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Author/s:

Diemer, K;Hammond, K;Absler, D;Spiteri-Staines, A;Humphreys, C

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Keeping Safe Together: A Brief Report on Children's Experiences of One 'All of Family' Domestic Violence Intervention Program in Melbourne, Australia

Kristin Diemer¹ · Kate Hammond¹ · Deborah Absler¹ · Anneliese Spiteri-Staines¹ · Cathy Humphreys¹

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Abstract

Purpose To develop a response to an identified service gap for domestic violence (DV) victim-survivors who are living with their abusive partner and have children in their care, Keeping Safe Together (KST) was designed as an 'all of family' program and piloted over 18-months in Victoria, Australia. The purpose of this brief report is to explore how children had experienced the KST program, and what, if any, changes to their safety and situations they experienced because of the program.

Methods Interviews were conducted with eight children engaged in the program alongside their family members. Thematic analysis of the data was undertaken to draw out themes.

Results The children were aware of the impact of the violence and conflict on their families. They demonstrated strong empathy for their family members' wellbeing, and a desire for change. The children saw the KST program as having a positive impact on their own and their families' safety and circumstances, particularly in terms of reducing their fathers' abusive behaviors. The program supported them to increase their own sense of control, happiness, and development of coping strategies.

Conclusions The findings indicate that the program met a significant support gap and improved the lives of children in this sample who were living with fathers using violence against their mothers. Further trial and evaluation of 'all of family' programs such as KST is needed to build the evidence base on their effectiveness for children.

Keywords Domestic violence · Family violence · All of family approach · Whole of family approach · Violence against children · Child protection · Domestic abuse

Background

In Australia, domestic violence (DV) is the leading preventable contributor to death, disability, and illness in Australian women aged 18–44 (Ayre et al., 2016). Internationally, DV encompasses the many types of violence and abuse that can occur in a household, including intimate partner violence, child abuse, and elder abuse (Huecker et al., 2023). In Australia, and Victoria specifically, 'family violence' is now the preferred term, as it is more inclusive of violence that occurs within family relationships, such as between parents and

children, siblings, intimate partners, or kinship relationships (Australian Institute of Health and Welfare (AIHW), 2019). 'Domestic violence' is considered a subset of family violence and typically refers to violent behaviour between current or previous intimate partners (AIHW, 2019). However, in recognition that this journal is international in scope, the term 'domestic violence' has been used within this research, with the note that this includes violence directly and indirectly targeting children. 'Intimate partner violence' (IPV) is also used in some places when referring specifically to violence from a current or former partner.

Like in many countries across the globe, experiences of DV in Australia are common. Data from The Australian Institute of Health and Welfare (AIHW) (2019) shows that across their lifetime, one in three Australian women experience physical violence, one in four experience emotional violence and one in five experience sexual violence by a

✉ Kristin Diemer
k.diemer@unimelb.edu.au

¹ Department of Social Work, Melbourne (VIC), University of Melbourne, Melbourne, Australia

current or previous partner. On average, Australian police deal with a DV incident every 2 min (Blumer, 2016), a figure which does not capture the many cases of DV which remain unreported (Klugman et al., 2014). According to the 2021–2021 Personal Safety Survey, an estimated 2.7 million people aged 18 years and over (14%) have experienced abuse (physical and/or sexual) by an adult before the age of 15, and an estimated 2.6 million people aged 18 years and over (13%) witnessed violence towards a parent by a partner before the age of 15 (Australian Bureau of Statistics (ABS), 2022).

Evidently, there are many children and young people in Australia who are experiencing direct abuse in homes, as well as witnessing violence towards their parent. Such is the concern for the impact of children's exposure to DV that in the Australian state of Victoria, reforms have been introduced which acknowledge and respond to children and young people as victim-survivors in their own right (Family Violence Reform Implementation Monitor (FVRIM), 2020). This includes when they are directly targeted with violence, have witnessed violence towards another family member, and/or are exposed to the effects of violence including fear, disruption, and instability (Family Safety Victoria (FSV), 2018). Historically, there has been limited data on the number of children affected by DV in Victoria (FVRIM, 2020). The Victorian Family Violence Data Collection Framework also acknowledged the lack of both administrative and survey data about experiences of children as victims of DV (Department of Premier and Cabinet (DPC), 2019). Without such data, it is difficult to understand how children are experiencing DV, what interventions do and do not fulfil their needs, and how their voices can be better incorporated into the design and implementation of prevention, intervention, and response initiatives.

Alternative models of intervention: the 'all of family' approach

Over the past several decades, interventions and programs for responding to DV have been based on the belief that separate services are required for victim-survivors and the person using violence (Pence & Paymar, 1993). This has often involved casework and therapeutic services for victim-survivors, including children, and behavior change programs for men (Karakurt et al., 2019; Trabold et al., 2018; Wilson et al., 2021). The rationale behind gendered provision of DV interventions relates to concerns around safety, as well as the belief that treating couples and families together may give the implication that abuse is a mutual problem to be solved (Goldner et al., 1990; Stith & McCollum, 2011). These are notable concerns to be mindful of when departing

from the traditional gendered provision of DV supports and interventions.

Despite the many barriers, issues, and choices that result in some victim-survivors unable or unwilling to leave the abusive situation, existing support systems and statutory interventions often compel or depend upon separation. For example, Australian statutory child protection workers frequently require separation where children are living with DV (Humphreys & Absler, 2011), and DV services often recommend or require that practitioners do not provide ongoing case management support to victim-survivors who have no active plans to leave the relationship. These requirements of separation can mean that many victim-survivors, including children, do not have access to supports. Consequently, when adult victim-survivors are unwilling or unable to leave the abusive situation, children may be at risk of forced removal from their families due to the limited alternative options for intervention. In Australia, this is particularly problematic for Indigenous families and communities, where children are 11 times more likely than non-Indigenous children to be in out-of-home care (AIHW, 2023). This very real possibility of forced child removal and other child protection interventions can present as a further barrier to help-seeking and support (Fiolet et al., 2021; Meyer & Stambe, 2020).

In response to the constrained options for many victim-survivors, new interventions that adopt an 'all of family'/'whole of family' approach have been developed (Domoney et al., 2019; Spratt et al., 2022). In Australia, there has been some preference for the term 'all of family' to distinguish the approach from family therapy. Family therapy consists solely or primarily of group work with family members. While it is sometimes used in families where there are low levels of violence (Ahmed & Earl, 2019), family therapy is not a specialist DV intervention and instead seeks to understand and reshape relationship dynamics between family members (Varghese et al., 2020).

'All of family' approaches are instead specifically designed to intervene in cases of DV. These programs provide services to members of the family individually – mothers, fathers/father figures, and children – before coming together for joint work, if safe and appropriate to do so (Stanley & Humphreys, 2017). In this respect, all family members, including children, are given the space to express their concerns and receive independent support prior to considering any conjoint work. 'All of family' may also be more appropriate terminology than 'whole of family', as the latter term assumes the family is together as a 'whole'. In reality, some families who attend 'all of family' intervention programs are no longer living together, or separate over the duration of the program, though still wish for 'all' members to receive support.

‘All of family’ intervention programs aim to work with all members of the family to encourage perpetrator accountability and behavioral change, while managing adult and child victim-survivor safety. Recent programs in Australia and the UK, such as the Queensland-based Walking with Dads and Doncaster-based Growing Futures programs have used this ‘all of family’ approach to DV intervention (Meyer et al., 2019; Stanley & Humphreys, 2017). While Walking with Dads Program demonstrated several benefits, including a more DV-informed practice and the positive engagement of fathers (Meyer et al., 2019), Growing Futures faced issues related to practitioners’ lack of confidence working with men who used violence (Stanley & Humphreys, 2017). As this form of intervention is in the early stages of development, more evidence is required to determine whether ‘all of family’ approaches result in improved safety and accountability, and what specific characteristics of these programs facilitate such results.

Keeping Safe Together Program

The Keeping Safe Together (KST) program was piloted to respond to the needs of couples with children where IPV was identified, but the couple chose not to, or were unable to separate. KST was based in Victoria, Australia, and was part of a state-wide initiative to pilot several ‘all of family’ intervention programs in various DV services. KST was developed through a collaboration between a service providing a men’s behavior change program (MBCP) and a specialist women’s DV service. The program ran for a period of 18 months.

KST provided separate services to the mothers, fathers, and the children engaged in the program, overseen by a multi-agency team that met regularly to ensure clear communication between different aspects of the response for each family member. While couples and families were ‘screened in’ to the program on the basis of mothers’ experiences of IPV, in some cases following engagement, it was discovered that children had also experienced direct violence. Whether or not children were the direct targets of the violence, all were recognized as victim-survivors in their own rights as they were living in homes where violence was occurring and had often been witness to this violence.

A specialist children’s practitioner provided a service to children independent from the work with parents. Family sessions or joint sessions between the parties were then offered after this individual work had been done, and only if deemed appropriate and safe to do so. Case management support was provided to each family member, along with referrals to other services as appropriate including MBCP, Caring Dads (Diemer et al., 2020), and substance use services.

Methods

In recognition of the need for further evidence on the effectiveness of ‘all of family’ approaches to DV interventions, this project investigates the experiences of some of the children involved in the KST program. The following questions were addressed through this research:

How have children experienced the Keeping Safe Together Program? What, if any, changes to their safety and situations have they experienced as a result of the Program?

One-to-one interviews were conducted with eight children from five families and took place in various locations, depending on the children’s and their parents’ preference and circumstances. This approach enabled the collection of rich data in a safe environment for all participants. Interviews with children can carry specific risks, including the potential for re-traumatization, distress and disclosure, and further violence as a result of participating (Morris et al., 2012). To manage these risks, the research team had a robust protocol in place to ensure that participants were safe throughout the process.

Both parents provided informed consent for their child to be involved in the research, and the children themselves also agreed to participate. The children were brought to the interviews by their case workers and/or their parents, where they were introduced to the researcher. The parent or case worker was offered the option to join for the beginning of the interview with their child, if the child needed or wanted them to be present. This was not required for any of the interviews. Instead, case workers and parents waited outside the room, where they were readily available in case of distress. Fortunately, the children involved in this research showed a high level of engagement and comfort throughout the interview process, and at no point were the workers or parents required to re-enter the room during the interviews.

The researcher who conducted the interviews was highly experienced in working with children in both a research as well as clinical mental health capacity. This experience allowed the children to feel safe and supported to speak about their involvement in the KST program, especially considering the level of trauma they had experienced. It also ensured that the risks of interviewing children were appropriately managed by a researcher with the required training and experience.

All the children were interviewed individually. Seven were female and one male. They ranged in age from 7 years to 15 years. All the children provided details about their families and own circumstances (what school they attended), explaining who lived in their households, members of

extended families, and any changes that had occurred since their involvement with KST. Some also provided details about their cultural origins, describing Aboriginal, Indian, and Arabic backgrounds, among others.

Interviews were also conducted with women and men involved in the program, some of whom were parents of these young participants. This brief report focusses on the experiences of children and the results of the interviews with parents will be published separately. Interviews were coded using the steps outlined for thematic analysis by Braun and Clarke (2013) to determine common themes and overarching ideas. Two researchers coded the same three interviews, after which a comparison took place and a coding framework developed to ensure consistency in analysis. The remaining interviews were coded according to this framework.

The design of the KST program is such that all family members agree to receive a service and are aware that the others are receiving service support for DV, however strict safety protocols were in place to ensure confidentiality and appropriately support disclosure of any current, or unreported child abuse.

Results from Interviews with Children

Context Surrounding Participants' Involvement with KST

The participants were asked to describe their understanding of why their family had come to be involved with the KST program, and how they had felt about this at that time. They depicted a range of serious situations, sharing many concerns and worries. In a few situations, they provided very specific details of police involvement as a result of the violence, including being interviewed themselves, and seeing one of their parents removed. The stories reflected the level of fear, confusion, and anxiety the children had directly experienced themselves, and had also been exposed to as witnesses. When asked why they believed their family was attending the program, participants shared stories of one-off as well as ongoing incidents and issues that preceded their families' engagement with KST. They were able to eloquently and accurately describe the range of situations that their families were in that had led to their receiving support from the program:

"Dad was so angry he hit me three times and I told him don't hurt my [2 year old] sister" (Misha, 7 years old).

"Having troubles with Dad. There were arguments – it was very stressful" (Emily, 8 years old).

[After her father "smacked" her sister] *"the police were called and they arrested him and took him to court and then we became involved with KST"* (Grace, 11 years old).

Children described the impact of living with these situations. They expressed feeling "depressed", "stressed", "overwhelmed", and scared about the present, as well as the future. Several talked about the difficulties they experienced at school with respect to social issues, and not being able to concentrate on work because of the impact of their situations. For one participant, living in a DV situation had led to trust issues, which contributed to not having friends at school. The children demonstrated a highly developed capacity to observe, name, and describe complex family circumstances. The concern and worry that the children felt was a strong theme across the interviews, and participants spoke about what it was like living in volatile and unpredictable homes:

[Worrying what they would face when returning from school] *"would Mum be crying because of the fights, and dad being angry... [it was] very scary and you felt like you didn't have a home"* (Alice, 9 years old).

"There were bad things happening in the family... Made me feel sad and scared what might happen" (Emily, 8 years old).

As shown in the quotes above, the children's home lives produced feelings of anxiety and worry, even when the children were outside of the home. Many of the interviews demonstrated how children who are exposed to volatile and at-risk circumstances develop a level of heightened responsibility for the adults in their family.

Many of the children also spoke about the context of their involvement in the program as something that they did not openly disclose or discuss with others, as *"it's private"* (Emily, 8 years old). Others call it counselling. This theme of privacy and secrets was present for several of the children when speaking about their involvement with KST both externally and within their own families.

Children's Perceptions of the Program

Several participants viewed the program as a place where they were able to relax and reduce their stress. One was able to articulate the role this played, saying that it was *"good*

getting help” (Sophie, 15 years old). There was a clear sense of relief when the children described this aspect, indicating it was a welcome change from being consumed with their worries and adult concerns.

Prior to the program, the children did not have a space in which to speak about their difficult home lives, and expressed a fear of disclosing information about their families’ circumstances. They held an awareness of the secrets that they needed to keep, and were experiencing stress and anxiety without an outlet to unburden themselves. Consequently, all of the participants shared that they appreciated having someone of their own to talk to as a result of the KST program. Several children implied that because of their parents’ situation, they were not always able to provide the emotional care that the children needed, and that they had to keep what was happening at home secret from others. The support that they received from the KST practitioners was therefore important. The one-to-one child case management was particularly impactful. The KST program was also seen as something of a refuge and safe place for children, who were having a difficult time at home or school. The children said that they looked forward to their sessions with their KST case workers, and when asked what they liked about the program, stated:

“It takes all my fear out” (Misha, 7 years old).

“I like talking on my own, having my own meetings separate from my mother and sister” (Emily, 8 years old).

“It’s good to come here because you get away from going to school – I hate school – from family, from home” (Sophie, 15 years old).

“It’s a place to feel safe” (Rasha, 9 years old).

Participants also shared what they did not like about the program. A range of comments were made. One participant stated that they did not like missing out on school, another felt that the toys could be “distracting”, and one child said that the practitioners ask too many questions – although this participant said that the questions had improved over time. One notable comment that a participant made on this point was related to the length of the sessions – *“I wish the meetings could be longer – we only get to talk about one thing and then have to wait for a whole week to talk again”* (Alice, 9 years old). Although this was shared as a negative, it demonstrates that this participant enjoyed the time they spent in the program and wanted more sessions. For this child, a week was a long time to wait for another opportunity to be heard and supported.

Changes that Participants have Perceived to have Occurred as a Result of KST

The children interviewed identified a range of positive changes that had occurred for them and their family because of involvement in the KST program. Participants reported experiencing decreased fear, increased confidence and happiness, and feeling more carefree. The participant who stated she had had trust issues which impacted her ability to make and maintain friends, for example, shared that because of the program she is “fine now”, can “talk to more people”, and even has two ‘best friends’ (Rasha, 9 years old). Participants appreciated the coping skills and tools they had gained from the program, which they were able to reach for when feeling stressed and overwhelmed. Below are some changes that participants believed could be attributed to their involvement in the KST program:

“I am not scared to speak up - Mum also” (Holly, 8 years old).

“I am now able to have fun” (Misha, 7 years old).

“I know things you can do if you feel upset ID” (Holly, 8 years old).

“I don’t have to worry about stuff – like Mum and Dad” (Alice, 9 years old).

When it came to participants’ families as a whole – and in particular their parents’ relationships – several positive changes were observed as a result of the program. These included a decrease in fighting in the home, decreased abuse and aggressiveness from their fathers, and overall a calmer home environment. For most participants, the positive changes were due to their fathers’ changed behavior at home, and for some, it was because their father was no longer living with them. Participants shared that following their engagement with KST there were many changes in their families:

“Mum explains things more... Dad is a little bit different – more calm and he helps a bit more with cooking and washing” (Alice, 9 years old).

“Parents are not fighting as much because of the help they have received... It is a good thing to have this program” (Grace, 11 years old).

“[The program] stopped all the fighting between me and Dad” (Sophie, 15 years old).

“I don’t want to be negative about Dad, but it’s calmer... He...speaks softer – there is way less yelling and doesn’t hit us anymore” (Emily, 8 years old).

One participant also commented on positive changes they saw in their sibling’s emotions and behaviors because of the program, while another shared that their mother had resumed studying, which was *“something she had always wanted to do”* (Rasha, 9 years old).

The children’s capacity to notice what was happening in their parents’ and siblings’ lives, and the changes that the KST program had on their families’ happiness and relationships was significant. It demonstrated their empathy and the degree of responsibility they took for their family members’ welfare. At the same time, it showed that the immense pressure and abnormality of the situations they were living in was not lost on them.

The children were asked whether they had any advice for others who may be new to the program and worried about what it would entail. They were thoughtful in their responses, suggesting that other children shouldn’t give up, that there was nothing to worry about, and that the practitioners will help and make everyone feel safe:

“Tell them everything you are scared of – they will help” (Misha, 7 years old).

“If children are anxious – tell them don’t worry, it’s a fun place” (Alice, 9 years old).

Discussion

This brief report provides new insights into ‘all of family’ approaches to DV interventions from the perspective of the children involved. Hearing directly from children victim-survivors of DV, and centering their experiences and needs is a strength of this research as well as the KST program itself.

Several powerful findings came from the children interviewed about their experience with the KST program. These participants provided a clear indication of the need for the program, the reasons why they and their families were attending, and the positive changes that had occurred because of the intervention. They were articulate about the unsafe environments in which they had been living, and the far-reaching impacts this had on many aspects of their development. They openly described the importance of being offered a safe, empowering space where they were able to engage independently with skilled and

compassionate practitioners. This program design allowed children to undertake a process of healing and recovery as they and their families moved on with their lives.

The participants in this study reported a number of positive changes that had occurred for them and their family due to attending KST. These generally revolved around feeling safer and more confident, as well as a decrease in conflict between their parents. They reported that their parents were less distressed and as a result, were more available to them.

The active involvement of children in the program and their ability to share their experiences as victim-survivors in their own right is a notable strength, as this support may not be offered in regular MBCPs (Smith et al., 2014). In many cases of men’s engagement in MBCPs, children are kept in the dark about their parent’s involvement (McGee, 2000; Mullender et al., 2002), despite research showing that children prefer honest and open communication, and that this openness is a part of ensuring that men/fathers are fully accountable for their behavior (Alderson et al., 2013).

Further, for those MBCPs that do include concurrent support for partners and children, this support is often dependent on the father remaining engaged in the program (Smith et al., 2014). With high attrition rates across intervention programs targeting perpetrators of violence (Cunha et al., 2022; Donovan & Griffiths, 2015), women and children are consequently left at risk of losing their supports. A demonstrated strength of KST was in the design allowing individuals, including children, to remain in the program. Children did stay engaged, even when their parents’ relationship ended during and alongside support from the KST program.

The overwhelmingly positive feedback from the children interviewed is indicative of the program’s success and is reflected through one young participant’s view that they “wish[ed] the meetings could be longer” and more frequent. While past research into ‘all of family’ interventions have primarily focused on practitioner experiences delivering the programs, and adult victim-survivors’ experiences attending the programs (Meyer et al., 2019; Stanley & Humphreys, 2017) this research provides an additional view, from the perspectives of the children directly and indirectly impacted by the violence.

The results of this brief report are promising and demonstrate the many benefits of ‘all of family’ intervention programs for children. Following the conclusion of the KST pilot, the program was unable to secure ongoing funding. However, a similar program called TRAK Forward, which was funded under the same grant round as KST, was able to gain ongoing funding and was subsequently rolled out Victoria-wide. An evaluation of the program demonstrated that like KST, TRAK Forward provided an innovative program and resulted in marked improvements in the mental health, safety, and wellbeing of the children involved

(Absler & Mitchell, 2018). Though TRAK Forward and KST differ in terms of design, TRAK Forward's success does demonstrate the potential to deliver family-based projects on a larger scale. Nonetheless, while these innovative programs may provide new methods to facilitate safety, and have shown promising results, the fact that KST was unable to secure ongoing funding demonstrates the barriers to scaling up such projects. For example, urgent and critical response needs in Victoria remain high, and consequently, there are often limited funds available to test and invest in new interventions. Further, programs such as KST come with a higher level of risk than programs where mothers and children are separated from the father or person using violence. The high level of specialist skills required to manage this level of risk, and the reluctance of organizations and governments to fund and run high-risk programs remains a barrier to 'all of family' interventions being introduced more widely. Yet, the continuation of TRAK Forward and its successful delivery across the state illustrates the potential positive effects of investment into new designs and structures for interventions.

There are some limitations to this study that should be addressed. Firstly, as this study is based on the results of a pilot, the sample size was naturally limited. Though a larger sample was not possible, it does limit the generalizability of the findings. Further research into similar programs, using a larger and more diverse sample across a broader range of demographics and geographic locations, would provide more detailed experiences and reveal new or confirm displayed trends. Additionally, the program was piloted over a period of 18 months, and the interviews took place during this period. Analysis could be further strengthened by conducting a follow-up study with the same participants on the impact of the KST program one- or two-years post-engagement. This would be beneficial to understand whether the positive changes the children identified were maintained over a longer period.

Conclusion

This brief report explored experiences of one 'all of family' DV intervention program from the perspectives of children involved. The data collected from the interviews indicates great value in further exploration of programs like KST. 'All of family' approaches to DV are an important component of a holistic and multi-pronged approach to DV prevention and response. As children are victim-survivors in their own right, it is critical that intervention programs provide support to children as individuals, rather than as extensions of their parents. KST is a positive example of how interventions can be designed to be child-inclusive, safe, and can

facilitate children's agency in the intervention and recovery process.

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Author contributions KD and CH designed and oversaw the study. The interviews with children were conducted by DA. All authors made contributions to data analysis. The manuscript was drafted by KH, and all authors edited, refined, and approved the final version for submission.

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Declarations

Ethics Approval and Consent to Participate Ethical clearance was gained through the University of Melbourne [ethics ID 1853008.1]. All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all participants for being included in the study. Any identifying information has been removed before publication.

Conflict of Interest The authors have no relevant financial interests to disclose. Cathy Humphreys is an editor of the Special Edition but not involved in the review process or decision-making in relation to this article.

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