Children’s experiences of domestic and family violence:
Findings from a meta-synthesis

Institute of Child Protection Studies
Australian Catholic University

Debbie Noble-Carr, Morag McArthur & Tim Moore

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Report Authors
Debbie Noble-Carr
Morag McArthur
Tim Moore

Project Team
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Institute of Child Protection Studies
Australian Catholic University
Postal: PO Box 256, Dickson ACT 2602
Email: icps@acu.edu.au
Website: www.acu.edu.au/icps
Phone: (02) 6209 1228
The Institute of Child Protection Studies is part of the Faculty of Health Sciences, ACU.
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Executive Summary

Introduction

Domestic and family violence is a significant issue experienced by many Australian children, which can have severe detrimental impacts to their health, development and wellbeing. Despite the significance of this issue, it is only recently that children have been included in research that seeks to understand the impacts that domestic and family violence may have on their lives. To collate and review the evidence from this emerging research, the Australian Government Department of Social Services commissioned the Institute of Child Protection Studies (ICPS) to undertake a meta-synthesis of qualitative studies carried out with children on the issue of domestic and family violence.

The study aimed to inform the development of evidence-based policy and practice by answering the following research questions:

What is the extent and nature of children’s qualitative evidence available to inform domestic and family violence social policy and practice?

What does this evidence tell us about children’s experiences and needs in relation to domestic and family violence?

Similar to systematic reviews that focus on quantitative research, a meta-synthesis ensures a rigorous approach to the collection, collation and analysis of qualitative research to produce a deeper understanding of a particular issue (Walsh, Corcoran, Crooks, Cooke, & Cummings, 2016; Finfgeld, 2003). This meta-synthesis brought together and critically assessed disparate studies on children’s experiences of domestic and family violence, to produce new and integrative interpretations of findings to inform research priorities and helping to shape policy and practice.

Findings

The meta-synthesis found that despite the increasing interest in children’s experiences of domestic and family violence, qualitative research with children remains limited, with many knowledge gaps. The review included 40 peer reviewed journal articles or books, which reported on 32 studies conducted with children. The majority of these studies had been conducted in the UK (11) and North America (10). Only four Australian studies met the inclusion criteria for review.

The findings revealed that children experience domestic and family violence as a complex, isolating and enduring experience. Each child’s experience and understanding of violence and its impacts is unique. For almost all children, however, the ongoing threat of violence, and the controlling behaviours of perpetrators – most often fathers – have a significant effect on their everyday lives and relationships. Even well after mothers have separated from violent and controlling partners, children continue to feel a pervasive sense of fear, powerlessness, sadness, and sometimes anger. Children’s significant relationships (with their family and friends) are restricted and strained by domestic and family violence and they are often left attempting to survive and cope in isolation and silence.

Children engage in a range of actions and strategies to protect themselves and their family members, however, they had limited control over their environments and limited supports. The important role of others in keeping children safe and attending to their emotional needs was evident. To decrease their isolation, and to address the violence and sadness which exists in their lives, children stressed that they require: help to facilitate the physical safety and emotional wellbeing of themselves and
their family; opportunities to talk, be listened to and taken seriously; to be included, informed and empowered; and, to be assisted to build and enhance the significant relationships in their lives.

**Implications for policy and practice**

**The value of asking children about their experiences and needs**

The need to listen to children and allow them to participate meaningfully in research which can inform policy and practice is well established (James & Prout, 2015; Moore, McArthur, & Noble-Carr, 2009; Roberts, 2003). It is essential to hear directly from children who are most affected by the policy problem, both to develop solutions to social issues as well as to understand the impact of current policy and practice. Poorly designed policy and service provision can be very costly both in human and economic terms (Veltri, Lim, & Miller, 2014).

This meta-synthesis provided a timely and important opportunity to collate and critique the growing level of qualitative research being conducted with children on their experiences of domestic and family violence. The findings of this meta-synthesis, which highlights children’s views of their experiences and the supports they require, complements and enhances the current evidence and helps to inform appropriate policy and practice.

**The individual, varied and potent impact of violence**

Children’s experiences of domestic and family violence were unique and variable, leading to differences in how children understand, discuss and cope with the impacts of domestic and family violence. Some of the language children might use to talk about violence, such as “fights” or “arguing”, may sometimes not alert others to the seriousness of these situations, and may be dismissed by adults. Adults need to listen carefully and provide children with consistent opportunities, so they can be assisted to talk about what is happening in their homes.

Each child may require different levels of information and different forms of support to ensure their real and felt safety and emotional wellbeing. Children agreed they could not be happy or well while they continued to feel unsafe.

**The complex, pervasive and enduring nature of domestic and family violence**

Children’s descriptions have reinforced the complex, pervasive and enduring nature of domestic and family violence. Long after leaving violent homes, children remained feeling unsafe and continued to struggle with the impacts of the violence. Researchers, policy makers and professionals who aim to understand and respond to children’s needs, must acknowledge and reflect this in the way they approach, talk about and respond to these issues.

Trauma, grief and loss were all associated with children’s experiences of domestic and family violence. The meta-synthesis also confirmed previous research by finding that many children across studies were not only exposed to, but also the direct victims of violence in their homes (Stanley & Humphreys, 2014; Zannettino & McLaren, 2014).

The long term nature of the impact of violence indicates that there are no simple short term solutions to domestic and family violence. Children require sustained support from others to gradually build feelings of physical safety and emotional wellbeing for themselves and their families.
**Children’s agency and coping strategies**

Qualitative studies which ask children about their actions and coping mechanisms during domestic and family violence have highlighted children’s agency and the remarkable and persistent efforts they make to resist violence and to protect themselves and others. Despite the active decisions they were making to observe, retreat or intervene in the violence in their homes, children often felt powerless to prevent or stop violence. This feeling of powerlessness often persisted after professionals became involved with their families.

Children’s experiences caution that any attempt to highlight children’s agency must be done in a nuanced way that also highlights the powerlessness they feel, and which aims to redress the many constraints (including lack of resources and options) that exist for children within their own homes and their wider communities.

**Building opportunities to talk to, listen to and include children**

Challenging and unsettling the resounding silence which surrounds domestic and family violence was identified as an important step in overcoming the isolating experience that domestic and family violence often is for children. Children said they need:

- Adults to provide consistent opportunities, across a range of informal and formal settings, for children to talk;
- Adults who can carefully listen to, validate and respond to their feelings, at the same time as helping them to address their immediate and long term safety needs;
- Help to build supportive, positive relationships with their peers, including those with similar lived experiences;
- Help to build and sometimes repair significant family relationships that would be able to support the long term recovery required of children.

Children were particularly concerned about the safety and wellbeing of siblings and their mothers, and wanted to be informed of, and included in, supports which aimed to help them and their families. Making sense of, and enhancing their family relationships, which had been damaged by domestic and family violence, was particularly required. Children stressed that this also included relationships with their fathers. Although some researchers have explored this issue, it appears that services currently may not be assisting children with father-child relationships (Thiara & Humphreys, 2015).

**Further research required**

There remain a series of research gaps in relation to children’s experiences of domestic and family violence. To address these gaps the meta-synthesis findings indicate the need for:

- Research which allows for the increased participation of children in all stages of research to further understand what aspects of their experience children think are the most important, and to further explore their experiences, needs and the responses they require;
- Increased understandings of interventions that aim to meet children’s needs and to understand exactly what works, where, how, why and for whom;
- Increased Australian research to further understand children’s experiences of the Australian service system (including their views of the prevention, early intervention, targeted and tertiary level services, particularly the interface between child protection and domestic and family violence systems). This research would also help inform the structural and systemic
responses required and the collaboration which may be needed to better meet children’s needs;

- Increased understandings of the unique issues and needs of Australian children from culturally or linguistically diverse backgrounds, rural and remote communities and particularly Aboriginal children;
- Understanding how children make sense of, and more importantly manage relationships with fathers, who often stay involved in their lives. It is critical to explore how children can have more choice and control over decision-making about the ongoing contact with their fathers.

Further policies and practices which seek to address these evident gaps and respond to children’s needs are critical to support the safety and wellbeing of children and their families.
1. Introduction

In recent years, children’s exposure to domestic and family violence has become a prominent policy issue within Australia (Campo, 2015; Powell & Murray, 2008). The need to prevent and protect against the physical, sexual, emotional and psychological abuse of women and their children in their own homes has led to a range of policy reforms, research agendas and specialist domestic violence services across Australia (Australia’s National Research Organisation for Women’s Safety, 2014; Australian Capital Territory, 2011; Council of Australian Governments, 2011). These responses reflect increasing understandings of the significant number of children exposed to domestic and family violence, and the significant short and long term consequences this violence has for children.

Recent estimates suggest that more than one million Australian children are affected by domestic violence (The Australian Domestic and Family Violence Clearinghouse, The University of New South Wales, 2011). Previous meta-analyses of quantitative studies, confirm experiences of domestic and family violence are associated with a range of mental health, cognitive and behavioural problems, developmental difficulties and poorer academic outcomes for children (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003; Kitzmann, Gaylord, Holt, & Kenny, 2003; Evans, Davies, & DiLillo, 2008). The impacts of domestic and family violence often continue well into children’s futures, with a recent longitudinal meta-analysis finding that the link between children’s experiences of violence in the home, and children’s externalising and internalising problems, strengthens over time (Vu, Jouriles, McDonald, & Rosenfield, 2016).

Despite alerting us to the pervasive and detrimental impacts of family violence, these studies do little to highlight children’s own understandings, meanings and perceived impacts of the violence they experience. Research that seeks to directly engage children to extend our understandings of their experiences of domestic and family violence has been limited, especially in Australia (Campo, 2015). Due to this gap in knowledge, there is an urgent need to better understand the nature of children’s experiences of domestic and family violence and the responses they may require (McGee, 2000; Mullender, Hague, Imam, Kelly, Malos, & Regan, 2002; Radford, Lombard, Meinck, & Katz, 2017).

Over the past two decades, researchers have carried out a limited number of qualitative studies that have directly involved children. These studies have helped to broaden our understandings of domestic and family violence; providing more nuanced understandings of the impact of violence on children and the active roles they adopt in an attempt to keep themselves and their family members safe. To collate and critique current evidence to help inform policy and practice responses in this important area, the Australian Government provided funding to the Institute of Child Protection Studies (ICPS) to conduct a meta-synthesis of children’s qualitative evidence on domestic and family violence. The project aimed to answer the following research questions:

What is the extent and nature of children’s qualitative evidence available to inform domestic and family violence social policy and practice?

What does this evidence tell us about children’s experiences and needs in relation to domestic and family violence?

This report describes the steps taken to conduct the meta-synthesis and presents its findings. In doing so, the report highlights the scope, limitations and gaps in the current research and provides critical information to assist in the development of evidence-based policy and practice that can respond to children’s needs.
2. Meta-Synthesis Methodology and Scope

2.1 Methods

Meta-syntheses are increasingly being used to contribute to a robust evidence base for policy and practice (Veltri, Lim, & Miller, 2014; Saini & Schlonsky, 2012). Similar to systematic reviews that focus on quantitative research, a meta-synthesis ensures a rigorous approach to the collection, collation and analysis of qualitative research to produce a deeper understanding of a particular issue (Walsh et al., 2016; Finfgeld, 2003). For the present study, this meta-synthesis brought together and critically assessed a number of disparate studies on children’s experiences of domestic and family violence, to produce new and integrative interpretations of findings, with the aim of informing research priorities and helping to shape policy and practice which can improve the lives of children and their families.

2.1.1 Searching for material

Due to the Australian Government’s interest in uncovering the extent of qualitative evidence available, the review commenced with broad search parameters. These parameters were refined over time, to ensure the final studies considered for review were of a high quality and could provide the best available evidence to inform policy and practice in Australia.

Searching was conducted throughout November 2016. Three members of the project team, in consultation, developed key search criteria to capture the available evidence. The project team was aware of the various terminology used to describe the violence which is perpetrated against women and children in their home (Campo, 2015). This report adopted the terms ‘domestic and family violence’ to remain consistent with the definition adopted by the Australian Government:

“Domestic violence includes physical, sexual, emotional and psychological abuse... that occur between people who have, or have had, an intimate relationship...the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear....Family violence is a broader term that refers to violence between family members, as well violence between intimate partners.” (Council of Australian Governments, 2011, p. 2)

The text words and terms used in combination in all searches included: domestic violence, family violence, child*, youth, adolescen*, study, qualitative, research with children and phenomenolog*.

Initially, a search of the Cochrane Database, Campbell Collaboration, University of York (DARE Database) and Prospero databases was conducted to locate previous or current relevant reviews. Three relevant reviews from the UK, which differed significantly to our own, were located on the Prospero database (Arai, Heawood, Moore, Feder, Stanley, Gregory et al., 2016; Fogarty, Wood, & Hanson, 2016; Moore, Howarth, Feder, & Heawood, 2013). Following this, a search was conducted on ETHOS, PROQUEST Dissertations and Thesis Global to uncover any relevant thesis or dissertations. The following electronic databases were also then searched using the key words outlined above: EBSCO, CINAHL, MedLine, PsycINFO, SocINDEX.

To ensure the searches also uncovered the full extent of Australian content and grey literature available, the following commercial and Australian community based databases and websites were searched: IDEAS, CFCA register, Google Scholar, Closing the Gap Clearinghouse and ANROWS.

In line with recommendations from previous meta-synthesis, and in response to the well-acknowledged limitations of systematic searches, further publications were located through the use of “berry picking” (Sandelowski & Barroso, 2007, p. 41). Sandelowski and Barroso (2007) explain that ‘berry picking’ allows reviewers to locate and source publications as a result of their insight in the
research field. To this end, discussions with colleagues currently conducting research in the field of domestic and family violence and previous work conducted by the ICPS further informed the review (Barker, Kolar, Mallett, & McArthur, 2013).

Following these searches and the recovery of relevant material, reference lists from key publications were also reviewed to ensure the search had covered all available evidence. The search process and results are reflected in the flow chart on page 10.

2.1.2 Review inclusion and exclusion criteria

Studies were initially considered for inclusion if the title and abstract indicated they met the following criteria:

- Published between 1996 and 2016;
- Available in English language;
- Reported on qualitative studies conducted with children under the age of 18 years;
- Reported on children’s experiences of intimate partner violence (IPV) of one or more of their parents.

Publications were immediately excluded if they focused on:

- The neglect or abuse of children occurring outside of an IPV context;
- Children/adolescents who experienced violence from a partner (dating or otherwise);
- Instances where children were the main perpetrators of violence towards other family members (including siblings or parents).

While the exclusionary criteria are important issues, which sometimes co-exist with children’s experiences of IPV, it was important to ensure the studies included in the meta-synthesis were similar enough to be easily comparable (Sandelowski, Docherty, & Emden, 1997). As such, it was decided that these areas fell outside the scope of the current review.

The second stage of appraisal involved a full reading of the remaining retrieved publications to ensure they met the above eligibility criteria. As is common practice in the process of meta-syntheses, at this stage it was decided that reports and theses would be excluded (as they had not undergone a similar academic peer-review screening process similar to books or journal articles). Thirty theses and 14 reports were excluded.

Further eligibility criteria were added and a third level of screening employed to ensure that the final studies met the purpose and aims of the current review and could be reliably used to inform the Australian context. Studies were excluded if the research:

- Was from countries other than those considered as comparable western nations (studies from Israel, Africa and South America were excluded);
- Did not directly engage with children themselves (were using secondary data sources or were a review of studies even if they used a qualitative methodology);
- Did not include, or discuss, evidence from child participants in the publication.

The identification, screening and final inclusion of studies is presented in a flow chart on the next page. All decisions on screening and exclusion made after the initial identification of publications was completed in consultation with the three researchers who worked collaboratively on the current review.
Figure 1: Search Results

**Identification**
- Records identified through Academic Database search: EBSCO, CINAHL, MedLine, PsychINFO, SocINDEX (N = 525)
- Theses and Dissertations Databases search
  - ETHOS (N = 69)
  - ProQuest (N = 1004)
- Records identified through other grey literature searching: Google Scholar, IDEAS, CFCA, ANROWS, Closing the Gap Clearinghouse (N = 1034)

**Screening**
- Remaining after duplicates removed and initial reading of abstracts
  - ETHOS (N = 11)
  - ProQuest (N = 18)
  - Total (N = 29)

  **Remainig after theses and dissertations excluded from review** (N = 0)

  **New publications added after consultations and search of reference lists of current included publications** (N = 54)

- Articles read in full and assessed as still meeting eligibility criteria (N = 21)

  **Remaining after exclusion for: country of origin: 3; review: 2; not satisfactorily fitting qualitative paradigm: 1** (N = 15)

  **Remaining after initial screening based on reading of abstracts** (N = 39)

- Remaining after full read and exclusion for: country of origin: 2; report: 9; review: 1; reliance on secondary evidence: 4; not satisfactorily fitting a qualitative paradigm: 1; children’s reports not satisfactorily incorporated into reporting: 1 (N = 22)

  **Remaining after read in full and exclusion for: country of origin: 1; thesis: 1; report: 7** (N = 3)

**Included**
- 40 publications included in review
### 2.1.3 Critical Appraisal

A critical appraisal of studies is an important step in any meta-synthesis (Ludvigsen, Hall, Meyer, Fegran, Aargaard, & Uhrenfeldt, 2016). In addition to determining the inclusion or exclusion of studies (outlined above), it is necessary to conduct a quality assessment of the methodological strengths and weaknesses of the included studies. In line with recommended practices, no studies were excluded on the basis of this quality assessment (Sandelowski, Docherty, & Emden, 1997). Rather, this analysis assisted with answering the first research question, which sought to determine the nature of the extant research conducted with children on domestic and family violence.

To assess the quality of the evidence, all publications included in the study were assessed using the Qualitative Research Quality Checklist developed by Saini and Shlonsky (2012). This checklist was designed to incorporate existing research standards, in consultation with experts in the field. This process allows reviewers to conduct a “25-point quality appraisal of the credibility, dependability, confirmability, transferability, authenticity, and relevance of qualitative studies” (Saini & Shlonsky, 2012, p. 169). For the present review, two researchers independently appraised a small sample of studies, before conferring to check for consistency. Rating issues were discussed and clarified at this stage before each of these two researchers assessed an equal share of the final publications.

Due to the focus of the synthesis a number of additional criteria were added to the quality checklist. These criteria aimed to assess children’s participation in the design, interpretation and dissemination of projects. Qualitative research with children framed by the interdisciplinary perspectives of childhood studies are underpinned by assumptions about the active role children can and should play in research (Hammersley, 2017). The additional criteria allowed us to understand the extent to which children were actively involved in or able to inform research aimed at uncovering their experiences of domestic and family violence and their subsequent needs.

### 2.1.4 Analysis of Studies

Unlike a meta-analysis of quantitative studies which seeks to aggregate findings to more rigorously test or determine ‘truths’, a meta-synthesis often leads to new interpretations of research and new theories being developed (Finfgeld, 2003; Patterson, Thorne, Canam, & Jillings, 2001; Walsh et al., 2016). As such, the interpretative endeavour involved in conducting a meta-synthesis is a critical part of the process and it is important for reviewers to decide and explain how the qualitative material they have collected will be analysed and reported (Ludvigsen et al., 2016).

Of primary importance is deciding on what data or components of the studies the meta-synthesis aims to analyse and report on. The focus of this meta-synthesis was to locate and report on the key themes and issues that children themselves thought were important to their experience of domestic and family violence. As such, our aim was to keep children’s views of their experiences central to our findings.

Data extracted for coding was restricted to the results reflecting children’s views. Once relevant data were identified, it was coded into emerging themes, facilitated by the use of NVIVO, a computer software program, which helps researchers to store, sort and easily retrieve qualitative data (Bazeley & Jackson, 2013). Themes were largely developed inductively, as the children’s data from all of the studies were extracted and examined for similarities and differences (Boyatzis, 1998; Padgett, 2008). In addition to this coding, a memo was made of each included source, to outline the key themes and issues captured in the discussion and conclusion sections of each of the studies.

The following section reports on the results of our meta-synthesis. To remain consistent with our aim to stay close to the children’s own descriptions of their experiences, where appropriate, quotations from child participants (involved in the included studies) have been used, to evidence the key themes.
that emerged from our analysis. The use of original data from participants is recognised as a key strategy to enhance the credibility of meta-synthesis reporting (Finfgeld, 2003).
3. Findings

This section of the report presents the findings on the two key research questions of the meta-synthesis:

What is the extent and nature of children’s qualitative evidence available to inform domestic and family violence social policy and practice?

What does this evidence tell us about children’s experiences and needs in relation to domestic and family violence?

Reporting on the questions separately, and this order, ensures the scope and limitations of our current understandings of children’s perceptions of their experiences and needs are detailed before the key themes which emerged from the meta-synthesis analysis are explored.

3.1 Nature and extent of the evidence

The search results, outlined above, reflect that the qualitative study of children’s experiences of domestic and family violence is a rapidly growing area of interest. In addition to foundational UK studies conducted by McGee (2000) and Mullender et al. (2002), the review found that a number of studies aim to incorporate the direct voices and experiences of children. Notwithstanding this, the search also uncovered many publications reporting on children’s experiences of, and needs in relation to, violence that had not directly consulted with children. As such, it appears that many researchers, policy makers and practitioners remain reliant on parents or professionals to talk on behalf of children and to identify and determine the needs children have in relation to domestic and family violence. This perhaps reflects the many contemporary challenges and complexities that remain when including children in research which seeks their views and experiences about sensitive issues, such as family violence (Cater & Overlien, 2014; Mullender et al., 2002).

A table in Appendix 1 provides a complete list of 40 publications which met the eligibility criteria. These publications were critically appraised to assess their quality and to inform the project’s critical synthesis of ‘what we know about children’s experiences of domestic violence’. These 40 publications report on 32 separate studies¹. Some important characteristics of these studies are outlined below.

3.1.1 Number of child participants

- The largest studies (in terms of number of child participants providing qualitative evidence) are McGee (2000) and Mullender et al. (2002), which both included 54 children;
- A quarter of the studies were conducted with 10 or fewer child participants;
- Approximately 547 different children contributed to the 32 studies included in the current review;
- Half of the studies (16) were conducted with child only participants. The remaining 16 studies also included mothers or caregivers, and some also included professionals (9) and fathers or perpetrators of the violence (2).

¹ We use the term publication to describe the source as there are more publications than actual studies.
3.1.2 Profile of child participants

- Many studies did not provide a detailed breakdown of age or gender of participants. From the information available, a relatively even number of boys and girls were included as participants across the studies (where recorded: 151 boys and 162 girls);
- Only one study included only boys and only one study included only girls;
- Most studies (where recorded) included a broad age range of child participants. Seven studies were exclusive to children up to 12 years, while five studies were exclusive to children of 12 years and above. Five studies included children as young as 4 and 5 years of age;
- No studies set out to research the experiences of children from a particular minority cultural or ethnic group. The difficulty of recruiting children from these backgrounds was discussed by some authors. Despite this, approximately a third of the studies did include a culturally diverse sample;
- Almost all studies were reliant on recruiting participants who were known to, or engaged with, domestic violence support services. A notable exception was Bagshaw (2007) who conducted a phone-in, allowing any children to opt-in to the study;
- Although not all studies discussed the gender, or relational status of the perpetrator to the child, the majority of children described the perpetrator as their father or step-father.

Over a third of the included studies (11) were conducted in the UK or Ireland. Ten were conducted in Canada or USA. Seven were conducted in Nordic Countries (including Norway and Sweden). Only four published studies conducted in Australia were included for review.

3.1.3 Focus of studies

While approximately half of the publications reported broadly around the impact of, and children’s experiences and needs related to, domestic violence it became evident that many reported on one narrow part of children’s experiences of domestic and family violence. The specific research focus of studies seemed to be determined without direct consultation with children and most probably reflected and responded to the needs and interests of funders, researchers or service providers. The most common focus areas of publications included:

- Experiences of seeking or receiving formal services including housing (12);
- Coping strategies (8);
- Children’s relationships with parents (6).

Some studies also had a strong focus on collecting children’s descriptions of physical violence in their home and their situational coping and responses at the time of a violent act (Chanmugam, 2015; Georgsson, Almqvist, & Broberg, 2011; Overlien & Hyden 2009; Overlien 2014; Richardson-Foster, Stanley, Miller, & Thompson, 2012). This pre-determined focus may limit understandings of children’s broader lived experience of domestic and family violence and the pervasive impacts they perceive it to have on their lives. In some cases it was evident that children themselves sought to extend these pre-determined research boundaries by talking about wider issues which they deemed relevant:

Most children also seemed to be preoccupied with conflicts in general...[outside of family violence], describing both worries and experiences of conflict and violence in their current life situation. (Georgsson et al., 2011, p. 124)

3.1.4 Methodologies and methods employed by researchers

In recent years, some journals have expected that researchers will identify the specific type of qualitative research they are using to frame their projects. Most publications described their
methodologies simply as being ‘qualitative’ (16). Others, however, specified the explicit
methodological category, with some form of ‘phenomenology’ being the most common (5).
Phenomenological research is a qualitative methodology concerned with the study of experience and
is therefore an appropriate approach to understanding children’s experiences (Padgett, 2008). Action
research as a methodology was stated by one study, to specifically help inform and develop support
services. A small number of studies (5) had incorporated mixed methods designs, ensuring that
qualitative evidence was used alongside quantitative methods to provide important meaning to
evidence collected.

Within these methodological approaches, a range of qualitative methods exist to gather evidence
from children. The studies relied mainly on individual or group interviews with children, with a small
number combining these with participant observation, archival records (such as case files) and other
ethnographic methods. Interviews with children were most often semi-structured and sometimes
allowed children to use a variety of techniques, including drawing, to open up conversations on their
experiences.

3.1.5 Quality of available evidence

_Inconsistent and incomplete reporting of research_

The quality assessment revealed a number of issues which highlight the limitations of the present
meta-synthesis, and identifies issues for future researchers to consider. Publications rarely provided
sufficient information to allow reviewers to make a definitive assessment of the credibility,
dependability, confirmability, transferability, authenticity, and relevance of the reported studies. The
majority of the publications were journal articles, which do have word-limit constraints, however, the
quality appraisal elicited that less than a third of the publications (12/40) had not adequately
commented on ethical issues or what they did to ameliorate ethics concerns. A further 15/40
publications were assessed as providing only limited attention to important ethical issues, such as
informed consent and confidentiality. Hence, just over a third of the publications were assessed to
have adequately described ethical concerns and their management of them. This is concerning given
the sensitive nature of the topic being studied with children and the focus on ethical issues in research
involving children.

In addition to the neglect of important ethical considerations, it was also notable that many
publications provided limited information on the participants. Information such as age, gender and
cultural background of those involved was often not reported in detail. More stringent attention to
areas such as participant profiles, recruitment methods and ethical considerations, even within the
word constraints of journals, would strengthen the claims and recommendations made by researchers
in their published work.

_Children’s participation in research_

Due to the difficulties with inconsistent and incomplete reporting, the extent to which qualitative
studies on domestic and family violence are prioritising children’s participation and reporting of their
views and experiences remains questionable. The critical appraisal of studies found that although
children may have had a role in the design, interpretation and dissemination of the projects, only two
studies explicitly described children’s active participation.

As stated above, half of the studies (16) were conducted with child-only participants. The remaining
16 studies also included caregivers (mainly mothers), while 9 also included professionals such as
police, domestic and family violence housing support workers and solicitors. Of those studies which
described the involvement of multiple participants, only some presented their findings separately.
When findings report only on the overall key themes (drawn from all participants’ data) questions remain around whose experiences and views may have been prioritised in analysis and reporting. The difficulties and limitations of relying on adults’ perspectives to talk on children’s behalf and inform policy and practice responses to children’s experiences have been well-established by children’s researchers (Prout & Hallett, 2003).

### 3.1.6 Trends in the available evidence

Over the last two decades there have been some significant changes to the way domestic and family violence is understood and described, and children’s experiences of it. These changes impact the research, policy and practice landscape; determining what we define as being a ‘problem’, what aspects of the experience we study, and how we respond to children’s and families’ needs (Powell & Murray, 2008). The publications reviewed for this study reflect in the changes to how children are seen in domestic and family violence research. The following sections describe the trends in how children are seen in this context.

#### Children no longer seen as ‘witnesses to’ domestic and family violence

There is increased recognition from researchers that adults have, and often still are, overlooking the involvement that children have when violence occurs between adults in their homes (Hague, Mullender, Kelly, Imam, & Malos, 2002). With a growing understanding of the level of children’s awareness of the violence in their homes, the impacts it has on them and others, and the range of strategies they use to prevent, manage, minimise and make sense of the violence, many argue that it is no longer appropriate to see children as being ‘witnesses to’ domestic and family violence (Callaghan, Alexander, Sixsmith & Fellin, 2015; Hague et al., 2002). Much of the research within the meta-synthesis reflects that moving away from this term allows for better acknowledgement of children’s agency and the reality that they are also often direct victims of domestic and family violence in their own right.

#### Children’s ‘agency and resistance’ within violent families

Related to the above, researchers have begun to explore specifically the level and forms of agency and resistance children apply in their families, which are affected by domestic and family violence (see for example Callaghan et al., 2015; Overlien & Hyden, 2009; Overlien, 2014). This shift reflects and responds to wider calls from those involved in children’s research, who emphasise the need for researchers, policy makers and practitioners to better understand and balance children’s active roles and strengths, alongside their vulnerabilities and need for protection (Fairchild, Skewes McFerran, & Thompson, 2017).

Studies which have taken this approach have been able to highlight the multiple strategies children have for trying to prevent, manage and minimise the impact of violence in the home, and the active role they have in ensuring the safety and wellbeing of other family members (most often siblings and mothers) (Callaghan et al., 2015). Better understanding how children might respond to violence assists policy makers and practitioners to reconsider how they include children in responses designed to support them and their families.

#### Understanding the pervasive impacts of coercive control

Recent studies are reflecting the more expansive and nuanced understandings of the range of behaviours found within domestic and family violence. For example, an increasing number of studies have explored the impacts of coercive control (as a form of domestic and family violence) on children
This research confirms that coercive control has pervasive effects on children including limiting children’s ability to maintain important relationships (with friends, parents, siblings and extended family), and engage in normal and expected activities outside the home (Callaghan et al., 2015; Katz, 2016). Coercive and controlling behaviours often continue to impact on children well after the mother and children leave a violent home, enabled through the father’s efforts to manage and negotiate ongoing contact arrangements (Bagshaw, 2007; Callaghan et al., 2015; Georgsson Staf & Almqvist, 2015; Katz, 2015).

3.1.7 Limitations and gaps in the available evidence

Although the practice of conducting qualitative research with children to explore their domestic and family violence experiences is increasing, a number of limitations and gaps remain. The following section reports what researchers have identified as gaps in what is known about children’s experiences, as well as other gaps this study has identified.

*Understanding what aspects of the domestic and family violence experience are important to all children*

The review uncovered that much of the qualitative research conducted with children has been focused on pre-determined, discrete aspects of the domestic and family violence experience. Children have been given little opportunity to inform research agendas. As such, we cannot be confident that the information gathered and reported on reflects children’s own ideas of what they feel is the most important to them and their families. Further research is necessary, that facilitates the full and meaningful participation of children throughout the research process, starting from children’s understandings of domestic and family violence, and which asks them about their perceptions of the most critical aspects of the experience.

Although ethical and methodological considerations may prohibit wider sampling, a reliance on recruiting children whose parents have accessed domestic and family violence or homelessness support services is a limitation to current knowledge. Children who have already accessed services, and who have had support to reflect on and make meaning of their experiences, may have differing experiences and understandings of domestic and family violence, and the support they need, to their peers who have not accessed supports.

*Understanding what interventions are the most helpful*

Despite the growing number of quantitative and qualitative studies available, researchers were united in their calls for the need to gather more evidence to help inform policy and practice. Due to the limited nature of qualitative research, the majority of interventions available to children and their families have not been developed with a good understanding of children’s perspectives of their needs (Chanmugam, 2015). It is also critical for existing interventions to be subject to more rigorous evaluations, which draw from children’s experiences and views of the support they have received (Howarth et al., 2015). Understanding exactly what works, how, why and for whom is an agenda worth pursuing.

*Little understanding of the experiences and needs of Australian children*

Only a few Australian studies were uncovered throughout the review. None of the theses recovered in the searching were conducted within Australian, and only four of the reports which met the initial
inclusion criteria, were published in Australia. Only four Australian publications (book chapters or journal articles) were eligible for inclusion in the current review. Therefore, research is needed to better inform the Australian policy and practice context, and the particular circumstances of Australian children. This is especially critical so as to understand and respond to the unique needs of Indigenous or culturally and linguistically diverse children in Australia. These groups seem to have been neglected by researchers.

When they have been included in research overseas, it appears that children from minority or culturally diverse backgrounds may require responses which incorporate understanding and sensitivity to their distinctive challenges and additional stressors (Aymer, 2008; Mullender et al., 2002). Bagshaw’s (2007, p. 451) Australian research on children’s experiences of parental separation supports this view. She also highlighted the “double jeopardy” that children with parents in same-sex relationships, or from rural and remote areas, experience in Australia.

3.2 Children’s perceptions of their experiences and needs

This section of the review presents the meta-synthesis findings which answer the second research question:

What does this evidence tell us about children’s experiences and needs in relation to domestic and family violence?

3.2.1 Introducing children’s lived experience of domestic and family violence

A number of key themes emerged from the meta-synthesis analysis which assists us to understand how children perceive the experience of domestic and family violence, and what aspects of this experience they consider to be significant. Children’s descriptions highlighted the complex, isolating and enduring nature of domestic and family violence.

Although the themes of complexity, isolation and the ongoing effects of violence, explored in detail below, were common across the reviewed publications there is also diversity in the experiences, understandings, responses, impacts and meanings related to children’s experiences of domestic and family violence, within and across studies. This, in itself, is worthy of being noted as a key theme, as researchers, and children themselves, continue to stress the importance of understanding and responding to domestic and family violence in ways which can account for their diversity of experiences and respond to their individual needs (Buckley, Holt & Whelan, 2007; Chanmugam, 2015; McGee, 2000; Mullender et al., 2002; Peled 1998).

The factors which influence the diversity of experiences and responses of children are yet to be well determined. There are indications that those children who experience significant disruption may be at particular risk (Mullender et al., 2002). Those children who also have limited supports, resources and experience poverty and disadvantage can also feel a greater sense of hopelessness about being able to overcome the impacts of violence (Aymer, 2008). For children who were confronted with many types of disadvantage, a ‘loss of childhood’ (often used to describe the experience of children who have experienced domestic and family violence) also became loss of opportunity for their futures (Mudaly & Tucci, 2002).

This meta-synthesis found no notable gender differences within or across studies. The differing experiences and responses described by siblings living in the same house reinforce the difficulty of assuming common experiences, or determining the factors which may delineate them (Mullender et al., 2002). Further to this, it was evident that even the same child can react differently over time (Mullender, Debonaire, Hague, Kelly, & Malos, 1998). This diversity in experience reiterates the
importance of seeking children’s perspectives, as gathering facts alone from adults about the violence that is occurring allows us to assume little about children’s experiences and unique needs.

The complex and enduring nature of domestic and family violence

Children’s descriptions of the domestic and family violence they experienced were often detailed and vivid; confirming that it was not uncommon for children to be present in the home when violence occurred and that many children had witnessed extreme violence. Alongside violent assaults, children also described a range of coercive and controlling behaviours that constrained their lives and caused much harm to them and their families (Katz 2016; Callaghan et al., 2015). These behaviours often involved playing family members against each other, or coercing children to do certain things based on threats of violence against mothers (McGee, 2000; Morris, Humphreys, & Hegarty, 2015). These coercive and controlling behaviours also acted to regulate and restrict children’s movements and relationships both within and outside of their homes (Bagshaw, 2007; Berman, 2000; Katz, 2016).

Almost all of the children in the publications were aware of the violence which was happening in their homes and were intimately involved. It was also not uncommon for children themselves to be direct victims of physical, emotional and sexual abuse within their homes (Berman, 2000; Georgsson et al., 2011; McGee, 2000; Mullender et al., 2002). Children who had not yet become direct victims were often very frightened that they could be physically abused by the perpetrators of the violence in their homes, and maybe even killed (see Georgsson et al., 2011; McGee, 2000; Peled 1998).

The very brief description of domestic and family violence provided here indicates that domestic and family violence can take many forms. Due to this complexity, it often took children time to gradually develop accurate and nuanced understandings of what was happening in their homes, and attempt to make sense of it (Aymer, 2008; Mullender et al., 2002). Sometimes the violence was so unpredictable and extreme that it was very difficult for children to make any sense of it at all. The description offered in Overlien’s (2013, p 281) study by one of the child participants of her father’s violence being “dangerous madness” exemplifies this.

Some other children had remained confused or unsure about what was occurring, until they had left home and the extent of the violence was explained to them. Many children appeared to initially describe the violence in their home as “fights” or “arguments”, until they realised it was something more serious and was actually more indicative of abuse being directed from one parent to the other (Berman, 2000; Mullender et al., 2002; Peled, 1998).

Over time, most children developed sophisticated understandings of the violence, as their awareness of the violence and the impacts of it, and ways of managing or coping were built and adapted. Some researchers attributed children’s developing understandings to age, with older children having more developed understandings than younger children (Mullender et al., 1998), whilst others pointed to situational aspects. For example, Peled (1998) developed a phased model which included major transition points to explain how important changes in children’s understandings occur from when they witness their first violent act, or when the violence is publicly confronted. The meta-synthesis revealed that although there may be critical incidents which change children’s awareness and understandings of the violence, the complexity, diversity and unpredictability inherent within children’s experiences of domestic and family violence make it very difficult to develop definitive models to explain children’s experiences.

Regardless of the differences which existed and whether the children described the violence as being “subtle and insidious [or] explicit and explosive”, the unifying theme across children and across studies was that “it was always there” (Berman, 2000, p. 117). The relentless, constant and enduring presence which domestic and family violence had in children’s lives – in terms of both the acts of violence and
the psychological consequences of it – was one of the strongest themes to emerge from the meta-
synthesis:

“It’s like a nightmare and it goes on and on.” (14 year old girl, Mullender et al., 2002, p.129)

“Like obviously when I was little I’d hide away from him, yeah, but as you get older you can’t
hide from that kind of thing, like if it’s in your head you physically can’t hide from it. I mean
you can try and forget but that makes it worse. ‘cause it bottles up and then you’ve just, and
when it does bottle up too much it just, everything just explodes in you and like, oh my God,
why did this happen?” (16 year old girl, Callaghan et al., 2015, p. 11)

“It was the worst part of my life – constantly being shouted at, frightened, living in fear. You
will never know what it is like, thinking that every day could be your last day.” (16 year old girl,
Mullender et al., 2002, p. 94)

“It went on and on. He was violent all the time.” (11 year old boy , Mullender et al., 2002, p.
172-173)

The unpredictable and chronic nature of the violence meant there was often no escape for children.
Even when they were outside of the home, in a safe environment such as school, children talked about
anticipating violence or of constantly feeling fearful and worried about themselves, their mothers and
their siblings.

“When I went to school it affected me a lot because all day I was thinking about what would
happen when I would go home... So it affected me not just at home but at school. And then
there were like, in the mornings when they started arguing and I’d go into school crying and
people would ask me why I was crying and I couldn’t tell them.” (9 year old girl, McGee, 2000,
p. 79)

“I’d think about my mum being hit and then I just would walk out of school and come home
and then not go in for another three days and then go back again and walk out. I didn’t like
the thought of her being on her own with him, so I stayed at home all the time.” (15 year old
girl, McGee 2000, p. 81)

“I was scared he would come to school and take us away.’’ (11 year old girl, Bagshaw, 2007,
p. 458)

“I would be at school thinking, ‘What if he’s come back?’ or ‘What if I go home and Mum isn’t
there?’ ‘What if something has happened?’ So I was always a nervous wreck and then like I
just wouldn’t do any of my work, really defiant and that, because I was just worrying what the
situation in the home environment would be when I got home from school.” (15 year old girl,
McGee, 2000, p. 80)

As Hannah’s quote indicates, one of the most concerning findings was that the violence and its
consequent impacts almost always outlasted the actual presence of the perpetrator. Efforts to secure
their families’ safety ensured that children’s lives were full of disruption. In an effort to be free of
violence, children and their mothers would often have to leave their homes and become homeless
(Aymer, 2008; Mullender et al., 2002). Although going to a refuge meant a big improvement in some
children’s lives (McGee, 2000), children expressed a great deal of sadness, and sometimes anger, at
having to leave their homes (Bowyer, Swanston, & Vetere, 2015; Chanmugam 2011). The sense of loss
and the additional set of challenges faced by leaving home was often not countered with immediate
increased feelings of safety, and many children continued to feel unsafe and unhappy (Bowyer et al.,
2015; Peled, 1998). Feelings of being unsafe continued well into children’s futures, even if they had
no direct contact with the perpetrator of the violence (Bagshaw, 2007; Georgsson Staf & Almqvist, 2015). Children’s consistent and pervasive feelings of being unsafe, and their sadness and anger are discussed further in section 3.2.2.

Isolation and silence

A distinct lack of resources and supports was an extremely common experience for children experiencing domestic and family violence. One of the most significant factors which led to children feeling isolated was the overwhelming silence surrounding domestic and family violence. Many of the publications detailed how children themselves were usually reluctant or unable to speak out about the violence that was happening in their homes. Children often spoke to no-one about the violence that occurred, not even to their mothers, siblings, friends, extended family or significant other adults in their lives (Georgsson et al., 2011; McGee, 2000; Mudaly, Graham, & Lewis, 2014).

“There is no-one to talk to ... I feel like I haven’t got anyone to talk to.” (12 year old boy, Bagshaw, 2007, p. 457)

“I never really spoke to Mum about it, because I didn’t know how she would accept it. I didn’t speak to my father about it either because I thought he would go and do something [violent].” (15 year old girl, McGee, 2000, p. 200)

Many diverse reasons were provided by children to explain why they felt unable or unwilling to talk about the violence happening at home. These included:

- No-one was available to talk to (Bagshaw, 2007);
- Having a limited understanding of violence or what was occurring in the home (McGee, 2000);
- Not having the language to accurately describe the violence that was occurring (Georgsson et al., 2011; McGee, 2000);
- A desire to shield their emotions from others so as to not burden them (Georgsson et al., 2011);
- The situation being too sad and upsetting to talk about (McGee, 2000);
- Being scared about the consequences of disclosing violence, such as the fear of making it worse (McGee, 2000);
- Being embarrassed and ashamed of the violence and their family circumstances (Berman, 2000; Buckley et al., 2007; Hague et al., 2002);
- A lack of trust in others and the length of time it takes to trust someone enough to talk to them (McGee 2000; Thompson, 2011);
- Previous bad experiences of their views and experiences of being ignored or misrepresented (Georgsson Staf & Almqvist, 2015);
- Not being believed (McGee, 2000);
- Fear of bullying from their peers (Buckley et al., 2007);
- A lack of confidence that anyone would be able to help or support them (Swanston, 2014).

The findings from a number of studies report how children carefully consider and manage where, when and who they will talk to about what aspect of their experiences (Pernebo & Almqvist, 2016a; Mullender et al., 2002). This results in many children not talking about the violence with anyone, until well after their families receive interventions from professionals.

It was not just children who were implicit in maintaining a silence around domestic and family violence. Adults also did not talk about the violence. Some researchers described this as a “conspiracy of silence” (Thiara & Humphreys, 2015, p. 2) which may lead children to conclude they are on their
own, with no-one to help (Chanmugam, 2015). The constraints and stressors that this silence has on children’s significant relationships are discussed below.

**Impacts on children’s relationships**

Complexity of family relationships, especially parental relationships, was a strong theme in the publications reviewed. Children’s efforts to engage in, understand, manage and make meaning of their relationships with parents, within the contexts of domestic and family violence was a constant and challenging task. Domestic and family violence influenced children’s relationships with both their mothers and fathers. Almost all children across the publications were united in stating that violence was wrong and should not be accepted as a normal part of life (Overlien & Hyden, 2009). Most children were reticent to excuse the perpetrator’s behaviours (most often their fathers), or blame others (their mothers) for the violence that was being perpetrated (Mullender et al., 2002). This, however, did not stop some children feeling like they were caught in the middle of their parents’ conflict (Bagshaw, 2007; Buckley et al., 2007).

a) Relationships with mothers

As with all other aspects of children’s experiences, there was great diversity in the way that children described their relationships with their mothers, although these relationships were inevitably affected by the violence which had occurred in their homes. In many cases, violence often acted to restrict and strain children’s relationships with their mothers. For example, children were sometimes restricted by their father from spending time with their mothers (Berman, 2000; Katz, 2016). The extent to which the violence and its impacts were openly discussed between mothers and children also varied. It appeared that both mothers and children were protective of each other and often chose not to disclose the full extent of their feelings, or other impacts that the violence was having on them (Bowyer et al., 2015).

“I’m known as the girl with no emotions...I don’t want to say anything to her [mum], ‘cause I don’t want to upset her.” (12 year old girl, Bowyer et al., 2015, p. 313)

These silences did not diminish the closeness of the relationship which children shared with their mothers, nor the love and care that children felt their mothers provided them with (Pernebo & Almqvist, 2016b). For many children, mothers had been their main or only source of support whilst living with the violence (McGee, 2000; Mullender et al., 2002).

“Whenever I’m upset, she’ll give me a cuddle and tell me things are going to be alright. It’s helped me get through things.” (14 year old girl, Katz, 2015, p. 163)

This exclusive supportive relationship was often reciprocal, with many children describing their extensive and persistent efforts to protect and support their mothers:

“I just used to sit quietly and read a book. Or just... try to help mum. Since I’m stronger than mum in, what can I say; she can cry a lot easier than me. So I always try to help her to get her to stop crying.” (11 year old girl, Georgsson, et al., 2011, p. 125)

The many ways in which children were engaged to both protect and support their mothers are explored further in section 3.2.3. For some this became frustrating and further strained relationships with their mothers. When violence persisted in their homes, despite their own best efforts to prevent or minimise the impact of it, some children became frustrated about their powerlessness to stop the violence and angry at their mothers for not leaving:
Regardless of whether mothers left the violent relationship or not, relationships between children and their mothers could remain strained for many years (Katz, 2015).

b) Relationship with fathers

Children’s relationships with fathers were also complex; affected by the abuse fathers perpetrated towards mothers and sometimes to the children themselves. Many researchers point out the ambiguous nature of these relationships and the difficulty children have in making sense of, and managing them over time. These efforts were often complicated by the inconsistent behaviour of fathers; with many children clarifying that their fathers were not bad all the time (Cater, 2007; Callaghan et al., 2015; Georgsson et al., 2011).

Children had different ways of making sense of and understanding their fathers and their violence (Cater, 2007). For some, low expectations around ‘good’ fathering, allowed them to repudiate violence without labelling their father as being a ‘bad’ father (Cater, 2007). Some children expressed positive feelings for their fathers and missed them when they moved on to live without him in the home (Aymer, 2008; Bagshaw, 2007).

“I was crying all the time, then Mum asked what’s wrong and I said I miss Dad.” (12 year old girl, Bagshaw, 2007, p. 457)

In other studies, such as Overlien’s (2013), no children expressed the wish or hope for a life together with their fathers. These children, and many others across the studies, were very clear about the need to exclude him from their own and their mother’s lives (McGee, 2000; Overlien, 2013). Many children felt angry at and let down by their fathers (McGee, 2000).

“I was ashamed that he was my dad…I hated him, at the time I did. It was like I couldn’t even trust my own dad.” (13 year old boy, McGee, 2000, p. 86)

Managing relationships with abusive fathers, who continued to use coercive and controlling behaviours well after leaving home, became a constant concern for some children (Callaghan et al., 2015; Georgsson et al., 2011). This was often complicated by the limited control children were given over decision-making processes in relation to the time spent with their fathers. Continued contact with fathers was often experienced as being problematic and many children perceived this contact as not for their benefit (Eriksson, 2012; Georgsson Staf & Almqvist, 2015). Children often expressed the desire to have more choice over their contact arrangements with their fathers (Buckley et al., 2007; Fatheringham, Dunbar, & Hensley, 2013), with some children voicing concern about continued attempts of their fathers to deliberately disrupt, control, and manipulate them (Callaghan et al., 2015).

c) Relationships with siblings and extended family

Although, less frequently discussed, children’s relationships with their siblings and extended family members were also affected by violence. Domestic and family violence had a disrupting impact on individual relationships and dynamics across extended family networks (Thornton, 2014). Children spoke of not being able to spend time with extended family members, or in some cases they described how extended family members withdrew supports and care for them (Callaghan et al, 2015; McGee, 2000). Where they were available, extended family members provided an important source of support and safety for children:
“My nan’s house was my safe house. That was the one place that I could go and I knew, ‘cause I was with my uncles and aunts, I knew that I was safe there. He couldn’t trouble me there...I don’t know why, I just classed that as my safe house.” (17 year old girl, McGee, 2000, p. 203)

Sibling relationships were also especially important to children, even though they were placed under strain by the violence which was occurring. Many children took on responsibility for comforting and protecting their siblings, but as these relationships were often reciprocal, they were also experienced as an important source of support (Chanmugam, 2015; McGee, 2000). Between siblings, where a tacit understanding existed, children did not have to break their silences to receive care, comfort and support, both during violent incidents and at other times. For some children, strong sibling relationships appeared to survive, despite perpetrators’ behaviours and actions, which often targeted or favoured some siblings over others (McGee, 2000).

“Just being with my sister – the fact that I could talk to her about anything, and that we could go somewhere else until it was over.” (12 year old boy, Mullender et al., 2002, p. 100)

d) Relationships with friends

Children across studies talked about the importance of friendships. However, the ability to build and sustain good friendships was often constrained as a result of domestic and family violence (Katz, 2016). Close friendships were impeded by a number of factors, including the perpetrators’ controlling behaviours, children’s unwillingness to disclose what was happening in their homes, and being embarrassed or unable to have friends visit the family home (Buckley et al., 2007; Katz, 2016).

“I have really good friends at school. But they couldn’t come round when he was here, he would be so violent to everyone. He drove everyone away.” (14 year old girl, Mullender et al., 2002, p. 104)

3.2.2 Children’s common feelings

Much of the children’s evidence presented within the studies focused on what children were feeling or doing. Children expressed a range of feelings associated with living with domestic and family violence. The most commonly cited feelings are explored separately below, but it is important to acknowledge that most children struggled to integrate and cope with a range of disparate feelings. In addition to the most common feelings of fear, powerlessness, sadness and (less often) anger, children sometimes also felt confused, embarrassed, and ashamed. Some children also stated that they occasionally felt guilty and thought they were to blame for the violence in their home (Thornton, 2014). This was also associated with the level of responsibility children felt for ensuring the safety of themselves, their siblings and mothers. Limited confidence and problems with self-esteem were also mentioned across studies by some children (Buckley et al., 2007; Callaghan et al., 2015; McGee, 2000). Given the array of feelings that are commonly attributed to experiences of domestic and family violence, and the challenges outlined above, it is perhaps not surprising that some children talked about the difficulty of understanding and processing all of these feelings (Thornton, 2014).

The long term effects of constantly feeling unsafe, worried, upset and powerless (and receiving little support with these challenging emotions) were evident in the children’s accounts. Children themselves associated low levels of confidence and self-esteem, depression, and suicidal tendencies directly with their experience of domestic and family violence:

“I wanted to kill myself ’cause of shit between my mother and father.” (17 year old boy, Aymer, 2008, p. 661)
“Because, um, the first time, um, I started, um, I didn’t have any control over my life then so I started controlling my food, I would either eat it and throw it up again, or I just wouldn’t eat.” (11 year old girl, Mudaly & Tucci, 2002, p. 44)

“I had more fights with my sisters. I was sad, angry, confused. Sometimes I just want to die. I cut my hand with a piece of glass.” (12 year old girl, Bagshaw, 2007, p. 457)

Pervasive feelings of fear and worry about their and their family’s safety

Fear was the most common feeling expressed by children across the studies. Children were fearful for themselves, their siblings and their mothers. It is important to emphasise (as the children did) that they felt fearful not only during episodes of violence, but that a pervasive sense of fear and worry existed as a permanent feature of their everyday lives. These quotes from the children describe the very real sense of threat and fear that was always with them:

“Unsafe, scared all the time. I didn’t sleep, I used to sleep at school ... Quite distressing actually ’cause I like knew that if we stayed in that environment we would all die.” (8-13 year old girl, Swanston, 2014, p. 189)

“He used to say he was going to put petrol in the house and burn it while we were asleep. We were always frightened he might do that.” (8 year old girl, Mullender et al., 2002, p. 183)

“... he was threatening me ... I signed the money away ... If I hadn’t given him the money he would have killed one of us ... He did have an axe. We were so scared. I signed only because I thought, if I didn’t, he would surely kill me.” (16 year old girl, Mullender et al., 2002, p. 186)

“At night time I can’t really sleep because like I feel like he’s going to like come and to like do something or get into the house.” (10-19 year old girl, Stanley et al., 2012, p. 195)

“Yeah, it was, it was like, (erm) you didn’t really wanna go outside ’cause like, every time you did you were like, is that him? Is that him? And you just, even like now, when I go in the car park and it’s dark ’cause I’m taking the rubbish out, it’s still like, is he still there? Or is someone there watching us or something?” (14 year old girl, Callaghan et al., 2015, p. 16)

These feelings, which clearly affected children’s ability to sleep and participate in normal parts of everyday life, like school or spending time with friends, remained long after children had ceased living with, or were in contact with, the perpetrator of violence (Bagshaw, 2007; Georgsson Staf & Almqvist, 2015; Mullender et al., 2002). Many children described how they remain feeling unsafe and unsure of their futures for an indefinite period of time (Bowyer et al., 2015; Georgsson Staf & Almqvist, 2015; Peled, 1998). Thankfully, some children were able to share how they had begun to gradually feel safer after receiving emotional and practical support, and as a consequence they were finally able to feel healthier and happier (Mullender et al., 2002; Humphreys, Mullender, Thiara, & Skamballis, 2006).

Powerlessness

Although many researchers described the levels of agency children exerted within their homes, the lack of power children felt to change their circumstances, and to keep them and their family members safe, was a major theme across the studies. Despite their best efforts, children and their families remained unsafe. The constant and relentless nature of domestic and family violence reinforced children’s feelings of powerlessness and hopelessness, and consequently increased children’s distress (Chanmugam, 2015; McGee, 2000).
“There was nothing that I can do. ‘Cause I don’t go downstairs and jump in the middle of it. I could get hurt.” (10 year old boy, Peled, 1998, p. 409)

“Well, I couldn’t do nothing because he wouldn’t let me in the room. He’d just tell me to go upstairs or if he was upstairs he’d tell me to go downstairs, or just tell me to go somewhere else.” (9 year old girl, McGee, 2000, p. 76)

“And I was scared because like he wouldn’t take any notice of me and I was like what on earth am I supposed to do if he won’t stop screaming at her and stuff?” (15 year old girl, McGee, 2000, p. 76)

Children’s sense of powerlessness could often be heightened after the violence was publicly exposed and professionals such as police, social workers or solicitors became involved in their lives. When children observed that the interventions offered by professionals were inadequate and that even adults who held positions of power in society were unable to intervene or stop the violence, their sense of powerlessness was exacerbated (Eriksson, 2011; Stanley, Miller, & Richardson-Foster, 2012). At other times, where support to help secure their safety was more adequate, professionals often excluded children from information and decision-making processes, leaving children feeling like they had no say and were not being listened to (Bowyer et al., 2015; Eriksson, 2011). This was often the case at times of police intervention and throughout family law proceedings (Georgsson Staf & Almqvist, 2015; Mullender et al., 2002; Richardson-Foster, 2012).

“It didn’t matter what I said. I had no power, nothing.” (11 year old girl, Georgsson Staf & Almqvist, 2015, p. 156)

“We actually called the police, I kept a record, about 350 times and that’s just in about six months and they didn’t, like my mum used to not press charges so they couldn’t do that much ... They wouldn’t let me press charges because I was under age apparently ... [Feels] quite annoyed really cos I feel that everyone has the right to press charges if they need to, not just adults.” (8-13 year old girl, Swanston, 2014, p. 191)

Sadness

Feeling upset and sad was a common response children had to domestic and family violence. Some children talked about being unhappy or crying all the time (Mullender et al., 2002). The level of children’s sadness also became apparent throughout the research process as children were tearful when they shared their stories about the violence in their homes (Berman, 2000). Berman (2000, p 115) explained that the children’s tears were “a manifestation of their profound pain, sadness, and shame”. The intensity of the sadness, described by children across studies confirmed the close association between sadness, pain and sickness experienced by children in response to domestic and family violence experiences.

“If you talk about your feelings, then it helps to get some of the sad out, even though it reminds you of it...Well, it causes you pain at the time, but then it usually goes away after a little while. You still feel sad about it but at least you’ve got, you tell someone.” (10 year old girl, Peled, 1998, p. 414)

“He’d just cry and I’d have to sit and cuddle him and sometimes he’d start coughing and being sick and stuff.” (9 year old girl, McGee, 2000, p. 204)

Perhaps due to children’s reluctance to share their sadness, it was noted that, unlike fear, adults often didn’t acknowledge or notice that children were sad (Mullender et al., 2002). Like fear, children were
often sad for a long time after leaving a violent home. The many losses that children suffered as a result of domestic and family violence continued to make them sad well into their futures (Mudaly & Tucci, 2002). These quotes from Mullender et al.’s (2002) study, below, describes the impact of these losses for some children:

“I had to leave everything – leave all my stuff. We just had the clothes we stood up in, and we didn’t come home for 15 months. I had 14 porcelain dolls and I had to leave it all behind – all my things ... I was really upset because I had to leave Thumper behind. We had to leave him in the garden shed. I cried and cried because they don’t have pets in the refuge.” (12 year old girl, Mullender et al., 2002, p. 108)

“He made me leave my home. He made me leave all my best friends. He made me leave all my things behind.” (9 year old girl, Mullender et al., 2002, p. 108)

“I felt sad leaving [my] home, school, friends, my birds.” (8 year old girl, Mullender et al., 2002, p. 108)

Leaving violence and beginning to feel safer (usually after quite some time had passed) was the catalyst children required to overcome pervasive feelings of sadness. As they began to rebuild their lives, and feel safe, children often stated that they could at last start to feel happy again:

“I am very happy. I feel very comfortable and happy.” (14 year old boy, Mullender et al., 2002, p. 188)

“I used to be sad about it, now I feel better.” (9 year old boy, Mullender et al., 2002, p. 115)

*Anger*

Children’s anger was also a common response to domestic and family violence. Children had many reasons to be angry - they realised the violence was wrong and harmful to others, but they (and others around them) were often powerless to protect themselves and their mothers (McGee, 2000). Many children were also angry and keenly aware of the injustice that they (through no fault of their own) had to leave behind treasured possessions, friends, homes, and their familiar schools and neighbourhoods to be free from violence. At the same time, children realised that the perpetrator of the violence was often left unpunished:

“You put bad people in gates and cages. To keep the good people from getting hurt. Yet you are putting good people in cages [in shelters] so bad people won’t hurt them. It’s like you are putting the bad people out and putting the good people in.” (14 year old boy, Chanmugam, 2011, p. 405)

Children’s anger mostly resulted from their feelings towards fathers, but some children also spoke about getting angry at their mothers for not leaving or doing more to prevent or stop the violence. A few children also expressed anger towards their mothers for making them leave their family home and father (McGee, 2000).

Researchers suggested that displays of anger from children are not uncommon, and often cause difficulties for children at school (McGee, 2000; Stanley et al., 2012). However, the meta-synthesis revealed that, more often than not, children went to great lengths to hide their anger from others, often by removing themselves or applying strategies to calm themselves down. Children also described letting their anger out by screaming and shouting (Mullender, et al., 2002; Stanley et al.,
In 2012. In short, children’s anger rarely translated into them being aggressive or committing acts of violence themselves:

“I would just watch and get mad at him” (boy, Aymer, 2008, p. 661)

“I was so scared. And I would so much like to tell [him]. I would like to hit him the same way he hit my mum. But I was so young I didn’t dare to.” (10 year old boy, Georgsson et al., 2011, p. 125)

As the last quote demonstrates, across many of the studies, some children, often in retrospect and as they got older, wished they had fought back to physically hurt the perpetrator (McGee, 2000; Georgsson et al., 2011; Overlien & Hyden, 2009). At the time though, this was rarely considered an option by children, as this child described:

“No, I never dared to get really angry with him.” (8 year old boy, Georgsson Staf & Almqvist, 2015, p. 154)

Georgsson et al. (2011) explain that in these cases the focus for children was on contemplating alternative ways that they could have dealt with the situation that might have more successfully prevented the violence or protected themselves and their family members.

3.2.3 Children’s coping, agency and resistance

Alongside a focus on children’s feelings, studies also discussed children’s responses to domestic and family violence; highlighting children’s agency, resistance and coping strategies. Across a number of studies, children of all ages used a wide range of complex, creative and carefully considered coping strategies which were influenced by their assessments of the violence they were experiencing, and the resources available to them (Aymer, 2008; Chanmugam, 2015; Hague et al., 2002; Mullender et al., 2002). Individual children used different strategies in different situations at different times (Overlien & Hyden, 2009), often learning new ways to manage and avoid abusive behaviour over time (Callaghan et al., 2015). Once again, no particular gender divisions were noted in the diverse responses and strategies children employed, even amongst studies with larger samples (Mullender et al., 2002).

In most cases, children’s strategies were used to try and prevent or minimise the undesirable consequences of the perpetrator’s behaviour (Swanston, Bowyer, & Vetere, 2014). Children were clearly motivated by the desire to enhance the safety and wellbeing of themselves and their family members and many remained hopeful of changing their family circumstances (Aymer, 2008; Benevides, 2012). Many researchers stress that given this, children’s strategies go beyond coping, and should be considered as acts of resistance and defiance, because they were clearly opposing violence and never responded in a way that was accepting of it (Callaghan et al., 2015; Overlien & Hyden, 2009).

Children often realised that they were unable to do this effectively on their own, and some of their strategies involved seeking support or assistance from others. This section explains that when they sought help, children would most often initially consult informal support options, before calling on other trusted adults or authorities, such as the police, in the case of emergencies.

Enhancing the safety and wellbeing of themselves and other family members

Across the publications included in this review, children discussed frequently their efforts to protect themselves and others (most commonly siblings and mothers). On closer inspection, it was apparent that these strategies went beyond an immediate response to violence, and involved a wide range of longer term strategies designed to enhance their own, and their mother’s, coping and emotional wellbeing (Katz, 2015).
Different researchers sought to categorise children’s responses and actions in different ways, but two aspects of coping were commonly identified. Firstly, immediate situational coping in response to, or during, actual incidents of violence, and secondly, longer-term coping that sought to deal with the constant presence of the violence in children’s lives and its enduring impacts (Overlien & Hyden, 2009; Mullender et al., 2002). The coping strategies used in both instances mirrored each other, in that they included a range of both passive internalised responses, and active externalised strategies (Hague et al., 2002; Mullender et al., 2002). Most studies described the most common responses (both short and longer term) as falling into one of three categories: observing, retreating or interfering.

When observing, children would carefully monitor the safety of their mothers, and formulate plans to prevent or minimise violence:

“So I just stay really quiet so they don’t know, and listen and check.” (15 year old girl, Mullender et al., 2002, p. 130)

In the longer-term, this included making careful observations and assessments of their environments, being in a constant state of readiness and always thinking ahead (Callaghan et al., 2015; Overlien, 2013; Swanston et al., 2014).

“You had to act like weary and stuff ... Cos you didn’t know like when he [perpetrator] was going to be drunk ... It would depend how drunk he was really, because when he was really drunk he was horrible because he started getting abusive and angry ... I was always thinking about what had happened, what was going to happen next.” (8-13 year old girl, Swanston, 2014, p. 189)

Retreating was also a common strategy, which mostly involved children hiding. Many children disclosed that they would retreat to a safe place within their homes, where they would hide, cry, cuddle with and reassure siblings. Leaving the home was also used as a strategy, but this appeared to be an option more available to older children (Chanmugam, 2015; Mullender et al., 2002).

“I went straight upstairs to my bedroom, (umm) I’d sort of like sneak downstairs and check that no one was arguing or anything and if it was all OK, I’d come downstairs and sit down (umm) ... and watch TV with my brother (umm) but if there was an argument I’d run downstairs, grab my brother and take him upstairs.” (11 year old girl, Callaghan et al., 2015, p. 15)

“I get my sister away from it... Take her outside to go play at the park or something, just get her away from it... Whenever they fought...” (13 year old girl, Chanmugam, 2015, p. 109)

“When I was little I used to go hide. ... like me and [my siblings] I, I’d take them and go in the closet.” (13 year old girl, Chanmugam, 2015, p. 110)

In the longer term, retreating strategies included hiding emotions from others, and distracting themselves by thinking about something else, or engaging in creative or fun activities (Georgsson, Almqvist, & Broberg, 2011; Willis, Hawkins, Pearce, Phalen, Keet, & Singer, 2010):

“I really like cooking and it just takes my mind off stuff and all that ... Either playing on my Xbox, punching a wall, playing football or eating or cooking calms me down.” (8-13 year old boy, Swanston, 2014, p. 191)

“[When feeling sad] My teddy, this helps me ... It cuddles me and then it makes me feel a bit better ... It’s the only thing that helps me.” (8-13 year old girl, Swanston, 2014, p. 191)
Although observing and retreating are often described as passive emotion focused strategies, many children had made active decisions that this is how they could best prevent, minimise or protect against violence. As an explicitly active strategy many children also described physically or verbally interfering in the violence being perpetrated towards their mothers. Over half of the 54 children in Mullender et al.’s (2002) study described attempts to directly intervene in violence. Mullender et al. (2002) further explained that most of the interveners were over the age of 12 years and that this strategy may become more available to children as they grow older and stronger. Unfortunately, intervening was often unsuccessful and sometimes resulted in children themselves being assaulted (Georgsson et al., 2011):

“He saw like dishes in the sink and grabbed her by the hair and told her to wash them. She was on the floor and he was slapping her. I pulled him off.” (12 year old girl, Chanmugam, 2015, p. 112)

“He’d push me out of the way and try to push her to the floor again when I was helping her get up. One time he pushed her and I was behind her and I fell and hit my head on the table.” (13 year old girl, Chanmugam, 2015, p. 112)

“I tried to stop him when he hit mum but, no, then he hit me instead.” (9 year old girl, Georgsson et al., 2011, p. 123)

“Last time I done it [tried to stop him] I had a knife in my hand and he tried to make me stab him with it, so I didn’t bother trying to stop him no more.” (13 year old boy, Mullender et al., 2002, p. 99)

“It was night, it was like two or three, and I slept but then I heard mom screaming, she said ‘let me go, don’t touch me’, and I just jumped out of bed and ran to the kitchen, then I saw him putting his arms around her neck, and she screamed and screamed so I screamed to him ‘let her go, let her go’, and he just looked at me and did nothing.” (18 year old girl, Overlien, 2014, p. 158)

Children were also sometimes not in a position to choose from the three options of observing, retreating or interfering because they were obstructed from participating in the conflict (Georgsson et al., 2011):

“We couldn’t [look] because dad locked the door. He did it each time...they fought, because he didn’t want us to get out.” (9 year old boy, Georgsson et al., 2011, p. 124)

Chanmugam (2015) also explained that the common responses (of observing, retreating or interfering) may also be involuntary responses to the trauma of violence, as these quotes demonstrate:

“One time I couldn’t do anything, I just went into shock and stood there and couldn’t move. But usually I just would hold my head because I’d get a headache and the room would start spinning. I’d sit down and just hold my head.” (13 year old girl, Chanmugam, 2015, p. 107-108)

“I don’t really want to remember those times too much – they upset me. I used to feel I was bleeding inside.” (15 year old girl, Mullender et al., 2002, p. 110)

Whether observing, retreating or intervening, one of strategies used by children was to eventually disclose or talk about the violence to others to seek their help and support.
Seeking help and support from others

Alongside children’s independent responses and strategies, children were clear they wanted adults to take responsibility for intervening and stopping the violence which was occurring in their homes (Mullender et al., 2002).

“Tell someone. Doesn’t matter what’s happening. Tell someone. The adults should deal with it, not you. Get it sorted out and get out if you can. We’ve gained so much strength by being far away. If you do leave, tell yourself you’re safe now. You’re safe. Keep telling yourself this. Build your confidence. Hopefully you can become stronger and more confident in such situations. Get stronger. You can do it. That’s really important and that’s what I want you to tell other young people.” (14 year old boy, Hague et al., 2002, p. 24)

The role of significant others (informal or formal) emerged as being critically important for children (Morris et al., 2015). This was evident across studies as children described the challenges and isolation that existed when these connections were lacking, and the significant support they provided when they were present. Unfortunately, children’s support networks were extremely limited, and sometimes children had to turn to pets or toys for comfort and support (Mudaly & Tucci, 2002; Swanston et al., 2014).

“I used to hide under my bed all week. I used to make a little place out of it with all my teddies.”
(girl, Buckley et al., 2007, p. 300)

“If I got worried or upset about things ‘cause I still had my little teddy, which is up in my room, it’s a little dog, and ehm I used to hug it, if I got worried or scared... I would basically risk my life just to go and get it.” (14 year old girl, Bowyer et al., 2015, p. 314)

If afforded the option, children most often preferred to seek support from informal networks such as family or friends (Mullender et al., 2002). Seeking help from professionals (such as police, child protection, domestic violence housing and support services and family law professionals) was not something children did lightly. Many children were keenly aware that talking to professionals was risky and could increase safety concerns (Overlien, 2013).

Many studies reported on children’s interactions with the police (Bowyer et al., 2015; Chanmugam, 2015; Richardson-Foster et al., 2012). The number of children who talked about calling police or seeking police involvement indicates children perceive that they are important people in the response to domestic and family violence. Children most often held the view that the police have a very important role to play in protecting people from domestic and family violence (McGee, 2000).

Children were hopeful that they could be empowered by professionals like the police, or social workers and lawyers (Fotheringham et al., 2013). Unfortunately, however, many children were let down and remained feeling like they needed to take responsibility for their own, and their family’s safety (Swanston et al., 2014).

“That just made things much worse, the police coming so I wish I never phoned the police. “(14 year old girl, Bowyer et al., 2015, p. 314)

“Sometimes it’s just like frustrating when like you want them [staff from family violence service] to do something but they can’t or they won’t.” (12 year old girl, Bowyer et al., 2015, p. 314)

Children were often disappointed and let down by the response of the police, who often neglected to talk directly to children (Mullender et al., 2002; Overlien & Hyden, 2009; Richardson-Foster et al.,
2012). Only a very few children were able to place their trust in other professionals such as teachers, social workers or counsellors, and it was clear that it took time for children to trust these types of professionals and be able to talk to them (Mullender et al., 2002; McGee, 2000). There were also some indications that seeking professional help was often more difficult for children from minority groups or different cultural backgrounds (Mullender et al., 2002).

Some children, however, provided accounts of helpful professionals, particularly children’s workers within refuges, whose sensitive and responsive support was able to address both children’s safety and emotional health needs (Mullender et al., 2002). These workers had also often provided supported opportunities for children to talk to their mothers and peers about their experiences and needs (Mullender et al., 2002; Humphreys et al., 2006). Positive interactions with professionals seemed more likely to occur when child-centred support services or children’s workers had been made available (Fotheringham et al., 2013; Humphreys et al., 2006).

3.2.4 Children’s needs

The meta-synthesis revealed some key needs, which children persistently raised with researchers. Most important to children was their own and their family’s safety and emotional wellbeing. Children perceived these two things as inextricably linked. Physical safety and emotional wellbeing was hard to obtain, but critical to ensure children could survive and overcome the impacts of domestic and family violence. In addition to this, children also talked about needing opportunities to talk, be listened to and taken seriously, be included, informed and empowered and for help to build positive relationships with family and friends. To understand why these needs were important to children they are each explored further below.

Facilitating safety and emotional wellbeing

The physical safety and emotional wellbeing of themselves and their family members (most often mothers and siblings) was of primary importance to children. Children understood that the violence made them fearful, worried and sad and as such, they perceived that their physical safety and emotional wellbeing were linked. Children stressed the need for supporters to respond to both of these aspects of their lives, but it only rarely occurred. For example, at times, and especially early on in interventions, professionals would concentrate only on establishing physical safety. The pervasive feelings of fear and sadness that remained for children and that continued to make them feel unsafe, even after their physical safety was secured, were often left aside and ignored:

“It’s not better at the refuge but it’s safer. Yes, it’s safer – definitely safer.” (8 year old boy, Mullender et al., 2002, p. 108)

“I’m better than I was but I’m scared to go into the garden in the dark in case he jumps out.” (12 year old girl, Mullender et al., 2002, p. 113)

Conversely, some children noted that at times, others (such as teachers at school) would respond by only providing emotional support; leaving aside the very real and immediate safety risks that were apparent for children and their families (McGee, 2000). Children were grateful that someone was attending to their felt needs, but when they neglected their real safety concerns these responses were perceived as being unsatisfactory. Whilst violence, or the threat of it, remained present in children’s lives it was impossible for them to achieve positive emotional health and wellbeing (Berman, 1999; 2000).

“I thought I was healthy, but now I see that I wasn’t. I had good physical health, but I didn’t have emotional or mental health. I can see that I wasn’t healthy now. I think violence affects...
health a lot more than people think. People don’t think it’s a big deal, but they don’t understand that it is.” (14 year old girl, Berman, 1999, p. 99)

“There’s been instances that I didn’t feel very well. I felt really tired because emotionally I was exhausted.” (13 year old boy, Berman, 1999, p. 100)

“I feel really healthy when I’m not around Kenny. I feel happier. When I’m around him I always have stomach aches. I feel like when he’s around we’re all scared and we just sit around and don’t say nothing. When Kenny lived with us, I couldn’t sleep because I was scared that he’d come in and say I did something wrong.” (13 year old girl, Berman, 1999, p. 101)

It was only when children’s physical safety needs and felt safety concerns were met, and when they received sustained emotional support to process and cope with the ongoing impacts of domestic and family violence, that they could begin to feel happy, well and have a brighter outlook on their future (Berman, 2000; Swanston et al., 2014).

“I know that when I go to school and stuff everything is going to be ok and at home mum’s alright, my brothers alright and I feel safer ... That I know that my dad’s not here now and I’ve got nothing to worry about anymore.” (8-13 year old girl, Swanston, 2014, p. 190)

“I feel really different. I can sleep without any fear. I can really live like any other young person in the community ... Now he is not around to terrorize me I can get on with my studies.” (16 year old girl, Mullender et al., 2002, p. 196)

“Some things have changed for us now. I get on better with my mum now. I can do a lot more things too ... My school is better now too. I can concentrate more on work and don’t have to worry about home all the time. I sleep well now I know no one is going to kill me while I am sleeping or burn the house down.” (8 year old girl, Mullender et al., 2002, p. 196)

Opportunities to talk

The silence that children described as co-existing with domestic and family violence was described above. Children stressed that to overcome this culture of silence they needed adults to provide them with more opportunities to talk (Mullender et al., 2002). Almost all children stated that if the opportunity was there, they would eventually talk about what was happening. For example, despite many children remaining silent, McGee’s (2000) study of 54 children, found that only three children said they did not want to talk about the violence in their lives:

“Personally, that time for me was horrible and if somebody just said it to me, ‘Is there something you want to talk about?’ I probably would have told everything. My god, somebody noticed.” (girl, Buckley et al., 2007, p. 304)

“They need someone to talk to. Because, if they were like me, sometimes I’m really sad and I need someone to talk to ... [They may not be able to] speak to the mum because maybe their mum don’t want to talk about it. I think they should have someone to talk to.” (9 year old girl, Mullender et al., 2002, p. 107)

Children and researchers stressed that the opportunities provided to them need to be sensitive to their individual needs and circumstances and also to be aware of the reasons why children may be reluctant to share their experiences (Buckley et al., 2007). Having a number of options and opportunities available so that children could choose when and to whom they speak was preferable (Bowyer et al., 2015; Swanston et al., 2014).
Many children preferred to talk to friends and particularly benefited from talking with peers who had experienced similar issues.

“I think because adults think differently to children so it’s easier for children to talk to people like friends or maybe cousins or brothers and sisters, but hard to talk to adults because their minds are different in away.” (12 year old girl, McGee, 2000, p. 203)

Others wanted opportunities and assistance to talk to adults, including their mothers, about their experiences and what they needed. These conversations were often difficult for children and for this to occur, children often required skills, support and assistance to discuss their experiences and express their emotions (Georgsson et al., 2011; Georgson Staf & Almqvist, 2015; Fotheringham et al., 2013; Humphreys et al., 2006).

“I didn’t used to talk to Mum that much .. ..That wasn’t so good. This woman at the refuge helped me and Mum to talk more. Now, when I get upset, Mum and I sit down and talk about what’s happened.” (12 year old girl, Katz, 2015, p. 161)

To be listened to and taken seriously

The findings of this meta-synthesis highlight the importance of providing opportunities for children to talk, and also stress that adults (in particular) need to listen carefully to what children have to say and take their concerns and feelings seriously. Children often felt let down by the responses they received from professionals (Richardson-Foster et al., 2012). This important step in responding to children emerged as being crucial to children’s ability to cope with domestic and family violence (Mullender et al., 2002) and was particularly important in relation to practical matters such as their living arrangements and safety plans (Bagshaw, 2007; Fotheringham et al., 2013).

“Yeah they really should listen more to the kids. Listen more to the kids and teenagers because, because... what’s it called, you... Because the parents they, they are what causes the problems, it’s them who makes the kids have problems. So I really think that they should listen to us and what we say, what’s right or wrong. So they will know everything. Because it’s really important.” (11 year old girl, Georgsson Staf & Almqvist, 2015, p. 158)

To be informed, included and empowered

The meta-synthesis established that children are actively involved in their families and the violence which is perpetrated within them (Hague et al., 2002; Mullender et al., 1998). Children wanted this often overlooked fact to be acknowledged, particularly by the professionals who became involved in their lives. Children did not just want their own views to be heard and responded to, they wanted to be informed and included in finding solutions and important decision-making and planning aimed at protecting and supporting their families:

“We could help, we know what is going on and we could help. It would be better if they let us help.” (12 year old girl, Mullender et al., 2002, p. 123)

“She didn’t really have a big chat. I really wanted to know what was going on. Because some things I didn’t understand and what’s gonna happen next, and I really wanted to know, but she wouldn’t tell me. She told me some things.” (8 year old girl, McGee, 2000, p. 199)

“Grown-ups think they should hide it and shouldn’t tell us, but we want to know. We want to be involved and we want our mums to talk with us about what they are going to do – we could help make decisions.” (Group interview, Mullender et al., 2002, p. 129)
When they were excluded from receiving important information, decision-making, safety planning and provision of support, children’s felt and very real needs often remain neglected and they were left feeling misunderstood, isolated and alone.

“I don’t think I had any security, any knowledge of what was going on. I needed to be told everything. I didn’t realise that there was a chance that I might have been taken away. But I think I should have been told a bit later [after the investigative interview] by somebody what was going to happen with my dad. But my mum was really the only person who told me that.” (16 year old girl, McGee, 2000, p. 124)

Conversely, when they were included, children stated they felt empowered, often for the first time in their lives, and able to help themselves and others around them.

“It makes me feel happy... Because I know what’s happening, what happened there.” (10 year old boy, McGee, 2000, p. 201)

**Supported with significant relationships**

The limited number of positive and supportive relationships that children could rely on was evident across studies. Where relationships did exist with significant others they were often constrained and strained as a result of the violence and the complexity of their lives. Children stated that they would benefit from increased and enhanced connections with family and friends. This was critical as these people were children’s preferred supporters and those most likely to be able to provide the long-term support required to cope with and recover from the enduring impacts of domestic and family violence.

“Thinking about it, I could have told Grandma more. But I didn’t do it then. I thought he might bully her [mother] even worse if I said anything.” (11 year old boy, Mullender et al., 2002, p. 214)

Children required time and support to make meaning of the violence and its effect on their relationships. Although some studies examined the effectiveness of interventions aimed at supporting the mother-child relationship (Howarth et al., 2015; Humphreys et al., 2006), children’s relationships with fathers appeared to be given little attention in the interventions available to them (Thiara & Humphreys, 2015). Many children would benefit from assistance in how to make meaning, manage and negotiate relationships with fathers. This was especially evident for the many children who still had contact with their fathers:

“It’s just that sometimes when I go there [for contact] and he [my father] does things, I need to tell someone about it and I can’t just go and tell my mum because it puts more pressure on her and makes her feel upset.” (9 year old girl, McGee, 2000, p. 202)

At present, much of the literature concentrates on ways in which service systems can help children to build and enhance their relationships with their mothers - which is seen as the most important relationship to sustain long term recovery and resilience (Humphreys et al., 2006; Swanston et al., 2014). Children who had received this support appreciated that they were now able to talk about their experiences with their mothers and to envisage a positive future together (Fotheringham et al., 2013; Humphreys et al., 2006; Katz, 2015).

“[It’s good that now my mum] can tell how I’m feeling, like what moods I’m in, what school was like, and things like that.” (12 year old boy, Katz, 2015, p. 164)
In addition to improving family relationships, children particularly appreciated it when they were connected with other children who had experienced similar issues to them (Thompson, 2011; Pernebo & Almqvist, 2016a; Willis et al., 2010; Mullender et al., 1998). Within peer support groups, therapeutic or not, children were able to feel normal, trust others, talk about the violence they had experienced and have fun (Buckley et al., 2007; Pernebo & Almqvist, 2016a; Mullender et al., 1998).

“It can be quite tough for others that it hasn’t happened to, to listen to it but here [in the children’s group] you can tell because the others know what it’s like.” (11 year old girl, Georgsson et al., 2011, p. 124)

“The people at the refuge helped the most. They did this by making our life happier, by taking us out. They made us feel better by taking everything out of our minds as if it didn’t happen.” (9 year old girl, Mullender et al., 2002, p.101)
4. Discussion and Implications for Policy and Practice

4.1 The value of asking children about their experiences and needs

The need to listen to children and allow them to participate meaningfully in research which can inform policy and practice is now well established (James & Prout, 2015; Moore, McArthur, & Noble-Carr, 2009; Roberts, 2003). This meta-synthesis provides a timely and important opportunity to collate and critique the growing level of qualitative research conducted with children on the experience of domestic and family violence.

Although it remains limited, particularly in the Australian context, the research which has been conducted with children over the last two decades has provided important insights into children’s experiences and needs in relation to domestic and family violence. The findings of the meta-synthesis support those of quantitative researchers who have established the many short and long term impacts of children’s experiences of domestic and family violence on their mental health and development (Evans, Davies, & DiLillo, 2008; Kitzmann et al., 2003; Vu et al., 2016; Wolfe et al., 2003).

The qualitative studies reviewed for this meta-synthesis complement and enhance the findings of quantitative studies, by focusing our attention on what children were feeling or doing and what they think would help them and their families to survive and cope with domestic and family violence. The meta-synthesis, therefore, provides us with nuanced understandings of children’s experiences, highlighting the active roles that they have within their homes, and offers critical information on how to best assist children to cope within the challenging environments they are living in.

The next section identifies the key findings of the meta-synthesis and discusses some of the implications for policy and service provision.

4.2 Individual, varied and potent experience of violence

Although there were many shared experiences and key needs highlighted by this meta-synthesis, both within and across studies, children’s experiences of domestic and family violence were unique and variable. Not only were children’s experiences variable, but their ways of understanding, discussing and coping with the impacts of domestic and family violence also varied. For example, some children initially described domestic and family violence as “fights” or “arguing”, sometimes minimising what was happening at home, whilst others struggled to talk about the violence at all. Because the language some children use to talk about domestic and family violence may not alert adults to the seriousness of what is happening and even be dismissed, adults need to listen carefully and provide children with consistent opportunities to talk about what is happening in their homes.

4.3 Complex, pervasive and enduring nature of domestic and family violence

The majority of children could provide vivid and detailed descriptions of the violence that occurred in their home and how they were fully aware of it. In their descriptions of the violence children have reinforced the complex, pervasive and enduring nature of domestic and family violence. Researchers, policy makers and professionals who aim to understand and respond to children’s needs must acknowledge and reflect this in the way they approach, talk about and respond to these issues.

Most importantly, children’s descriptions reinforce that domestic and family violence cannot be narrowly defined, understood or responded to. Children’s experiences and descriptions of domestic and family violence moved well beyond discrete incidents of violence. Children described how they lived with the constant threat and fear of violence. The devastating impact that coercive and
controlling behaviours have on children’s relationships and sense of self was also evident. Many of the children’s responses to violence, and long lasting impacts, were indicative of trauma. Trauma has long been recognised as being intrinsic in children’s experiences of domestic and family violence (Campo, 2015). This meta-synthesis confirmed this and highlighted that trauma, grief and loss are all commonly associated with children’s experiences of domestic and family violence. Understanding this helps to understand the chronic impacts that occur as a result of domestic and family violence, and the resilience and strength required of children to overcome them.

The extent to which most children are involved in and affected by the violence in their own homes now appears to be irrefutable, and must be acknowledged by policy makers and professionals who are responsible for prevention or protection strategies. The meta-synthesis confirmed previous research which has found the close association with child abuse and domestic and family violence (Stanley & Humphreys, 2014; Zannettino & McLaren, 2014), by finding that many children across studies were not only exposed to, but also the direct victims of violence in their homes.

Children’s feelings of being unsafe and the impacts of perpetrators’ violence extended well beyond their physical presence and continued for a long time after mothers separated from their violent partners. The long term nature of the impact of violence indicates that there are no simple ways to remediate and overcome the trauma of domestic and family violence. Children require sustained support from others to gradually build feelings of physical safety and emotional wellbeing of themselves and their families.

4.4 Children’s agency and coping strategies

Qualitative studies which ask children about their actions and coping mechanisms during domestic and family violence have highlighted children’s agency and the remarkable and persistent efforts they make to protect themselves and others to resist violence. This has helped to make children and their experiences more visible and encourages the inclusion of children in service system responses (Callaghan et al., 2015; Overlien, 2014).

The term ‘agency’ is increasingly being used within domestic and family violence literature. Agency refers to children’s “capacity to act, to interact and to influence the shape of their childhoods” (Neale & Flowerdew, 2007, p 28). The meta-synthesis findings reinforced the many ways that children sought to exert agency in their homes, however, it is important to not overstate the level of agency they experienced. Children’s efforts to exert agency were often constrained by the highly complex and dangerous nature of domestic and family violence and the limited resources and opportunities they had available to them. One of the most common feelings children associated with domestic and family violence experience was powerlessness. This powerlessness often remained after professionals had been engaged to support them. Any attempt to highlight children’s agency, which is of great importance to understand and acknowledge, must be done in a nuanced way that acknowledges children’s agency and active roles in the home, whilst also highlighting, and aiming to redress the many constraints (including lack of resources and options) that exist for children within their own homes and their wider communities.

4.5 Building opportunities to talk to and listen to children

As in other contexts, children’s participation is a central feature of a child-centred response (Moore, McArthur, Heerde, Roche, & O’Leary, 2016; Winkworth & McArthur, 2006). Children across the studies said they want their own views to be heard and responded to, they wanted to be informed and included in finding solutions, and to be part of important decision-making and planning aimed at protecting and supporting their families. Attention by service providers and other adults is required
to provide information to children about what is happening and what adults are doing to respond to their needs.

An important step in overcoming the isolating experience that domestic and family violence often is for children, was **challenging and unsettling the resounding silence which surrounds domestic and family violence**. Due to the very real risks involved in talking about their experiences of domestic and family violence, children were often scared to do this. The children described that many adults also appeared scared to open up conversations with children. For children to break their silence, they needed choice and control over when, where, why and with whom they would talk about their experiences. This requires adults to provide consistent **opportunities for children to talk, across a range of informal and formal settings**. Children often preferred the support of family and friends and it is these relationships that are often best placed to sustain the long term recovery required of children. The importance of **positive relationships with peers** (and the particularly valuable support provided by those with similar lived experiences) was especially highlighted in the meta-synthesis.

Once they were able to talk, children required their supporters to listen carefully, validate and respond to their feelings, but importantly also to address their immediate and long term safety needs. As children were particularly concerned about the safety and wellbeing of siblings and their mothers, they wanted to be informed of, and included in, supports which aimed to help them and their families. **Making sense of, and enhancing their family relationships which had been damaged by domestic and family violence was particularly required**, and children stressed this also included relationships with their fathers. Although some researchers have explored this issue, it appears that services currently may not be assisting children with their father-child relationships (Thiara & Humphreys, 2015).

**4.6 Remaining gaps in knowledge**

The limited understanding of how children make sense of and more importantly manage their relationships with fathers, who often stay involved in their lives, highlights just one of the areas currently neglected by researchers, policy makers and professionals alike.

The findings of the meta-synthesis indicate that children’s qualitative evidence of domestic and family violence remains limited with some significant gaps. Although research that talks directly with children about domestic and family violence has grown over the last two decades, the extent to which children have been able to set the agendas for this research, and to participate fully in each stage of research that seeks to understand their experience, remains questionable. There is some risk that children's views and experiences may remain constrained, by the fact that researchers often remain reliant on adults to speak on children’s behalf or decide which aspects of their experience are more important.

Much of the existing research is focused on children’s interactions with service systems aimed at meeting the needs of them and their parents – most often emergency or transitional housing. This research is important in highlighting the support children receive and what policies or practices children find to be the most beneficial or unhelpful. However, with only four Australian studies included in the review, we know little about children’s experiences of the service systems in Australia that are designed to meet their needs and their families, and whether they feel they are getting the support they require. Understanding children’s views of the prevention, early intervention, targeted and tertiary level services that would best assist them would be extremely beneficial to Australian policy makers and practitioners. Furthermore, consideration of structural and systemic responses required and the collaboration which may be needed to better meet children’s needs remains unknown and under-investigated. This is an important area for future research.

Children describe the complexity of family relationships, especially parental relationships. Children’s efforts to engage in, understand, manage and make meaning of their relationships with parents, within the contexts of domestic and family violence was a constant and challenging task. Children say
they require support to make sense of and manage relationships with fathers who use violence, particularly if there is ongoing contact. Therefore, it is important to explore how children can have more choice and control over decision-making about ongoing contact with their fathers.

It is also essential to consider the unique issues and needs of Australian children from culturally or linguistically diverse backgrounds, rural and remote communities and particularly Aboriginal children. Previous Australian research has highlighted that all of these groups of children may be more at risk of experiencing domestic and family violence and may require targeted supports (Bagshaw, 2007; Immigrant Women’s Domestic Violence Service, 2008).

Although this meta-synthesis has been helpful in outlining what we have currently learnt from children about their experiences and needs due to domestic and family violence, further research, carried out directly with children, is required to inform the development of future support services and preventative strategies to adequately respond to their circumstances.
5. Conclusion

This meta-synthesis provided an important opportunity to review the nature and extent of qualitative research conducted with children about their experiences of domestic and family violence. Despite growing interest in understanding children’s perceptions of a range of issues in their lives, the meta-synthesis highlighted that significant limitations and gaps remain in our understandings of children’s experiences of domestic and family violence. Australia especially lags behind in this endeavour, with only a handful of researchers conducting studies which have sought children’s views and experiences on the important issue of domestic and family violence. More exploratory research, intervention and evaluation studies that enable the full and meaningful participation of children are urgently required.

Despite the limited evidence, this meta-synthesis, which drew on the findings of 40 publications from across the world, found that for those children who experience it, domestic and family violence and its resultant impacts have a constant and enduring presence in their lives. Children are often left to deal with pervasive feelings of fear, powerlessness, sadness and anger on their own, as they are reluctant or unable to break the silence which shrouds this issue. Despite this, children show remarkable resilience to develop and refine their understandings of the violence they are experiencing, and to enact a range of coping strategies in an effort to keep them and their families safe and well.

Children had clear ideas on their most significant needs. Most importantly, children needed adults to commit to the long term support required to facilitate their physical safety and emotional wellbeing. To do this, children thought adults should provide them with more opportunities to talk, and then listen carefully to what they have to say and take their views and pleas for help seriously. Providing children with these opportunities, as well as informing, including and assisting them to build and enhance relationships with parents and friends, would empower children and help prevent or heal some of the enduring challenges caused by domestic and family violence.
6. References


## Appendix 1: Studies included in the meta-synthesis

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<tr>
<th>Author</th>
<th>Year</th>
<th>Title</th>
<th>Publication Type</th>
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<td>Coping with domestic violence</td>
<td>Qualitative: face-to-face interviews</td>
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<td>Children's experience of, and needs after, parental separation</td>
<td>Qualitative: telephone interviews</td>
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<td>12-19</td>
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<td>10</td>
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<td>Benevides, L.</td>
<td>2012</td>
<td>A phenomenologic al study of spirituality as a protective factor for adolescents exposed to domestic violence</td>
<td>Journal article</td>
<td>USA</td>
<td>Role of spirituality in coping with domestic violence</td>
<td>Hermeneutical phenomenology: in-depth interviews with children</td>
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<td>14</td>
<td>13-16</td>
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<td>Berman, H.</td>
<td>1999</td>
<td>Health in the aftermath of violence: A critical narrative study of children of war and children of battered women</td>
<td>Journal article</td>
<td>Canada</td>
<td>Children’s perceptions of impact of violence on understandings and experiences of health</td>
<td>Qualitative: group or individual interviews</td>
<td>Children only</td>
<td>16</td>
<td>10-17</td>
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<td>The relevance of narrative research with children who witness war and children who witness woman abuse</td>
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<td>Bowyer, L., Swanston, J., Vetere, A.</td>
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<td>‘Eventually you just get used to it’: An interpretative phenomenologic al analysis of 10–16 year-old girls’ experiences of the transition into temporary accommodation after exposure to domestic violence perpetrated by men against their mothers</td>
<td>Journal article</td>
<td>United Kingdom (UK)</td>
<td>Children’s experience of moving to transitional housing due to domestic violence</td>
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<td>Children’s experience of domestic violence</td>
<td>Qualitative: focus groups</td>
<td>Children, mothers and service providers</td>
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<td>Callaghan, J., Alexander, J., Sixsmith, J., Fellin, L.</td>
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<td>Beyond “witnessing”: Children’s experiences of coercive control in domestic violence and abuse</td>
<td>Journal article</td>
<td>UK</td>
<td>Children’s experiences of, and responses to, domestic violence (especially coercive control)</td>
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<td>Cater, A.</td>
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<td>Children’s meaning-conciliation of their fathers’ violence related to fathers and violence in general</td>
<td>Journal article</td>
<td>Sweden</td>
<td>Children’s perceptions of their father and fathers and violence in general</td>
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<td>Chanmugam, A.*</td>
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<td>Young adolescents’ situational coping during adult intimate partner violence</td>
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<td>Children’s situational coping</td>
<td>Life story methodology: interviews</td>
<td>Children and mothers</td>
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<td>Eriksson, M.</td>
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<td>Participation for children exposed to domestic violence? Social workers’ approaches and children’s strategies</td>
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<td>Children’s relationships with professional-s in the context of domestic violence experiences</td>
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<td>Speaking for themselves: Hope for children caught in high conflict custody and access disputes involving domestic violence</td>
<td>Journal article</td>
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<td>Evaluation of project to increase children’s participation in family law matters where domestic violence has been experienced</td>
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<td>Katz, E.</td>
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<td>How children and others support each other</td>
<td>Qualitative: interviews</td>
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<td>2016</td>
<td>Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed By and Resist Regimes of Coercive Control</td>
<td>Journal article</td>
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<td>Children’s experiences of coercive control within domestic violence</td>
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Morris, A., Humphrey s, C., Hegarty, K. | 2015 | Children’s views of safety and adversity when living with domestic violence | Book chapter | Australia | Children’s experiences of safety during domestic violence | Qualitative: interviews and focus groups | Children and mothers | 23 | 8-24 | Not specified | Not specified
Mudaly, N., Tucci, J. | 2002 | Child abuse and family violence: the losses for children | Journal article | Australia | Children’s losses as a result of domestic violence | Qualitative: interviews | Children only | Not specified | 8-18 | Not specified | Not specified
Mudaly, N., Graham, A., Lewis, N. | 2014 | “It takes me a little longer to get angry now”: Homeless children traumatised by family violence reflect on an animal therapy group | Journal article | Australia | Evaluation of animal assisted therapeutic group for children who have experienced domestic violence | Qualitative: interviews | Children only | 11 | 7-15 | 6 | 5
Mullender, A., Debonair e, T., Hague, G., Kelly, L., Malos, E. | 1998 | Working with children in women’s refuges | Journal article | UK | Children’s needs and support they are provided with in refuges | Mixed methods: survey with refuges, archival research and qualitative group and individual interviews within a sample of refuges | Children, mothers and professional s | Not specified | Not specified | Not specified | Not specified

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<td>Children’s actions when experiencing domestic violence</td>
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<td>Norway</td>
<td>Strategies used during episodes of violence</td>
<td>Qualitative: Narrative interviews</td>
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<td>Young children's experiences of participating in group treatment for children exposed to intimate partner violence: A qualitative study</td>
<td>Journal article</td>
<td>Sweden</td>
<td>Experience of group treatment</td>
<td>Phenomenologic: in depth interviews</td>
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<td>Pernebo, K., Almqvist, K.</td>
<td>2016</td>
<td>Young children exposed to intimate partner violence describe their abused parent: A qualitative study</td>
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<td>Children’s relationships with mother</td>
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<td>Children and their caregiver</td>
<td>17</td>
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<td>Phillips, B., Phillips, D.</td>
<td>2010</td>
<td>Learning from youth exposed to domestic violence: decentering DV and the primacy of gender stereotypes</td>
<td>Journal article</td>
<td>USA</td>
<td>Gender stereotypes and domestic violence</td>
<td>Ethnography: participant observation, field conversations, focus groups, and individual interviews</td>
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<td>Stanley, N., Miller, P., Richardson-Foster, H.*</td>
<td>2012</td>
<td>Engaging with children’s and parents’ perspectives on domestic violence</td>
<td>Journal article</td>
<td>England</td>
<td>Children’s interactions with police and agencies</td>
<td>Focus groups with children, interviews with adult survivors and perpetrators</td>
<td>Children, adult survivors, perpetrators</td>
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<td>Thiara, K., Humphreys, C.*</td>
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<td>Absent presence: The ongoing impact of men’s violence on the mother–child relationship</td>
<td>Journal article</td>
<td>UK</td>
<td>Children’s parental relationships within the domestic violence context</td>
<td>Action research: including interviews</td>
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<td>Thompson, E.</td>
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<td>The evolution of a children’s domestic violence counseling group: Stages and processes</td>
<td>Journal article</td>
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<td>Children’s participation in group counselling</td>
<td>Qualitative case study: Participant observation</td>
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<td>Thornton, V.</td>
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<td>Understanding the emotional impact of domestic violence on young children</td>
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<td>USA</td>
<td>The emotional impact of domestic violence for children</td>
<td>Qualitative interviews with mothers and observation of child’s play and analysis of story-stems and drawings</td>
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<td>Willis, D., Hawkins, J., Pearce, C., Phalen, J., Keet, M., Singer, C.</td>
<td>2010</td>
<td>Children who witness violence: What services do they need to heal?</td>
<td>Journal article</td>
<td>USA</td>
<td>Support needs of children who experience domestic violence</td>
<td>Qualitative: Focus groups</td>
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