion of promising work yet to be rigorously evaluated.

Broad home visiting interventions

Programs that are delivered to families in the home are many and varied in their aims, intensity and staffing, subsequently showing a range of mixed results (Sweet & Appelbaum, 2004). These interventions often aim to prevent and reduce child abuse and neglect and are commonly targeted toward young, vulnerable first time parents (Holzer, Higgins, Bromfield, Richardson, & Higgins, 2006; Olds, 2006). Results from broad home visiting programs show some degree of improvement in socio-economic, health and educational outcomes for women and children (Barlow et al., 2007; MacMillan et al., 2009; Olds et al., 2013; Olds et al., 2007).

Findings from rigorous and well researched nurse home visiting interventions such as the Nurse Family Partnership (NFP) program (Olds, 2006) have shown repeated and sustained improvements for families. This program (based in the US, with strong evidence from three decades of randomised controlled trials) includes intense (up to 2 years), structured nurse home visiting support for mothers, helping them improve their health, parenting responsiveness and care (Olds et al., 2013). Nurses and parents work together, to support and direct care that respects the parent's strengths and values.

Positive results include reductions in family welfare dependence, less frequent subsequent pregnancies, reduced child protection substantiations and improvements in child safety/mortality (Olds, 2006; Olds et al., 1997; Olds et al., 2007). Nurse home visiting may also promote and improve maternal-infant attachment (Armstrong, Fraser, Dadds, & Morris, 1999), a factor significantly impaired by abuse. Findings from NFP trials indicate that nurse, rather than para professional delivered programs result in the best outcomes (Olds, 2006). The inclusion of more nurse assessment of mother-infant attachment has led to modification of the NFP and inclusion of the Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) tool (Olds et al., 2013).

Although Home Visiting (HV) programs were not specifically developed to target families with DFV, a substantial number of families eligible for these programs experience abuse. In a recent pilot of a sustained nurse HV trial in NSW, the majority (51%) of the families (n=118) were experiencing or had a history of domestic violence (Stubbs & Achat, 2012).

Whilst rigorously implemented HV programs have shown significant improvements in outcomes for women and children, evidence of their effectiveness to prevent and/or reduce DFV has been limited (Bilukha et al., 2005; Eckenrode et al., 2000;

Stanley, 2011). Recruitment, identification and retention of abused women in home visiting trials has also been recognised as a challenge (Eckenrode 2000; Sharps 2013; Taft 2011).

Home visiting interventions and DFV

The North American NFP home visiting program discussed previously was not specifically designed for nurses to respond to women experiencing DFV. In a 15 year follow up of a home visiting trial, Eckenrode (2000) found that positive outcomes of the HV intervention (reduction in child maltreatment reports) decreased as levels of DFV increased. The limiting effects of violence was not restricted only to those experiencing severe abuse (Eckenrode et al., 2000), further reinforcing the premise that DFV, at any level impacts on the mothers parenting abilities. The limiting effect of abuse highlights the need for HV programs with enhanced content to address DFV.

In Australia, the MOSAIC (MOtherS' Advocates In the Community) study was a 12 month peer home visiting trial (Taft et al., 2011), delivered by English and Vietnamese speaking trained and supported mentor mothers. This study aimed to reduce intimate partner violence and/or depression among pregnant women and their young children (<5 years) and to strengthen the mother-child bond of abused or at risk women. On completion of the study, mean abuse scores (CAS) were lower in the intervention arm and there were positive trends towards improved maternal mental health and wellbeing however, there was no effect on mother-child bonding, expressed as parenting stress and attachment (Taft et al., 2011).

Evaluation of nurse HV programs to specifically address DFV and strengthen the mother-child relationship are yet to be reported in the literature (Sharps, Campbell, Baty, Walker, & Bair-Merritt, 2008) although research is underway. Home visiting trials currently being undertaken in Canada (Jack et al., 2012) and the US (Bhandari et al., 2014; Sharps et al., 2008) are attempting to improve nurse practice methods and address DFV within a public health nurse home visiting framework (Jack et al., 2012).

The Domestic Violence Enhanced home visitation (DOVE) trial works with pregnant women in the US who have been abused and aims to reduce the amount of violence in the perinatal period. The intervention includes three antenatal and three postnatal sessions (up to 12 weeks). It attempts to improve women's knowledge of DFV and provides ongoing

support to assist empowerment of women to make decisions that may further prevent and reduce DFV (Bhandari et al., 2014; Sharps et al., 2008).

Qualitative findings from DOVE suggest abused women are making positive choices to improve their lives 24 months post-delivery and talking to nurse home visitors about the violence was a powerful experience. Preliminary findings indicate reductions in violence exposure at 12, 18 and 24 months (Decker et al., 2012). Further longitudinal qualitative work from DOVE with African-American women indicate that children are frequently used as pawns in the abuse (described in previous section on perpetrator tactics). Bhandari et al., (2014) calls for future interventions to include strategies that attempt to acknowledge and reduce the use of children by perpetrators in the continuation of abuse.

The NFP-Intimate Partner Violence trial is a more intense modified NFP program, which includes the NFP framework with additional training for nurses on how to identify and respond to women affected by DFV; specific clinical pathway, safety protocols and guidance; and structured reflective practice to support nurses in their work (Jack et al., 2012). One unique aspect of the Canadian NFP-IPV program is that nursing care is in line with *any* stage of women's stages of change/readiness to address violence and includes sustained nurse care when women are continuing to live in abusive relationships (Jack et al., 2012). Final results on this trial are yet to be published however a feasibility study completed in 2010 found the intervention was acceptable to both women and nurses. Outcomes of the trial will measure women's safety and life quality, and other related outcomes, including violence exposure (Jack et al., 2012).

Home based, peer education and support programs have been evaluated via randomised controlled trials. A home visiting intervention, Attachment and Biobehavioral Catch-up (ABC) has been trialled with high risks clients (n=120) involved with child protection services in the US (Bernard et al., 2012). Families with many complex issues such as domestic violence, parental substance use, homelessness, and child neglect were recruited. Parent trainers delivered 10 sessions to families in their homes or DFV shelters. The primary aim of the program was improved parent-child attachment by changing parental behaviour related to sensitivity and responsiveness and acknowledging issues that may interfere with nurturing parental care. Sessions included five main topics-providing nurturance; following the lead with delight; frightening behaviour; recognising voices from the past and consolidation of gains. On completion of the program, children in the ABC arm showed significantly higher rates

of secure attachment to primary care givers. Primary carer/maternal outcome measures were not included. Interpretation of findings suggest lower levels of disorganised and insecure attachment may lead to lower rates of psychopathology and deviance in later childhood (Bernard et al., 2012).

From the trial level evidence above, we can conclude that nurse home visiting programs can provide improved health and development outcomes for children and may improve mother-child relationships.

Treatment for mothers and children exposed to DFV

Evidence suggests that a strong mother-child relationship may be protective against the impact of DFV (Buchanan, 2008; Mares et al., 2011). Scholars are now calling for the development of interventions that specifically focus on healing potentially damaged mother-child relationships post abuse (Bogat et al., 2011; Humphreys, 2011). Parent-infant psychotherapy that is aimed at older infants and focusses on parental sensitivity may be more effective than broader programs.

In 2005, a meta-analysis of 15 interventions measuring attachment outcomes found that the most effective interventions to reduce disorganised attachment were those specifically focused on optimising parental sensitivity only; when children, rather than parents, were most at risk and when the infants were 6 months of age or older (Bakermans-Kranenburg, Van Ijzendoorn, & Juffer, 2005).

In a later review and critique of family interventions, Rizo et al., (2011) identified 31 intervention studies directly or indirectly targeted at children affected by DFV. These were grouped into four main areas- counselling/therapy, crisis/outreach, parenting, and multicomponent intervention programs. Less than one third (9) of these interventions used experimental designs rigorous enough to draw conclusions and few focused on addressing the mother-child bond (Lieberman, Horn & Ippen, 2005; Lieberman et al., 2006; Jouriles et al., 2001; Jouriles et al., 2009, McDonald et al., 2006 cited in Rizo et al., 2011). No Australian clinical trials were identified.

Due to variation in methodology and the overall limited number of studies, it was not possible to identify best practice. Contrary to the meta-analysis described above (Bakermans-Kranenburg et al., 2005), Rizo (2011) suggests that interventions continue to develop in all areas identified, although resource intensive, multicomponent treatments may be most appropriate for vulnerable families with complex needs, like those experiencing DFV (Rizo et al., 2011).

In the context of young children and trauma from DFV exposure, protection of the infant's relationship with the mother is of utmost importance (Mares et al., 2011). Theory based interventions of attachment and trauma, which aim to improve maternal awareness and responsiveness to the child's experience of violence are ideal (Stanley, 2011). To facilitate children's resilience and recovery from DFV exposure, the effects of violence on the child need to be explored with parents (Stanley, Miller, & Richardson Foster, 2012). As such, combined approaches with mothers and children may be more effective than individual treatments alone (Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007; Lieberman, Ghosh Ippen, & Horn, 2006; Thiara & Humphreys, 2015). These approaches are discussed more in the following section.

Empowerment programs

Graham-Bermann et al., (2007) completed a 10 week community-based therapeutic intervention with 181 children (6-12 years) and mothers exposed to DFV. The trial was evaluated across child-only, child-plus-mother and waitlist control groups. Child-plus-mother groups showed greatest improvements in child externalising problems and attitudes about violence (Graham-Bermann et al., 2007).

Similarly, the Mom's Empowerment Program (MEP) was a 10 week, community based group therapy session for women and children who have experienced DFV in the past 12 months (Graham-Bermann & Miller, 2013). MEP is based on trauma theory, where an emphasis on telling the story of abuse and breaking the silence is said to be cathartic and therapeutic. Processing feelings associated with DFV acts to reduce post-traumatic symptoms and reconnect appropriate emotions and responses to children. Mothers' sessions included improving communication with children about the DFV and understanding the effects of abuse on children (Graham-Bermann & Miller, 2013). The children also have sessions on how they feel about the DFV they have witnessed, sessions on safety and coping strategies. Therapy focuses on identifying and correcting self-blame and distorted beliefs about the abuse. Although children do not have sessions with their mothers, the mothers are informed about concurrent child session topics each week to encourage discussions at home. Results from this trial also show that the greatest falls in maternal traumatic stress were in the mother-plus-child group, compared with child only intervention and wait list comparisons (Graham-Bermann & Miller, 2013). Evaluation of a shorter, mothers only, MEP indicated significant change in positive parenting scores in intervention group women (with children 4-6 years), who had experienced DFV in the past 2 years (Howell et al., 2015).

Advocacy programs

Earlier advocacy trials using mothers and children from DFV shelter samples have been found to be effective (Jouriles et al., 2001; Sullivan, Bybee, & Allen, 2002). Jouriles', (Jouriles et al., 2001) study of 36 women and children (4-9 years) leaving DFV shelters, was designed to reduce behavioural problems in children affected by violence. The intervention (primarily for the mothers) comprised of instrumental and emotional support and enhanced parenting skills to address child conduct disorders and results showed a reduction in children's conduct problems and improved maternal parenting skills (Jouriles et al., 2001). These families were living away from abusive partners and re-establishing their lives post-separation and shelter refuge.

Later titled *Project Support*, subsequent evaluations of this intervention, using a larger sample (n=66), reinforced the above results and included improvements in maternal mental health (Jouriles et al., 2009) and happier, sociable children with less behavioural problems and psychopathology (McDonald, Dodson, Rosenfield, & Jouriles, 2011; McDonald, Jouriles, & Skopp, 2006). Intervention group mothers were less likely to use aggressive parenting strategies than those receiving usual care (R. McDonald et al., 2006).

Similar advocacy work by Sullivan (2002) (n=80), that focused on abused women and children (7-11 years) mainly from shelters, reported improved maternal mental health and child self-confidence. Treatments were separate with children receiving 10 weeks of supportive and educational group work and mothers, 16 weeks of an advocacy program based on accessing community resources. Changes were sustained at 4 month follow-up suggesting advocacy efforts based on existing strengths and capacity building, facilitate steps toward change for women and children (Sullivan et al., 2002).

While these studies included women and children affected by DFV, they did not specifically address the mother-child relationship, but rather focused on improving parenting skills, mental health and child behaviour.

Psychotherapy based on trauma and attachment theory

One of the most frequently cited mother-child interventions in the literature is Lieberman et al.'s Child Parent Psychotherapy (CPP) trial (Lieberman, Horn, & Ippen, 2005). This intensive psychotherapy program involved weekly joint sessions for 75 mother-child dyads for 1 hour, over a 50 week period. Compared with controls, intervention group children had fewer behavioural problems and PTSD symptoms. Mothers in the intervention arm reported significantly fewer PTSD avoidance symptoms and strong trends toward reduced PTSD symptoms and distress. Authors attribute these findings to improved maternal responsiveness and subsequent child's trust in the mother's capacity to provide protective care. Maternal mental health improvements may have been due to the attention on the joint trauma narrative, enhancing communication between mothers and children about their experiences of abuse (Lieberman et al., 2005). Treatment effects were sustained at 6 months follow up (Lieberman et al., 2006). Reanalysis of data from Lieberman et al., (Lieberman et al., 2005) confirmed the effectiveness of CPP on pre-schoolers with exposure to multiple traumatic and stressful life events (Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011).

Lieberman et al., (2011) has adapted the above CPP intervention to a perinatal model for abused pregnant women and infants. This new intervention (only at pilot stage) is designed to prevent the effects of DFV on infant and maternal safety and wellbeing. The therapeutic program includes a process of *discovering the infant*, used to strengthen the mother-infant bond, and is particularly helpful for new mothers whose post-traumatic, emotional state can interfere with their capacity to attend to infant cues (Lieberman et al., 2011).

Intervention goals specifically target mother's self-care, attunement to foetus/baby and maladaptive caregiving practices. Therapy begins during pregnancy and concludes when infants are 6 months old. Maternal outcomes such as abuse, parenting attitudes, depression, trauma and stress are measured. Post-treatment, infant development including fine and gross motor, vision and language function are assessed. Promising pre and post-test pilot findings (n=41 mothers) indicated significantly improved scores for PTSD, depression, and parenting attitudes. Babies achieved average scores on all developmental domains. Chart audits revealed no further incidence of DFV or child maltreatment/child protection notifications (Lieberman et al., 2011).

Ideally, prevention of violence is preferred to therapy post abuse. Intervention during pregnancy may reduce women's exposure to partner violence (Kiely, El-Mohandes, El-Khorazaty, & Gantz, 2010). A US trial conducted by Kiely et al., (2010) recruited 1044 African American women to (up to) eight individualised counselling sessions (cognitive behavioural intervention based on empowerment theory) conducted during routine antenatal clinic visits. Two additional sessions were offered in the immediate postnatal period. Those women in the intervention group were significantly less likely to report continued episodes of partner violence. Women who reported severe abuse showed reduced FV in the postnatal period. Neonatal outcomes also improved, such as fewer early preterm birth and increased mean gestational age (Kiely et al., 2010).

Since Rizo et al., (2011) review of the literature (from 1990-2010) there have been several other important studies addressing DFV and the mother-child relationship.

Cognitive behavioural therapy (CBT) is a common treatment used in the mental health field and now being trialled with victims of trauma and abuse (Cohen, Mannarino, & Iyengar, 2011). Cohen et al., (2011) describes trauma focussed CBT (TF-CBT) intervention that combines both individual and joint sessions with mothers and children (7-14 years, n=124) affected by DFV. Eight, 45 minute individual sessions include relaxation, coping and safety strategies. Shared trauma

narratives were the basis of the eight, weekly group sessions. Compared to usual care (child-centred therapy), children having TF-CTB showed significantly improved PTSD and anxiety symptoms. Maternal outcomes were not considered. Treatment results were positive but not as strong as when trialled with other trauma samples (sexual abuse/ community violence). Ongoing violence exposure in some families may explain the diminished results (Cohen et al., 2011).

Other generic parenting and attachment based programs directed at high risk families, could be modified to address the effects of DFV on mothers and children. These include Parent-Child Intervention Therapy (Thomas & Zimmer-Gembeck, 2012) and the Circle of Security program (Hoffman 2006). Parent Child Interaction Therapy (PCIT) was developed to improve parenting skills and parent-child interactions with children at risk of child maltreatment (Thomas & Zimmer-Gembeck, 2012). Twelve sessions of combined (mother and child) therapy includes two sequential phases of child-directed interaction and parent-directed interaction. These phases aim to facilitate positive mother-child relationships and parenting skill development. Trial results show improved child behaviours, reduced parental stress and observed improvements in maternal sensitivity (Thomas & Zimmer-Gembeck, 2012).

The Circle of Security™ (COS) (Hoffman, Marvin, Cooper, & Powell, 2006) is a group, parent education program based on attachment theory, where primary care givers meet weekly to observe pre-recorded video interactions of themselves and their children. The therapy aims to increase parental sensitivity and reinforce appropriate parental behaviours, which enhances parent-child attachment and the child's feelings of security (Mares et al., 2011). The program was originally designed for parents with preschool aged children, however a modified one-on-one, short home visiting COS program has been developed for families with infants 6-9 months old (Mercer, 2014). Mercer's (2014) review assessing the efficacy of the COS program suggests COS is promising though the evidence needs further improvement. The program has only been evaluated in one randomised controlled trial, which showed no treatment effect. Commercialisation and trademark limitations of COS may have hindered extensive replication of the program.

The World Health Organization has recently made recommendations regarding children affected by DFV. Their findings suggest that children should have both individual and combined psychotherapy with their mothers to assist in recovery from abuse. Home visiting trials that focus on women experiencing DFV and that measure DFV outcomes should also be implemented. The suitability of resource intensive

therapies in low-middle income countries is unclear (World Health Organization, 2013b).

The above randomised trial evidence suggests that various interventions, from broad based home visiting programs to psychotherapy, are effective in assisting the functioning of families with complex needs. There is less research that specifically targets abused women and children aiming to repair their damaged relationship in the aftermath of DFV. Although experimental in design, many studies had small samples and were shelter based. With few exceptions, all programs were from the US. Further Australian research is needed in this field, with larger, more diverse population samples to evaluate mother-child therapies (using outcomes relevant to the parent-child relationship) for those exposed to DFV (MacMillan et al., 2009).

Further non-trial interventions

While our aim was to identify high quality, trial level evidence of interventions to strengthen mother-child relationships in those exposed to DFV, there are several very promising programs yet to be rigorously evaluated that warrant mention. Further research and investment is needed in this promising work, to more rigorously assess their efficacy and sustainability.

In Melbourne, Victoria the Royal Children's Hospital (RCH) Mental Health service and Melton Community Health combined to develop an 8-10 week intervention for mothers with children affected by DFV (Bunston & Heynatz, 2006). The first program was PARKAS (Parents Accepting Responsibility - Kids Are Safe) for mothers and children 8-12 years. This therapeutic program, based on attachment theory, provided separate group therapies and some dyadic work. The same facilitator runs both parent and child group programs to act as a bridge between parent and child. Play is used as the tool to facilitate communication and help process issues for participants. Mothers are encouraged to think about what the DFV experience is/ or what is happening "in the mind of the child" (Bunston, 2008; Bunston & Heynatz, 2006).

A later developed program, the Peek a Boo club™ was an infant led, dyad group therapy for abused mothers with infants and young children up to 4 years (Bunston, Eyre, Carlsson, & Pringle, 2014). Safe play and observation/reflection is used to explore and repair the mother-infant relationship. Women consider how violence has disrupted their relationship with the child and are encouraged to explore more sensitive, attuned responses to children.

Evaluation of these two programs has been limited. For PARKAS, pre and post outcome measures such as the Strengths and Difficulties questionnaire have been used, with families reporting less overall difficulties after the intervention (Bunston, 2008) however, it is a measure not specific to the mother-child bond.

Pragmatic demands of the Peek a Boo™ intervention prevented rigorous (use of controls) program evaluation (Bunston et al., 2014). More specific measures of infant functioning and mother-infant attachment were assessed. Pre and post evaluation indicates enhanced child functioning with infants displaying more regulated behaviours; and mothers reporting improved infant gaze, affection and social interaction. Mothers showed improved feelings of pleasure and quality of attachment, and reduced hostility within the relationship. However, further analysis suggests that few improvements were clinically significant (Bunston et al., 2014). Due to lack of funding, these RCH, "Addressing Family Violence" programs ceased in 2011.

The Northern Domestic and Family Violence Service, Berry Street in Victoria, run the Turtle Program, which is similar to Bunston's work (Morris, Toone, Utter, & Christovitchin, 2011). This program is situated within a broader DFV advocacy service and provides treatment for women and children after DFV. The program is based on attachment, trauma and infant mental health, however evaluation and effectiveness of the program is unclear. Fully funded and qualified staff are needed to complete this type of work, yet barriers such as limited understanding of the need for mother-child work, poor funding and short term, tertiary focused care impair efforts (Morris et al., 2011).

In the UK, Humphreys et al., (2006) worked with mothers and children to rebuild their relationships, recognising that perpetrators of DFV commonly undermine mothering and that mothers rarely spoke to their children about the abuse they have both experienced. The "Talking to my Mum" project, through action research with practitioners, developed age appropriate, child focused activity aids that encouraged discussion on stages of transition post separation from abusive men. Qualitative feedback suggested activities built self-esteem and facilitated expression of feelings and past experiences. Practitioners appreciated the opportunity to use the tailored tools and children enjoyed time with their mothers (Humphreys et al., 2006).

Despite enthusiasm in the UK for mother-child therapy after DFV, improved outcomes for UK children have not been found. Process evaluation dominates, leaving a lack of robust outcome evaluation and understanding of best practice (Moore, Howarth, & Feder, 2013).

In Canada, Mothers in Mind, a relationship based, 12 week group parenting program for victims of DFV has shown preliminary findings of reduced parenting stress and improved parenting capacity. Recent ongoing funding has allowed expansion of the Mothers in Mind project throughout Ontario province with more detailed evaluation promised (Jenney, 2012).

Programs for Aboriginal and Torres Strait Islander families

An international search for parenting programs for parents of Indigenous children in high income countries (subjected to colonisation) (n=13) found programs mostly focused on child development, behaviour management, and parent-child interactions (Macvean, Shlonsky, Mildon, & Devine, 2015). No identified studies focused specifically on strengthening the mother-child relationship in the context of DFV and only one of the 13 identified studies aimed to specifically address DFV. This Canadian based study provided a one off, 5 hour session to identified Indigenous Inuit families with the aim of improved family unity/decision-making to prevent or reduce DFV (n=32 families). Evaluation was limited to pre-post testing using a non-randomised controlled design. Most of the included studies in the review were evaluated from self-report measures and many did not use controls.

Although not specific to DFV, Mildon & Polimeni (2012) also reviewed the literature on parenting and home visiting programs for Indigenous families, revealing weak international and Australian evidence for the effectiveness of Aboriginal and Torres Strait Islander parenting education and home visiting interventions (Mildon & Polimeni, 2012).

Specific interventions focusing on DFV and any diverse parent populations are limited and often lack rigorous evaluation. Campo et al., (2014) found limited evidence of best practice in responding to children affected by DFV and very few Australian programs to support infants and children. The literature review and key stakeholder feedback supported the need for early intervention programs (for exposed children 0-8 years) that are child centred, trauma informed and focused on healing the mother-child bond. In a mapping exercise to assess delivery of therapeutic programs targeting children exposed to DFV, very few had been rigorously evaluated, demand exceeded supply and there were few programs for children from culturally and linguistically diverse and refugee backgrounds. Campo found two Aboriginal and Torres Strait Islander programs “Keeping Booris Safe” and “Family Project” that aimed to empower young mothers and improve the mother-child bond (Campo et al., 2014). We describe below emerging evidence from a range of promising new services targeting Aboriginal and Torres Strait Islander families.

The Family Home Visiting program in South Australia is offered by a multi-disciplinary team of child health nurses, Aboriginal and Torres Strait Islander health workers, psychologists, family brokers and social workers (Sivak, Arney, & Lewig, 2008).

Adapted from the US NFP home visiting program (described earlier), it enrolls postnatal women and has a more relaxed framework than the original NFP program. Child health nurses complete the first home visit and then refer women into the Family Home Visiting program, which is offered until the child is 2 years. Through a strengths-based approach, the program aims to build attachment between mothers and infants and to encourage mother’s consistent and responsive parenting, in a safe caring environment. Various inclusion criteria include young mothers < 20, infants of Aboriginal and Torres Strait Islander descent, women with substance abuse and mental health issues. It also includes women experiencing family violence that is currently impacting on parenting. Process evaluation of the Family Home Visiting program (five focus groups and 23 interviews) in the first 12 months of the program found increased knowledge about child health and parent satisfaction with aspects of the program. Results on client perceptions compare favourably with other US and UK home visiting trials. Maternal and infant outcomes are yet to be evaluated (Sivak et al., 2008).

The Australian NFP program for Aboriginal and Torres Strait Islander families (<http://www.anfpp.com.au/>) was implemented in 2009 and is currently delivered by community controlled Aboriginal health services in the Northern Territory, New South Wales and Queensland. The program adheres to the origins of the NFP home visiting model (Olds, 2006) with some cultural modifications. Eligible mothers include the young, homeless, substance users, and those exposed to DFV. Aims are to improve pregnancy outcomes, child health and development through enhanced parenting skills, parental education and work opportunities.

Formative qualitative evaluation indicated that the program appears to be appropriate to support long-term outcomes for Indigenous mothers and babies. Both organisations and mothers felt the program was making a difference to individuals and the community. Mothers reported more self-confidence, connection and responsible parenting (Ernst and Young, 2012). Reported outcomes described in the Australian NFP program National Annual Data Report 2013-2014 suggest very positive improvements in client engagement and child health and developmental outcomes. Evaluation beyond descriptive summary statistics is needed. Despite potential, there are no included measures assessing DFV or the impact the intervention may have had on infant attachment and the mother-child relationship. Expansion of analysis is proposed which may include social and health determinants and maternal health outcomes (Australian Nurse-Family Partnership Program, 2014).

Using the Circle of Security™ and Marte Meo principles, the Boomerangs Aboriginal Circle of Security Parenting Camp Program (Lee, Griffiths, Glossop, & Eapen, 2010) is a 20 session, attachment based intervention for Aboriginal and Torres Strait Islander women and preschool children that draws on traditional culture. Delivered at local women's centres and camp sites, the program aimed to enhance attachment, improve parenting skills, maternal sensitivity and responsiveness to children. In traditional Aboriginal and Torres Strait Islander culture, learning occurs in natural environments. Two 3 day camps were included in the intervention to facilitate traditional learning styles. Recruitment excluded those experiencing DFV or having substance abuse problems. Exploratory case study evaluation (n=3) showed improved parenting capacity, confidence and self-awareness. Further training of Aboriginal and Torres Strait Islander staff to deliver mental health programs and intensive interventions for families is needed, along with assessment of the program using larger samples including those families experiencing DFV (Lee et al., 2010).

Another program using the Circle of Security™ framework is run from the Northern Domestic Violence Service in north Adelaide (Felus, 2013). The program is based on enhancing the relationships in the context of Domestic and Aboriginal Family Violence and values the protective nature of the mother-child bond to enhance future healthy development for children. "Bigger, Stronger, Wiser and Kind" concepts from the COS model enable women to identify the impact of perpetrators undermining methods (towards their mothering) and allows mothers to reclaim authority and set limits, responding in an empathic manner. The attachment focused method counters the damage inflicted by abuse and trauma and uses joint therapy and stories, play and metaphors with children to facilitate communication. Adaptation for CALD families is being considered (Felus, 2013). This review found no evidence of effectiveness or evaluation of the program and is concerning when the base for this project, the COS program has also been poorly evaluated and its efficacy remains unclear (described earlier).

Screening and assessment frameworks

There are several DFV risk assessment frameworks that have been developed and/or rolled out in Australia that warrant mention. These include the Safe and Together™ model and the Family Law Detection Of Overall Risk Screen.

The Safe and Together™ model is a perpetrator pattern based strengths approach to working with survivors of DFV. Originally developed for child welfare systems in the USA, it has practice implications for various professions such as DV advocacy services and courts (Mandel, 2010). There are several main principles that guide assessment and case decision making. Components include a focus on perpetrator patterns of control and coercion, especially identifying actions he may have taken to harm children. A comprehensive victim safety assessment is completed. Finally a focus on identifying the effect of the perpetrators behaviour on his children and assessing perpetrator substance abuse, mental health problems and cultural considerations (Mandel, 2010). These principles aim to improve better outcomes for children and families exposed to DFV perpetrator's behaviour and improve collaborative practices between systems. Although there is interest in this model in Australia, there is limited empirical evidence of its effectiveness, with USA based evaluation reports on the Mandel & Associates webpage limited to improved consumer attitudes and knowledge of DFV (Mandel & Associates, 2015).

The Family Law Detection Of Overall Risk Screen (DOORS) developed by McIntosh and Ralfs (2012) is part of a wider three part standardised screening framework for assisting parents and family law professionals to detect and respond to wellbeing and safety risks that family members may be experiencing post separation. Used at the point of entry to the law system, the framework can be used to monitor family member safety over time (McIntosh & Ralfs, 2012). DOORS was formally piloted in 2011 and although studies have assessed effectiveness of the model, these findings are yet to be published.

Whilst not specific to addressing the mother-child bond but rather frameworks for helping systems work with families affected by DFV, these models and training systems have been included in this review as they are being used in some states of Australia, even though model efficacy has not been established.

From the evidence above, there appears to be more Australian research focussing on "at risk" groups such as Aboriginal and Torres Strait Islander families. Assessment of these promising programs is limited to process evaluation and interventions are at pilot stage or have recruited small numbers of participants. Although some interventions are based on strong evidence

based programs from other countries, the effectiveness of these programs with Australian Aboriginal and Torres Strait Islander populations is unclear. Some interventions such as the COS programs may not be based on strong evidence. Several useful risk assessment/screening frameworks exist to help law and DFV services assess and monitor the safety of women and children separated from violent partners.

Summary

Established home visiting programs provide an avenue to support and strengthen mother-child relationships among abused women and children. Targeted parent-infant therapies aim to optimise maternal and infant mental health/development in the wake of trauma such as DFV, focusing on emotional interactions and healing the mother-child bond (Mares et al., 2011). Practitioners who work with families to provide this therapeutic work need additional training and support as the readiness of professionals and organisations to implement programs varies (Humphreys et al., 2011). Interventions to address the mother-child relationship and strengthen mother-child attachment are important. We have identified several individual and/or concurrent therapies to strengthen mother-child relationships in the aftermath of DFV. Emerging research in this area is promising, including work with Aboriginal and Torres Strait Islander families however, more rigorous research is needed in the field. Future research should include larger more diverse samples, ideally randomised controlled trials or at least have control groups for comparison and assess sustainability through follow up studies (Rizo et al., 2011). Improved data triangulation methods that include observation rather than solely self-report and the inclusion of meaningful outcome measures to assess change, are needed (Graham-Bermann, 2000).

Conclusion

Domestic and family violence among parents is a prevalent and complex issue. Knowledge about its prevalence and effects is often complicated by contradictory results, which may be due to the diversity within the population of parents and methodological variation within the research. This review has identified that DFV may impact negatively on women and children and the parenting capacity of both perpetrators and victims is damaged. Further qualitative research that explores DFV and the experience of motherhood and fatherhood is needed. Altered mother-child relationships may occur due to deliberate undermining of the mother's parenting which may rob women of motherhood (Goldblatt, Buchbinder, & Cohen, 2014). Relationships and wellbeing can improve once abuse ends. Interventions to heal the mother-child bond are crucial and the expansion and evaluation of such interventions, including among culturally and linguistically diverse families especially in Australia is an imperative current goal.

Appendix A: Search strategy

A three-step search strategy was used in this comprehensive review. The assistance of faculty librarians facilitated the process to ensure accuracy of results. An initial limited search of Medline and ProQuest Central was undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe the articles. Initial keywords searched within the peer reviewed literature were “domestic violence” AND parenting. Medline and ProQuest databases were chosen as they provide a broad selection of literature in the health care and social science fields relevant to the topic of DFV and parenting.

A second search using a combination of identified keywords, medical subject headings (MeSH) and database specific thesauri was undertaken across the following Australian and international databases:

- EBSCO host-CINAHL, SocIndex
- OVID- Medline, PsycInfo
- Informit-CINCH, APAIS, Australian Family & Society Abstracts
- ProQuest central-Social sciences collection
- Cochrane and Campbell Collaboration
- See appendix B for an example of the Medline search strategy.
- We also searched the following Australian and international websites (grey literature), after consultation with academic and practice experts in the fields of DFV, parenting, law and child protection:

National

1. Australian Bureau of Statistics
<http://www.abs.gov.au/>
2. Australian Indigenous HealthInfoNet
<http://www.healthinfonet.ecu.edu.au/>
3. Australian Institute of Aboriginal and Torres Strait Islander Studies
<http://aiatsis.gov.au/>
4. Australian Institute of Criminology
<http://www.aic.gov.au/>
5. Australian Institute of Family Studies
<http://www.aifs.gov.au/>
6. Australian Institute of Health and Welfare
<http://www.aihw.gov.au/>

7. Australia’s National Research Organisation for Women’s Safety
<http://www.anrows.org.au/>
8. Department of Social Services
<https://www.dss.gov.au/>

International

1. Center on the Developing Child-Harvard University
<http://developingchild.harvard.edu/>
2. Centre for Gender and Violence Research-University of Bristol
<http://www.bris.ac.uk/sps/research/centres/genderviolence/>
3. Child & Women Abuse Studies Unit-London Metropolitan University
<http://www.londonmet.ac.uk/faculties/faculty-of-social-sciences-and-humanities/research/child-and-woman-abuse-studies-unit/>
4. Offord Centre for Child Studies-McMaster University
<http://offordcentre.com/>

Thirdly, the reference list of all identified reports and articles were searched for additional studies. To ensure the most relevant and up to date literature were identified, English only studies between the years 1984-April 2015 were considered for inclusion in this review. This 30 year time frame was considered appropriate as the early eighties was the time of enlightenment with regard to DFV impact and prevalence in the community. In view of recent publication of relevant evidence, some grey literature published after April 2015 has been added to the state of knowledge paper. This includes the updated additional analysis of ABS data on DFV prevalence and evidence relevant to family law. Literature search findings from each database/website were uploaded into the reference management software, Endnote. This software was then used to facilitate the study selection process.

Both published and grey literature identified in the search were assessed for relevance according to set inclusion and exclusion criteria. These included any of the following:

- Literature that examined the prevalence of DFV among mothers, fathers and others from diverse parenting backgrounds such as Aboriginal and Torres Strait Islander, migrant and refugee, same-sex, rural and adoptive parents.

- Studies that examine how parenting is affected by abusive relationships.
- Literature directly exploring the relationship between the mother and child, perpetrator and child and perpetrator and victim.
- Particular studies exploring perpetrator tactics used to disrupt the mother-child relationship.
- Any study design.

For the final research question exploring the existence of interventions to address and support the mother-child relationship, we included:

- Primary studies (trials and other controlled studies) and systematic reviews of interventions that address DFV and the mother-child relationship compared to usual care to identify those most effective.

Excluded studies include:

- Literature containing parents and children not exposed to DFV.
- Studies that examine violence perpetrated by children/adolescents towards parents.
- Studies including intervention strategies that focus on prevention of DFV.
- Book reviews, theses, conference abstracts, commentary, or editorials.

Appendix B: Medline search strategy for research question 2

How does DFV impact on parenting capacity?

1. Domestic Violence/
2. Spouse Abuse/
3. Battered Women/
4. Family Conflict/
4. (abuse\$ adj3 wom#n).tw.
5. ((wife or wives) adj3 abuse\$).tw.
6. ((wife or wives) adj3 batter\$).tw.
7. (spous\$ adj3 violen\$).tw.
8. (“domestic violence” or “domestic abuse” or “domestic assault” or “intimate partner violence” or “intimate partner abuse” or “marital abuse” or “spouse assault” or “family violence” or “family abuse” or “spouse abuse” or “partner abuse” or “partner violence” or “partner assault” or “partner aggression” or “battered women” or “battered wife” or “battered wives” or “battering” or “wife abuse” or “inter-parental violence” or “couple violence”).tw.
9. OR/1-8
10. Parents/
11. Family Relations/
12. Parent-Child Relations/
13. Parenting/
14. Maternal behavior/
15. Child Rearing/
16. (parent* adj3 capacity).tw
17. ((capacity or effectiveness or ability or impact) adj3 (mother* or father* or parent*)).tw
18. (“parent* capacity” or “parent* effectiveness” or “parent* ability” or “nurtur* or “child raising”).tw.
19. OR/10-18
17. 9 AND 19
18. limit 17 to (English language, humans and publication year=”1984 -Current”)

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