

ORIGINAL ARTICLE OPEN ACCESS

# Examining the Impact of Domestic and Family Violence on Young Australians' School-Level Education

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**Received:** 27 June 2024 | **Revised:** 28 March 2025 | **Accepted:** 14 April 2025

**Keywords:** domestic and family violence | education | help-seeking behaviours | victim-survivors | young people | young victim-survivors

## ABSTRACT

Australian policy and practice increasingly acknowledges the need to respond to children as victim-survivors of domestic and family violence (DFV) in their own right. As part of this, and in recognition that schools often have the most consistent contact with young people experiencing DFV, there is mounting recognition of the role education settings can play in terms of early intervention and support provision for young victim-survivors. However, there is little research on intervention and support provision in Australian education settings that draws directly on the experiences of young people who have experienced DFV. This article addresses that gap. Drawing on findings from a national survey of 1651 young people who reported experiences of DFV, this article enhances current understandings of how DFV impacts education and the effectiveness of school-based help-seeking for young Australians experiencing DFV. Centring the voices of young victim-survivors, our findings question the degree to which schools are presently equipped to recognise, respond to and support students who experience DFV.

## 1 | Introduction

Australia's current 10-year strategy, the National Plan to end Violence against Women and Children 2022–2032 (Department of Social Services, DSS 2022) expressly acknowledges children as victim-survivors in their own right and commits to developing improved child-centred policies and practices. This acknowledgement follows the recommendations of the National Plan consultation projects (Fitz-Gibbon et al. 2022a, 2022b) and the reform activity stemming from the Victorian Royal Commission into Family Violence (RCFV 2016) which labelled children the 'silent victims' of family violence (O'Brien and Fitz-Gibbon 2016), and sought improved risk assessment and management, information sharing and service provision to improve outcomes for children experiencing domestic and family violence (DFV). While the outcomes of these reform agendas are yet to be fully realised (see Fitz-Gibbon and Buys 2023; Buys and Fitz-Gibbon 2024), at national, state and territory levels there are now better understandings of how children and young people in

Australia are impacted by and seek help for DFV victimisation (see, *inter alia*, Fitz-Gibbon et al. 2023; Fitz-Gibbon et al. 2022a).

Corresponding with these developments, and amplified by public health responses to COVID-19, there is mounting recognition of the importance of school engagement for children and young people. Indeed, schools often have the longest, closest and most consistent contact with children and young people experiencing DFV (Lloyd 2018). Nonetheless, there is little research on intervention and support provision in education settings. As such, this article seeks to enhance current understandings of (1) how DFV impacts education, and (2) the effectiveness of school-based help-seeking for young Australians experiencing DFV.

To do so, we undertake a secondary analysis of a specific subset drawn from the *Adolescent Family Violence in Australia* (AFVA) study, a recent project that surveyed 5021 young people aged 16–21 years old to examine the nature, prevalence and impacts of adolescent family violence (AFV) in Australia (Fitz-Gibbon

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et al. 2022a, 2022b). For the purposes of this article, we focus on the data from 1651 young people who reported experiences of violence between other family members and/or those who were subjected to violence by family members. Those who reported using AFV ( $n = 3370$ ) have been excluded from this study, as their experiences of educational disruption and help-seeking behaviours have been explored and reported elsewhere (see Fitz-Gibbon et al. 2022a, 2022b). For the purposes of this article, we explore the unique experiences and impacts experienced by young people who have experienced DFV but did not report engaging in AFV, a subset of the dataset not previously examined.

We begin by discussing the literature, first that concerning childhood maltreatment and experiences of DFV; secondly, examining the relationship between exposure to and experiences of family violence, and its impacts on educational participation and attainment. We then detail our research design, before presenting findings, structured around four interrelated but analytically disaggregated themes: we examine how DFV impacts on (1) attendance and school avoidance; (2) engagement in educational pursuits at home; (3) participation in educational activity at school; and (4) experiences of disclosing DFV at school. We conclude by exploring some implications for DFV policy and practice in Australia and internationally. As part of our commitment to centring children as victim-survivors in their own right, throughout this article we draw heavily on direct quotes to ensure the voices and experiences of young people impacted by DFV in Australia are centred in the analysis.

## 1.1 | Adverse Childhood Experiences and Family Violence

DFV is well-recognised as a traumatic childhood experience, commonly referred to as Adverse Childhood Experiences (ACEs) (Boullier and Blair 2008). Research, locally and internationally, has evidenced myriad ways that ACEs cause extensive trauma and long-term consequences for children and young people in terms of their wellbeing and health, both physical and mental. Traumatic ACEs can include physical and emotional neglect and abuse of the child or young person and of other household members, and include living with family violence, substance abuse, mental illness within the family and parental divorce or separation (Boullier and Blair 2008).

The Australian Child Maltreatment Study (ACMS) evidenced significant levels of child abuse: before age 18, 32% of Australians have experienced physical abuse, 28.5% have experienced sexual abuse, and 39.6% have experienced exposure to DFV (Mathews et al. 2023). The ACMS also found that Australians who experience different forms of childhood maltreatment are substantially more likely to have a mental disorder, engage in health risk behaviours and to have high health service utilisation (Mathews et al. 2023; Lawrence et al. 2023).

In the US, the Adverse Childhood Experiences Study (Felitti et al. 1998), surveyed 13,494 American adults, examining for the first time the relationship between health risk behaviour and disease in adulthood and experiences of abuse, neglect or family dysfunction in childhood. The negative and influential childhood experiences captured in the study included exposure to

violence (emotional, physical or sexual), deprivation and neglect and family dysfunction, including divorce, parental substance abuse and mental health problems, parental incarceration, family violence and social discrimination. Felitti et al. (1998) identified that exposure to ACEs, particularly when there is co-occurrence of two or more, is linked to long-term health and social-emotional impacts. Research over the past 25 years corroborates this, with Hughes et al.'s (2017) systematic review, indicating that experiences of four or more ACEs increased an individual's risk of poor health outcomes compared to an individual with none.

Research suggests the long-term impacts of ACEs can include poor physical and mental health, emotional and social dysfunction, and victimisation and/or the perpetration of violence later in life, regardless of whether the child is the primary target of the violence (see, inter alia, Berger and Meltzer 2021; Boullier and Blair 2008; Holt et al. 2008; Hughes et al. 2017; Lundy and Grossman 2005). Studies also show that recent and recurrent ACEs on children and young people can increase the risk of infections, asthma and obesity, as well as complaints such as headaches, tiredness and stomach problems, compared with the general paediatric population (Forkey et al. 2016; Flaherty et al. 2013). Others have shown connections between ACEs and poorer mental health, including depression and anxiety and developmental and educational delays, including decreased engagement with school (Forkey et al. 2016; Bethell et al. 2016). Research also shows that children who live with DFV face increased risks of future victimisation and/or use of violence themselves and involvement in other criminal behaviours (e.g., Holt et al. 2008; Thompson and Trice-Black 2012).

## 1.2 | The Impact of Family Violence on Participation and Attainment of Education

The impact of ACEs, including DFV, has a range of immediate and long-term nonhealth impacts on children and young people, including educational delays and disruptions (Berger and Meltzer 2021; Bethell et al. 2014; Houtepen et al. 2020; Lloyd 2018). This can include issues with concentration, poor academic performance and reduced attendance, as well as confounding factors such as increased risk of depression and anxiety and engaging in risky behaviours such as drug use, which have flow-on effects on children and young people's educational experiences (Davies and Berger 2019; Houtepen et al. 2020; Lloyd 2018; Lundy and Grossman 2005). Experiences of multiple ACEs have been linked to increased risk of drug use, smoking and low educational attainment, year level repetition, and higher risk of high school noncompletion (Houtepen et al. 2020; Bethell et al. 2014). These impacts have intergenerational effects, with children of parents with childhood DFV-related trauma being more likely to be truant than those whose parents did not (Hashemi et al. 2022).

Within the classroom, children who have experienced ACEs display limited prosocial skills and exhibit difficulties in developing and maintaining peer relationships and disruptiveness due to issues with following directions and rules (Berger 2019; Davies and Berger 2019; Lundy and Grossman 2005). Examining Australian mental health staff's experiences with students

exposed to DFV, Berger and Meltzer (2021) reported observations of hyperactivity, aggressive outbursts, and difficulties in emotional regulation, as well as students being withdrawn, hyperactive and extra sensitive in the wake of violent incidents in the home. The underlying cause of these disruptive behaviours often remains hidden; however (Lloyd 2018), relying instead on the child to disclose their experiences of DFV or school staff to have the time and capacity to make the connection.

While the challenges of school participation and engagement have been recognised, there is to date little research in Australia that examines the educational impacts of DFV for children and young people, and the opportunities for intervention and support provision within education settings.

## 2 | Research Design

This article draws on a subset of data from the AFVA project, a national study of adolescent family violence in Australia that surveyed 5021 young people, aged 16–20 years old in September and October 2021. Ethics approval for the AFVA project was obtained from the Monash University Human Research Ethics Committee (MUHREC, project ID: 27269). The study was retrospective, focusing specifically on adolescent family violence in the home. The survey also collected data on the diverse impacts of experiencing DFV between other family members during childhood and the direct impacts of child abuse experienced. It also looked at experiences of seeking help. Survey participants were recruited using online research panels managed by the Open Research Unit using a non-probability sampling method, and the survey was only made available to participants in English. Survey participation was anonymous. Throughout this article, participant quotes are referred to only by key demographics (gender identity, age, sexual orientation).

The subsample ( $n = 1651$ ) utilised for this article comprises young people who experienced violence between other family members ( $n = 856$ ), young people who experienced violence directed at them by family members ( $n = 76$ ), and young people who had experienced both of these types of violence ( $n = 719$ ). Young people were deemed to have experienced violence if they indicated they had experienced one or more of the following forms of violence in their childhood (up until and including 17 years of age), either between other family members, themselves by a family member, or both between and by family members:

- Physical violence (e.g., hitting, slapping, pushing, punching, kicking)
- Property damage (e.g., someone's property, belongings being destroyed as an intimidation or punishment tactic)
- Verbal abuse (including yelling, swearing)
- Emotional/psychological abuse (e.g., someone being put down, being told they're useless/stupid/ugly)
- Threats to harm/hurt the other person
- Threats to kill the other person
- Threats to harm/hurt someone close to the other person, including a pet, family member or friend

- Forcing another family member to have sex or doing something sexually to them against their will<sup>1</sup>
- Strangulation (e.g., someone being choked, suffocated or grabbed by their throat, being pinned down or against the wall by their throat)
- LGBTQ/identity-/sexuality-based abuse, including family exile and exclusion
- Gender identity-based abuse, discrimination and prejudice
- Other behaviours.

Table 1 presents demographic data on sex assigned at birth, self-identified gender, and self-identified sexuality. All participants were aged 16–20 years old ( $M = 18$  for all three cohorts). 5% of the subsample identified as First Nations ( $n = 85$ ) and 8.5% ( $n = 140$ ) indicated they spoke a language other than English at home. The majority of the subsample were born in Australia ( $n = 1365$ , 83%). Other countries of birth included England ( $n = 36$ ), New Zealand ( $n = 28$ ), India ( $n = 27$ ), China ( $n = 23$ ), Philippines ( $n = 20$ ) and Malaysia ( $n = 17$ ).

Respondents were asked about their experiences of violence during their childhood up until and including 17 years of age. As indicated above, this included questions on 12 or 14 specific forms of violence, in relation to violence experienced between other family members, or by a family member, respectively. The survey design allowed for multiple forms of violence to be selected (as many as were applicable to the young person), allowing for co-occurring types of violence to be captured. As per Table 2, for those who experienced violence between other family members and those who experienced both types of violence (between and by family members), the majority reported co-occurring behaviours from 2 to 11 types of violence. For those who experienced violence by a family member, a third reported co-occurring behaviours, ranging from 2 to 6 forms of violence.

While an exploration of the data relating to co-occurrence is outside the scope of this article, this data is included here to contextualise our discussion of disclosure rates. In addition to questions regarding their experience(s) of violence, participants were also asked about help-seeking behaviours by way of disclosure. The following question was asked for each type of violence selected: *Did you tell any of the following about your experience of violence/observing this behaviour between other family members? (please select as many as relevant.)* Participants were then presented with a list of 20 people to select from, including 'school teacher' and 'school counsellor'<sup>2</sup>.

The survey design and subsequent data set allow for examination of each type of violence consecutively, but do not allow for the data to be manipulated to show each respondent across the 14 (direct) and 12 (between other family members) forms of violence experienced. As a result, the figures reported in relation to disclosures (see Section 3) reflect aggregate rates of disclosure, meaning individual respondents are counted multiple times due to the rates of co-occurrence outlined in Table 2 above. We note that this question was not mandatory in the survey. Indeed, the response rates to this question were low across all three subsample groups (see [Supporting Information](#) for a full breakdown of disclosure rates by violence type).

**TABLE 1** | Subsample demographics.

	Subsample groups by experience of violence		
	Between other family members ( <i>n</i> = 856)	By family members ( <i>n</i> = 76)	Both between other family members and from family members ( <i>n</i> = 719)
Sex assigned at birth			
Female	596	54	572
Male	251	20	141
Prefer not to say/not specified	9	2	6
Identified gender			
Female	577	51	535
Male	252	20	137
Nonbinary	13	3	25
Gender questioning	11	—	14
Genderqueer	2	—	6
Gender fluid	1	—	2
Trans man	4	—	8
Trans woman	—	—	1
Trans (unspecified)	—	1	1
Agender	1	—	3
Sistergirl/Brotherboy <sup>a</sup>	—	1 (Sistergirl)	1 (Brotherboy)
Prefer not to say/not specified	2	—	5
Sexuality			
Heterosexual	567	42	403
Bisexual	136	14	160
Gay	6	3	17
Lesbian	8	2	12
Queer	7	1	14
Pansexual	24	2	29
Asexual	12	2	14
Aromantic	1	2	3
Unknown	23	2	25
Prefer not to say/not specified	72	6	43

<sup>a</sup>Sistergirl and Brotherboy are terms used by Aboriginal communities to describe transgender people (Victorian Government 2023).

**TABLE 2** | Experience of violence.

	Subsample groups by experience of violence		
	Between other family members ( <i>n</i> = 856)	By family members ( <i>n</i> = 76)	Both between other family members and from family members ( <i>n</i> = 719)
Co-occurrence of 2+ types of violence (% of experience of violence cohort)	472 (53%)	24 (32%)	Between family members: 582 (81%) By a family member: 465 (65%)

As above, respondents who had used AFV ( $n = 3370$ ) were excluded from our sample as they were the focus of the original broader study. This included exploration of educational impacts experienced by adolescents who had used AFV and their help-seeking behaviours (see Fitz-Gibbon et al. 2022a, 2022b).

## 2.1 | Data Analysis

The survey collected demographic details (see Table 1) and asked quantitative and qualitative questions, including questions relating to whom young people disclosed experiences of DFV, and what impact it had on them, including on their educational attainment and participation (see Fitz-Gibbon et al. 2022a for a fuller description of the survey instrument). The subset utilised for this article harvests data from two pairs of specific open-text survey questions. The first was designed to encourage respondents to elaborate on their experiences asking ‘Please describe the educational impact/consequences’ of your experiences of family violence ( $n = 361$  responses); and the open text ‘explain how’ follow up to the question ‘Did your experience of violence at home impact on your participation in school/school attendance and/or university?’ ( $n = 259$  responses). These questions overlap. The second represented a further chance in the survey to capture this important data. This is justified in post hoc assessment, where we often observed either data elaborations between questions ( $n = 175$  participants provided open text responses to both questions) or instances where respondents had responded to one question but not the other ( $n = 184$  provided responses to the first question only and  $n = 83$  provided responses to the second question only).

The second set of questions considered in this article asked about disclosures in the school setting. Here we draw in the quantitative data as a starting point to consider how many young people disclose their experiences of violence at home to teachers and/or school counsellors and then explore the qualitative data about their experience of that disclosure.

Using Braun and Clarke’s (2019) reflexive approach, thematic coding was undertaken using a constant comparative method, with open, unstructured coding initially done by Author one. The thematic analysis was then reviewed by other authors, with initial groupings and coder assumptions and biases noted and discussed, reflecting the ‘collaborative and reflexive’ approach outlined by Braun and Clarke (2019, 594) when more than one researcher is involved with thematic analysis.

Several limitations are present in the study. Firstly, it is important to note that the findings of this study are based on the subset of young victim-survivors who did not report using AFV and thus do not represent the experiences of all young victim-survivors. However, the impact of DFV on education and school engagement explored within the original broader AFVA study (Fitz-Gibbon et al. 2022a) reported similar findings in terms of issues with school attendance and performance, concentration and focus, and forming or maintaining social connections. Secondly, the structure of the original survey limits the conclusions that can be drawn in relation to low disclosure rates within schools. Young people were asked if

they disclosed their experiences to a list of 20 people, and they answered this question on disclosure for each of the (12 or 14) types of violence their cohort was asked about. Essentially, this means the same young person could have indicated they experienced five different types of violence by a family member and that they had disclosed their experience of each type of violence to a different person (from the list of 20) or indeed disclosed each type of violence to multiple people.

The research findings are organised in the following section by key themes. Through the use of direct quotes from the qualitative survey data, this article seeks to centre the voices and experiences of young victim-survivors of DFV in our exploration of how their experiences of violence have impacted their educational attainment, and in examining how to better understand young people’s help-seeking behaviours in educational settings.

## 3 | Findings

### 3.1 | The Educational Impacts of Young People’s Experiences of Family Violence

Three common, somewhat overlapping themes were derived from young people’s descriptions of the impact of DFV on their educational experience and attainment, separated here for analytical purposes only. The first theme highlights the extensive disruption by way of truancy and educational disengagement, including how DFV-associated mental health outcomes influenced school attendance. The second theme is concerned with the influence of DFV experiences upon young people’s education-related endeavours in their home environment. The third theme attends to the negative implications of DFV experiences upon educational activity within the school setting, including the impact upon educational outcomes. Although these themes are discussed independently here for analytical purposes, their interconnectedness is essential to recognising the complex and overlapping series of challenges young people experiencing DFV deal with in the pursuit of their education. Like the accumulative impacts of multiple ACEs on educational attainment including year-level repetition, higher risk of noncompletion and lower levels of overall educational attainment (Houtepen et al. 2020; Davies and Berger 2019; Bethell et al. 2014), understanding these complexities is critical to developing more effective child-centred supports. The final section of our analysis turns to a fourth theme, which attends to disclosures. Here we explore young people’s help-seeking behaviours, considering how many did or did not disclose their experiences, before taking a more detailed look at rates of disclosure in education settings (to school teachers and/or counsellors) and how useful, or not, young people found the response they received.

### 3.2 | DFV Disconnects Young People From Education

As per findings reported from other studies, throughout the survey many young people who had experienced DFV identified the school environment as a place to avoid—some dropping out entirely and some skipping class regularly. Consistent with other literature (e.g., Lundy and Grossman 2005; Sterne and

Poole 2010) the following sentiment was peppered throughout the survey dataset:

I had to drop out of school because of what was happening at home.

(17-year-old, female, heterosexual)

It made me stay up late some nights and miss out on school.

(18-year-old, male, heterosexual)

On closer inspection, a large amount of such sentiment was grounded in discussion of feeling unable to motivate themselves to attend or engage in school. Young people detailed a range of reasons for this, including the transferral of distrust of adults and authority from home to school (see also Davies and Berger 2019), making interactions challenging. Noting that this is also illustrative of impacts on capacity to engage in school processes, the following comment illustrates how for some young people school attendance can feel highly risky and nerve-wracking, resulting in significant absenteeism:

[Because of the violence at home] I lost the ability to ask questions when I was struggling. I became anxious and nervous in the presence of teachers with authority, which meant I was not able to answer questions correctly ... During my final months before [final] exams, I ended up only attending one day of school a week in a secluded environment.

(19-year-old female, heterosexual)

Another important theme derived from the data related more overtly to compromised physical and mental health as a result of DFV. Sometimes this was described in quite overt terms:

I was scared to go to school with bruises and was scared of someone noticing. As well as impacting my mental health so badly I did not want to go to school.

(20-year-old female, bisexual)

At other times, the implication was more subtle, connecting school to allied health supports that were needed to manage the impact of the situation, and as such compromising school attendance:

Was emotionally distant while attending school and had to take days off a lot to see psychologists.

(17-year-old female, heterosexual)

For some respondents, their disengagement from school was because they considered it to be a place of isolation and social disconnection due to loss of friendships and difficulties instigating or maintaining new friendships. For some, this was understood as logistical, caused by frequent moves due to their home situation, while for others it was the reaction to their trauma, finding themselves withdrawing from social interactions. Sterne and Poole (2010) discuss the intersecting impacts of loss or separation

(including loss of friendships), life changes (including moving house and changing schools) and traumatic life events (including DFV) on young people's mental health (see more below), noting the frequency of all three for those experiencing DFV. Again, we see the complex and intersecting ways that DFV impacts young people. As numerous respondents described:

I was frequently taken out of school, moved around, and lived a long way away from school.

(18-year-old male, heterosexual)

I skipped school a lot; sometimes I still do. I don't talk a lot to male teachers and don't really have close friendships with girls at my school, so I tend to stay home.

(17-year-old female, heterosexual)

In some cases, young people explained a feeling of obligation to skip school to take care of their parents in the context of DFV:

Dad would constantly leave mum and then come back to her as a form of emotional manipulation. I would take days off school to look after her and to make sure she was okay. But I was not allowed to tell anyone what was happening.

(20-year-old female, heterosexual)

I wanted to stay home to protect my mum.

(20-year-old male, heterosexual)

Finally, and against the grain of school absence, a smaller number of respondents identified school as a location where they could escape their home lives, and so were motivated to attend. This is consistent with the findings of Sterne and Poole (2010) (see also Berger and Meltzer 2021; Lloyd 2018), who also found school was considered a reprieve from the negative experience of DFV at home. Several of our survey respondents reflected on 'throwing themselves' into their studies as a way to escape their reality. As one participant stated, '[I] studied so hard to not have a reason to come home' (20-year-old male, unknown). This was rarely a straightforward association, however, as these two experiences demonstrate:

Yes, [I] wanted to go to school to get away from home, but felt very alone and isolated because no one knew what was happening.

(18-years-old, gender questioning)

Going to school was hard. Although it was a safe place [as] I knew my mother couldn't hurt me there. Focusing was hard ... There would be school days where I had no food and had been hit all night and told I was worthless and then had to go to school like nothing happened. I maintained my good grades as a distraction but the whole experience was awful.

(18-year-old female, heterosexual)

The prospect of the school as a refuge, however limited this might be, raises important questions about the scope of educational settings to offer effective mechanisms for disclosure and support.

### 3.3 | DFV Diminishes Ability to Engage in Education Activities in the Home

The second theme derived from the data relates to how young people's experience of DFV victimisation results in both immediate and lasting impacts in home-based education-related activity. While seemingly intuitive, to date this has been arguably overlooked when considering educational impacts. Throughout the survey responses, young people reflected on the disrupted educational consequences of their experiences of DFV at home, indicating a need to develop appropriate support structures in and beyond the school setting.

Many young people described the challenges of focusing on education and learning within an unsafe home environment, identifying that they experienced difficulties concentrating on homework or studying due to feeling unsafe in the home and being in the presence of fighting or having to navigate the tense atmosphere:

Made it very hard to focus on school when there was always shouting at home and I got anxious being at home so I could not study.

(20-year-old female, bisexual)

At times it did give me a significant amount of stress as I did not have an environment where I could study.

(18-year-old female, heterosexual)

It made me stay up late some nights and miss out on school. I would also struggle to complete homework and assignments in time. It all felt very overwhelming.

(18-year-old, male, heterosexual, Aboriginal)

For many young people, overt and immediate threats to their mental and physical safety compromised their ability to engage in educational activity in the home. Three young people surveyed described:

I'm trying to complete schooling at the moment and the stress has made it really difficult for me to do my work, I can't do any homework at home because it's not a safe environment for me and it's been really stressful, and I get behind a lot.

(18-year-old, female, bisexual)

When I got upset because my father was yelling at me, it would stop me from wanting to study or do my homework.

(17-year-old, female, prefer not to say)

I would struggle to do my homework because I had arguments all the time and was asked to leave the house on occasion.

(16-year-old, female, unknown)

Other respondents reflected on the disruption of dealing with the immediate fallout of violent incidents, for example, comforting parents or responding to police attendances:

Yes... [education including home work was impacted because] often parents would keep me up all night fighting or police visits in the middle of the night, leaving me to feel physically drained.

(20-year-old, female, heterosexual)

In describing the educational impacts, some young people spoke of what could be considered 'parental interference'—actions that the young person saw as negatively impacting or even preventing them from doing home-based educational activities. It has been found that parents who perpetrate family violence often exhibit harsh, inconsistent and manipulative parenting styles, lacking warmth and involvement (Federal Circuit and Family Court of Australia, *n.d.*). Conversely, in the case of one parent being the primary victim of the violence, their parenting style can be impacted in an attempt to appease the perpetrator, as well as their parenting abilities being compromised by the mental, emotional and physical toll of the abuse (Federal Circuit and Family Court of Australia, *n.d.*).

In the case of our subsample, this included restricting access to the resources needed to complete homework, such as the internet, or where school equipment required was broken or taken away from the young person:

[I] couldn't do school work with broken computer. Couldn't play sport with an injured body.

(17-year-old male, heterosexual)

Internet password was taken away.

(17-year-old, female, heterosexual, Torres Strait Islander)

For other young people, their parents enforced school absenteeism (in contrast to the previous discussion of student-led disengagement). In this extract we can see this is bound up with a pattern of controlling behaviours:

My mother stopped letting me go to school and did not let me do homework or talk to my friends after a certain point.

(19-year-old, unknown)

One young woman reflected on the impact of her abuser (her father) taking a job at her school:

My father (one of the abusers) acquired a job at my school and talks about me to my teachers in an unprofessional manner and shares information that

is inappropriate for teachers to know about our family life.

(17-year-old, bicurious)

Education disruption also manifested in the form of performance pressure placed on young people by their parents, with the word 'perfectionism' mentioned multiple times throughout survey responses:

I was always expected to get 100%, so I was always under pressure.

(16-year-old female, unknown)

I was pushed to be a high-achiever and they hold very many high standards for me.

(20-year-old female, heterosexual)

Yeah, I was pressured to do well or face consequences.

(20-year-old, male, heterosexual)

### 3.4 | DFV'S Impact on Participation and Achievement in School

The third major theme relates to how experiencing DFV impacted young people's participation while at school, and ultimately their educational attainment. While this theme intersects with those already explored, we have isolated effects in the school for analytical clarity.

Similar to other studies, numerous young people highlighted that their experiences of DFV negatively impact their participation in and performance at school. This included impacts on concentration (Lundy and Grossman 2005; Sterne and Poole 2010) and a general loss of motivation (Berger and Meltzer 2021). One young woman reflected:

I couldn't focus in class and had no motivation to succeed... I stopped contributing in class but continued to keep my school attendance as I was afraid of the consequences if I missed school.

(16-year-old, heterosexual)

Specifically, young people described how violence and instability in their home lives seeped into their schooling experience. Within this, perhaps unsurprisingly, young people described how their focus or concentration at school was markedly disrupted when living with DFV. Young people described being 'unable to concentrate and stay focused', 'couldn't focus on schooling', and 'trouble focusing'. For some respondents this inability to focus was coupled with a fear of the consequences of failure. As one participant commented, 'I struggled to focus at school and was afraid to fail' (18-year-old, female, bisexual). The accounts of being distracted due to thinking about home (see also Sterne and Poole 2010) were especially striking:

One instance in particular left me shaken, out of order and completely useless at school, so much so that my teachers sent me to the counsellor's office every day because my presence in the classroom wasn't there – physically yes, but I couldn't even really hear the lesson, questions, etc. I couldn't focus; the issue consumed my thoughts.

(19-year-old female, heterosexual)

A large amount happened when I was during exam periods and I could not concentrate on my school life as I had to deal with all the abuse that was happening at home.

(17-year-old male, bisexual)

Critically, and mirroring the literature (Davies and Berger 2019; Houtepen et al. 2020) many respondents identified the adverse impacts of DFV on their academic outcomes, including failing exams and achieving lower grades. This excerpt exemplifies the interconnection of school absence and, even when attending, a fundamental disconnect from the learning process that occurs in the context of DFV victimisation:

I kinda repressed everything that happened to me during the time period, which happened to be at a detrimental time to the foundations of my learning. I cannot really do basic things academically because I never remembered learning them. I also missed a lot of school because of bruises and depression.

(17-year-old, female, heterosexual)

Furthermore, for many participants, the sheer exhaustion felt due to constantly dealing with violence within the home resulted in school feeling too hard or overwhelming, even when attending:

I struggled to concentrate in my senior years of high school, mostly because I was not eating and had no energy. But a lot of the time I was too busy thinking and worrying about my home life.

(20-year-old female, bisexual)

[I was] falling behind in school, giving up, submitting late assignments, sleeping in class, and having a bad relationship with teachers/authority figures.

(20-year-old, female, queer)

Respondents identified the intersection of mental health issues, poor school performance, and their experiences of DFV (see inter alia Davies and Berger 2019; Houtepen et al. 2020; Sterne and Poole 2010). This included depression and anxiety, fear of failure, and the paralysis or avoidance experienced in relation to this, including feelings of hopelessness, overwhelm and self-doubt, and difficulties regulating emotions. As two survey participants explained:

The mental conditions I have developed as a result of these experiences have caused me to struggle to complete my schoolwork. I also struggle to complete work when I am currently or have recently been abused.  
(19-year-old, female, bisexual)

I couldn't focus in classes and if teachers would get upset or yell at the whole class I would spiral and zone out or even go into a panic or anxiety attack... I couldn't handle being told I was wrong or being corrected so I never participated in class.  
(18-year-old female, heterosexual)

As captured in the second quote above, young people also reflected on the resulting challenges they experienced participating in class, coupled with difficulties in forming social connections with their peers:

I was very depressed and anxious at school. This limited my ability to make friends and socialise.  
(20-year-old female, bisexual)

These findings support teacher observations of students experiencing DFV, as identified by Davies and Berger (2019). They found that in addition to having difficulty developing healthy peer relationships, students living with DFV demonstrated 'a lack of trust; low self-esteem; inability to problem-solve; and a fear of failure' (p. 99) – a multitude of additional barriers to engagement and participation in school.

### 3.5 | Rates and Experiences of Disclosing Family Violence at School

Given the extensive impacts on young people's educational experience and attainment, as discussed above, it is imperative

to understand how and whether school settings can be places where young people effectively seek help. Part of this is understanding current help-seeking behaviours of young people in educational settings, measured in the survey by the questions regarding disclosures (see Section 2). This is the final focus of our analysis. Table 3 provides a summary of the disclosures made within each cohort captured in our subsample. It reports the aggregate number of young people who indicated they disclosed to someone (see Section 2) and those who indicated they did not disclose to anyone. It also highlights the number of disclosures made to teachers and/or school counsellors and the percentage of disclosures this represents for each type of violence. The figures in Table 3 represent the aggregate number of disclosures made across the 12 and 14 types of violence experienced, not the number of respondents (see Section 2 for further discussion). A full breakdown of disclosures by type of violence for each cohort can be found in the [Supporting Information](#).

As shown in Table 3, rates of disclosure to teachers/school counsellors range from 12.4% to 17.8%, with those experiencing violence both by and between family members disclosing in educational settings at a higher rate than those experiencing one or the other. While caution must be taken in interpreting these results, given the low survey response rates to the disclosure questions (see Section 2 and [Supporting Information](#)), these figures point to consistent help-seeking by young people in educational settings. A deep dive into the respondents who indicated they disclosed to a teacher and/or school counsellor revealed that 227 individual respondents (14% of the total subsample of 1651) made disclosures. Across these 227 young people, 502 disclosures of different types and experiences of abuse were made to school counsellors ( $n = 311$ ) and teachers ( $n = 85$ ), with a fifth of disclosures ( $n = 106$ ) made to both a teacher and a school counsellor. Outside the home, the school setting is where young people spend the majority of their time; the fact that such a small number chose to disclose in this setting warrants further investigation.

**TABLE 3** | Aggregate disclosure rates.

	Did not disclose	Disclosed to someone/s	Disclosed in school setting <sup>a</sup>	% of disclosures in school setting <sup>b</sup>
Experienced violence by a family member ( $N = 76$ ) Total disclosures <sup>c</sup>	57	54	7	12.9%
Experienced violence between other family members ( $N = 856$ ) Total disclosures <sup>d</sup>	984	943	117	12.4%
Experienced violence by a family member and between other family members ( $n = 719$ )				
Violence by a family member Total disclosures <sup>c</sup>	954	868	144	16.6%
Violence between other family members Total disclosures <sup>d</sup>	1119	1313	234	17.8%

<sup>a</sup>Disclosed to a teacher and/or school counsellor.

<sup>b</sup>The % is of disclosures made to someone (e.g.,  $n = 57$  disclosures made to someone and  $n = 7$ , or 12.9% of those disclosures were made to a teacher/school counsellor).

<sup>c</sup>Total disclosures made across each of the 14 types of violence asked about.

<sup>d</sup>Total disclosures made across the 12 types of violence asked about.

In addition to asking about who they disclosed to, the survey asked respondents to identify who was the most and least helpful person to whom they disclosed their DFV experience. Of the 502 disclosures made to teachers, school counsellors or both, 286 comments indicated the teacher and/or school counsellor to be either most helpful ( $n = 144$ , 50%), least helpful ( $n = 109$ , 38%) or for a handful ( $n = 33$ , 12%) a combination of both. Demonstrating the range of experiences, among the small number who identified those they found most and least helpful, the experiences appear to be split, with half having a positive experience but equally half having a negative or mixed experience of disclosing their experience to a school-based professional.

For those young people who identified their school counsellor and/or teacher as the most helpful person they disclosed to, the provision of ongoing and consistent support was repeatedly described. This looked different across young people's experiences but frequently focused on their empowerment at the point of disclosing. For some young people, it was via the provision of information and resources that proved beneficial:

School counsellor as they told me how to handle/deal with it.

(19-year-old female, heterosexual)

School counsellors, they provide information and listen.

(18-year-old male, bisexual)

The school counsellor was trained in discussing such problems and gave me strategies.

(19-year-old female, heterosexual)

For other young people, the provision of a safe and trusted space that allowed the young person to feel genuinely heard and supported was meaningful:

Teacher because she understood me and believed in me.

(20-year-old male, bisexual)

Teacher because I was able to let my mind rest better.

(17-year-old female, panromantic asexual)

My school teacher, as he was able to listen to my concerns and make sure I was alright at school.

(18-year-old female, heterosexual)

My school teacher, she was easy to talk to and was there for me when I was upset about it.

(20-year-old female, bisexual)

Other respondents described the importance of teachers and/or school counsellors that provided them with greater contextual

understanding of their experience of abuse, and where the trusted adult was able to help them understand that the violence experienced was not their fault. Two young people surveyed described:

My school counsellor because she made sure I understood that it was really messed up and calculating of him to do.... [she] was the most helpful as she made sure I knew how wrong it was – I did not really think much of it before she pointed it out to me.

(16-year-old female, bisexual)

School counsellor told me it was not my fault.

(18-year-old female, heterosexual)

Finally, for some young people, an adult acting in response to a disclosure was considered the most helpful outcome within a school setting:

School teacher, they actually did something about it.

(19-year-old female, gay)

The counsellor made a report and called them into school to have a chat with them...School counsellor helped me with coping methods and also spoke to them about it.

(17-year-old male, bisexual)

School as they were able to take action and help my mum and I.

(17-year-old female, heterosexual)

In contrast, however, there were also young people that reflected on unhelpful responses received from teachers and school counsellors to whom they disclosed their victimisation. Mirroring the findings from Fitz-Gibbon and Buys (2023), young people expressed frustration where they had disclosed their victimisation and the trusted adult had taken little to no action:

Probably my school counsellors and teachers because it did not help in any way.

(20-year-old female, heterosexual)

School teacher never did anything or helped me emotionally.

(18-year-old female, heterosexual)

This frustration extended to where young people felt they had been ignored or that their disclosure had not been taken seriously:

Schools. They never listen. Only care if you make the school look good or get you back to class asap.

(16-year-old female, bisexual)

School counsellor was really vacant and didn't really care about me personally and my situation because they didn't really believe me or take me seriously.

(17-year-old female, heterosexual)

In other cases, the frustration expressed stemmed from instances where the young person believed harmful advice had been provided:

School Counsellor told me I needed to understand dad's behaviour and keep my head down, which invalidated my feelings.

(19-year-old female, heterosexual)

I was told to go home where I didn't feel safe... school staff made my situation worse as they gave terrible advice to me and my parents after notifying them, which breached confidentiality.

(17-year-old female, unknown)

The positive and negative experiences of disclosing victimisation described here by young victim-survivors is reflective of the tenets of trauma-informed policy and practice (Berger 2019). Studies looking at the experiences of Australian teachers (Davies and Berger 2019) and mental health staff working in schools (Berger and Meltzer 2021) identify the provision of trauma-informed training for all school staff as critical for staff and students alike. Such training increases confidence and capabilities for dealing with disclosures of DFV, as well as supporting school staff to effectively 'identify and understand the differences between behavioural issues and trauma in students' (Berger and Meltzer 2021, 297). All of which can help avoid feelings of dismissal and provision of unhelpful or harmful advice among young people. Embedding a multitiered trauma-informed approach across schools has been shown to improve student academic achievement and behaviour, reduce mental health symptoms and improve self-perceived knowledge and confidence in staff (see also Berger 2019; Berger and Meltzer 2021).

#### 4 | Conclusion

This study centres on the voices of young victim-survivors of DFV, shedding light on the significant and wide-ranging educational impacts endured by these young people. These impacts highlight the urgency for comprehensive support systems within schools to address not only the academic but also the socioemotional and safety needs of students. While the young people who participated in this study were able to articulate the impacts of violence on their educational participation and attainment, the study also found that reported help-seeking and disclosure rates were low in school settings (i.e., to a teacher or school counsellor). Given the significant amount of time young people spend at school, the lack of help-seeking in this setting underscores the need to better understand the barriers faced by young people, as well as the need for greater investment in child-centred responses within educational institutions. Accessing help via school settings relies on young people feeling confident to

disclose, school staff feeling confident to respond appropriately to disclosures, and the quality of support provided following the disclosure. Schools should not only be places of academic learning but also spaces where students feel empowered to share their experiences of abuse, seek help and be connected to supports when needed.

The findings presented underscore the profound impact of DFV on young people's engagement with formal education, reinforcing existing literature on the barriers to attendance and participation. While some young people experiencing DFV described seeking refuge in school, many others experienced significant educational disengagement due to mental health challenges, instability and a pervasive sense of isolation. This study highlights the urgent need for trauma-informed educational responses that prioritise flexible attendance policies, targeted mental health support and safe, inclusive school environments. Without a concerted effort to address the disruptions caused by DFV, many young people will continue to face compounding educational disadvantage, potentially reinforcing cycles of marginalisation and limiting their long-term opportunities.

Our analysis also illustrates how the impacts of DFV on young people's educational attainment and participation extend beyond the school environment, significantly impairing their ability to engage in home-based learning activities, such as homework and exam preparation. The presence of abusive behaviours can create environments that impede studying, leading to missed learning opportunities and longer-term academic impacts. These findings emphasise the necessity of broadening educational support beyond the classroom to consider the home context, including initiatives such as alternative study spaces, digital access support and school-based interventions that serve to mitigate the challenges of learning in unsafe home environments. A holistic, wraparound approach that integrates educational and social services is critical to addressing these barriers and better meeting the educational needs of young people experiencing DFV.

At a time when there is increasing focus in policy and practice on improving responses to children as victim-survivors of DFV in their own right, this article advances national understandings of how the schooling experiences of young people are impacted by DFV victimisation. The experiences of the young people captured in this study raise critical questions around the adequacy of current measures to ensure that schools are equipped to recognise, respond to, and support students who experience violence in the home. Based on our findings, and that of the broader AFVA study, it is clear that the development and delivery of a multifaceted approach that includes specialist training for school staff, implementation of trauma-informed practices, and fostering a culture of trust within the school community is needed to ensure young people are supported as victim-survivors of DFV in their own right. Teachers and school staff must be equipped to recognise the signs of DFV-related distress, provide meaningful academic and emotional support and foster school cultures that validate and empower students facing adversity. By embedding trauma-informed practices and strengthening in-school support networks, educational institutions can become critical sites of intervention that help mitigate the detrimental

impacts of DFV victimisation on young people's academic trajectories and overall well-being.

### Author Contributions

**Rebecca Stewart:** conceptualisation, formal analysis, project administration, writing – original draft, writing – review and editing. **Kate Fitz-Gibbon:** conceptualisation, methodology, writing – original draft, writing – review and editing, supervision. **Steven Roberts:** methodology, writing – original draft, writing – review and editing.

### Acknowledgements

The wider project from which this article draws was funded by Australia's National Research Organisation for Women's Safety (ANROWS). We would also like to acknowledge project members on the wider study—Professor Silke Meyer, Dr. Hayley Boxall, Professor JaneMaree Maher and Dr. Kathryn Benier. Open access publishing facilitated by Monash University, as part of the Wiley - Monash University agreement via the Council of Australian University Librarians.

### Conflicts of Interest

Dr. Kate Fitz-Gibbon contributed to this article in her capacity as a Professor (Practice) in the Faculty of Business and Economics at Monash University. The article findings are wholly independent of Kate Fitz-Gibbon's role as Chair of Respect Victoria.

### Endnotes

<sup>1</sup> This wording was asked of respondents who indicated they witnessed violence between other family members. Respondents who indicated they had experienced violence by a family member were asked if the perpetrator 'touched your private parts', 'made you touch their private parts', 'forced you to have sex'.

<sup>2</sup> Full list of people they could select from was: My brother/My sister/My mother/My father/My parent (including adopted and foster parent)/Friend/Grandparent/Other family member/School teacher/School counsellor/Other community member/Youth support worker/counsellor/Member of a LGBTQ+ organisation/Specialist family violence support service or program/Child and youth mental health worker/Child protection/Cultural mentor (unrelated aunty/uncle)/Community elder/Sports coach/Other person, please specify (open text box)/I did not tell anyone.

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### Supporting Information

Additional supporting information can be found online in the Supporting Information section.