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Exposure to intimate partner violence and the physical and emotional abuse of children: Results from a national survey of female carers

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Abstract

Drawing on a large sample of female carers living in Australia (*n*=3,775), this study aims to document and explore children and young people's experiences of abuse in the past 12 months. We focus on children's exposure to intimate partner violence (IPV) perpetrated against their female carers, as well as children being the target of direct physical and emotional abuse themselves.

Overall, a significant proportion of respondents who had a child in their care during the past 12 months said that a child was exposed to IPV perpetrated against them (14.1%). One in nine said a child in their care had been the target of direct abuse perpetrated by their current or most recent former partner (11.5%). Critically, one-third of respondents who experienced IPV said a child was exposed to the violence at least once in the past 12 months (34.8%).

A number of factors were associated with an increased likelihood of children being subjected to direct abuse. These included the characteristics of respondents and their relationships, children and households. We also present evidence linking economic factors, including changes in employment, with the direct abuse of children.

Executive summary

Most research exploring domestic and family violence (DFV) focuses on women's experiences of male-perpetrated intimate partner violence (IPV). Although many women who experience IPV are carers for children, children are often considered in research in terms of their role as 'risk factors' for IPV perpetrated against women, or as witnesses to abuse and violence. In this way, children's experiences of abuse are relegated to being a contributor to or consequence of violence perpetrated against their carer. However, there are increasing calls among advocates and researchers to recognise and document experiences of family violence perpetrated against children as victims in their own right. This renewed emphasis on the need to understand the victimisation experiences of children is in recognition of the detrimental impacts on their developmental wellbeing, including their subsequent DFV victimisation and perpetration in future relationships.

Calls for children to be recognised as victims in their own right have also been in part influenced by the COVID-19 pandemic. The pandemic has raised significant concerns for the safety of women and children due to the coalescence of risk factors and stressors that may contribute to the onset and persistence of DFV. Such stressors and risk factors include increased levels of financial stress and economic insecurity, reduced social contact with others, the transition to online schooling and increased time spent at home together.

This study addresses a crucial gap in the evidence by focusing on children as victims of violence and abuse in their own right, concentrating on two facets of child abuse: exposure to IPV perpetrated against their female carers and being the direct target of physical and/or emotional abuse. This study draws on a large national survey of women to explore the prevalence and nature of violence against children in their care over a 12-month period, and risk factors for this violence.

Method

Data for the current study were collected via an online survey sent to women living in Australia aged 18 years and over who had been in an intimate relationship with another person in the past 12 months. Data were subsequently weighted to reflect the spread of the Australian population (*n*=10,189), and the sample for this study was limited to women who had at least one child living with them in the 12 months prior to completing the survey (*n*=3,775).

In the survey, respondents were asked detailed questions about their sociodemographic, relationship and family characteristics, as well as details regarding their household financial and social situation. Respondents were also asked about:

- their own experiences of being subjected to physical violence and emotionally abusive, harassing and controlling behaviours perpetrated by a current or former intimate partner in the past 12 months;
- a child in their care witnessing or hearing physical violence and emotionally abusive, harassing and controlling behaviours perpetrated by their current or former intimate partner in the past 12 months (ie exposure to IPV); and
- physical violence and emotionally abusive, harassing and controlling behaviours perpetrated against a child in their care by the respondent's current or former intimate partner in the past 12 months (ie direct physical and emotional abuse).

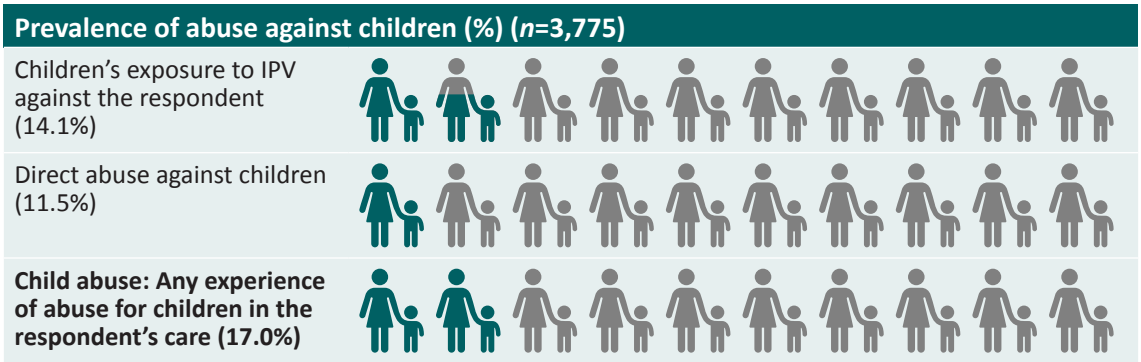
The majority of respondents were in a current (93.7%) cohabiting (90.6%) relationship with a male partner (95.1%), and were living with on average 1.8 children. One in five respondents had a blended family arrangement (ie were living with children from their own or their partner's former relationships) and 104 had a custody arrangement in place for the children in their care.

Results

Key finding 1: A significant proportion of female carers reported that a child in their care experienced physical or emotional abuse in the past 12 months

Overall, one in six female carers said a child residing with them experienced some form of abuse in the 12 months prior to the survey, perpetrated by a current or former partner (17.0%). More specifically, one in seven said a child was exposed to IPV perpetrated against the respondent (14.1%), and one in nine said they were aware of a child in their care being the target of direct abuse by their current or most recent former partner (11.5%). A larger proportion of female carers reported that children in their care had been exposed to non-physical IPV than physical violence (13.6% vs 5.3%). Similarly, respondents more commonly reported that children in their care had been subjected to direct emotional abuse than physical abuse (10.8% vs 5.9%).

Critically, one-third of respondents who experienced IPV said a child witnessed and/or heard it at least once in the past 12 months (34.8%). Physical IPV appeared more visible to children, with 38.2 percent of women who experienced this form of IPV saying a child was exposed, compared to 34.6 percent of women who experienced non-physical IPV.



Key finding 2: Threatened and actual forms of direct physical abuse against children often overlap

Two-thirds of respondents who said their current or most recent partner threatened to harm a child in their care also said that they were aware their partner had been physically violent towards a child residing with them (67.9%). Similarly, three in five respondents who said a child was subjected to physical abuse said their partner had also threatened to harm a child (59.5%). We do not know whether the threat preceded the physical abuse or vice versa; however, this finding suggests that threatened violence towards children may be a strong indicator of actual violence.

Key finding 3: Nearly half of respondents (48.0%) who said a child in their care had been exposed or subjected to physical violence had interacted with police or child protective services as a result

Additionally, interactions with the police or child protective services appeared to be influenced by whether the respondent had witnessed the abuse themselves and/or had the abuse disclosed to them by the child. Of the respondents who said a child residing with them was subjected to physical violence but the child had not disclosed it (ie the respondent witnessed the violence; *n*=223), just one in five said they had contact with police or child protective services. Involvement was most common when the respondent had witnessed physical abuse and also had the abuse disclosed to them by a child (72.0%).

Key finding 4: The risk of direct abuse of children varied by sociodemographic, relationship and household characteristics

Multivariate analyses revealed that respondents with certain sociodemographic, relationship, child and household characteristics were more likely to report direct abuse against a child residing with them. Critically, the following subgroups of respondents were more likely to say a child in their care experienced direct abuse:

- First Nations respondents;
- respondents who had a long-term restrictive health condition;
- respondents who had cohabited with their partner in the past 12 months;
- respondents who separated from their partner in the past 12 months;
- respondents who had a female partner (rather than non-binary or male);
- respondents who were the main income earner;
- respondents who said they had experienced economic hardship; and
- *respondents who said they experienced medium or high levels of financial stress in the past 12 months*.

Respondents with a blended family arrangement were less likely to say there was direct abuse against a child in their care. Other characteristics were not associated with the likelihood of direct abuse once all of the information known about the child, their female carer and household was taken into account.

Likelihood of direct abuse against a child, by respondent characteristics

Increased likelihood	Decreased likelihood
First Nations	Blended family arrangement
Restrictive health condition	
Separated from partner	
Cohabited with partner	
Female partner	
Lived with more than one child	
Main income earner	
Unable to pay essential household bills	
Medium or high levels of financial stress	
No relationship	
Age	Relationship length
Language background	Age of youngest child
Citizenship status	Employment status of respondent and partner
Level of education	Level of social support
Usual place of residence	

Key finding 5: Changes in economic circumstances, mobility and social isolation were associated with direct abuse against a child

The timing of the survey—conducted 12 months after the onset of the COVID-19 pandemic—made it possible to explore how changes in economic circumstances, mobility and social isolation influenced the likelihood of direct abuse against children. According to our multivariate analysis, the following groups of respondents were more likely to report direct abuse of children:

- respondents who had been employed but had lost their job, taken a pay cut or had their hours reduced;
- respondents who said their partner had been employed but had lost their job, taken a pay cut or had their hours reduced;
- respondents who spent time in mandatory or voluntary isolation;
- respondents who experienced either an increase or decrease in social contact during the pandemic rather than social contact remaining the same.

Further analysis revealed that the relationship between employment status and the abuse of children was mediated by financial stress and the inability to pay household bills. This illustrates the important role that economic insecurity plays in violence against children.

Likelihood of reporting direct abuse of children, by experiences of pandemic-related stressors		
	Change in respondent's employment	↑
	Change in partner's employment	↑
	Respondent spent time in isolation	↑
	Partner spent time in isolation	–
	Respondent's social contact increased	↑
	Respondent's social contact decreased	↑

Note: ↑ = higher likelihood; ↓ = lower likelihood; – = no difference

Discussion

Taken together, results from this study show that a significant proportion of respondents who had children in their care said that these children had experienced abuse in the 12 months prior to the survey (17.0%). This highlights the importance of measures to improve the safety of children, not just as secondary victims but as victims in their own right. Addressing the needs of these victim-survivors following adverse experiences is also important in order to minimise the short- and long-term impacts the abuse may have had on them. The findings of this report support the urgency of advancement in policy, practice, education and advocacy aimed at protecting children and mitigating the impacts of the harm already done.

Introduction

Most research exploring DFV focuses on women's experiences of male-perpetrated IPV (Australian Institute of Health and Welfare (AIHW) 2018). Although many women who experience IPV are carers for children, oftentimes researchers limit the inclusion of children in their analysis to their role as 'risk factors' for women's experiences of IPV (Boxall & Morgan 2021b). In this way, children's experiences of abuse, including both exposure to IPV perpetrated against their carers and being a target of abuse themselves, may be relegated to being a contributor to or consequence of violence perpetrated against their carers. This has led to children and young people being referred to as 'silent' or 'invisible' victims of DFV (State of Victoria 2016). Calls to 'elevate the voices of children and young people as victim-survivors in their own right' and to provide support to help break the cycle of violence are central to the new National Plan to End Violence against Women and Children (Department of Social Services 2022).

Research has shown that DFV is common among children and young people in Australia. For example, the most recent Personal Safety Survey administered by the Australian Bureau of Statistics (ABS) in 2016 found that approximately one in six women and one in nine men residing in Australia had been subjected to physical or sexual violence prior to the age of 15 years (ABS 2017). When examining the relationship between the victim and the perpetrator of this abuse, in most cases the perpetrator was a family member, primarily a male parent or carer (ABS 2017).

These findings are concerning because of the negative short- and longer-term impacts of DFV on the health and wellbeing of children and young people. This includes physical injuries (Brain Injury Australia 2018), emotional impairment, educational delays, alcohol and drug use issues, and criminal offending and delinquency (McTavish et al. 2016; Naughton et al. 2017; Strathearn et al. 2020). These findings are consistent regardless of the nature of the abuse experienced by children and young people (eg physical vs emotional; McTavish et al. 2016; Richards, Tillyer & Wright 2017; Strathearn et al. 2020; Vu et al. 2016).

Further, a large body of research has found that children who are exposed to DFV or are the target of abuse themselves are more likely to perpetrate and be subjected to violent behaviour in adolescence and adulthood (Richards, Tillyer & Wright 2017; Widom & Wilson 2015). For example, several studies focusing on adolescents using violence in the home (also referred to as adolescent family violence) have shown that many young people who use violence against family members were themselves victims of abuse (Boxall et al. 2020; Eriksson & Mazerolle 2015; Meyer, Reeves & Fitz-Gibbon 2021). For example, a recent survey of young Australians revealed that almost half of young people who experienced child abuse (46%) had used violence in the home as well, and 89 percent of those who used violence in the home had experienced child abuse (Fitz-Gibbon et al. 2022). Further, young people who had both witnessed violence between family members and been subjected to direct abuse had the highest probability of using violence in the home.

Similar results have been observed when examining adult populations; a significant proportion of adult perpetrators of dating violence and IPV had been subjected to abuse during childhood (see for example Lisak, Hopper & Song 1996; Smith et al. 2011; Sutton & Simons 2021). Finally, research has consistently demonstrated that women who are subjected to DFV during childhood are more vulnerable to DFV-related revictimisation during adolescence and adulthood (see for example Cochran et al. 2011; Meyer, Reeves & Fitz-Gibbon 2021). The recent Personal Safety Survey (ABS 2017) showed that victims of childhood abuse were three times as likely to experience adulthood partner violence as individuals who did not experience abuse in childhood (28.0% vs 8.9%).

The intergenerational transmission of DFV observed across multiple studies and populations has been referred to as the 'cycle of violence' (Cochran et al. 2011). Consistent with social learning frameworks, cycle of violence theory suggests that children and young people subjected to DFV learn that these behaviours are appropriate means for resolving conflict, and so expect to either be subjected to the same behaviours in later relationships, or use these behaviours themselves towards their family members and friends. The link between childhood experiences of abuse and DFV perpetration and victimisation later in life is supported quite broadly, but of note, the field faces many methodological challenges from data and sampling limitations, and support for the cycle of violence theory is not as concrete among methodologically strong studies (Madigan et al. 2019; Thornberry, Knight & Lovegrove 2012).

Another theoretical framework that aims to explain the occurrence of DFV perpetrated against children is family systems theory. Family systems theory suggests that families should be viewed as complex systems of interactions and reactions between specific family members, who are influenced by community and societal-level factors (Meyer & Frost 2019). The benefit of this theory is that it is reflexive; changes in the patterns of DFV within the family are explainable in part by changes in the conditions surrounding the family unit and the dynamics between family members. This includes the introduction of new or exacerbation of existing situational stressors, including changes in care arrangements, illness in the family, separation, financial stress and social isolation. Economic insecurity is, for example, often discussed as a key driver of abuse against children, with income losses identified as a highly reliable predictor of child maltreatment in a recent systematic review (Conrad-Hiebner & Byram 2020).

Most recently, the COVID-19 pandemic resulted in a number of situational stressors that have important implications for child safety. The pandemic raised significant concerns for the safety of women and children due to the coalescence of risk factors and stressors that may contribute to the onset and persistence of DFV—in particular, increased financial stress (attributable in part to the loss of employment and reduced hours/pay), increased alcohol consumption, and poor mental health for many individuals (ABS 2020a; ABS 2020b; Biddle et al. 2020a, 2020b; Hand et al. 2020; Warren, Baxter & Hand 2020), including carers of children. These stressors can lead to conflict and violence within families, particularly where members have limited access to resources to mitigate the impacts of these stressors or do not have the necessary coping skills (Brown et al. 2020; Morgan & Boxall 2022; Wu & Xu 2020). The pandemic also led to school closures, changes in childcare arrangements, and lockdowns or quarantine requirements that increased the amount of time children spent at home with parents or guardians. This resulted in increased opportunities for DFV and abuse to occur within the home, which is especially problematic in those households where violence was occurring before the pandemic.

Further, restrictions on social movement during different phases of the pandemic in Australia also decreased options for help-seeking and support (Morgan, Boxall & Payne 2022). A growing body of evidence shows there was a decrease in official reporting of child maltreatment in Australia during the pandemic, in comparison to previous years (AIHW 2021; Katz, et al. 2021; Marmor, Cohen & Katz 2021). This decrease in reporting has been attributed to reductions in social contact with non-household members, which in turn reduced the visibility of children at risk of, or already experiencing, abuse to potential reporters (teachers, friends, sport coaches etc; AIHW 2021). The evidence base for changes in the true prevalence of child abuse in the community during the pandemic is not as large, likely due to data source limitations. There is some international evidence demonstrating the triggering and exacerbating effects of the pandemic on child abuse and maltreatment (eg Machlin et al. 2022), but this area remains critically under researched. While the substantial body of research into the effects of the pandemic on IPV emerged in response to an immediate need for evidence to guide efforts to protect women's safety, it has advanced our knowledge and understanding of the drivers of violence and has relevance to non-pandemic conditions. The same is also true of research into child abuse.

In recent years, calls from advocates and researchers to acknowledge children as victim-survivors of DFV in their own right have increased significantly, and this is now a guiding principle in the new National Plan to End Violence against Women and Children. This necessarily involves conducting research which documents the experiences of children and young people in Australia who have been subjected to DFV (Meyer 2020; Morris 2015), including being directly targeted, witnessing violence against a family member, and being exposed to the effects of violence (eg living with constant tension or fear; Victorian Government 2022). Most national community-level research that provides information on the prevalence of and risk factors for child abuse uses retrospective accounts in historical surveys or surveys of adolescents. The current study aims to capture information on the recent experiences of children, as reported by their female carers, and to provide current and unique insights into the prevalence and nature of different types of abuse in the Australian community. We focus on children's exposure to IPV against their female carers and experience of being the direct target of physical and/or emotional abuse. Research on children as victim-survivors in their own right yields information that is crucial in developing interventions that can prevent violence against children, as well as support child victim-survivors on their recovery journeys (Meyer 2020).

Method

Sampling and data collection

Data for the current study were collected via an online survey sent to a sample of women in Australia aged 18 years and over who had been in an intimate relationship with another person in the past 12 months. The survey was conducted by Roy Morgan Research Solutions between 16 February and 6 April 2021 using their Single Source panel and panels managed by PureProfile and Dynata. Proportional quota sampling was used where quotas were based on the Australian adult female population stratified by age and usual place of residence, derived from ABS data. The Single Source survey is recruited through a rigorous cluster-sampled, face-to-face survey approach and was used to calibrate the quotas for the external panels to account for the propensity of women to be in a relationship.

Data were subsequently weighted by age and jurisdiction to reflect the spread of the Australian population using data from the ABS. Additional rim weights were applied to account for internet and social media use and educational attainment, derived from the Single Source panel, to address the over-representation of more highly educated individuals and more frequent internet users on the online panels. The weighted sample size was 10,189 respondents.

The survey was approved by the Australian Institute of Criminology's Human Research Ethics Committee in April 2020 (Protocol no. P0305B). Given the sensitive nature of the information being collected and the circumstances in which the survey was administered, we took a number of steps to protect the safety of respondents. The survey included a safety trap to screen out ineligible respondents, did not disclose the content of the survey until the respondent had confirmed they met the eligibility criteria and that it was safe to participate, provided information about support services on every page, and had measures in place to ensure a non-respondent could not access the information provided by the respondent. For additional information about the survey design and method, please see the technical appendix to Boxall and Morgan (2021a).

For the purpose of the current study, we limited the sample to women who had at least one child living with them in the 12 months prior to completing the survey. This resulted in a final sample of 3,775 respondents (34%). All data presented in this paper are weighted.

The survey included questions about respondents' sociodemographic characteristics, relationship characteristics, and the number and age of children residing with the respondents as well as the details of any custody arrangements. Respondents were also asked about their experiences of physical violence and emotionally abusive, harassing and controlling behaviours perpetrated by an intimate partner against them, or against a child residing with them, in the 12 months prior to the survey. Women who were in a relationship at the time of the survey were asked about their current partner and women who were not in a current relationship were asked about their most recent partner.

Key definitions

Child

For the purpose of the current study, 'child' was defined as a young person who was 17 years old or younger at the time of the respondent completing the survey. We limited the study to children who were residing with the respondent at least some of the time in the 12 months prior to the survey. This included biological children, stepchildren, other children in their care, or children they resided with who were not formally in their care. For the sake of simplicity, respondents who had a child living with them in the past 12 months are referred to collectively as 'carers'.

Intimate partner violence

For the purpose of this research, IPV is defined as physical violence, or emotionally abusive, harassing and controlling behaviour that occurs between current or former intimate partners. Questions about physical violence were taken from the Personal Safety Survey (ABS 2017). Physical IPV is the occurrence, attempt or face-to-face threat of physical assault by an intimate partner, including:

- choking, strangling or grabbing them around the neck;
- hitting them with something that could hurt them, beating them, or attacking them with a weapon (eg a knife, gun, bat or other household item);
- throwing anything at them that could hurt them, slapping, biting, kicking or hitting them with a fist (ie punching them);
- pushing, grabbing or shoving them; and
- physically assaulting them in any other way.

Emotionally abusive, harassing and controlling behaviour refers to a broad range of behaviours or actions that are aimed at controlling a current or former intimate partner's behaviour or causing them emotional harm or fear. These behaviours fall into five broad categories—financial abuse, verbally abusive and threatening behaviours, socially restrictive behaviours, stalking and monitoring of behaviours, and reproductive coercion. These behaviours are also referred to collectively as non-physical IPV within this report.

While some acts classified as non-physical IPV include threats, which may be perceived as threats of physical assault and therefore overlap with acts classified as physical IPV, these threats aligned more clearly with non-physical forms of abuse given the context of the threat. For example, threats made against the respondent because they could not or did not want to get pregnant, or threats to share intimate pictures without consent, were both classified as non-physical IPV.

We acknowledge that contemporary definitions of IPV also include sexual violence. Certainly, survey respondents were asked about experiences of sexual violence, including sexual assault, image-based sexual abuse and being forced to watch pornography. However, these forms of IPV were not included in the current analysis. This is primarily because respondents were not asked whether their children had been exposed to sexual violence perpetrated against them or subjected to direct forms of sexual violence.

Child abuse

Child abuse was defined as any child residing with respondents being exposed to (ie witnessing or hearing) physical or non-physical IPV perpetrated against the respondent by their current or most recent intimate partner at any time in the 12 months prior to the survey, and/or being the direct target of physical violence or emotionally abusive, harassing and controlling behaviours perpetrated by the respondent's current or most recent intimate partner in the 12 months prior to the survey.

Four questions were asked to determine whether children in the respondent's care were the target of direct abuse. The questions were broad and did not ask about specific acts of abuse; hence it was up to the respondents to determine if acts they were aware of were abusive and whether they were physical abuse or emotionally abusive, controlling or harassing behaviours. Respondents were identified as having children in their care who had been the direct target of abuse if they had experienced any of the following:

- seeing or hearing their current or most recent intimate partner being physically violent towards any children living with them;
- seeing or hearing their current or most recent intimate partner being emotionally abusive, harassing or controlling towards any children living with them;
- any children living with the respondent disclosing that the respondent's current or most recent intimate partner had been physically violent towards them; and
- any children living with the respondent disclosing that the respondent's current or most recent intimate partner had been emotionally abusive, harassing or controlling towards them.

Physical violence and emotionally abusive, harassing and controlling behaviours perpetrated against a child by the respondent's current or most recent partner are referred to as direct physical abuse and direct emotional abuse respectively within this report. See Table 1 for a summary of the key terms used throughout the report.

Table 1: Key terms

	Term	Definition
IPV	Physical IPV	Physical violence perpetrated against the respondent by their current or most recent intimate partner
	Non-physical IPV	Emotionally abusive, controlling or harassing behaviours perpetrated against the respondent by their current or most recent intimate partner
Exposure to IPV		A child in the respondent's care witnessing or hearing IPV perpetrated against the respondent by their current or most recent intimate partner
Direct abuse	Direct physical abuse	Physical violence perpetrated against a child in the respondent's care by the respondent's current or most recent partner
	Direct emotional abuse	Emotionally abusive, controlling or harassing behaviours perpetrated against a child in the respondent's care by the respondent's current or most recent intimate partner
Child abuse		A child being exposed to IPV and/or being the target of direct abuse

Limitations

The use of a non-probability sample from an established online research panel means that not everyone in the population (ie Australian women who were in a relationship in the 12 months prior to the survey) had an equal likelihood of being selected to participate in the survey. While efforts were made to minimise selection bias, including through the use of an initial probability sample to determine the sample design and subsequent weighting, results cannot be generalised to a wider population of women, and hence the children residing with them, beyond those who participated in the survey. Relatedly, the timing of the survey—which covered the first 12 months of the COVID-19 pandemic—means that the violence reported in this survey occurred within unique circumstances, including during periods of lockdowns and significant economic stress. This means that the findings may not be generalisable to the population outside of this period.

While we have measures of the prevalence and types of abuse (ie physical or emotional) experienced by children in the respondents' care, the context, nature and severity of any reported abuse is unclear in our data. We did not include a measure of any sexual abuse perpetrated against children or neglect, meaning our measure of child abuse did not capture these experiences.

Further, due to the nature of the data and sample, children's experiences of abuse may be under-reported for three primary reasons. First, the findings are based on female carer accounts of violence against children and are therefore limited to violence and abuse that the respondent is aware of. Along these lines, as we did not survey children (for obvious ethical reasons), we could not ask whether the children were aware of violence against their female carer even when they did not witness or hear it, or whether they experienced harmful effects resulting from living in an abusive environment, both of which can be as harmful as directly witnessing or hearing incidents of IPV (McTavish et al. 2016). Second, a number of women throughout the survey responded to sensitive survey questions about their victimisation as well as the children's victimisation with 'would rather not say'. If these individuals chose not to disclose accounts of violence and abuse they and their children had been subjected to, it is possible the violence and abuse prevalence rates reported here are an underestimate of the true level of victimisation experiences within the sample. Finally, this was a survey of women and limited to the violence perpetrated by their current or most recent intimate partners, who were primarily men. Children are much more likely to be exposed to violence against their mother than their father (ABS 2019) and, while both mothers and fathers may physically abuse children, children are more likely to be physically abused by their father (ABS 2017; Australian Institute of Family Studies 2014). Nevertheless, the results understate the extent of exposure to IPV and physical and emotional abuse experienced by children as abuse perpetrated by other family members (eg siblings, other partners or the respondent themselves) is not accounted for in this report.

Sample

Respondent characteristics

Table 2 presents the sociodemographic characteristics of the sample. Three-quarters of respondents were below the age of 45 (75.3%). Approximately one in 20 respondents were Aboriginal and/or Torres Strait Islander (6.4%), 8.5 percent were from non-English-speaking backgrounds, 12.8 percent had a restrictive health condition, and 1.9 percent were on a temporary visa at the time of completing the survey. Overall, 45.2 percent of respondents had completed a university degree and 83.9 percent had completed at least Year 12 or the equivalent. Most respondents identified as heterosexual (90.0%), and three-quarters reported living in a major city (75.3%).

Table 2: Sociodemographic characteristics of respondents (weighted data, *n*=3,775)		
	n	%
Age		
18–24	298	7.9
25–34	1,081	28.6
35–44	1,464	38.8
45–54	795	21.1
55+	137	3.6
Aboriginal and/or Torres Strait Islander[a]	240	6.4
Non-English-speaking background	320	8.5
Restrictive health condition	485	12.8
Citizenship[b]		
Australian citizen or permanent resident	3,691	97.8
Temporary visa	72	1.9
Highest level of education completed		
Year 11 or equivalent or below	612	16.2
Year 12 or equivalent	981	26.0
Vocational certificate	478	12.7
University	1,705	45.2
Sexuality[c]		
Heterosexual	3,399	90.0
Bisexual	239	6.3
Gay/lesbian	55	1.5
Other	37	1.0
Usual place of residence[d]		
Major cities	2,825	75.3
Regional	812	21.7
Remote	113	3.0

a: Denominator includes 20 respondents who did not want to disclose this information

b: Denominator includes 12 respondents who were unsure or did not want to disclose this information

c: Denominator includes 44 respondents who were unsure or did not want to disclose this information

d: Excludes 5 respondents who did not provide this information. Regional classification calculated using the respondent's postcode and concordance with the Australian Statistical Geography Standard (ABS 2018)

Note: Percentage totals may not equal 100 due to rounding

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Relationship characteristics

Respondents were asked to provide information about the nature of their current or most recent intimate relationship in the 12 months prior to the survey. As outlined in Table 3, the majority of respondents were in a current relationship at the time of completing the survey (93.7%), and had cohabited with their partner in the past 12 months (90.6%). Respondents were mostly married (66.1%) or in a de facto or committed relationship (28.5%), and partners were generally male (95.1%). Just under a third (32.0%) of respondents had been in their relationship for more than 15 years, around a quarter had been with their partner for 11 to 15 years (25.3%), and very few respondents (4.5%) had been with their partner for less than a year. What this indicates is that most women in the sample had been in a long-term and committed relationship with their current or more recent intimate partner, and were still in this relationship at the time of completing the survey.

Table 3: Characteristics of respondents' relationships (weighted data, *n*=3,775)

	n	%
Current relationship	3,538	93.7
Cohabited within past 12 months	3,419	90.6
Relationship type[a]		
Married	2,337	66.1
De facto/committed	1,009	28.5
Dating	73	2.1
Other	58	1.6
Sex of partner[b]		
Male	3,588	95.1
Female	180	4.8
Length of relationship[c]		
<1 year	170	4.5
1–3 years	452	12.0
4–6 years	440	11.7
7–10 years	395	10.5
11–15 years	954	25.3
15+ years	1,207	32.0

a: Excludes 237 respondents who were not in a current relationship. Denominator includes 61 respondents who did not want to disclose this information
b: Denominator includes 6 respondents who did not want to disclose this information
c: Denominator includes 157 respondents who did not want to disclose this information
Note: Percentage totals may not equal 100 due to rounding
Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Number and ages of children and care arrangements

As shown in Table 4, respondents had on average 1.8 children residing with them, and had 1.6 children with their current or most recent partner. Most respondents had one or two children in their care (43.3% and 39.5% respectively), and 17.2 percent had three or more children residing with them. One in five respondents reported having more children living with them than they had with their current or most recent partner (20.6%), which indicates a blended family arrangement where the respondent may have had children residing with them from previous relationships (either the respondent's or her partner's) or may have been caring for non-biologically related children (eg foster children).

In single-child households, approximately one-third of respondents said that their child was three years or younger (33.2%) and a quarter said they were 15 to 17 years old (24.2%). In multiple-child households, around one-third of respondents said the youngest child in their care was three years or younger (34.4%), 19.5 percent said they were four to six and 22.8 percent said they were seven to 10 years old. Around one-quarter of respondents with multiple children in their care said the oldest child was seven to 10 (24.6%), 11 to 14 (27.0%) or 15 to 17 years old (24.8%).

One hundred and four women who had children with their most recent partner had separated from them in the past 12 months, necessitating the implementation of custodial arrangements. Of these women, more than half had sole custody (55.4%), followed by majority custody (30.5%) and then shared custody (10.7%).

Table 4: Number and ages of children and care arrangements (weighted data, *n*=3,775)		
	n	%
Number of children living with the respondent in the past 12 months		
1	1,635	43.3
2	1,492	39.5
3+	648	17.2
Average number of children living with respondent (range)	1.8 (1–10)	
Number of children the respondent had with their current or most recent intimate partner		
0	604	16.0
1	1,148	30.4
2	1,358	36.0
3+	666	17.6
Average number of children with partner (range)	1.6 (1–10)	
Blended family	777	20.6
Age of child in single-child household (*n*=1,635)		
Less than 12 months	168	10.3
1–3 years	374	22.9
4–6 years	216	13.2
7–10 years	215	13.1
11–14 years	267	16.3
15–17 years	396	24.2
Age of youngest child in multiple-child households (*n*=2,140)		
Less than 12 months	210	9.8
1–3 years	527	24.6
4–6 years	417	19.5
7–10 years	487	22.8
11–14 years	384	17.9
15–17 years	115	5.4
Age of oldest child in multiple-child households (*n*=2,140)		
Less than 12 months	10	0.5
1–3 years	147	6.9
4–6 years	349	16.3
7–10 years	527	24.6
11–14 years	577	27.0
15–17 years	531	24.8
Custodial arrangements for shared children where the respondent and their partner were separated at time of survey (*n*=104)[a]		
Sole custody (respondent)	58	55.4
Majority custody (respondent)	32	30.5
Shared custody (respondent and their partner)	11	10.7

a: Denominator includes 4 respondents who did not want to disclose this information. Total *n* does not equal 104 due to rounding

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

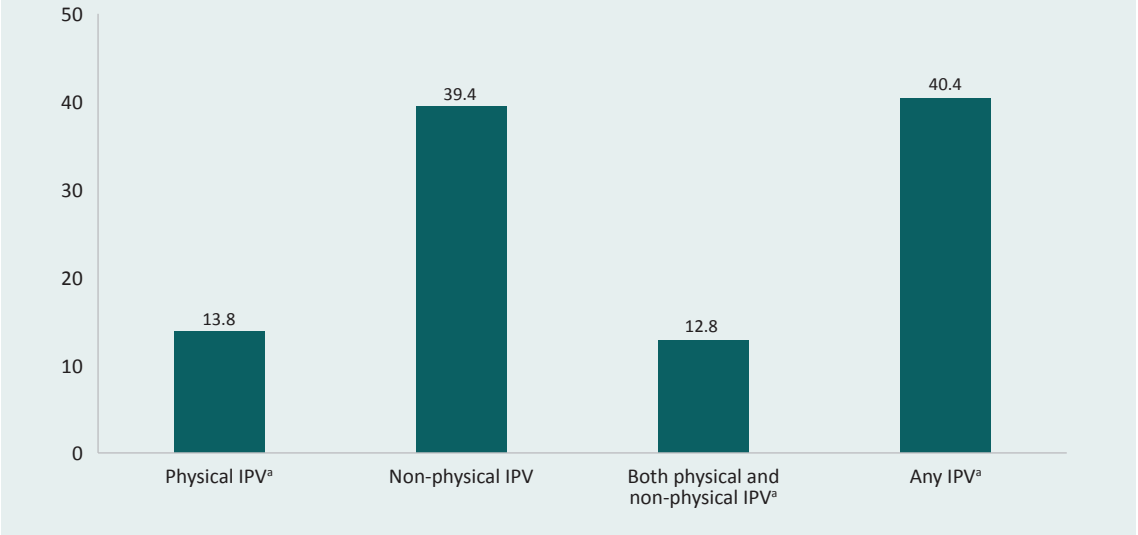
Taken together, the sample characteristics indicate that among respondents who were carers for children, the majority were caring for children they shared with their current or most recent intimate partner, who they were still in a relationship with and were living with. Women were typically caring for more than one child (56.7%).

Children as victim-survivors of violence in the home

Intimate partner violence perpetrated against female carers

As demonstrated in Figure 1, 40.4 percent of women who had children living with them in the 12 months prior to the survey said that they had been subjected to physical and/or non-physical IPV perpetrated by their current or most recent intimate partner during this period. More specifically, 13.8 percent had experienced physical violence, 39.4 percent had experienced emotionally abusive, harassing or controlling behaviour, and 12.8 percent had experienced both forms of IPV. These categories were not mutually exclusive. The findings highlight the high prevalence of IPV in households where children were residing during the first 12 months of the pandemic.

Figure 1: Prevalence of intimate partner violence perpetrated against female carers in the past 12 months (%) (weighted data, *n*=3,775)



a: Denominator includes 14 respondents who did not want to disclose this information
Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

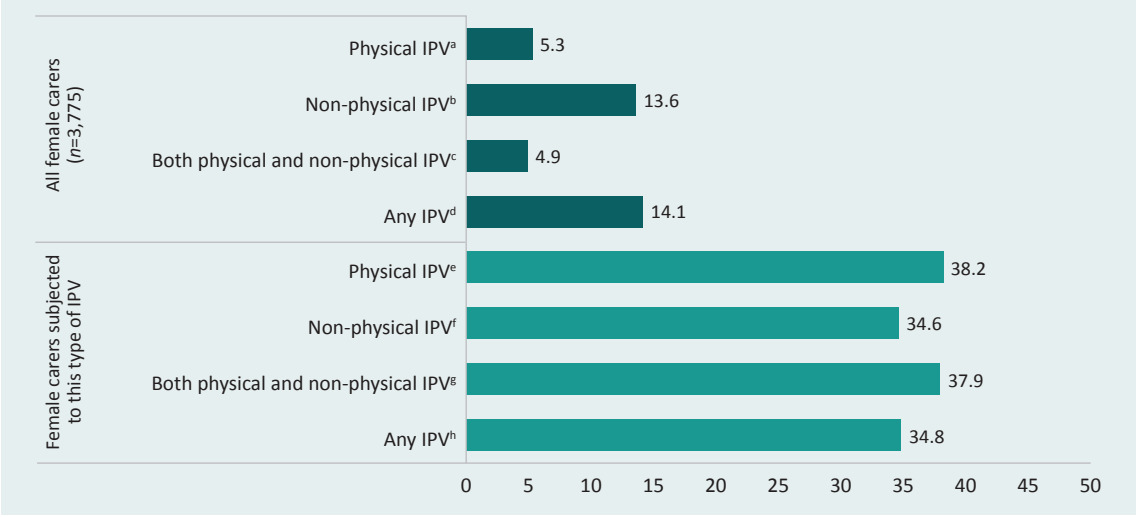
Children's exposure to intimate partner violence perpetrated against their female carers

Among the full sample (ie all female carers, *n*=3,775), 14.1 percent of respondents said a child was exposed to some form of IPV perpetrated against them. More specifically, 5.3 percent said a child witnessed or heard physical violence perpetrated against them, 13.6 percent said a child was exposed to non-physical IPV, and 4.9 percent said a child was exposed to both forms of IPV.

However, as shown in Figure 2, when the sample was limited to women who had experienced IPV in the past 12 months (*n*=1,524), a third (34.8%) said a child in their care was exposed to the abuse. Further:

- 38.2 percent of respondents who were subjected to physical violence perpetrated by their current or most recent partner said that a child residing with them had witnessed or heard the violence at least once in the past 12 months;
- 34.6 percent of respondents who were subjected to emotionally abusive, harassing or controlling behaviours said that a child was exposed to this at least once in the past 12 months;
- 37.9 percent of respondents who were subjected to physical and non-physical IPV (*n*=485) said that a child living with them was exposed to both forms of IPV at least once in the past 12 months.

Figure 2: Prevalence of respondents saying a child in their care was exposed to intimate partner violence perpetrated against them (%) (weighted data)



a: Denominator includes 34 respondents who were unsure or did not want to disclose this information

b: Denominator includes 144 respondents who were unsure or did not want to disclose this information

c: Denominator includes 170 respondents who were unsure or did not want to disclose this information

d: Denominator includes 145 respondents who were unsure or did not want to disclose this information

e: *n*=522. Denominator includes 34 respondents who were unsure or did not want to disclose this information, and 193 respondents who said a child was not living with them when the physical IPV occurred

f: *n*=1,486. Denominator includes 144 respondents who were unsure or did not want to disclose this information, and 22 respondents who said a child was not living with them when the non-physical IPV occurred

g: *n*=485. Denominator includes 65 respondents who were unsure or did not want to disclose this information, and 214 respondents who said a child was not living with them when the IPV occurred

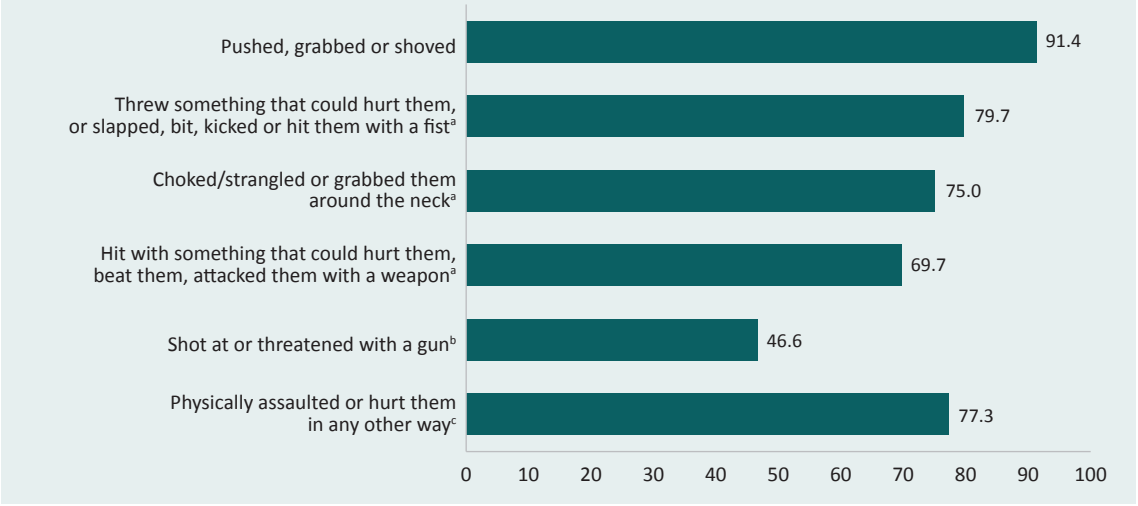
h: *n*=1,524. Denominator includes 130 respondents who were unsure or did not want to disclose this information, and 52 respondents who were not living with a child when the IPV occurred

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

With the available data, we cannot know the specific nature of the physical IPV children were exposed to, nor whether it was attempted, threatened or actual physical violence. However, Figure 3 describes the different types of physical violence experienced by respondents who also said that a child in their care had witnessed or heard physical violence on at least one occasion in the 12 months prior to the survey (*n*=200).

The most prevalent form of physical IPV experienced by respondents residing with a child who was exposed to violence was pushing, grabbing and shoving (91.4%); followed by having something thrown at them that could hurt them or being slapped, bitten, kicked or hit with a fist (79.7%); being physically assaulted or hurt in some other way (77.3%); and then being choked, strangled or grabbed around the neck (75.0%). Although less common, almost one in two respondents residing with a child who was exposed to violence said they had been shot at or threatened with a gun (46.6%). While we cannot determine the specific forms of violence children witnessed or heard, children of female carers who experienced physical violence may have been exposed to serious and extreme forms of violence, including non-fatal strangulation, and assaults with weapons.

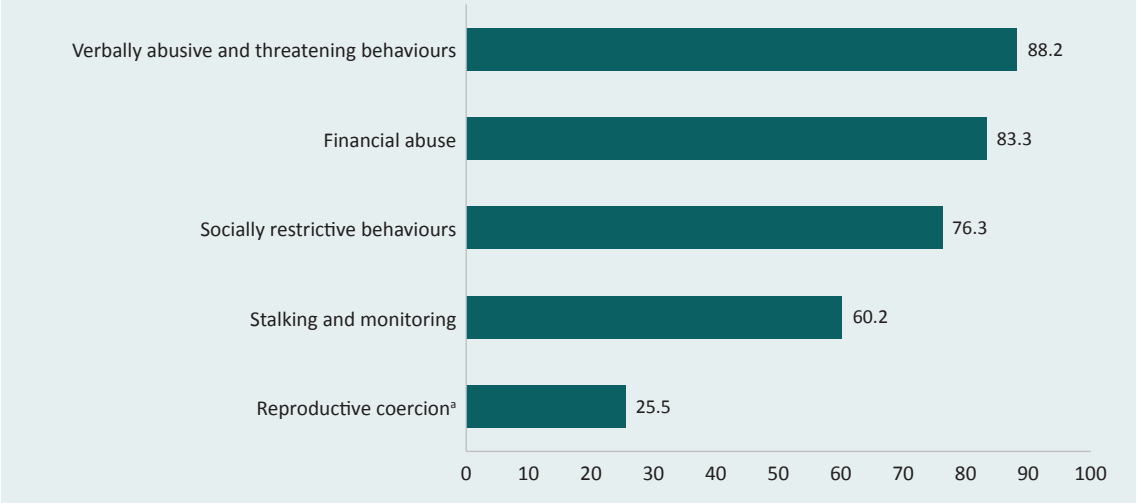
Figure 3: Physical violence experienced by female carers who had a child exposed to physical intimate partner violence at least once (%) (weighted data, *n*=200)



a: Denominator includes 2 respondents who did not want to disclose this information
b: Denominator includes 4 respondents who did not want to disclose this information
c: Denominator includes 1 respondent who did not want to disclose this information
Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Similarly, Figure 4 provides information about the different types of emotionally abusive, harassing and controlling behaviours that children may have been exposed to (*n*=514). The most prevalent form of abuse reported by respondents residing with children who were exposed to abuse was verbally abusive and threatening behaviours (88.2%), followed by financial abuse (83.3%), and then socially restrictive behaviours (76.3%). Three in five respondents residing with children who had been exposed to abuse were subjected to stalking and monitoring (60.2%) and just over a quarter were subjected to reproductive coercion (25.5%).

Figure 4: Emotionally abusive, harassing or controlling behaviours experienced by female carers who had a child exposed to non-physical intimate partner violence at least once (%) (weighted data, *n*=514)



a: Denominator includes 14 respondents who did not want to disclose this information
Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Children's exposure to first-time intimate partner violence

Respondents who experienced IPV and were in a relationship for longer than 12 months were asked whether the abuse had also occurred prior to February 2020. This allowed us to determine whether the COVID-19 pandemic coincided with the onset of IPV (ie first-time violence) within previously non-abusive relationships (Boxall & Morgan 2021a). As seen in Figure 5, among women who said a child in their care had:

- been exposed to physical IPV perpetrated against them, 14.7 percent said that the abuse had started for the first time during the pandemic; and
- been exposed to non-physical IPV perpetrated against them, 17.1 percent said that the abuse began during the first 12 months of the pandemic.

This finding highlights that for many women who participated in the survey, their children were exposed to abuse against their carer for the first time during the pandemic. This is probably an underestimate, since there will also be children who witnessed or heard IPV for the first time during the pandemic, even if the respondent had been a victim prior to 2020. This is especially true since school closures and other restrictions on mobility increased the amount of time children spent at home with their parents.

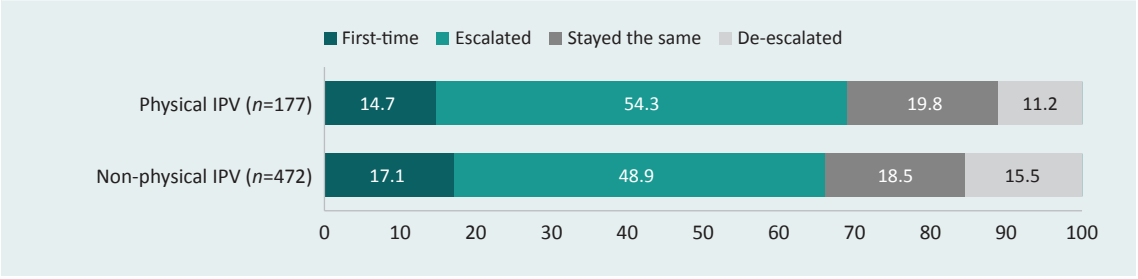
Children's exposure to escalating intimate partner violence

Women who were experiencing persistent IPV (ie it had occurred during the past 12 months and prior to February 2020) were asked whether the IPV had increased or decreased in frequency and/or severity or stayed the same in the past 12 months compared to the same period prior to the pandemic. Figure 5 demonstrates that among respondents who were subjected to physical violence that was witnessed or heard by a child in their care, more than half (54.3%) said the violence had increased in frequency and/or severity during the COVID-19 pandemic compared to the same period prior to the pandemic. In comparison, only 19.8 percent said it had stayed the same, and 11.2 percent said the violence had decreased in the past 12 months relative to the same period prior to the pandemic.

Similar results were observed for non-physical IPV. Among respondents who were subjected to emotionally abusive, harassing or controlling behaviours that were witnessed or heard by a child in their care, 48.9 percent said the IPV had increased in frequency and/or severity relative to the 12-month period prior to the pandemic. Meanwhile, only 18.5 percent said it had stayed the same, and 15.5 percent said it had decreased relative to the same period prior to the pandemic.

Altogether, approximately two in three women who were subjected to physical and/or non-physical IPV that a child in their care was exposed to said the IPV had either started for the first time or increased in frequency and/or severity during the COVID-19 pandemic. This demonstrates the increased risk of exposure and likelihood of more frequent and serious exposure for the children residing with these women during this time.

Figure 5: Changes in intimate partner violence during the pandemic among women who had a child exposed to physical or non-physical intimate partner violence at least once (%) (weighted data)



Note: The sample was constricted to female carers who had been in a relationship for at least 12 months who said a child in their care had been exposed to IPV
Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

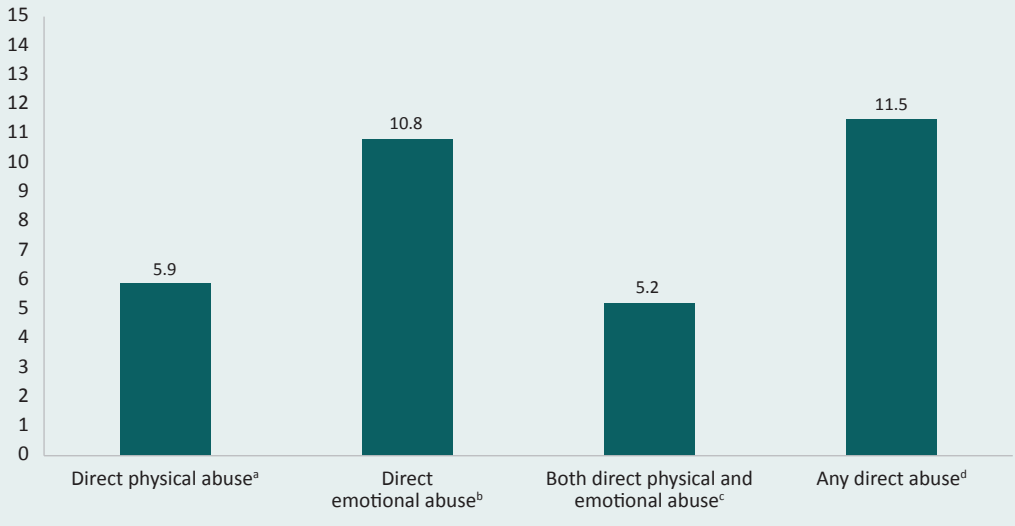
Children as targets of direct abuse

Next, we examined the prevalence of children being the target of direct physical and emotional abuse, as reported by their female carers. Figure 6 shows the prevalence and type of abuse experienced by children as witnessed by and/or disclosed to the respondent. The categories are not mutually exclusive.

Overall, 11.5 percent of respondents said a child in their care had been subjected to direct physical and/or emotional forms of abuse. Emotional abuse was more prevalent than physical abuse (10.8% vs 5.9%). However, there was a high level of overlap between these two types of abuse. One in 20 women reported that children in their care were the target of both physical and emotional types of direct abuse (5.2%). Certainly, less than one percent of women (0.6%) reported that children in their care had experienced physical violence but not emotionally abusive, harassing or controlling behaviours. Expressed in a different way, 87.8 percent of respondents who said their children had been a target of direct physical abuse also reported they had been subjected to emotional forms of abuse. Further, 47.9 percent of respondents whose children had been subjected to emotionally abusive, controlling or harassing behaviours also reported they had been a target of physical violence.

In sum, just over one in nine respondents with children were aware of a child in their care being the target of direct abuse perpetrated by their current or most recent partner in the past 12 months.

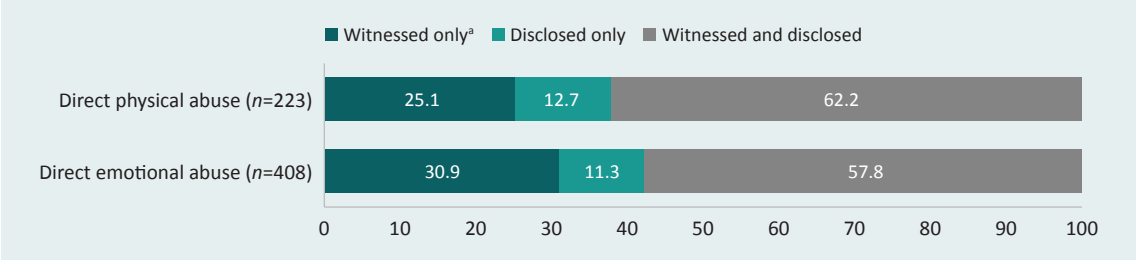
Figure 6: Prevalence and type of direct abuse experienced by children as witnessed by and/or disclosed to the respondent (%) (weighted data, *n*=3,775)



a: Denominator includes 84 respondents who were unsure or did not want to disclose this information
b: Denominator includes 119 respondents who were unsure or did not want to disclose this information
c: Denominator includes 180 respondents who were unsure or did not want to disclose this information
d: Denominator includes 147 respondents who were unsure or did not want to disclose this information
Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

As noted in the *Method* section of this report, respondents may have become aware of their children being the target of direct abuse through two mechanisms: either witnessing (including overhearing) the abuse or their children disclosing the abuse to them. Figure 7 describes the means through which respondents became aware that children in their care were the target of direct abuse. The majority of respondents who reported that their children were subjected to direct physical abuse (62.2%) and/or direct emotional abuse (57.8%) said they had witnessed the behaviours and that the child had also disclosed the abuse to them. Twenty-five percent of respondents who said their child had been a target of direct physical abuse, and 30.9 percent of respondents who said their child had been a target of direct emotional abuse, said that they had witnessed the abuse and that it had not been disclosed to them. It was much less common for respondents to say the abuse had been disclosed to but not witnessed by them (12.7% for direct physical abuse and 11.3% for direct emotional abuse). This means that in nearly 90 percent of cases of both physical and emotional abuse the respondent had witnessed the abuse towards their child.

Figure 7: Prevalence of respondents witnessing direct abuse and/or having direct abuse disclosed to them (%) (weighted data)



a: Includes 7 respondents who witnessed direct physical abuse and 13 respondents who witnessed direct emotional abuse against a child in their care and said they were unsure or did not want to say whether the child had disclosed the abuse to them

Note: Sample included female carers who reported that a child in their care was the target of direct abuse (either through witnessing the abuse, having the abuse disclosed to them, or both). For respondents living with multiple children, the overlap of witnessing direct abuse and having the direct abuse disclosed to them may not be for the same child

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

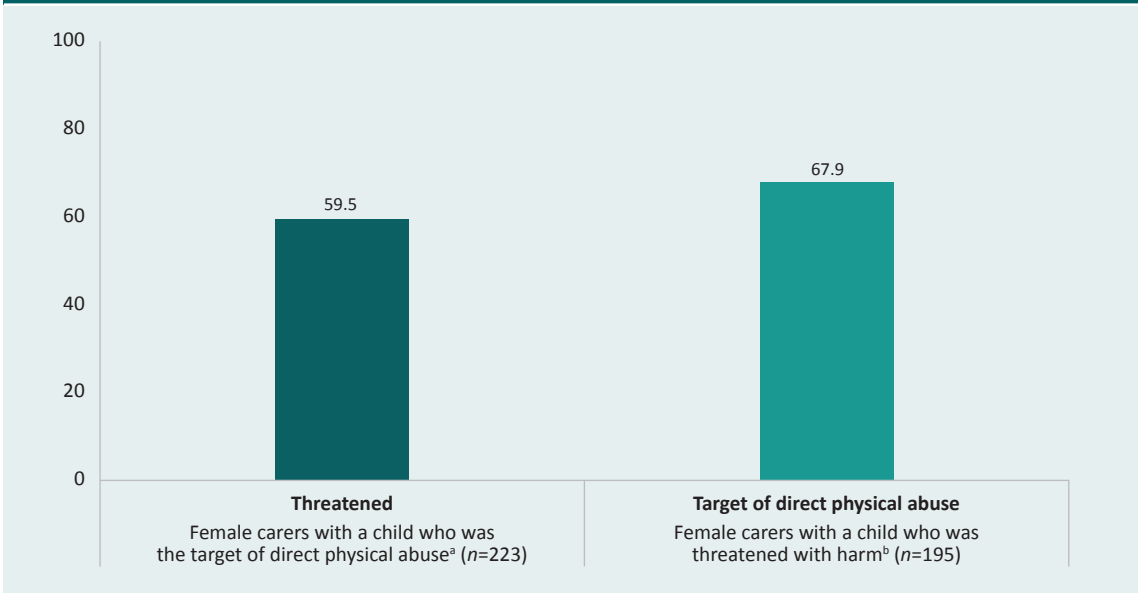
Threatened and actual violence against children

Previous research has shown that IPV perpetrators may threaten to harm women's children as a means of controlling them (Stark 2013). Threats may be communicated directly to children (and so be experienced as a form of abuse), or abusers may threaten female carers that they will harm their children. Previous research undertaken using the current sample showed that 5.2 percent of women who had children in their care said that their partner had threatened to harm their children in the past 12 months, and another 7.3 percent said their partner had threatened to have their children taken away from them (Boxall & Morgan 2021a).

A current gap in understanding is the extent to which threats to harm children are associated with physical violence perpetrated against children. To explore these potential relationships, we examined the overlap between respondents who said their current or most recent partner had threatened violence against a child and reports of children being the target of physical forms of direct abuse.

While the order of the threatened and actual violence could not be determined—that is, whether the threats preceded the physical violence or vice versa—there was evidence of a high degree of overlap between the two events. Figure 8 illustrates that two-thirds (67.9%) of respondents who said that their partner had threatened to harm a child in their care also reported that their partner had been physically violent towards a child. Further, 59.5 percent of respondents who said that their partner had been physically violent against a child residing with them also said that their partner made threats to harm the children. These results suggest that threatened violence towards children may be a strong indicator of actual violence. Determining the temporal order of these events is an area for future research.

Figure 8: Co-occurrence of threats to hurt children and direct physical abuse against children (%) (weighted data)



a: Denominator includes 1 respondent who was unsure or did not want to disclose whether a child in their care was threatened

b: Denominator includes 18 respondents who were unsure or did not want to disclose whether a child in their care was the target of direct physical abuse

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

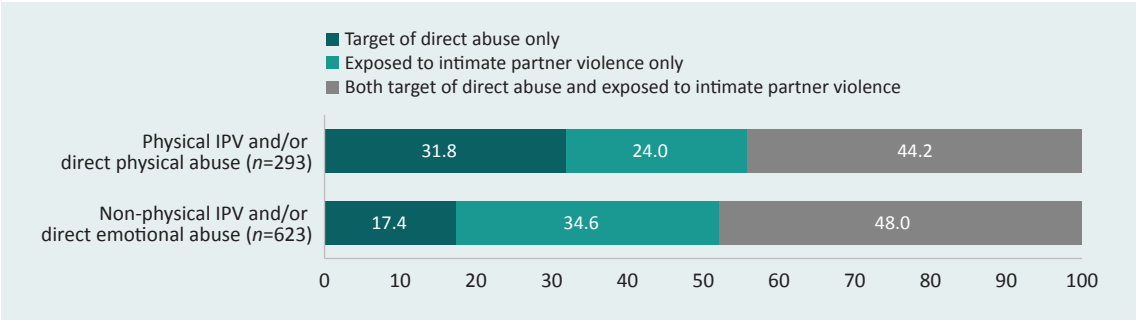
Co-occurrence of intimate partner violence and direct abuse of children

So far, we have described children's exposure to IPV perpetrated against their female carers and children being subjected to direct abuse as independent events. However, there was a high level of overlap between IPV perpetrated against female carers and children being subjected to direct abuse. One in four respondents who said that their current or former intimate partner had perpetrated IPV against them in the past 12 months also reported that their child had been a target of direct abuse (26.8%). The vast majority of respondents who said a child was the target of direct abuse were a target of IPV themselves (93.8%). As such, it is not surprising that many respondents said that children in their care had both been exposed to IPV perpetrated against them, and been a direct target of abuse as well.

As shown in Figure 9, among respondents who reported that a child in their care was either exposed to physical IPV perpetrated against them and/or was a direct target of physical abuse, almost half said their children had experienced both (44.2%). A quarter (24.0%) of these respondents reported that a child in their care was exposed to physical IPV perpetrated against them but that they were not aware of any physical violence directly targeted at the child. Just under a third reported that children in their care had been subjected to direct forms of physical abuse but that the child had not witnessed or heard physical IPV perpetrated against them (31.8%).

Similar results were identified in relation to emotionally abusive, harassing and controlling behaviours. Again, almost half of respondents who reported that a child in their care was exposed to non-physical IPV or had been a direct target of emotional abuse said their children had experienced both forms of abuse (48.0%). Just over a third (34.6%) said that a child in their care was exposed to non-physical IPV but was not a direct target, and 17.4 percent said that a child was targeted but did not witness or hear non-physical IPV.

Figure 9: Co-occurrence of children being exposed to intimate partner violence and being the direct target of abuse (%) (weighted data)



Note: Sample was constrained to female carers who said a child in their care was exposed to IPV and/or was the target of direct abuse. For respondents living with multiple children, the overlap of IPV exposure and being the target direct abuse may not be for the same child

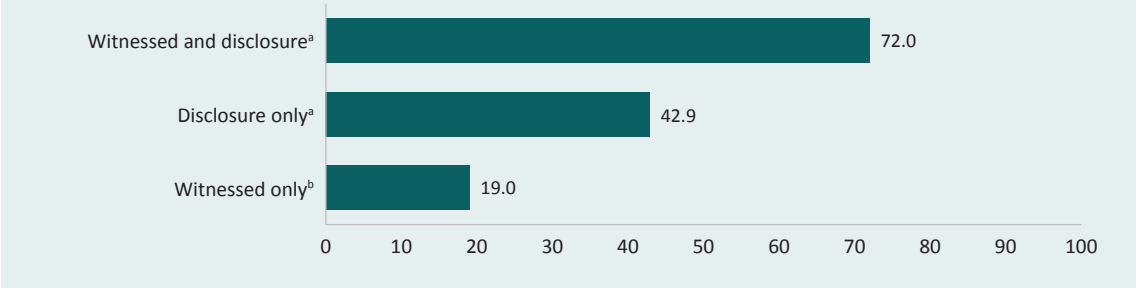
Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Contact with child protection services or the police

One in two (48.0%) female carers who said a child in their care was either exposed to physical IPV or subjected to direct physical abuse (*n*=293) had an interaction with the police or child protective services as a result.

In cases where children were the direct target of physical abuse, contact with statutory services differed according to whether the child had disclosed the abuse to their female carer, whether the carer had witnessed the behaviours, or both. As shown in Figure 10, among survey respondents who witnessed direct physical abuse against a child residing with them and also had the abuse disclosed to them by a child, around three-quarters (72.0%) said they had an interaction with police or child protective services in the past 12 months because of the abuse. This might simply be because violence was more common, persistent or serious in cases where violence was both witnessed and disclosed. Fewer than half the respondents (42.9%) said they had interacted with the police or child protection services when the violence was disclosed to but not witnessed by the respondent, and 19.0 percent said there was interaction with a statutory agency when the violence was witnessed by the respondent but not disclosed by the child.

Figure 10: Prevalence of interaction with the police or child protection services based on whether the respondent witnessed direct physical abuse and/or had it disclosed to them (%) (weighted data, *n*=223)



a: Denominator includes 1 respondent who was unsure or did not want to disclose whether they had an interaction with the police or child protective services

b: Denominator includes 5 respondents who were unsure or did not want to disclose whether they had an interaction with the police or child protective services

Note: Sample was constrained to female carers who said a child in their care was the target of direct physical abuse

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Risk factors for direct abuse of children

For the next stage of the analysis, we wanted to understand the characteristics of respondents who reported that their children had been subjected to direct abuse, as well as the characteristics of their children and households. This type of analysis can help identify vulnerable communities and potential risk factors associated with the occurrence of direct child abuse. The analysis involved both bivariate (ie chi-square measures of significance) and multivariate methods (ie logistic regression).

For this stage of the analysis, we focused on direct abuse perpetrated against a child, rather than a child being exposed to IPV. This was due to our concerns that by looking at risk factors associated with IPV exposure, we would more likely reveal risk factors for the occurrence of IPV more generally. As such, the dependent variable for the current analysis was whether a respondent said a child in their care had been the target of direct abuse by their current or most recent intimate partner. This included both physical and emotional types of abuse. Respondents who said they were unsure or did not want to disclose this information (*n*=147, 3.9%) were excluded from the analysis.

When conducting the bivariate analyses, to account for the survey design, the Pearson's chi-square statistic is turned into an *F* statistic with non-integer degrees of freedom by using a second-order Rao and Scott (1984, 1981) correction. For this reason, we report an *F* statistic rather than the traditional χ^2 value.

Sociodemographic characteristics of respondents

We first looked at the sociodemographic characteristics of women who reported that their children had been subjected to direct abuse at a bivariate level (Table 5). This showed that risk of direct abuse was not evenly distributed across the sample. For example, Aboriginal and/or Torres Strait Islander women were statistically more likely to say that their children had experienced direct abuse (44.6%) compared to non-Indigenous women (9.8%; F=199.3, p<0.001). Almost two in five respondents (38.0%) with a restrictive health condition reported that their children had been subjected to direct abuse, compared to 8.3 percent of respondents without such a condition, and this difference was also statistically significant (F=265.7, p<0.001).

Other factors that were positively associated with children being subjected to family violence are described below.

- *Age of the respondent*—Women who were 35 to 54 years old reported higher rates of direct abuse against a child compared with younger and older cohorts (F=6.1, p<0.01).
- *Highest level of education completed*—Respondents who completed Year 12 reported the lowest prevalence of direct abuse against a child in their care (8.6%) and those who completed a university qualification reported the highest prevalence (13.9%; F=4.3, p<0.01).
- *Sexual identity*—Respondents who identified as gay, lesbian, bisexual or another non-heterosexual orientation were more likely to report that their children had been subjected to direct abuse (17.1% to 39.0%) compared to heterosexual respondents (10.8%; F=10.4, p<0.001).
- *Usual place of residence*—A much larger proportion of women living in remote areas (25.7%) reported direct abuse against children in their care compared to respondents who lived in a regional area (13.1%) or major city (11.0%; F=8.0, p<0.001).

A larger proportion of women who were Australian citizens or permanent residents also reported experiences of direct abuse against a child (12.1% vs 7.7%). However, there was no significant relationship between citizenship status and direct child abuse (F=1.2, p>0.05). Similarly, women from English-speaking backgrounds more commonly reported direct abuse against a child in their care than women from non-English-speaking backgrounds, but this difference was not statistically significant (12.3% vs 8.8%; F=2.8, p>0.05).

These findings provide important insight into the experiences of children by identifying vulnerable communities that may benefit from focused approaches to address child abuse. In particular, services aimed at addressing DFV and child abuse will need to be accessible to women from First Nations backgrounds, and to women who live in isolated areas or have a restrictive health condition.

Table 5: Prevalence of respondents saying a child in their care experienced direct abuse, by respondent sociodemographic characteristics (weighted data)

	Prevalence of direct abuse		Bivariate analysis	
	n	%	*n*	*F*
Age				
18–24	20	6.8	3,628	6.1***
25–34	89	8.6		
35–44	214	15.3		
45–54	99	12.8		
55+	13	10.1		
Aboriginal and/or Torres Strait Islander status				
Aboriginal and/or Torres Strait Islander	99	44.6	3,609	199.3***
Not Aboriginal and/or Torres Strait Islander	332	9.8		
Language background				
English-speaking background	408	12.3	3,628	2.8
Non-English-speaking background	27	8.8		
Restrictive health condition				
Yes	172	38.0	3,628	265.7***
No	263	8.3		
Citizenship				
Australian citizen or permanent resident	428	12.1	3,617	1.2
Temporary visa	5	4.9		
Highest level of education completed				
Year 11 or equivalent or below	75	12.8	3,628	4.3*
Year 12 or equivalent	81	8.6		
Vocational certificate	52	11.4		
University	226	13.9		
Sexuality				
Heterosexual	353	10.8	3,585	10.4***
Bisexual	40	17.1		
Gay/lesbian	14	27.5		
Other	13	39.0		
Usual place of residence				
Major cities	298	11.0	3,606	8.0***
Regional	103	13.1		
Remote	28	25.7		

***statistically significant at $p<0.001$, *statistically significant at $p<0.05$

Note: Table percentages and significance tests exclude respondents who were unsure or did not want to disclose information

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Relationship characteristics of respondents

We next looked at the characteristics of relationships described by respondents and their children's experiences of direct abuse. As seen in Table 6, respondents' relationship characteristics, including relationship status, cohabitation with their partner and the sex of their partner, had a positive statistically significant association with direct abuse against a child in the respondent's care. More specifically, respondents who had cohabited with their current or most recent partner (12.7% vs 4.8%; F=21.0, p<0.001), and/or whose partner was female (31.9% vs 11.0%; F=48.9, p<0.001) were more likely than women who had not cohabited with their partners and/or whose partners were male to report that a child in their care had experienced some form of direct abuse in the past 12 months. While the length of the respondent's relationship was not significantly associated with direct abuse against children (F=1.4, p>0.05), we did identify that those who had been with their partner for one to three years (13.2%) or 15 or more years (12.8%) had a higher prevalence of reporting abuse than respondents in longer or shorter relationships. Female carers in a relationship type that was not clearly defined (ie not a marriage, de facto, committed or dating relationship) also reported high levels of direct abuse (20.3% vs 9.4% to 15.3%) but relationship type was not significantly associated with direct abuse against children (F=2.3, p>0.05).

Critically, direct abuse of children was more commonly reported by female carers who were separated from their partner (20.1% vs 11.5%; F=11.6, p<0.001). While we do not know whether the abuse occurred prior to or following the separation (or both), this finding bolsters current evidence that a separation and the period immediately after is a high-risk time for violence and shows the increased risk to the children in the care of the women in the sample. In support of this, when examining how respondents became aware of the abuse against a child in their care, disclosures from children that occurred without the respondent witnessing the abuse were more common among female carers who were separated from their partner (30.2% vs 11.7% for physical abuse and 23.6% vs 9.9% for emotional abuse), indicating that the abuse may have occurred post-separation while they were absent.

Table 6: Prevalence of respondents saying a child in their care experienced direct abuse, by respondent relationship characteristics (weighted data)

	Prevalence of direct abuse		Bivariate analysis	
	n	%	*n*	*F*
Relationship status				
Current relationship	392	11.5	3,628	11.6***
Former relationship	43	20.1		
Cohabitation within the past 12 months				
Cohabited	419	12.7	3,628	21.0***
Did not cohabit	16	4.8		
Relationship type				
Married	279	12.3	3,358	2.3
De facto/committed	91	9.4		
Dating	10	15.3		
Other	11	20.3		
Sex of partner				
Male	382	11.0	3,622	48.9***
Female	52	31.9		
Length of relationship				
<1 year	13	7.9	3,487	1.4
1–3 years	57	13.2		
4–6 years	48	11.6		
7–10 years	32	8.3		
11–15 years	109	11.8		
15+ years	150	12.8		

***statistically significant at $p<0.001$

Note: Table percentages and significance tests exclude respondents who were unsure or did not want to disclose information

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Number and ages of children and care arrangements

Next, we examined the prevalence of direct abuse of children and the characteristics of children and families as reported by respondents. In particular, we looked at how experiences varied based on how many children resided with the respondent, the age of children, whether they were a blended family and, where applicable, custodial arrangements.

As seen in Table 7, there was a significant association between the number of children living with the respondents and direct abuse against children (F=9.2, p<0.001). Overall, compared to respondents living with one child (9.4%), respondents who said they were living with two or more children reported higher rates of direct abuse (11.8% to 14.9%). Respondents who were living with children from their own or their partner's previous relationship (ie blended families) were statistically less likely to report direct abuse than those who were not (9.6% vs 12.6%; F=4.2, p<.05).

There was also a significant association between children being subjected to direct physical and/or emotional abuse and the age of the child in single-child households (F=3.7, p<0.001) as well as the age of the youngest (F=6.8, p<0.001) and oldest (F=3.3, p<0.01) child in multiple-child households. However, these findings are difficult to interpret as they do not follow a consistent pattern. Generally speaking, respondents with younger children (under three years old) were less likely to say a child in their care was the target of direct abuse than respondents with children who were four to 14 years old. Among single-child households, and multiple-child households where the youngest child was 15 to 17 years old, respondents reported lower rates of direct abuse. Our findings indicate a potentially curvilinear relationship between age of children and their experiences of direct abuse, or at least their female carers' awareness of the abuse they are being subjected to.

There was a significant relationship between custody arrangements and direct abuse against children (F=4.8, p<0.01). Respondents who had custody arrangements in place for a child in their care reported higher rates of direct abuse when they had majority custody (50.8%) or shared custody (47.3%) with their former partner compared to if they had sole custody (18.3%). Again, it is important to note that it was not possible with the current data to determine whether direct abuse occurred prior to the establishment of these custodial arrangements, afterwards or both.

Table 7: Prevalence of respondents saying a child in their care experienced direct abuse, by number and ages of children and care arrangements (weighted data)

	Prevalence of direct abuse		Bivariate analysis	
	n	%	*n*	*F*
Number of children living with the respondent				
1	148	9.4		
2	214	14.9	3,628	9.2***
3+	73	11.8		
Blended family				
Yes	72	9.6	3,628	4.2*
No	363	12.6		
Age of child in single-child household				
Less than 12 months	10	5.8		
1–3 years	20	5.7		
4–6 years	35	17.1	1,573	3.7**
7–10 years	24	11.7		
11–14 years	28	10.7		
15–17 years	31	8.1		
Age of youngest child in multiple-child households				
Less than 12 months	9	4.6		
1–3 years	48	9.9		
4–6 years	54	13.4	2,055	6.8***
7–10 years	80	16.9		
11–14 years	70	18.8		
15–17 years	26	22.7		
Age of oldest child in multiple-child households				
Less than 12 months	1	10.6		
1–3 years	9	6.2		
4–6 years	31	9.4	2,055	3.3**
7–10 years	86	17.0		
11–14 years	89	16.1		
15–17 years	71	13.9		
Custodial arrangements for children where the respondent and their partner were separated at time of survey				
Sole custody (respondent)	9	18.3		
Majority custody (respondent)	13	50.8	85	4.8**
Shared custody (respondent and their partner)	4	47.3		

***statistically significant at $p<0.001$, **statistically significant at $p<0.01$, *statistically significant at $p<0.05$

Note: Table percentages and significance tests exclude respondents who were unsure or did not want to disclose information

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Household characteristics

Finally, we examined the relationship between household characteristics and the likelihood of a respondent saying their child had been subjected to direct abuse. Household characteristics mostly comprised measures of the respondent's and their partner's economic circumstances (ie household economic security). First, we asked whether the respondent was the main income earner within the relationship. We also measured whether the respondent or their partner was unable to pay essential household bills or expenses on time, went without medical treatment or dental treatment when required, pawned or sold something due to a shortage of money, went without meals, or were unable to heat or cool their home. If a respondent answered yes to one or more of these items, they were defined as having been unable to cover essential household expenses. Additionally, we included a basic measure of the employment status of the respondent and their partner in the past 12 months which had four categories: both the respondent and their partner were unemployed, the respondent was employed but their partner was unemployed, their partner was employed but the respondent was unemployed, and both the respondent and their partner were employed.

In addition to these tangible indicators of economic stress, we also measured the extent to which respondents were distressed because of their financial situation, based on five items from the Financial Anxiety Scale (Archuleta, Dale & Spann 2013). Women were asked to identify whether they had experienced anxiety, difficulty controlling worrying or irritability, difficulty sleeping, or difficulty concentrating because of their financial situation in the past 12 months. Responses were based on a five-point Likert scale where 1 = strongly disagree and 5 = strongly agree. Values were aggregated to create a mean overall score for financial stress. Respondents were assigned to one of three categories: low levels of financial stress (mean score of 1 to 3 across all items); medium levels of financial stress (mean score of 3.01 to 4 across all items); and high levels of financial stress (mean score of 4.01 to 5 across all items). Respondents were excluded if they did not answer any of the five items. We also asked about their partner's financial stress; however, there was significantly more missing data on this measure (because respondents could not always answer on behalf of their partner) and, among those who did respond, the mean scores were highly correlated. For this reason, we rely on the respondent's financial stress as a measure of household financial stress.

Finally, we measured the quality of female carers' social support networks, based on responses to a series of statements about their relationships with friends and family members:

- My family really tries to help me.
- I get emotional help and support I need from my family.
- I can talk about my problems with my family.
- My family is willing to help me make decisions.
- My friends really try to help me.
- I can count on my friends when things go wrong.
- I have friends with whom I can share my joys and sorrows.
- I can talk about my problems with my friends.

Women were asked to indicate their level of agreement on a five-point Likert scale where 1 = strongly disagree and 5 = strongly agree. A mean score was calculated and then three categories derived: low levels of social support (mean score of 1 to 3 across all items), medium levels of social support (mean score of 3.01 to 4 across all items) and high levels of social support (mean score of 4.01 to 5 across all items). Respondents recorded an overall score for social support only if they answered a minimum of four items.

As shown in Table 8, most of the examined household characteristics were positively associated with direct abuse against children. Specifically, we found that:

- respondents who were the main income earner for the household were more likely to report that children in their care had been subjected to direct abuse than women whose partners were the main income earner (22.1% vs 6.8%; F=146.6, p<0.001);
- respondents who said they were unable to cover at least one essential household expense in the past 12 months were more likely to report direct abuse targeted at children in their care than women who did not report any economic hardship (19.3% vs 3.9%; F=191.0, p<0.001);
- while 31.8 percent of respondents with high levels of financial stress said a child in their care was the direct target of abuse, this decreased to 14.7 percent among women experiencing moderate levels of financial stress, and to 5.6 percent among women experiencing low levels of financial stress (F=129.8, p<0.001); and
- female carers with low levels of social support (16.0%) were more likely to report direct abuse against a child than those with medium (8.9%) and high levels of social support (13.5%; F=12.2, p<0.001).

Female carers who were employed while their partner was not reported the highest prevalence of direct abuse against a child in their care (15.6%), while women who were unemployed but whose partner was employed reported the lowest levels of direct family violence (10.4%). The association between employment and direct abuse against a child was not significant (F=1.3, p>0.05);

Table 8: Prevalence of respondents saying a child in their care experienced direct abuse, by respondent household characteristics (weighted data)

	Prevalence of direct abuse		Bivariate analysis	
	n	%	*n*	*F*
Main income earner				
Respondent the main income earner	271	22.1	3,628	146.6***
Respondent not the main income earner	164	6.8		
Economic hardship				
Able to cover essential household expenses	67	3.9	3,608	191.0***
Unable to cover at least one essential household expense	367	19.3		
Employment status				
Neither respondent nor partner employed	53	10.9	3,582	1.3
Respondent employed, partner unemployed	27	15.6		
Partner employed, respondent unemployed	79	10.4		
Both respondent and partner employed	267	12.4		
Level of financial stress				
Low financial stress	124	5.6	3,614	129.8***
Medium levels of financial stress	122	14.7		
High levels of financial stress	189	31.8		
Level of social support				
Low levels of social support	125	16.0	3,605	12.2***
Medium levels of social support	144	8.9		
High levels of social support	164	13.5		

***statistically significant at $p<0.001$

Note: Table percentages and significance tests exclude respondents who were unsure or did not want to disclose information

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Multivariate analysis

While the bivariate analysis identified respondent, relationship, child and household characteristics associated with an increased likelihood of direct abuse against children, the relationship between each characteristic and abuse may be due to other differences between groups. For example, the relationship between the characteristics of respondents (eg having a restrictive health condition) and direct child abuse may be due in part or in full to differences in household characteristics (eg economic hardship). To examine the independent effect of each variable on female carer reports of their children being the target of direct abuse, we estimated a logistic regression model. This enabled us to isolate the effect of each variable on the likelihood of a respondent reporting that their children had experienced direct physical and/or emotional abuse.

For the purpose of this analysis, we excluded respondents who did not provide a response to at least one of the variables included in the regression analysis (these cases were removed using listwise deletion; *n*=242, 6.7%). Other methods for treating missing data (such as imputation methods) can be problematic when the data are not missing at random, especially when there is reason to suspect that the likelihood of responding to a question is related to the outcome. Given the sensitive nature of some of the questions in the survey, this was almost certainly the case. Further, we excluded variables that related to certain subgroups—including the age of the oldest child in the respondent's care and custodial arrangements—and focus our analysis on the entire sample of women residing with at least one child in the 12 months prior to the survey.

Model fit was assessed using a modified version of the Hosmer–Lemeshow goodness-of-fit test, which estimates the *F*-adjusted mean residual test following the estimation of logistic regression models (Archer & Lemeshow 2006). This test is susceptible to bias in large samples (Nattino, Pennell & Lemeshow 2020); therefore, further link tests were conducted where the goodness-of-fit test was significant to detect specification errors (Pregibon 1980). Finally, we calculated a weighted area under the receiver operating characteristic curve (AUROC) using Somer's *D* (Newson 2006).

The final model is presented in Table 9. After controlling for a range of factors, several variables were independently associated with respondent reports of their children being the direct target of abuse. These included the sociodemographic characteristics of respondents. For example, First Nations women (adjusted odds ratio (AOR)=2.4, $p<0.001$, 95% CI [1.6, 3.5]), and women with a restrictive health condition (AOR=2.3, $p<0.001$, 95% CI [1.7, 3.2]) were more likely to say their children had been subjected to direct abuse when compared to the rest of the population. However, the analysis also found that the language spoken by the respondent most of the time at home (AOR=1.0, $p>0.05$, 95% CI [0.6, 1.7]), their visa status (AOR=1.1, $p>0.05$, 95% CI [0.4, 3.4]), their highest level of completed education, and their age were not independently associated with their children being subjected to direct abuse (see Table 10).

The relationship status of respondents was also associated with the likelihood of direct abuse against a child in their care. Women in cohabiting relationships (AOR=6.6, $p<0.001$, 95% CI [3.2, 14.0]), or who were no longer in a relationship (AOR=3.7, $p<0.001$, 95% CI [2.1, 6.5]) were more likely to say their child had been a target of direct abuse. Further, respondents whose most recent intimate partner was female were more likely than women whose partner was male to say a child in their care had been a target of direct abuse (AOR=2.2, $p<0.01$, 95% CI [1.3, 3.6]). Respondents with two (AOR=1.5, $p<0.01$, 95% CI [1.1, 2.0]) or three or more children (AOR=1.7, $p<0.05$, 95% CI [1.1, 2.6]) were more likely to say their child had been a target of abuse than those with one child. Respondents living in a blended family arrangement were significantly less likely to say their child had been a direct target of abuse (AOR=0.5, $p<0.05$, 95% CI [0.3, 0.8]). The length of the respondent's relationship with their partner was not associated with their children's experiences of direct abuse.

Various household characteristics were also independently associated with risk of children being subjected to direct abuse. Respondents who said they were the main income earner (AOR=2.2, $p<0.001$, 95% CI [1.6, 2.9]) were more likely to say their child had been the target of abuse than women who were not the main breadwinner (ie their partner was the main income earner or both she and her partner earned similar amounts). Respondents who said that they were unable to pay essential household bills in the past 12 months were more likely to say that their children had been subjected to direct abuse than women who had not experienced economic hardship (AOR=3.1, $p<0.001$, 95% CI [2.2, 4.4]). However, even after controlling for economic hardship, women who were assessed as experiencing medium (AOR=1.7, $p<0.01$, 95% CI [1.2, 2.4]) or high levels (AOR=3.4, $p<0.001$, 95% CI [2.4, 4.7]) of financial stress were significantly more likely to indicate that their child had been subjected to direct abuse than respondents who were assessed as having low levels of financial stress. Levels of social support and the employment status of respondents and their partners were not associated with their children being subjected to direct abuse (see Table 9).

Table 9: Logistic regression—Association between characteristics of respondents, relationships, children and households and children's experience of direct abuse (weighted data, *n*=3,386)

	Variable	AOR	95% CI	
			LL	*UL*
Respondent	**Age (vs 35–44 years)**			
	18–24	0.7	0.3	1.8
	25–34	0.6**	0.4	0.8
	45–54	1.2	0.9	1.8
	55–64	1.1	0.5	2.3
	Aboriginal and/or Torres Strait Islander (vs non-Indigenous)	2.4***	1.6	3.5
	Non-English-speaking background (vs English-speaking background)	1.0	0.6	1.7
	Restrictive health condition (vs no health condition)	2.3***	1.7	3.2
	Temporary or permanent visa (vs Australian citizen)	1.1	0.4	3.4
	Education (vs Year 11 or lower)			
	Year 12 or equivalent	0.9	0.5	1.7
	Vocational	1.4	0.8	2.2
	University	1.5	0.9	2.3
	Usual place of residence (vs metropolitan)			
	Regional	1.0	0.7	1.4
	Remote	1.8	0.9	3.6

Table 9: Logistic regression—Association between characteristics of respondents, relationships, children and households and children's experience of direct abuse (weighted data, *n*=3,386) (cont.)

	Variable	AOR	95% CI	
			LL	*UL*
Relationship	Former partner (vs current partner)	3.7***	2.1	6.5
	Cohabiting (vs not cohabiting)	6.6***	3.2	14.0
	Female partner (vs male partner)	2.2**	1.3	3.6
	Relationship length (vs less than 12 months)			
	1–3 years	1.1	0.4	3.0
	4–6 years	0.9	0.3	2.4
	7–10 years	0.6	0.2	2.1
	10–15 years	0.7	0.2	2.2
	More than 15 years	0.8	0.3	2.4
Child and family	**Number of children (vs single child)**			
	2 children	1.5**	1.1	2.0
	3+ children	1.7*	1.1	2.6
	Blended family (vs not blended family)	0.5*	0.3	0.8
	Age of youngest child (vs 1–3 years)			
	Less than 12 months	0.7	0.3	1.4
	4–6 years	1.7*	1.1	2.6
	7–10 years	1.4	0.9	2.2
	11–14 years	1.3	0.8	2.1
	15–17 years	1.5	0.8	2.7
Household	**Respondent main income earner (vs partner the main income earner or the respondent and their partner being equal contributors)**	2.2***	1.6	2.9
	Unable to pay essential household bills (vs no economic hardship)	3.1***	2.2	4.4
	Employment status (vs neither respondent nor partner employed)			
	Respondent employed, partner not employed	1.2	0.6	2.3
	Partner employed, respondent not employed	1.5	0.8	2.7
	Both respondent and partner employed	1.5	0.9	2.6
	Level of financial stress (vs low levels of financial stress)			
	Medium levels of financial stress	1.7**	1.2	2.4
	High levels of financial stress	3.4***	2.4	4.7
	Level of social support (vs low levels of social support)			
	Medium levels of social support	0.7	0.5	1.1
	High levels of social support	0.7	0.5	1.1
	Constant	0.0***	0.0	0.0

***statistically significant at $p<0.001$, **statistically significant at $p<0.01$, *statistically significant at $p<0.05$

Note: Significance tests exclude respondents who were unsure or did not want to disclose information. Model fit: $F=12.5$ $p<0.001$; Area under the receiver operating characteristic curve (AUROC)=0.83. AOR=adjusted odds ratio, CI=confidence interval, LL=lower limit, UL=upper limit

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Relationship between changes in economic circumstances, mobility and social isolation and direct abuse of children

The timing of the survey—which was conducted 12 months after the onset of the COVID-19 pandemic—made it possible to explore how changes in economic circumstances, mobility and social isolation influenced the likelihood of direct abuse against children. Economic factors have been identified as contributing to the occurrence of IPV perpetrated against women during different phases of the COVID-19 pandemic. These include increases in financial stress (Brown et al. 2020; Morgan & Boxall 2022, 2020) as well as job loss and reductions in pay or hours of employment, which may be experienced by women themselves or their intimate partners (Morgan & Boxall 2022). Isolation from family and friends during the pandemic has also been identified as being correlated with violence (eg Morley et al. 2021).

In this final section, we explored the relationship between several measures of pandemic-related stressors experienced by respondents and their partners and the perpetration of physical and emotional abuse against a child in their care. Rather than focus on measures of household economic stress as we did in the previous analysis, we focused on *changes* in household circumstances that had occurred in the past 12 months. These included whether the respondent or their partner had been laid off, temporarily lost their job or taken a pay cut or reduced their hours in the past 12 months (if they or their partner had been employed). Separate variables were specified for the respondent and their partner, each with three categories:

- employed and did not take a pay cut, reduce their hours or lose their job (temporarily or permanently) in past 12 months;
- never employed in past 12 months; and
- employed and took a pay cut, reduced their hours or lost their job in the past 12 months.

We also asked whether the respondent or their partner had been self-isolating on a voluntary or mandatory basis at any time in the 12 months prior to the survey. This could be as a result of government-imposed conditions such as hotel-based quarantine, self-isolation after COVID-19 testing, and remaining at home (shelter-in-place conditions) during lockdown periods. It is possible that respondents or their partners had also voluntarily self-isolated to minimise their risk of contracting COVID-19.

Finally, we measured changes in social support during COVID-19 by asking respondents whether their level of contact with friends and family members they did not usually live with had changed in the past 12 months. Contact included communicating in person, on the phone, by email, or online via messaging apps or social media. Change was measured on a five-point Likert scale which was then reduced to three categories: increased, decreased or stayed the same.

The bivariate analysis (Table 10) identified that respondents who had lost their job, or had their hours or pay reduced in the first 12 months of the pandemic, were more likely to report direct abuse against their children than women whose employment status remained unchanged (22.8% vs 7.6% to 10.7%; F=50.6, p<0.001). Similar results were identified in relation to changes in their partner's employment status (22.3% vs 8.2% to 12.5%; F=43.2, p<0.001).

Time spent in quarantine was also significantly associated with direct abuse against a child. Women who said they had spent time in quarantine in the past 12 months were more likely to report that their children had been subjected to direct abuse than respondents who said that they had not spent time in quarantine during this period (15.7% vs 7.1%; F=55.0, p<0.001). Again, similar results were identified in relation to respondents' partners spending time in quarantine (15.9% vs 9.4%; F=29.8, p<0.001).

One in five women who said their social contact had increased during the first 12 months of the pandemic said that their children had been subjected to direct abuse (20.3%). This decreased to 12.7 percent among women who said their social contact had decreased and again to 6.8 percent among respondents who said their level of social contact remained unchanged. These differences were statistically significant (F=41.6, p<0.001).

Table 10: Prevalence of respondents saying a child in their care experienced direct abuse, by pandemic-related stressors (weighted data)

	Prevalence of direct abuse		Bivariate analysis	
	n	%	*n*	*F*
Change in respondent's employment status				
Respondent was employed and did not lose their job, take a pay cut or reduce their hours	118	7.6	3,603	50.6***
Respondent was never employed	135	10.7		
Respondent lost their job, took a pay cut or reduced hours	179	22.8		
Change in partner's employment status				
Partner was employed and did not lose their job, take a pay cut or reduce their hours	179	8.2	3,606	43.2***
Partner was never employed	83	12.5		
Partner lost their job, took a pay cut or reduced hours	170	22.3		
Respondent spent time in quarantine in past 12 months				
Yes	315	15.7	3,580	55.0***
No	112	7.1		
Partner spent time in quarantine in past 12 months				
Yes	229	15.9	3,583	29.8***
No	201	9.4		
Respondent's social contact compared with 12 months ago				
Increased	179	20.3	3,562	41.6***
The same	101	6.8		
Decreased	150	12.7		

***statistically significant at $p<0.001$

Note: Table percentages and significance tests exclude respondents who were unsure or did not want to disclose information

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

We next estimated a multivariate logistic regression model to examine the association between the pandemic-related stressors included in Table 10 and direct abuse experienced by children. We also included controls for respondent sociodemographic characteristics, relationship and household characteristics (Model 1, see Table 11).

After controlling for a range of other factors, we found that changes in the employment status of the respondent and their partner were associated with the likelihood of a child being subjected to direct abuse perpetrated by the respondent's current or most recent partner. Specifically, respondents who said they were not employed at any time in the past 12 months (AOR=1.7, $p<0.01$, 95% CI [1.2, 2.5]), and respondents who were employed but had lost their job, taken a pay cut or reduced their hours (AOR=2.3, $p<0.001$, 95% CI [1.7, 3.2]), were more likely to say their partner had been physically or emotionally abusive towards a child in their care compared to women who were employed in the past 12 months and did not take a pay cut or reduce their hours.

Likewise, respondents who said their partner had been employed but had lost their job, taken a pay cut or reduced their hours (AOR=1.4, $p<0.05$, 95% CI [1.1, 1.9]) were also more likely to say this partner had perpetrated direct abuse against their child than women whose partner had been employed in the past 12 months and had not taken a pay cut or reduced their hours.

Further, respondents who had spent time in mandatory or voluntary quarantine were also significantly more likely to say a child in their care was the target of direct abuse (AOR=1.8, $p<0.01$, 95% CI [1.2, 2.6]), possibly because the time at home increased the likelihood that they would observe the violence. However, time the respondent's partner spent in quarantine was not associated with direct abuse targeted at children after controlling for other variables (AOR=0.9, $p>0.05$, 95% CI [0.7, 1.4]). Both increases (AOR=2.0, $p<0.001$, 95% CI [1.4, 2.9]) and decreases (AOR=2.3, $p<0.001$, 95% CI [1.6, 3.2]) in respondents' level of social contact compared to the 12 months prior to the survey were associated with a higher likelihood of direct abuse against children.

To better understand the link between changes in the employment status of the respondent and their partner and direct abuse against children, we examined whether this relationship was mediated by other variables—namely, economic hardship (the inability to pay essential household bills) and financial stress. In particular, we were interested in whether the increased likelihood of direct abuse of children among respondents who had lost their job or hours of work could be fully or partly explained by increased economic hardship and financial stress.

We employed the Karlson–Holm–Breen (KHB) method for testing mediation in nested, non-linear models (Kohler, Karlson & Holm 2011). This method allows for the total effect of an independent variable—in this case, changes in the employment status of the respondent and their partner—to be estimated and breaks this down into direct and indirect effects. Importantly, the KHB method allows us to determine the unique contribution of each mediator to the relationship between changes in employment status and the likelihood of a child being the direct target of abuse.

This involves comparing the results of two nested models—a model with and a model without the mediator variables included. The KHB method determines the change in logit coefficients between the two models without being impacted by the rescaling bias that usually makes it difficult to compare non-linear models (Kohler, Karlson & Holm 2011). We compare results from the baseline model (Model 1) with Model 2, which included the mediator variables—medium and high levels of financial stress and the inability to pay essential household bills. For this analysis, we collapsed the medium and high financial stress categories into a single variable to create a binary variable.

Table 11: Logistic regression—Association between characteristics of respondents, relationships, children, households and pandemic-related stressors and children's experience of direct abuse (weighted data, *n*=3,320)

		Model 1			Model 2		
	Variable	AOR	95% CI		AOR	95% CI	
			LL	*UL*		*LL*	*UL*
Respondent	**Age (vs 35–44 years)**						
	18–24	0.8	0.4	1.9	0.8	0.3	1.8
	25–34	0.6*	0.4	0.9	0.6**	0.4	0.9
	45–54	1.1	0.8	1.6	1.2	0.9	1.8
	55–64	1.0	0.5	2.2	1.2	0.6	2.5
	Aboriginal and/or Torres Strait Islander (vs non-Indigenous)	2.8***	1.9	4.1	2.4***	1.6	3.6
	Non-English-speaking background (vs English-speaking background)	1.0	0.6	1.7	1.0	0.6	1.8
	Restrictive health condition (vs no health condition)	2.4***	1.7	3.4	1.9***	1.4	2.7
	Temporary or permanent visa (vs Australian citizen)	1.0	0.3	2.6	1.0	0.3	3.0
	Education (vs Year 11 or lower)						
	Year 12 or equivalent	1.1	0.6	1.9	1.1	0.6	2.0
	Vocational	1.4	0.9	2.2	1.5	0.9	2.4
	University	1.3	0.8	2.1	1.5	0.9	2.3
	Usual place of residence (vs metropolitan)						
	Regional	1.0	0.7	1.3	1.0	0.7	1.3
	Remote	2.0*	1.0	3.8	1.7	0.9	3.2
Relationship	**Former partner (vs current partner)**	3.6***	2.1	6.2	3.5***	2.0	5.9
	Cohabiting (vs not cohabiting)	6.2***	3.1	12.0	6.0***	3.1	11.8
	Female partner (vs male partner)	1.8*	1.1	2.8	2.0**	1.2	3.2
	Relationship length (vs less than 12 months)						
	1–3 years	1.2	0.5	2.8	1.3	0.5	3.1
	4–6 years	0.9	0.3	2.2	0.9	0.4	2.4
	7–10 years	0.7	0.2	2.0	0.8	0.3	2.4
	10–15 years	0.7	0.3	2.0	0.9	0.3	2.4
	More than 15 years	0.6	0.2	1.8	0.9	0.3	2.5

Table 11: Logistic regression—Association between characteristics of respondents, relationships, children, households and pandemic-related stressors and children's experience of direct abuse (weighted data, *n*=3,320) (cont.)

		Model 1			Model 2		
	Variable	AOR	95% CI		AOR	95% CI	
			LL	*UL*		*LL*	*UL*
Child and family	**Number of children (vs single child)**						
	2 children	1.5**	1.1	2.0	1.5**	1.1	2.0
	3+ children	1.8**	1.2	2.7	1.7*	1.1	2.6
	Blended family	0.5*	0.3	1.0	0.5*	0.3	0.9
	Age of youngest child (vs 1–3 years)						
	Less than 12 months	0.6	0.3	1.1	0.6	0.3	1.2
	4–6 years	1.6*	1.1	2.5	1.5	1.0	2.4
	7–10 years	1.6*	1.0	2.5	1.5	1.0	2.3
	11–14 years	1.5	1.0	2.5	1.4	0.8	2.2
	15–17 years	1.6	0.9	2.7	1.6	0.9	2.8
Household	**Respondent main income earner (vs partner the main income earner or the respondent and their partner being equal contributors)**	2.6***	1.9	3.5	2.4***	1.7	3.2
Pandemic stressors	**Change in respondent's employment status (vs employed and did not lose job or work)**						
	Respondent was never employed	1.7**	1.2	2.5	1.3	0.9	2.0
	Respondent lost their job, had pay cut or hours reduced	2.3***	1.7	3.2	1.7**	1.2	2.3
	Change in partner's employment status (vs employed and did not lose job or work)						
	Partner was never employed	1.0	0.6	1.5	0.8	0.5	1.3
	Partner lost their job, had pay cut or hours reduced	1.4*	1.1	1.9	1.0	0.8	1.4
	Isolation (vs did not spend time in mandatory or voluntary isolation)						
	Respondent spent time in mandatory or voluntary isolation	1.8**	1.2	2.6	1.7**	1.2	2.5
	Partner spent time in mandatory or voluntary isolation	0.9	0.7	1.3	1.0	0.7	1.4
	Change in respondent's social contact compared with 12 months ago (vs no change)						
	Increased	2.0***	1.4	2.9	2.0***	1.4	2.9
	Decreased	2.3***	1.6	3.2	1.7**	1.2	2.4
Mediator variables	**Medium or high level of financial stress (vs low levels of financial stress)**	–	–	–	1.9***	1.4	2.5
	Unable to pay essential household bills (vs no economic hardship)	–	–	–	3.0***	2.1	4.4
	Constant	0.0***	0.0	0.0	0.0***	0.0	0.0

***statistically significant at $p<0.001$, **statistically significant at $p<0.01$, *statistically significant at $p<0.05$

Note: Baseline model fit: $F=12.9$, $p<0.001$; AUROC=0.81; Mediation model fit: $F=12.8$, $p<0.001$; AUROC=0.84.
AOR=adjusted odds ratio, CI=confidence interval, LL=lower limit, UL=upper limit

The results from the KHB mediation analysis are presented in Table 12. The two mediating variables were statistically significant and collectively reduced the magnitude of the relationship between the respondent being unemployed and their child being subjected to direct abuse by 44.5 percent. The two mediating variables also reduced the relationship between the respondent having lost their job, taken a pay cut or reduced their hours and their child being subjected to direct abuse by 40.6 percent.

Similarly, the two mediating variables collectively reduced the magnitude of the relationship between the respondent's partner losing their job, taking a pay cut or reducing their hours and their child being a target of direct abuse by 89.7 percent. The inability to pay essential bills consistently accounted for most of this reduction (around two-thirds). Results are consistent with the hypothesis that the relationship between employment changes and abuse towards children can be attributed to household economic stress. This was particularly true for changes in the employment status of the respondent's partner.

Table 12: Results from KHB mediation analysis of the relationship between changes in employment and the likelihood of respondent's child experiencing direct abuse

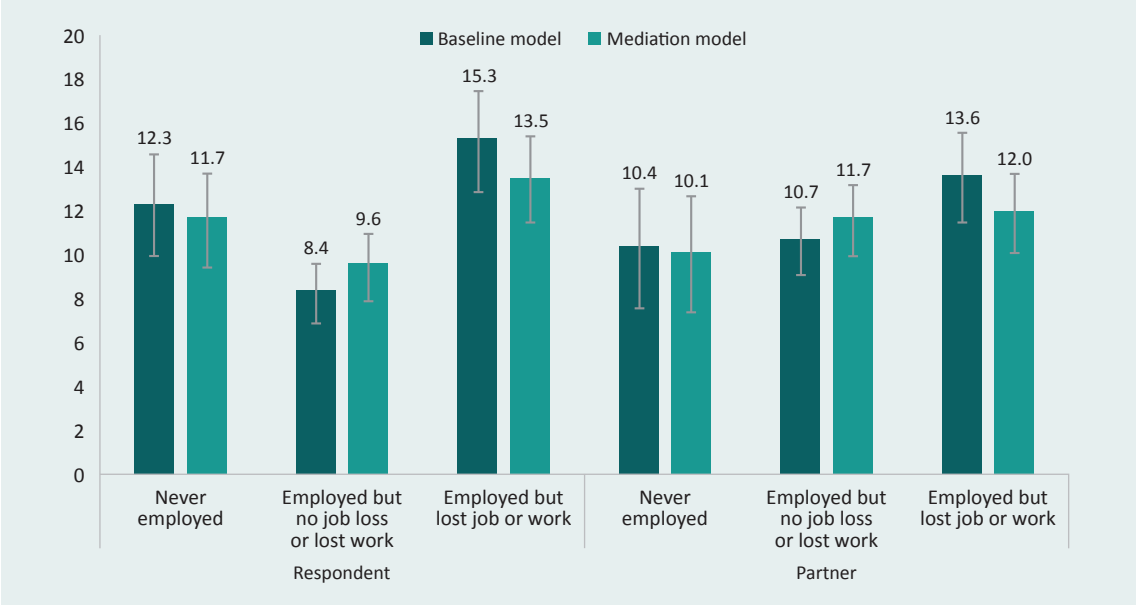
	% reduction	*z* score	*p*-value
Medium or high levels of financial stress	20	11.4	35.1
Respondent was never employed	15.6	3.3	<0.001
Respondent lost their job, had pay cut or hours reduced	15.8	3.8	<0.001
Partner was never employed	–	–	
Partner lost their job, had pay cut or hours reduced	27.8	3.6	<0.001
Unable to pay essential household bills	176	100.0	100.0
Respondent was never employed	28.9	4.1	<0.001
Respondent lost their job, had pay cut or hours reduced	24.8	4.8	<0.001
Partner was never employed	–	–	
Partner lost their job, had pay cut or hours reduced	61.9	5.1	<0.001

Note: Values are only reported for variables that are significant in Model 1
Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

To illustrate this finding, in Figure 11 we present the average predictive margins (predicted probabilities) of a respondent saying that their child had experienced direct abuse perpetrated by their current or most recent intimate partner using the baseline model (Model 1) and the mediation models (Model 2). This shows that the difference in probabilities of direct abuse between respondents who said their partner was employed and had lost their job, taken a pay cut or reduced their hours, and respondents who said their partner's employment had not been impacted, decreased once the influence of financial stress and economic hardship was taken into account (13.6% vs 10.7% in the baseline model, down to 12.0% vs 11.7% in the mediation model).

Comparable results were also observed in relation to the respondent. The difference in the probability of the respondent being aware of direct abuse among respondents who were employed and had lost their job, taken a pay cut or reduced their hours, and among respondents whose employment had not been impacted, decreased once the influence of financial stress and economic hardship was taken into account (15.3% vs 8.4% in the baseline model, down to 13.5% vs 9.6% in the mediation model). However, as shown in Table 11, even after controlling for economic hardship and financial stress, respondents who said they had lost their job, taken a pay cut or reduced their hours were still more likely than respondents whose employment was not impacted to report that children in their care had been subjected to direct abuse (AOR=1.7, $p<0.01$, 95% CI [1.2, 2.3]). The fact that this variable remained significant, even after accounting for the effects of household economic stress and hardship, suggests the relationship between changes in the employment status of respondents and their child experiencing direct abuse is attributable to other factors. One explanation may be that it is due to an increase in the amount of time spent at home and increased opportunity to witness abuse among carers who lost their job or work during the pandemic.

Figure 11: Predicted probability of a child experiencing direct abuse, by change in employment status of respondents and their partners (%, 95% CI)



Note: Predicted probabilities are derived from Model 1 (the baseline model), which controls for all other variables in the model, and Model 2 (the mediation model), which controls for all other variables in the baseline model and the two mediating variables

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

Discussion

These findings provide important insights into the level of physical violence and emotionally abusive, harassing or controlling behaviours that children residing with female carers are exposed and subjected to. Our large national survey demonstrated that, overall, one in six female carers said a child residing with them experienced some form of abuse in the 12 months prior to the survey perpetrated by a current or former partner (17.0%).

More specifically, one in seven (14.1%) women said a child was exposed to IPV perpetrated against them by their current or most recent intimate partner. This is equivalent to 34.8 percent of respondents who said they had experienced IPV in the past 12 months. This means the majority of respondents who had experienced IPV did not believe that their children were exposed to the abuse. This may be due to the covert nature of some forms of IPV, as well as protective actions taken by female carers to 'shield' children from exposure (Peled & Gil 2011). This may include moving out of the same space as their children, sending their children outside, attempting to calm or appease their partner to mitigate the risk of violence increasing, and also hiding the impacts of the abuse (eg covering bruises and hiding their emotional distress). It may however, reflect the extent to which female carers underestimate how aware their children are of the abuse they are being subjected to. This is one of the limitations of relying on carer reports for understanding the prevalence of IPV exposure among children.

Additionally, we have limited ability to determine the specific types of IPV that children were exposed to. However, the findings demonstrated that children may have been exposed to serious and extreme forms of violence perpetrated against their female carers, including non-fatal strangulation, and assaults with weapons.

One in nine (11.5%) respondents said a child in their care had been the target of direct physical or emotional abuse perpetrated by their current or most recent intimate partner (as witnessed by respondents or disclosed by the child). In nearly 90 percent of cases of both physical and emotional abuse the respondent had witnessed the abuse towards their child. It was relatively rare for female carers to be aware of the abuse only because their child had disclosed it to them. Children may choose not to disclose due to safety concerns, embarrassment, fear of causing further conflict or the separation of their primary carers, or for other reasons. The extent of child abuse reported in this study may be an underestimate for these reasons.

Half of female carers who said their children had been exposed to physical IPV or were subjected to direct physical abuse said they had contact with the police or child protective services about the physical violence (48.0%). Given the high rate of involvement of statutory services—nearly one in two cases—it is important that these services be effective in responding to parental abuse and address the specific needs of children, including responding to the trauma associated with their abuse.

Our study also found a high level of overlap between female carer IPV victimisation and child abuse, supporting wider evidence (eg Ahmadabadi et al. 2018; Gilbert et al. 2022; Skafida, Morrison & Devaney 2022). Similarly, we identified substantial overlap between children being exposed to IPV and experiencing direct abuse that is likely due to myriad reasons such as the similar risk factors for these victimisation experiences (Guedes et al. 2016; Herrenkohl et al. 2008). The level of co-occurrence observed appears higher than results from previous research (eg Capaldi et al. 2020; Hamby et al. 2010; Herrenkohl et al. 2008). One study from the United States, for example, found that one in three children who were exposed to parental violence was a victim of child maltreatment over a one-year period (Hamby et al. 2010), whereas around 60 percent of the carers in our sample who said a child was exposed to IPV also said the child was the target of direct physical and/or emotional abuse.

Although a significant proportion of respondents overall said that their children had been subjected to abuse, the findings described throughout this report show that risk of direct physical and emotional abuse involving children was not evenly distributed across the community. This is consistent with other research conducted in Australia and internationally (eg AIHW 2019; Doidge et al. 2017). In particular, Aboriginal and/or Torres Strait Islander female carers, those with a long-term restrictive health condition and female carers in a same-sex relationship were more likely to report that their children had been the direct target of abuse.

Our findings align with the strong evidence in broader research for the increased risk of violence against Aboriginal and/or Torres Strait Islander women and children. First Nations women are significantly more likely to experience harms associated with IPV, such as hospitalisation, while Indigenous children are substantially more likely to be exposed to IPV and to have contact with the child protection system (AIHW 2019; Our Watch 2018). Our Watch identified three primary drivers of violence against Aboriginal and/or Torres Strait Islander women: racism, gendered factors and the ongoing effects of colonisation (Our Watch 2018), and others identify factors such as systematic disadvantage, cultural dislocation, intergenerational and past trauma, poverty, unemployment, drug and alcohol use, and poor health and mental health (Baldry et al. 2015; Blagg et al. 2020; Department of Child Safety, Youth and Women 2016; SNAICC 2017).

Research also shows strong evidence for an increased risk of IPV for women with a disability (Boxall, Morgan & Brown 2021; Centre of Research Excellence in Disability and Health 2021), the children of whom may be the direct target of abuse as part of a pattern of controlling behaviour towards their female carers (Dragiewicz et al. 2022). Similarly, there is broad evidence that women in same-sex relationships are at least as likely to experience IPV as women in relationships with men (Campo & Tayton 2015; Rollè et al. 2018), though the drivers of this violence may be different, such as sexual minority stress (Rollè et al. 2018). There is also research showing that sexual minorities are more likely to have experienced sexual abuse and parental physical abuse as children, which is a risk factor for violence as an adult (Richards, Tillyer & Wright 2017; Widom & Wilson 2015). The reasons for higher rates of child abuse in families where the female carer has a disability or is in a same-sex relationship are areas for future research.

Situational characteristics also appeared to increase vulnerability for the children in the respondents' care. Specifically, respondents who had cohabited with their partner in the previous year and those who had separated from their partner were also more likely to report direct abuse perpetrated against their children. Unfortunately, our data are not able to provide context to the latter finding to determine whether the abuse occurred prior to, during and/or after the separation. There is little wider evidence to support the notion that child abuse begins post-separation by previously non-abusive carers. However, there is evidence that child abuse occurring prior to parental separation continues post-separation (eg Holt 2015; Humphreys et al. 2019), and can be exacerbated by increased parenting stress or used as a control tactic in the absence of a protective parent (Jaffe et al. 2014). This finding therefore reinforces the need to provide safety planning and support to female carers and their children in the lead-up to and after separation, as well as housing services for victim-survivors so they can keep themselves and their children safe if they choose to leave the relationship.

The financial status of families was also associated with direct abuse perpetrated against a child. Specifically, respondents who were the main income earner, who struggled to pay essential household bills, and who reported medium or high levels of financial stress in the past 12 months were more likely to say their child has been subjected to direct physical and/or emotional abuse. While we cannot ascertain whether the stressors preceded abuse perpetration due to the cross-sectional nature of the data, the findings are consistent with those of prior research which has demonstrated the importance of considering financial stressors in understanding the occurrence and recurrence of intimate partner and family violence (eg Conrad-Hiebner & Byram 2020; Doidge et al. 2017). These stressors, heightened by the conditions associated with the pandemic (eg Warren, Baxter & Hand 2020), can lead to conflict and violence in families, particularly where members have limited access to resources to mitigate the impacts of these events, or do not have the necessary coping skills (Brown et al. 2020; Morgan & Boxall 2022; Wu & Xu 2020).

Of course, we need to be mindful of the unique context within which these data were collected—in the midst of a pandemic. It appeared that stressors that may have started for the first time or been exacerbated by the pandemic influenced the nature of violence experienced by female carers. For example, we found that many women reported that the IPV witnessed or heard by children in the past 12 months had started for the first time or had escalated in frequency and severity. This is particularly concerning in the context of the pandemic because of the limited help-seeking options and opportunity for intervention. Further, without bystander intervention, the new or escalated abuse may have become an ongoing pattern of behaviour once restrictions were lifted.

Additionally, respondents who said they or their partner had lost their job or reduced their pay or work hours during the first 12 months of the pandemic were more likely to report that a child had been a direct target of abuse. Mediation analysis revealed that this could largely be explained by higher levels of financial stress and economic hardship, especially changes in the employment status of the respondent's partner. While we cannot determine the sequence of employment changes, financial stressors and family violence due to the cross-sectional nature of the data, this finding indicates that pandemic-related stressors may have influenced the occurrence of abuse against children. This is consistent with family systems and stress theory, which argues that DFV may be in part attributable to the onset and exacerbation of stressors, which in turn influence interactions between family members and others (Wu & Xu 2020). Similarly, through a strain theory lens, increased financial stress due to changes in employment can lead to heightened anxiety, emotional dysregulation and more conflict within family units. This is supported by other research which has explored the role of financial stress in women's experiences of IPV (Morgan & Boxall 2022). The mediation analysis also showed that the relationship between respondent job loss and family violence was not explained entirely by economic factors. Changes to employment could have also resulted in an increased amount of time spent at home, thereby increasing the opportunity for child abuse to occur or to be witnessed by the respondent. Certainly, the respondent spending time in isolation was associated with direct abuse perpetrated against children in their care.

We also identified that changes in respondents' social contact during the pandemic were associated with direct abuse against children in their care. A decrease in social contact would logically coincide with reduced guardianship and possible bystander intervention opportunities, and therefore create an environment where risk of abuse is heightened. Pandemic research has supported this, finding limited social support for youths to be associated with maltreatment and family conflict (Sinko et al. 2022). It is less clear why an increase in social contact among respondents was also associated with direct abuse of children in their care. Unfortunately, we do not know whether the increase in social contact occurred before or after the abuse. It could be that the respondent separated from their partner following abuse and this increased their social contact outside of the relationship. This would be particularly prominent in relationships where the perpetrator was using coercive controlling tactics, including restricting social contact.

What is unclear from the current analysis, however, is how children's experiences of direct family violence intersected with other unique stressors and conditions associated with the COVID-19 pandemic. This may include the onset and exacerbation of mental health issues (Westrupp et al. 2021) and the movement to online learning models of education, which may have had a negative impact on the learning outcomes of some children, particularly those who were already vulnerable because of a lack of access to the resources necessary to undertake home learning effectively (Drane, Vernon & O'Shea 2020). The long-term effects of family violence will need to be monitored but also considered alongside these other issues.

Implications

Overall, these findings help build our understanding of the prevalence, nature and drivers of child abuse and offer insight into how recent changes in economic circumstances, social isolation and mobility may have impacted the safety of children. Our findings highlight the need to further build on existing efforts to prevent child abuse and mitigate its impact on children. The National Plan to End Violence against Women and Children 2022–2032 discusses children as victim-survivors in their own right, emphasising early prevention and intervention for children experiencing abuse to address the impacts of developmental trauma and help break the cycle of violence. The national plan also draws attention to the need to establish age-appropriate supports, services and resources to meet children and young people's safety and recovery needs.

Efforts to prevent, intervene and address the impacts of child abuse should aim to be culturally and situationally appropriate while operating with the knowledge that some communities are more vulnerable than others to direct abuse against children. Our findings demonstrate that children residing with female carers who had a restrictive health condition, identified as First Nations or were in a same-sex relationship were more likely to experience abuse, although these account for a minority of respondents to the survey. In addition to increased vulnerability to violence, these communities can experience other forms of compounding disadvantage, meaning a one-size-fits-all approach is likely inappropriate.

Holistic and flexible care models that are responsive to the needs of diverse population groups and local communities are reflected in the national plan. These include the development of a dedicated Aboriginal and Torres Strait Islander Action Plan that will promote community-led and culturally safe approaches to addressing family violence. Additionally, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability will guide future work to end violence against women and children with a disability. These approaches for diverse populations should focus not only on women as victim-survivors but also on their children as victim-survivors in their own right.

The findings from this study also reinforce the need for strategies and interventions that support families during periods of economic hardship and financial stress. Although these issues were particularly significant during the COVID-19 pandemic due to the closure of businesses and widespread underemployment and unemployment, concerns persist regarding the impact on Australian families of the increasing cost of living (ABS 2022; Clun & Wright 2022).

This report also contributes to the overall picture that has emerged from research focused on understanding the implications of the pandemic for violence and abuse within familial settings. Domestic and international evidence demonstrates the triggering and exacerbating effects of the pandemic on DFV (Bellizzi et al. 2020; Bettinger-Lopez & Bro 2020; Boxall & Morgan 2021a; Davidge 2020; Peitzmeier et al. 2022; Pfitzner, Fitz-Gibbon & True 2020). What is less clear, however, are the long-term effects of the pandemic. A key characteristic of DFV in many families is persistence (Dowling, Boxall & Morgan 2021; Walker et al. 2017). This means that it is unlikely to stop without external intervention. Even in situations where the violence does stop, the impacts of the abuse on children and young people can still be significant and have implications for their health and development for years to come (McTavish et al. 2016; Naughton et al. 2017; Strathearn et al. 2020).

Taken together, a significant proportion of female carers in our sample said a child in their care was exposed or subjected to violence and abuse. The findings support the urgency of advancement in policy, practice, education and advocacy aimed at protecting children and responding to the harm and trauma of abuse. Measures to improve the safety of children must be supported by adequate monitoring and evaluation to assess their effectiveness. Further, it is crucial to continue to measure the levels of exposure to IPV and physical and emotional abuse among children, as well as the harms associated with children's experiences of abuse. Importantly, advancement in research, policy and practice must recognise children and young people as victim-survivors of violence in their own right.

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Research Report

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