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Domestic Violence and Education: A Multidisciplinary Approach to Supporting Children

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Abstract

Domestic and family violence is a significant social and educational issue that can have enduring consequences for children's wellbeing, development, learning and educational participation. This literature review examines how multidisciplinary collaboration can support Australian children affected by domestic and family violence, drawing on Australian policy, developmental research and the complementary roles of education, legal and specialist professionals. The literature highlights associations between exposure to domestic and family violence and difficulties in cognitive, emotional, behavioural and social functioning, which can affect children's attention, memory, emotional regulation, school attendance, classroom engagement and academic achievement. Although schools are uniquely positioned to recognise changes in children's educational functioning and provide stability, educators cannot be expected to independently identify or respond to the complex and ongoing nature of domestic and family violence. This research therefore proposes a school-based multidisciplinary framework that incorporates ongoing professional learning, coordinated referrals and information-sharing pathways, individualised learning and behavioural support, and ongoing monitoring of children's wellbeing and educational progress. However, multidisciplinary collaboration does not necessarily ensure effective outcomes. Inconsistent professional training, communication barriers, organisational limitations and limited Australian evidence evaluating the effectiveness of multidisciplinary interventions present ongoing challenges. It is therefore contended that coordinated, trauma-informed and child-centred approaches offer a promising framework for supporting children affected by domestic and family violence, while highlighting the need for further Australian research to evaluate their effectiveness and determine their impact on educational outcomes.

Keywords

Domestic and Family Violence, Multidisciplinary Collaboration, Educational Outcomes, Trauma-Informed Practice, Children and Young People, Child-Centered Approaches, Coercive Control, Australia

1. Introduction

Domestic Violence (DV) is a significant social and educational issue that affects thousands of Australian children and families each year. Under the *Family Law Act* 1975 (*Cth*), family violence is defined as violent, threatening or other behaviour that coerces, controls or causes a family member to fear for their safety. Children can become victims of DV either directly or indirectly through abuse or observation of violent behaviour in the family home. Exposure to DV has profound effects on mental health and development of a child. The Federal Circuit and Family Court of Australia recognises that the implications are more than physical damage; they interfere with children's capacity to attend school regularly due to unstable housing, economic disadvantage, changes in parenting styles, and psychological issues. Significantly, although children's reactions differ depending on protective factors, including social support and consistent schooling experiences, there is widespread acknowledgment that DV is a key risk factor for negative educational experiences. These consequences underscore the importance of schools in identifying at-risk children and coordinating their safety and learning needs (Federal Circuit and Family Court of Australia, 2024).

This report will critically review and analyse *how multidisciplinary collaboration between educators and professional stakeholders can improve the educational outcomes of children who have been exposed to DV*. Due to the word count restraints, this research will focus on children, particularly within the school context, and will synthesise and apply the evidence relating to multidisciplinary approaches to supporting the educational outcomes of children who have been exposed to Domestic and Family Violence (DFV), proposed interventions, and caveats that may structure the foundation for future research.

Review Methodology

This study employs a literature review approach to critically examine the relationship between DFV, children's developmental and educational outcomes, and the role of multidisciplinary collaboration in supporting affected children within Australian educational settings. The review draws on peer-reviewed academic literature, Australian government publications, policy documents, and relevant professional reports to examine the complex, interconnected consequences of DFV across educational, developmental, legal, and social contexts.

The literature was examined thematically, with particular attention to the recognition of children as victim-survivors, the developmental and educational conse-

quences of DFV, the responsibilities of professional stakeholders and the potential contribution of coordinated multidisciplinary interventions. Findings were critically compared to identify recurring themes, inconsistencies, limitations and implications for educational practice. Given the approach adopted in this review, the findings should be interpreted in light of the potential for selection bias, variations in research methodologies, and the limited availability of Australian studies directly evaluating the effectiveness of multidisciplinary interventions on children's educational outcomes.

2. Domestic and Family Violence as an Educational Issue

2.1. Australian Policy and Recognition of Children as Victim-Survivors

DFV is a significant issue in Australia, with increasing recognition within Australian policy and practice recognising that children are victim-survivors rather than just passive witnesses to violence (Stewart et al., 2025). This shift is acknowledged in Australia's 10-year strategic *National Plan to end Violence against Women and Children* 2022-2032, committing to developing child-centred policies and practices that recognise and respond to children's unique experiences within DFV (Commonwealth of Australia, 2022). This was advised by the National Plan through extensive recommendations arising from the National Plan consultation projects (Fitz-Gibbon et al., 2022a, 2022b; Stewart et al., 2025), while the Victorian Royal Commission into DFV (Victoria et al., 2016) has highlighted the need to improve risk outcomes for children who have been exposed to violence. However, despite these significant policy reforms, the implementation of child-centred approaches is inconsistent across national, state and territory levels, where the views of children and young people within Australia continue to be inadequately represented in how DFV has implicated them and in seeking assistance for DFV victimisation (Fitz-Gibbon et al., 2022a; Fitz-Gibbon et al., 2023; Stewart et al., 2025). These policy developments recognise that supporting children exposed to DFV requires coordinated responses across multiple sectors, including education, where schools are uniquely positioned to identify vulnerability, provide stability and collaborate with other professionals to improve children's educational outcomes.

According to the recent South Australian Royal Commission, 1 in 4 women in Australia have reported experiencing violence by an intimate partner or family member since the age of 15, compared to 1 in 8 men (Commonwealth of Australia, 2022). These figures indicate a gendered statistical pattern of harm that can no longer be ignored. However, the impacts of DFV extend beyond adult-victim survivors, with children also experiencing and being affected by violence within the family. Regardless of gender or background, children have the right to feel safe, dignified and supported, including the opportunity "*to heal*" *recover and thrive beyond the violence they have endured* (Royal Commission into Domestic, Family and Sexual Violence, 2025).

Within Australia, states and territories have the sole responsibility for providing child protection services to anyone who is aged under 18 and at risk of being abused, neglected, harmed, or whose parents/guardians are unable to provide adequate care and protection for them (Australian Institute of Health and Welfare (AIHW), 2023). Within Australia, state and territory governments are responsible for providing statutory child protection services to children under 18 who have experienced, or are at risk of, abuse, neglect or other harm, or whose parents are unable to provide adequate care or protection (Australian Institute of Health and Welfare (AIHW), 2026).

Although alcohol use is not, and cannot be stated to be, the cause of DV, according to the Royal Commission into Domestic, Family and Sexual Violence (2025), alcohol was a primary contributing factor, accounting for half of all high-risk DFV occurrences inspected by the South Australian Multi-Agency Protection Service in the 2023-2024 financial year (Our Watch, 2021). A study by the Australian National Research Organisation for Women's Safety reviewed 240 women who were murdered by a current or former partner between 2010 and 2018 and reported that 60% of the male perpetrators were affected by alcohol or drugs at the time of the woman's homicide (Australian Domestic and Family Violence Death Review Network, & Australia's National Research Organisation for Women's Safety, 2022). Furthermore, in 2021-2022, the Personal Safety Survey revealed that almost half, an estimated 348,300, of the women who had experienced a male perpetrator of sexual assault within the previous 10 years had reported that they believed alcohol or other substances had been a contributing factor to the incident. According to the Australian Institute of Health and Welfare (2024), findings from the 2022-2023 National Drug Strategy Household Survey estimated that approximately 21% of Australians aged 14 years and over, representing 4.6 million people in the population, had experienced verbal or physical abuse or had been put in fear by someone under the influence of alcohol in the preceding 12 months.

There is a growing recognition of substance use coercion as a form of abuse, in which DV perpetrators use to manipulate or control a partner's substance use as a part of a broader pattern of this coercive control. This evidence emphasises the complexities of gender-based violence and substance use relationships, particularly with women and children who have been exposed to various forms of DFV, including psychological and physical violence, financial abuse, coercive control and ending in homelessness. These overlapping difficulties reinforce the need for multidisciplinary approaches to address complex circumstances of women and children when they leave a substance-affected environment (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022).

2.2. The Impact of Violence on Children

DFV is recognised as a significant adverse childhood experience (ACE), with ex-

posure associated with increased risks of emotional, behavioural, cognitive and social difficulties across childhood and adolescence (Harper et al., 2016; Lloyd, 2018; Wolfe et al., 2003). However, the developmental consequences of DFV exposure are not uniform, and children's responses may vary according to their age, developmental stage, the nature and duration of exposure, and the availability of protective factors, including supportive relationships and stable educational environments.

In early childhood, DFV can result in emotional issues including withdrawal, anxiety, engaging in repetitive play, regressive behaviour, restricted autonomy, sleep issues and tantrums (Baker & Cunningham, 2009; Phan et al., 2024). In school-aged children, DVF can negatively affect their cognitive skills, language development, educational attainment, and a child's school attendance, motivation, attention, and concentration, including withdrawal, insecurity, guilt, depression, and self-esteem (Lloyd, 2018; Phan et al., 2024). In adolescent children, DFV can result in self-blame, guilt, substance abuse, self-harm, depression, suicidal thoughts, risk-taking behaviour, alienation from peers, and criminal behaviour (Lloyd, 2018; Phan et al., 2024). As children have increased exposure to DV, this also escalates their chances of experiencing other abuse and neglect (Campo, 2015; Phan et al., 2024). These associations should not be interpreted as inevitable developmental outcomes, as children exposed to DFV may demonstrate different responses and levels of resilience depending on their individual circumstances and access to support.

Regardless of who the intended target is, children can become victims themselves, as DFV can represent a pattern of behaviour experienced through ongoing episodes rather than as a single event (Phan et al., 2024). Through the continued observation of DFV, children may turn violent, consequently continuing the cycle of DFV (Bradshaw & Garbarino, 2006; Phan et al., 2024). The increasing recognition of children as victim-survivors reflects a growing understanding that exposure to violence has enduring consequences on children's development and education. The World Health Organisation (WHO) has identified that violence against children is a public health issue, with estimates that up to one billion children have experienced physical, emotional, or sexual violence or neglect each year (World Health Organization (WHO), 2022). The WHO emphasised that violence in early life is shown to negatively impact brain and nervous system development, affect cognition, and lead to poor academic performance and cognitive functioning. Similarly, Australian evidence provided by the AIHW explains that these effects occur within the family, in the form of domestic and sexual violence, demonstrating that children and young people exposed to DFV experience considerable harm to their health, wellbeing, education, social and emotional development (Australian Institute of Health and Welfare (AIHW), 2025). The AIHW states that childhood exposure to violence is associated with lower educational attainment, poor health outcomes and an increased probability of experiencing violence later in life, highlighting the intergenerational con-

sequences of DFV (AIHW, 2025). Together, the WHO and AIHW suggest evidence that demonstrates violence experienced during childhood is not solely a child protection or public health issue but also a significant educational concern (AIHW, 2025). However, while the WHO embraces a broad global perspective that encompasses all forms of violence against children, the AIHW provides Australian-specific evidence that illustrates how DFV contributes to educational disadvantage and reinforces the need for a multidisciplinary, coordinated response within schools with other child-serving systems (AIHW, 2025; World Health Organization (WHO), 2022).

2.3. Coercive Control and the Complexity of Domestic and Family Violence

In Australia, the experience of Hannah Clarke and her children in 2020 provides a significant example of the consequences of failing to recognise coercive control as a pattern of behaviour rather than viewing DV exclusively through individual incidents of physical violence (Saltmarsh et al., 2020). Following their deaths, *the Small Steps 4 Hannah Foundation* was established to increase public awareness of DFV and coercive control, and to advocate towards changing both legal and social awareness (Small Steps 4 Hannah, n.d.). Hannah Clarke's case shows the need for multidisciplinary professionals to communicate, recognise signs of coercive control, and respond appropriately when in doubt. However, this case should not be used as evidence that teacher training or school intervention would necessarily have prevented the outcome; rather, it demonstrates the complexity of recognising coercive control and the importance of ensuring that professionals who interact with children have access to appropriate DFV knowledge and specialist support.

Identification and communication are particularly important in educational environments, where teachers and school staff observe changes in children's behaviour, attendance, relationships, and emotional wellbeing without always knowing the circumstances in the home environment. Research examining DFV and parent-school engagement demonstrates that schools can inadvertently minimise or misinterpret DFV when it is represented as traditional parental separation or custody dispute, thereby reproducing the coercive control experienced by children and women involved (Saltmarsh et al., 2020). Consequently, recognising DFV requires more than identifying individual incidents or behavioural changes; it requires professionals to understand the wider patterns of violence, coercive control and their effects on children.

2.4. Domestic Violence and Educational Outcomes

Exposure to DFV during childhood can significantly affect a child's development and ability to engage and stay motivated in the educational environment. Research has identified difficulties in cognitive functioning, such as attention and executive control, and mental health issues such as anxiety, depression and Post-Traumatic

Stress Disorder (PTSD), which foster ongoing reinforcement that diminishes a child's emotional regulation and social functioning (McCrory et al., 2010). Chronic stress and negative experiences, including DFV, can interrupt neurodevelopment, which increases a child's vulnerability and risk of lifelong mental and physical health issues (Shonkoff et al., 2012; Tsunga et al., 2025). In early childhood, a child's developing performance shows significant age-related changes, including in short-term memory and working memory (Gustafsson et al., 2013; Ornstein & Haden, 2001; Schneider et al., 1998). This research shows that as children age, they improve their ability to instinctively formulate strategies for storing or retrieving information and, more effectively, to use these methods in various scenarios (Gustafsson et al., 2013).

Furthermore, these mnemonic skills, when used in foundational ways, support children's functioning and academic success in later years (Bull et al., 2008; Ornstein et al., 2009; Sabol & Pianta, 2012). Developing proficiency in these memory skills before entering kindergarten can be especially important for children's long-term success, as it enables them to store, recall, and apply information, which is critical for meeting the demands of school. Although most research concerning these DV associations and children's memory has a strong connection to traumatic events, few researchers have correlated FDV and general memory skills (Gustafsson et al., 2013). DePrince et al. (2009) identified that school-aged children who had been exposed to and witnessed FDV showed impaired working memory in comparison to children who had experienced nonfamilial trauma or those children who had not experienced trauma. This is reinforced by evidence suggesting impaired working memory and short-term memory among adults who had reported childhood trauma (Bremner et al., 1995; El-Hage et al., 2006).

3. Development and Neurobiological Effects of Domestic Violence

3.1. Neurobiological Effects of Domestic and Family Violence

Children who have witnessed DV are susceptible to developing PTSD (Delima & Vimpani, 2011; Herman, 1992; Tsavoussis et al., 2014). These children can develop significant developmental and behavioural issues (Kilpatrick & Williams, 1997; Rudo et al., 1998). PTSD and exposure to early adversity may also involve emotional, behavioural, and cognitive difficulties, including reduced academic achievement, lower cognitive performance, language difficulties, impaired memory, difficulties with self-regulation, and problems sustaining attention (Pechtel & Pizzagalli, 2011). Exposure to DV has been linked to neurobiological changes across regions of the developing brain, including the midbrain, limbic system, cortex, corpus callosum, and cerebellum (Tsavoussis et al., 2014). Alterations in these brain regions can contribute to difficulties with attention and behavioural regulation in children who have been exposed to DV. Children therefore may experience psychological and behavioural challenges, including PTSD, attachment disorders and attention deficit hyperactivity disorders (ADHD) (Refer **Figure 1**).

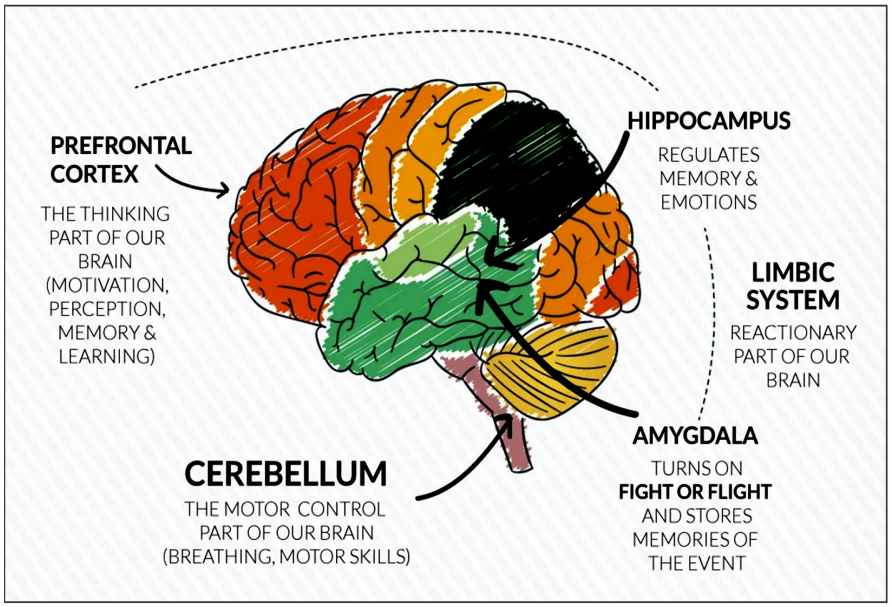


Figure 1. Key brain regions involved in emotional processing, memory, cognitive functioning and behavioural regulation (Shift Learning, 2021).

The limbic system, including areas such as the amygdala, hippocampus, and hypothalamus, play an imperative role in emotional processing, memory and an individual's response to perceived threats. Research examining these brain regions has produced inconsistent findings regarding structural changes related to DV. However, childhood maltreatment has been associated with a reduction in hippocampal volume, suggesting that children who have prolonged exposure to adversity may influence the development and functioning within this region (Tsavoussis et al., 2014).

The cerebral cortex, particularly the prefrontal cortex (PFC), supports higher-order cognitive processes such as executive functioning, memory, emotional regulation, and decision-making. Differences in PFC development and grey matter volume have been identified in children and adolescents exposed to maltreatment. De Brito et al. (2009) identified differences in grey matter within the medial orbitofrontal and anterior cingulate cortices among young males displaying callous and unemotional behaviours. These results suggest that alterations in cortical development could influence empathy, moral reasoning, and decision-making (De Brito et al., 2009; Tsavoussis et al., 2014). This outcome is subject to variation based on violence or witnessing violence (Tsavoussis et al., 2014).

Research has also identified reductions in corpus callosum volume among children who have experienced abuse or witnessed violence. The corpus callosum facilitates communication between the brain's two cerebral hemispheres, and changes in this structure may affect information across different brain regions (Tsavoussis et al., 2014). Similarly, the cerebellum supports motor coordination as well as cognitive and emotional processes and has extensive connections with the brain's frontal regions. Reductions in cerebellar volume have been reported among ado-

lescents who have experienced maltreatment, suggesting that adversity may influence the development of neural systems involved in behavioural and emotional regulation (Tsavoussis et al., 2014).

3.2. Post-Traumatic Stress and Alterations in Brain Structure and Function

Children who have witnessed DV are susceptible to developing PTSD (Delima & Vimpani, 2011; Herman, 1992; Tsavoussis et al., 2014). These children can develop significant developmental and behavioural issues (Kilpatrick & Williams, 1997; Rudo et al., 1998). Research has identified differences in both brain structure and function among children experiencing trauma-related difficulties, suggesting that maltreatment can affect neural development and the processes that support cognitive and emotional functioning (De Bellis, 2002; Cook et al., 2009; De Bellis et al., 1999; Tarullo & Gunnar, 2006). For example, functional magnetic resonance imaging (fMRI) in researching executive functioning has identified altered patterns of activation in adolescents with maltreatment-related PTSD, including a reduction in inactivation of the middle frontal cortex alongside increased activation within the left medial frontal gyrus and anterior cingulate gyrus (Tsavoussis et al., 2014).

4. The Role of Professional Stakeholders in Multidisciplinary Responses

4.1. Independent Children's Lawyer

An Independent Children's Lawyer (ICL) represents and advocates for the best interests of the child in family law proceedings and can be appointed in family law matters involving allegations of family violence, abuse or neglect, high parental conflict or other complex circumstances affecting the child (Federal Circuit and Family Court of Australia (FCFCOA), 2021). The ICL's position is particularly pertinent for children exposed to DFV, as it provides a neutral avenue for them to express their experiences and views for consideration in legal decision-making. Although the ICL is not required to advocate solely for the child's preferred outcome, they are instructed to consider the child's views and encourage the child's participation in proceedings in an age and developmentally appropriate manner (FCFCOA, 2021). Importantly, the ICL can obtain information from professionals involved in the child's life, including teachers, school principals, and examine applicable school documents and Child Abuse Reported (CARL) documents, such as police, medical, and psychological records (FCFCOA, 2021; Government of South Australia, 2024).

The ICL's role highlights the importance of information sharing across multidisciplinary systems when responding to children affected by DFV. Teachers are in a position to observe changes in a child's attendance, behaviour, learning, emotional regulation, or relationships with peers, which can provide important evidence of a child's day-to-day functioning and general wellbeing. However, an

ICL's capacity lies in applying the information they receive, emphasising the importance of clear communication and appropriate information-sharing procedures among schools, legal, and other multidisciplinary providers. In this regard, teachers contribute their understanding of the child's educational environment, while the ICL amalgamates this information with evidence provided from other sources to inform decisions regarding the child's best interests. This collaboration is particularly influential in DFV cases, where the child's educational experiences can provide an important indication of the more complex effects of violence and instability on their wellbeing.

4.2. Family Report Writers

Family report writers (FRW) are professionals appointed to provide independent, expert assessment of children's circumstances in family law proceedings. Their role is to assist the court in making decisions concerning the best interests of children by assessing relevant family circumstances, relationships, and the needs and wellbeing of the child. FRW may be required to gather information from a range of sources, including the child, parents, schools, and other multidisciplinary professionals involved in the child's life. These assessments can therefore provide the court with the necessary information about children's experiences across environments and inform decisions about parenting arrangements and ongoing relationships with family members (Federal Circuit and Family Court of Australia, 2026).

FRW role can become complex in cases involving DFV, where assessments require an understanding of potentially high-risk violence. Jeffries et al. (2023) examined the experiences of 10 private family report writers, identifying challenges and limitations in DFV training, professional isolation and differing understandings of DFV among professionals. Jeffries et al. (2023) identified a pro-contact and co-parenting culture within the Australian family-law system that may influence FRW practices, with implications for the safety of children and victim-survivors. This raises concerns about whether maintaining children's relationships with both parents may continue to expose children to violence or coercive control. Consequently, the involvement of the FRW should not necessarily be analysed as evidence of an objective or extensive response; rather, their contribution depends on DFV expertise and on how children's experiences are interpreted (Jeffries et al., 2023).

4.3. Teachers and Educators

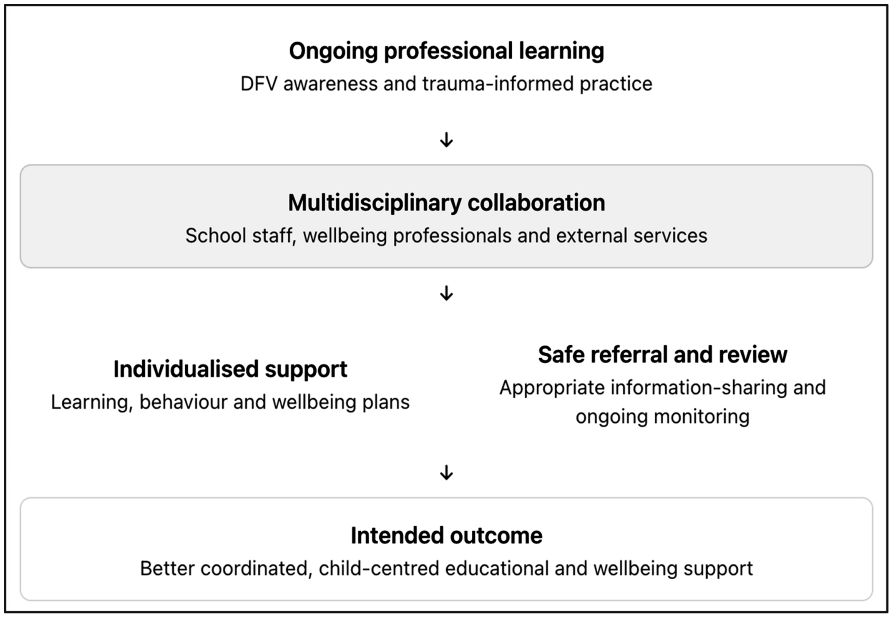
Teachers and educators are in a particularly important position to respond to children exposed to DFV, due to their enduring, consistent contact and opportunities to observe changes in children. However, teachers' capacity to respond effectively to DFV can be limited by the complexity of each family and the specialist trauma-informed knowledge required first to recognise and identify it, and secondly to address its effects. Davies & Berger (2019) conducted the first known Australian

study examining teachers' experiences of supporting students exposed to DV, interviewing 11 primary and secondary teachers. Their findings identified significant challenges for teachers, including the emotional impact of supporting students exposed to DV, a training deficit, and a greater need for support from other school staff. The teachers also identified the importance of targeted professional development (trauma training), improved communication of relevant information and clearer policies and protocols within their schools.

Davies & Berger's (2019) findings question the belief that teachers can be expected to identify and respond to DFV solely through their existing professional role. Although teaching staff excel at monitoring changes in attendance, behaviour, learning and relationships, proximity to children does not correlate with being an expert in DFV or trauma. Davies & Berger's (2019) suggest that teachers themselves recognise the need for greater professional and organisational support, positioning educators as one piece of a wider response rather than the sole intervention. This distinction is imperative when considering multidisciplinary collaboration: teachers can contribute valuable knowledge about children's day-to-day educational functioning, but effective responses require agencies that can combine this knowledge with the expertise of other professionals. Consequently, strengthening teachers' capacity should not be limited to individual professional development; it should also involve school-level protocols, communication pathways and access to appropriately trained professionals.

5. Proposed Interventions

Given the complexity and multifaceted nature of DFV, responsibility for identifying and responding to DFV cannot rest with a single professional. The literature reviewed highlights the importance of recognising children as victim-survivors whose experiences may affect their emotional wellbeing, development, school engagement and educational outcomes (Stewart et al., 2025). Furthermore, Davies and Berger (2019) identified significant challenges experienced by Australian teachers when supporting students exposed to domestic violence, including insufficient professional training, the emotional demands of responding to disclosures, and limited access to appropriate organisational support. Together, these findings provide a rationale for strengthening school-based responses through professional development, coordinated communication and access to specialist expertise. To ensure responsibility for identifying and responding to DFV, the following framework proposes establishing a cohesive structure in which teachers work alongside school wellbeing professionals and relevant external services. This proposed framework would incorporate various interconnected elements. Building upon these findings, this review proposes a school-based multidisciplinary framework that integrates educators, school wellbeing professionals and relevant external services. The framework comprises four interconnected components intended to strengthen the identification, referral, educational support and ongoing monitoring of children affected by DFV (see **Figure 2**).



Note: Developed by the author based on literature reviewed in this paper.

Figure 2. Proposed school multidisciplinary framework for supporting children affected by DFV.

First, school staff would be required to receive ongoing professional learning and development, focusing on DFV, coercion, and trauma-informed teaching. Through this training, teachers and teaching staff would gain the knowledge to recognise potential indicators of DFV, respond to child disclosures, and understand when a specialist multidisciplinary professional is required. This recommendation responds to the professional development needs identified by Davies and Berger (2019). However, improved professional knowledge should not be assumed to produce measurable improvements in children's educational outcomes without further evaluation.

Second, each school or educational facility would establish a nominated multidisciplinary leader and team. This team should comprise, if possible, school-based professionals such as the head of wellbeing, a school psychologist, a school nurse, a school teacher, and a social worker. This team would provide appropriate provisions for sharing relevant information as required, determining appropriate support, making referrals to external services, and communicating with child protection services.

Third, children who require additional support for both academics and behaviour will need an individual learning and/or behavioural plan. The school's Diverse Learning Team and class teacher should manage this. This could include learning adjustments, classroom adjustments, routine, attendance support, wellbeing check-ins, and referrals to external specialists.

Fourth, the proposed framework would establish clear referral, communication, follow-up and review processes and protocols to ensure that the child's support does not end after a referral. Through these processes, professionals would be able

to monitor the child's educational journey and wellbeing and adapt their support as required. These processes should operate within clearly defined professional responsibilities, confidentiality requirements and child protection obligations.

6. Caveats for Considerations

While various frameworks of gender inequality, coercion, and the physical attributes of power have shaped understanding of DFV, each has limitations that warrant careful consideration. Although gender inequality offers a significant framework for understanding the balance of power underlying DFV, it may overlook the myriad circumstances and experiences of children affected by violence. Likewise, understandings of coercive control emphasise the patterned and continuous nature of DFV, despite its subtler traits, which can make it difficult for professionals to identify and respond to. This is particularly applicable within educational environments, where policies and procedures are intended to protect children, but may be poorly implemented or, as Saltmarsh et al. (2020) indicate, coercively manipulated by former partners as part of post-separation family violence. Multidisciplinary collaboration also has limitations, as involving multiple professionals does not necessarily ensure effective communication, shared understanding of DFV, or consistent decision-making. For example, Jeffries et al. (2023) identified differences in DFV knowledge and training among family report writers, while Davies & Berger (2019) found that teachers reported limited efficacy and a need for greater professional support when responding to students who disclosed DFV or were exposed to it. Finally, the limited availability of Australian research directly evaluating multidisciplinary interventions and their effects on educational outcomes makes it challenging to determine which approaches are most effective. Therefore, while multidisciplinary collaboration provides a promising framework for supporting children exposed to DFV, its effectiveness remains dependent upon professional competency, organisational systems, communication and the capacity to recognise and respond to the complex and ongoing nature of violence.

7. Conclusion

In summary, DFV has a significant impact on children's wellbeing, learning and education. The multidisciplinary collaborations reviewed across Australia's policies and procedures show the range of approaches that affect children and families throughout their lives. Children affected by DV are influenced by many factors, including direct or indirect abuse, or observation of violent behaviour, living in an environment of fear, intimidation and coercion, which can result from the presence of violence in the family home.

Conclusively, DFV is a multifaceted issue that encompasses a myriad of experiences and can affect children across individual, familial, and educational contexts. However, this report presents solely an analysis of ideas and limitations within the scope of the work, particularly within Australia. The hope is that, through this research, further discussions and ideas can emerge to highlight the

complexities of DFV and the much-needed support in educational environments. More funding and support are required to strengthen frameworks within the educational sector, enabling multidisciplinary professionals to collaborate effectively and provide coordinated, child-centred support that promotes the safety, wellbeing and educational outcomes of children exposed to DFV.

Acknowledgements

This research is grounded in a deeply personal commitment to understanding domestic and family violence and its enduring effects on women, children and families. Behind the statistics, policies and academic literature are real people whose lives have been shaped by violence, fear, coercive control and the often-complex process of seeking safety. This work reflects a belief that the experiences of victim-survivors deserve to be heard, understood and taken seriously, and that the consequences of domestic and family violence must be recognised beyond the immediate experience of abuse. I would like to express my sincere gratitude to the University of New England and, in particular, Professor Sue Saltmarsh, for her academic guidance, encouragement and support throughout this research journey. Her willingness to challenge my thinking, encourage deeper inquiry and support my development as a researcher has been invaluable. I am deeply grateful for her guidance and the opportunity to examine an issue that demands not only academic attention but also compassion, critical reflection, and meaningful change. I acknowledge the researchers, practitioners, advocates and organisations whose work continues to advance understanding of domestic and family violence, coercive control and the experiences of victim-survivors. Their contributions highlight the importance of recognising violence as more than isolated incidents, and of understanding the broader patterns of power, intimidation and control that can continue long after a relationship has ended. To the women who have experienced domestic and family violence, and to the children who have lived with its consequences, this work is written with deep respect for the complexity of your experiences. No research paper can fully capture the reality of living with fear, intimidation, abuse or coercive control, nor the exhaustion that can accompany the pursuit of safety, recognition and justice. Your experiences deserve to be taken seriously. Your voices deserve to be heard. You deserve to be treated with dignity, and your experiences should never be reduced to a statistic, a case file or a procedural outcome. Finally, to my three sons, Oliver, Sebastian and Leonardo, you remain my greatest motivation. You remind me every day why the safety, wellbeing and future of children matter so profoundly. Ultimately, this research is guided by the belief that every woman deserves safety, dignity and freedom from violence and coercive control, and every child deserves the opportunity to grow, learn and thrive in an environment where they feel safe, valued and heard. I hope this research contributes to a greater understanding of domestic and family violence, challenges the ways in which victim-survivors are understood and supported, and reinforces the importance of listening to the women and children whose experiences are too often misunderstood or overlooked.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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