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Exploring family violence Links between child maltreatment and domestic violence

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There is a growing body of evidence that suggests that different types of violence may occur simultaneously in the same family, and that the presence of one form of violence may be a strong predictor of the other. Yet until recently, policy, research and practice dealing with family violence has been fragmented, with the various types of violence that may occur between family members usually managed independently of one another. In this paper the relationship between child maltreatment and domestic violence is explored, in particular, the relationship between child sexual abuse and domestic violence, and the 'forgotten' victims of family violence - children who witness domestic violence. It is contended that to adequately prevent family violence requires a shift in policy and practice to ensure that the 'totality of violence' present in families is addressed. Specifically recommended are greater cross-sectoral acknowledgment of the various forms of family violence, and the development of an overarching National Framework and a National Roundtable of Violence Prevention, encompassing the prevention of all violence.

Violence between intimate partners and the maltreatment of children are not new phenomena, both have been evident in families for centuries (Solomon 1973; Smith 1975; Dobash & Dobash 1979; Radbill 1980). Gordon (1988, as cited in Edleson 1999a) has suggested that levels of family violence have remained relatively constant over time, and that it is not so much the incidence of violence that has changed, rather that its level of visibility has shifted with the 'ebb-and-flow pattern of concern about family violence' (1988:2, as cited in Edleson 1999a:839) and the ever-expanding definitions of what constitutes 'family violence', 'domestic violence' and 'child maltreatment'.

Since the modern 'discovery' of *battered baby* and *battered woman* 'syndromes' in the 1960s, there has been a growing body of evidence to suggest that different types of violence may occur simultaneously in the same family, and that the presence of one form of violence

may be a strong predictor of the other (Goddard & Hiller 1993; Stanley & Goddard 1993; James 1994; McKay 1994;

Tomison 1995a; Edleson 1999b). Despite this finding, research and practice dealing with family violence has, until recently, been fragmented, with the various types of violence that may occur between family members usually investigated and managed independently of one another (Stanley & Goddard 1993; McKay 1994; Tomison 1995a; Goddard 1996; Edleson 1999b). As Finkelhor noted:

'there are actually very few professionals and researchers whose work reflects an interest in family violence as a whole. If one looks around the country one can see separate groups of people talking about, writing about, lobbying for, and intervening in each of these separate areas. Each problem has its separate set of agencies, separate set of theories, and separate history of how it was "discovered"' (1983:170).

The National Child Protection Clearinghouse serves as an interchange point for information, research and initiatives supporting work in the field of child abuse/neglect prevention.

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Domestic violence and child maltreatment, for example, have traditionally been examined as separate entities (McKay 1994; Edleson 1999b). Yet research examining battered women populations in refuges has indicated that the presence of domestic violence increases the likelihood of child maltreatment in the family (Giles-Sims 1985; Hughes 1988; Jouriles & Norwood 1995). Similarly, studies of substantiated child abuse and neglect cases have identified, and begun to investigate, the relationship between domestic violence and the various forms of child maltreatment (Truesdell, McNeil & Deschner 1986; Stark & Flitcraft 1988; Goddard & Hiller 1993; Stermac, Davidson & Sheridan 1995; Tomison 1995a; 1999).

In addition, previous research conducted at Monash University and elsewhere (Stanley 1991; 1997; Goddard & Hiller 1992; Edleson 1999b; Tomison 1994; 1999) has indicated the importance of assessing the nature and extent of family violence (in all its forms) when investigating child abuse. This was seen as being particularly important given the potential effect of other aspects of family violence on professionals' child abuse case management (Goddard 1988; Stanley 1991; 1997; Tomison 1999) and has been reflected in practice, by greater attempts to address holistically, the 'totality of violence' present in families, with observable outcomes being greater cross-sectoral collaboration between service providers and the development of new prevention programs.

This paper is designed to describe the relationship between the various forms of child maltreatment and adult intimate violence, to discuss the intergenerational nature of the violence and then to explore various forms of prevention derived from the child maltreatment field that are equally applicable (and may provide some direction) for current domestic violence prevention initiatives. The nature and extent of the various forms of child maltreatment have been described in previous Clearinghouse publications (see Tomison 1995b; 1995c; Tomison & Wolcott, 1997) and will not be repeated here. As with previous Issues papers, the terms *child abuse and neglect* and *child maltreatment* are used interchangeably throughout this paper¹. Unless otherwise stated, the term *child abuse prevention* encompasses the prevention of all forms of child abuse and neglect.

DOMESTIC VIOLENCE

In the 1960s and 1970s, facilitated by the women's movement (Walker 1990, Reppucci & Haugaard, 1993), the silence surrounding the prevalence and impact of physical and sexual violence perpetrated against women by their male intimate partners was broken. Initially, a variety of terms were created (and used interchangeably) to name the violence that occurs 'behind closed doors'. These included: 'battered woman', 'wife abuse', and 'wife beating' (Walker 1990).

In the 1980s and 1990s, it became apparent that despite the gendered (male) nature of violence in intimate relationships, males were also being assaulted in the home by their female partners, and violence also occurred in gay and lesbian relationships. The term 'domestic violence' was introduced as a gender-neutral term that could encompass all potential forms of spousal or relationship violence (Flitcraft 1997).

Like the term 'child abuse' or 'child maltreatment' however, (Parton 1979; Giovannoni 1989; Goddard & Carew 1993; National Research Council 1993; Tomison 1997a), there is no universally accepted definition of 'domestic violence', although a shared understanding is often assumed (Domestic Violence and Incest Resource Centre [DVIRC] 1998). Thus, the phenomenon of domestic violence is 'constantly being socially created in language, and its meaning may not be one that is shared between researchers and participants . . . Indeed, some research reports pay scant attention to definitions at all, as if the words used need little explanation or reflective analysis' (DVIRC 1998:7). By way of illustration, a recent Australian study found that the prevalence of domestic (spousal) violence varied from 2 to 28 per cent, mainly as a function of the definition of the behaviour that was measured (Hegarty & Roberts 1998).

More recently it has been contended that 'domestic violence' is used as a global term that encompasses all violence within the family setting (eg. spousal violence, sibling abuse, elder abuse, parent abuse [the abuse of parents by older children] (Queensland Domestic Violence Task Force 1988; Flitcraft 1997). As a result, the term 'partner abuse' has been re-adopted to some extent as the term to describe violence in adult intimate social relationships. Yet in Australia, the term 'domestic violence' is more commonly equated with the violence perpetrated by one partner upon the other²; therefore, the term 'domestic violence' is used throughout this paper.

Family violence - encompassing the totality of violence

The term 'family violence' has become widely adopted as part of the shift towards addressing intra-familial violence in all its forms, including child abuse and neglect, rather than taking a focus on a particular form of intra-familial violence. Family violence is widely seen as the term that 'best encompasses the various forms of violence that may take place between family members. It is the most inclusive term, and is capable of encompassing changing ideas about what 'family' means in late 20th century Australia' (DVIRC 1998:36).

Family violence is the term adopted in Australian Federal Law (DVIRC 1998) and is also the term preferred generally by Aboriginal and Torres Strait Islander communities (Cummings & Katona 1995; Bagshaw, Chung, Couch, Lilburn & Wadham 1999). The latter perceive the term to most accurately describe 'how violence reverberates through the entire family or community' (DVIRC 1998:13); it allows for the range of family members who may perpetrate violence and a wide conception of violence; and 'it is not dependant, to the same extent as the term "domestic violence" on a clear delineation between private and public spheres, which are more blurred for indigenous than for non-indigenous people (DVIRC 1998:13).

In addition, there is a preference in indigenous communities for issues of violence to be seen as a community issue that takes into account intergenerational issues and not to be seen as a 'woman's issue' (DVIRC 1998). Second, popular or mainstream conceptualisations of violence are often

rejected by indigenous communities as a result of the perception that western definitions are not sensitive to the culture and traditions of indigenous Australians (IINA 1996; SNAIIC 1996; Bagshaw et al. 1999). Third, indigenous community groups often indicate a preference for programs that take an holistic approach to addressing issues of violence, loss of cultural identity, substance abuse, and specifically address the needs and rights of indigenous women and children (National Crime Prevention 1999a).

Finally, there is a preference for identifying and discussing ways of defining indigenous violence that do not alienate perpetrators and/or victims/survivors (Bagshaw et al. 1999). 'Family violence', like all terms that describe aspects of intrafamilial violence, does however suffer from issues of definition (for example, how is 'family' defined?; what sorts of violence are encompassed by the term 'family violence?').

Violence against women: the gendered nature of violence

In addition, the terms 'domestic violence' and 'family violence' have both been criticised by some for their gender neutrality, that is, their masking of the gendered nature of relationship violence perpetrated by men against women (DVIRC 1998) (see further discussion below). Yet the gender neutrality of the latter may be appropriate, given that it describes the totality of violence that may be perpetrated against both female and male, the elderly, adult and juvenile family members.

In contrast, the term 'Violence Against Women', a powerful term for naming patriarchal violence, has been introduced with the explicit aim of focusing on male physical and sexual assaults on women (DVIRC 1998). By definition, the term excludes violence directed against adult or juvenile males however, and the violence that may be perpetrated by women against intimate partners or other family members (DVIRC 1998). Even allowing for gender and reporting biases that may affect the available data on the incidence and prevalence of child maltreatment and child protection cases, [such as mother blaming and a failure to engage with male perpetrators (Farmer & Owen 1995; Burke 1999; Tomison 1999)], it is apparent that mothers and other female caregivers are responsible for significant proportions of reported physical abuse, emotional abuse and the neglect of children (Tomison 1996d). Thus, in this paper, where the focus is on various forms of intrafamilial violence, the terminology employed must be inclusive rather than exclusive.

Therefore, in this paper, the term 'family violence' will be used when discussing the totality of violence, and/or issues of violence in indigenous communities. The terms domestic violence and child abuse and neglect are utilised when discussing the respective types of intra-familial violence.

Domestic violence is broadly defined as including the physical, verbal, emotional, sexual, social and financial abuse occurring (or which has occurred) in isolation or combination, in intimate relationships (NSW Domestic Violence Committee 1990; Nechvoglod 1995).

Size of the problem

As with child abuse and neglect, it is extremely difficult to establish an accurate figure of the extent of domestic violence, mainly because of a historic lack of community and official attention to the problem, and the general reluctance of victims to report such incidents to others, and particularly to authorities (Chappell & James 1993). National and overseas estimates of domestic violence range from one in three, to one-in-ten families (Moir & Eijkman 1992; Snively 1994).

Australian data

In the first large, national survey of women and violence in Australia conducted by the Australian Bureau of Statistics (ABS) in 1996, *Women's Safety Australia*, 23 per cent of the women respondents who had ever been married or in a de facto relationship reported experiencing violence by a partner at some point in the relationship. In the twelve months prior to the survey, 2.6 per cent of women in a relationship reported experiencing at least one violent incident perpetrated by their partner; 8 per cent reported at least one violent incident in their current relationship. Even more disturbingly, 42 per cent of women in a prior violence relationship had experienced violence while pregnant; 20 per cent experiencing violence for the first time while pregnant.

Although there are no other reliable national Australian figures upon which to base the incidence of domestic violence (Tomison & Wolcott 1997), other surveys of women's experience of domestic violence provide some useful evidence of the nature of the problem (Tomison & Wolcott 1997). For example, although data was not collected specifically on domestic violence in the Australian Bureau of Statistics (ABS) survey on *Crime and Safety in Australia* (1994), it was reported that 0.2 per cent of male respondents and 0.6 per cent of female respondents had been physically assaulted inside their homes in the 12 months prior to April 1993. For 90 per cent of female victims who reported that the last assault they suffered occurred inside the home, the offender was known to them. In addition, 38 per cent of this group had been subject to assault on three or more occasions in the previous 12 months.

There have also been attempts to estimate the prevalence of domestic violence via archival analysis of records. The South Australian Domestic Violence Resource Unit attempted to establish a 'baseline' for the level of unreported and reported domestic violence in South Australia (Nechvoglod 1995). Using data from the Family and Community Services Department, police, hospital intake records, and community health centres, the estimated *reported rate* of domestic violence in South Australia was found to be generally between 1.5 and 2 incidents per year (per 1000 women aged 15 and over). They concluded that the *unreported rate* of domestic violence (threats or physical assaults) was 7.1 incidents per year per 1000 women aged 15 and above.

Using police records, the West Australian Crime Research Centre found that female partners or ex-partners were victims in 89.5 per cent of reported cases of spousal violence in that State (Crime Research Centre 1993). Spousal violence represented 13.6 per cent of reported attacks against women, and 1.3 per cent of attacks against men. The estimated

incidence rates for partner victimisation were 109.7 per 100,000 women and 13.0 per 100,000 men. Approximately 90 per cent of victims suffered some form of injury, with women more than 8 times more likely than men to have been injured. However, men were significantly more likely to suffer a serious injury.

A link between domestic violence and the killing of intimate partners has also been identified, with a spousal relationship (present and former, married and defacto) identified between the victim and offender in 20 per cent of homicides in Australia in 1991-92, compared with 26 per cent of homicides in 1990-91 (Strang 1993). In addition, in all homicides, male offenders outnumbered females by a ratio of nine to one; and 33 per cent of all female victims and 7 per cent of all males were killed by their spouses (Strang 1993).

Aboriginal and Torres Strait Islander communities

As with the prevalence of child maltreatment (Tomison & Wolcott 1997), Aboriginal and Torres Strait Islander peoples have been significantly over-represented in studies of domestic violence. Domestic violence is estimated to occur in up to 70 per cent of families in some Aboriginal and Torres Strait Islander communities (Sam 1992). In one community in Queensland more Aboriginal women have died as a result of violent assault than all black deaths in custody in that state (Sam 1992).

International data

One of the largest surveys of violence directed towards women was conducted by Statistics Canada in 1993. They conducted telephone interviews with 12,300 randomly selected Canadian women aged 18 years and over (Rodgers 1994). Respondents were asked to report incidents of physical and sexual assault they had experienced since the age of 16 years. It was found that:

- 3 per cent of women married or in a defacto relationship at the time of interview reported being subject to physical or sexual assault in the 12 months prior to the interview;
- 29 per cent of women currently or previously married (or in a defacto relationship) reported being physically or sexually assaulted by a partner at some time. That is, nearly 3 in 10 women who had ever been in a marriage or defacto relationship had experienced at least one incident of physical or sexual assault at the hands of their partner;
- 33 per cent of women who had been assaulted by a partner feared for their lives at some point in the relationship;
- 21 per cent of women who reported partner violence had been assaulted during pregnancy; and,
- 45 per cent of partner assaults resulted in injury; medical attention was sought in approximately 40 per cent of cases.

Little data is available on the extent of domestic violence in the United Kingdom. It has been estimated however, that one in four women may experience violence in their relationships with men (Women's Aid Federation (England) 1989).

US data

Data collected in the United States over a ten year period from 1975-1985 in the National Surveys of Family Violence

and associated research (Straus & Gelles 1990) provides some data on the prevalence of domestic violence. Using what has since become the most widely used measure of estimating the extent of spousal violence (James 1999), the Conflict Tactics Scale, Straus and Gelles collected the responses of 2000 couples were collected in 1975, and a further 6000 couples in 1985.

Overall, Straus and Gelles reported that 28 per cent of couples in the 1975 survey and 30 per cent of couples in the 1985 survey had experienced at least one violent incident in the course of the marriage; 39 per cent of these incidents involved 'severe' assaults (that is, beyond slapping or throwing objects). In the 1985 survey specifically, 16.1 per cent of couples reported at least one physical assault by a partner in the previous 12 month period; 11.6 per cent of husbands and 12.4 per cent of wives committed at least one physical assault on their partner during this period. These findings were not significantly different from the 1975 findings.

The gendered nature of intimate violence

One of the most controversial findings to arise from the U.S. National Surveys of Family Violence was that the results appeared to indicate that women were initiating domestic violence at a rate equal to that of men. In the 1985 survey it was reported that in half of the case, the abuse was mutual: there were 124 assaults by wives per 1000 couples, compared with 122 assaults by husbands per 1000 couples, as reported by the wives (Straus 1993). In an assessment of severe assaults (defined as kicking, hitting with an object, knife and gun assaults) in 1980, Straus estimated that 3.8 men per 1000 couples committed severe assaults against their spouse, compared with an estimated 4.6 women per 1000 couples who committed severe assaults (Flynn 1990).

It has subsequently been recognised however, that although there may be some equivalence in the extent to which men and women engage in violent acts within the home, there are qualitative differences between the two (Deal & Wampler 1986; Saunders 1988; Browne 1989; Flynn 1990; Straus & Gelles 1990; Jacobson et al. 1994; James 1999).

First, when assessing violence in the family often only physical acts of violence are measured without taking into consideration the other forms of violence that may be occurring (for example, sexual assaults, verbal abuse, threats and intimidation, financial deprivation) (Flynn 1990; James 1999). This may result in the minimisation of violence in the family and the violence perpetrated by men.

Second, the violence perpetrated by men is usually more severe. For example, further investigation of the Family Violence surveys conducted in the U.S. indicated that female-initiated violence did not generally lead to major injury on the part of the men, but often resulted in injury to the women. In contrast, male-initiated violence often resulted in injury to women and rarely to the men (Straus & Gelles 1990). Re-analysis of the 1985 survey indicated that despite similar levels of violence by men and women, men were six times more likely to inflict serious injury (Straus 1993).

Taking an Australian example, it has been estimated that up to 4.4 per cent of all injury presentations for women at hospital emergency departments in Victoria may be due

to domestic violence (Sherrard et al. 1994). Sherrard et al. suggested that 1.3 per cent of female and 0.14 per cent of male presentations to emergency departments were clearly the result of partner-inflicted injury. Thus, females were 10 times more likely than males to be suffering from injuries caused by domestic violence (Sherrard et al. 1994). The authors also reported that women comprised 75 per cent of the domestic violence victims where hospitalisation was required (Sherrard et al. 1994).

Third, there is some evidence indicating that women's violence is frequently a reaction to stress and frustration, and is more likely to occur in self-defence or as retaliation. In contrast, men's violence is typically an attempt to control or dominate (Saunders 1986, as cited in Straus & Gelles 1990; Campbell 1993; Jacobson et al. 1994; James 1999). Fourth, men's violence often induces more fear and reflects patriarchal, male dominated western society, where males are socialised to use aggression as a means of maintaining dominance and control (Campbell 1993). In contrast, women's violence often occurs from a position of financial, material or emotional dependence (Campbell 1993; James 1999), in a society that discourages aggressive behaviour by women and, which according to James, is 'more akin to the risky violence of the oppressed as they make a claim for self-determination; (1999:159).

Finally, in a related issue, men and women differ in the extent to which they report violence (Edleson & Brygger 1986). One factor that may produce biases in recall and reporting of intimate violence is societal gender stereotypes (Deal & Wampler 1986; Browne 1989). It is argued that aggressive acts by women are not in keeping with the feminine gender stereotype and are thus more salient when they occur, and thus, are more likely to be recalled and reported. The result is an artificially high level of reported violence perpetrated against males.

Conversely, as male violence is stereotypically viewed as 'normal' it is likely to be quickly forgotten and thus not reported or minimised. Overall therefore, for women to be labelled as 'violent' requires less violence or aggression than for males - which it is believed leads to over-reporting by males. In addition, women responding aggressively in self-defence may be perceived by both males and females as committing violent or aggressive acts (Murphy 1988). Thus, although the violence perpetrated by women should not be minimised, the range and severity of violent behaviours committed by males, their ability to oppress and to induce fear, in addition to gender biases in reporting, all provide evidence supporting the position that domestic violence is a gendered behaviour, and the adoption of an explicit focus on male violence perpetrated against women.

LINKING CHILD ABUSE AND DOMESTIC VIOLENCE

Most studies of the links between child maltreatment and domestic violence have focused predominantly on exploring the relationship between 'child abuse' (either child physical abuse or a global measure of maltreatment) and domestic violence (Stark & Flitcraft 1988; Goddard & Hiller 1993; Stanley & Goddard 1993; James 1994; McKay 1994;

Osofsky 1995; Tomison 1995a; Edleson 1999b). Two methods are typically employed to investigate the overlap between child maltreatment and domestic violence: the identification of violence in the caregiver relationship in families where child maltreatment has been substantiated by statutory child protection services; and, the investigation of child maltreatment concerns in families where the mother has been subject to assault (battered women samples derived from battered women's refuges or shelters) (Fantuzzo et al. 1997; Edleson 1999b). Some examples of the research are provided to illustrate the size and nature of the relationship.

Australian research

In Australia, a variety of child maltreatment studies have investigated the relationship between child maltreatment and domestic violence; a number of these being carried out at the Child and Family Violence Unit at Monash University. For example, Stanley & Goddard (1993) reported on an assessment of a sample of 20 Victorian families where significant child maltreatment had been substantiated and there was ongoing statutory child protection service involvement. They noted that each of the 20 families was identified as being involved in at least one other violent activity. Frequently the cases involved multiple forms of abuse of the children by a number of different perpetrators; concomitantly, evidence of domestic violence (physical assaults) was identified in 60 per cent of the cases (substantial involvement in other criminal activity was also evident).

In a larger study, Stanley (1997) interviewed 50 Victorian child protection workers about their experiences of dealing with violent families and also accessed 50 casefiles of substantiated child protection concerns that had been managed by the interviewed workers. She identified the presence of psychological and physical violence between adults significant to the child in at least half of the selected cases.

The families were characterised by their involvement in familial violence, other forms of violent and non-violent criminal behaviour, and frequently (half of the cases) involved at least one family member suffering from one or more of a variety of behavioural disturbances, such as: mental disorder, substance abuse or intellectual disability. The level of these other forms of violence (including domestic violence), was seen as an underestimation because workers tended not to investigate violence other than child abuse and evidence of the presence of other forms of violence was not necessarily reported in the casefiles. In addition, some of the young people whom child protection services were attempting to assist or protect, had already left home and few family details were provided in their files.

In an investigation of the management of actual or suspected child maltreatment cases within a regional Victorian child protection network, Tomison (1994; 1999) reported that in almost one third of the cases (66 of 213) where there were two caregivers in an intimate relationship (all but one involving heterosexual couples), workers reported that one or both of the parents/caregivers was verbally and physically violent towards the other. More specifically, there was a moderate statistical association ($Tau-C = -0.21, p < 0.001$) between domestic violence and the type of maltreatment

suspected or confirmed, such that cases where domestic violence was identified were significantly over-represented in cases labelled as physical abuse (37% of cases), emotional abuse (69%) and neglect (38%), but were under-represented in sexual abuse cases (20%). Despite the statistical under-representation of the latter, it is important to note that one fifth of sexual abuse cases occurred in violent families.

The high proportion of emotional abuse cases occurring in the violent families may be explained as workers' response to investigating cases where the child was 'witnessing ongoing verbal or physical violence between parents', leaving the child emotionally traumatised. These cases were generally classified as 'emotional abuse'. Alternatively, in some cases the finding appeared to provide evidence of a minimisation of physical abuse concerns, such that the 'emotional abuse' label was applied to cases where there were actual incidents of child physical abuse. There was also a mild association between the presence of domestic violence and a higher than expected proportion of children sustaining injuries, and a significantly greater likelihood of one or both caregivers identified as having substance abuse problems and/or disclosing a personal history of childhood maltreatment.

International studies

In one of the first studies to identify the relationship, an assessment of U.S. child abuse cases undertaken by Stark and Flitcraft (1988) found that almost two-thirds of such cases occurred in families where battered women were caring for the child. Men were three times more likely to be identified as the perpetrators of the child abuse. Conversely, from research investigating domestic violence (Stacey & Shupe 1983, cited in McKay 1994), it has been conservatively estimated that some form of child abuse is up to 15 times more likely in families where domestic violence is occurring.

In a study of professional decision making and families' experiences of the United Kingdom's child protection system, Farmer and Owen (1995) identified the presence of domestic violence in at least 52 per cent of 44 abusive or neglectful families they interviewed (note that the maltreatment was not necessarily rated as severe). They concluded that:

'it was as if these two manifestations of violent behaviour, domestic violence and abuse to children, were regarded as quite unrelated despite the increasing research evidence which demonstrates the connection between them (1995:224).

Despite suffering from definitional and methodological flaws, data from the two U.S. National Surveys of Family Violence surveys conducted by Straus and colleagues (Straus, Gelles & Steinmetz 1980; Straus 1993) indicated that the incidence of child physical abuse was higher in families with an identified domestic violence problem. In further investigation, Straus and Gelles (1986) determined that of those husbands who were physically violent towards their wives, 23 per cent reported also physically abusing a child. Straus and Gelles calculated that each additional act of violence committed against a wife increased the likelihood of child physical abuse by 12 per cent (Ross 1996).

Yet the greater incidence of child physical abuse was not always necessarily at the hands of a violent male. Straus and Gelles (1990) reported that battered women were more than twice as likely to physically abuse their children. Similarly, in O'Keefe's (1995) assessment of 184 children and 120 mothers residing at a battered women's shelter, 35 per cent of the children had been physically abused in the last 12 months - by both parents. Specifically, the abuse consisted of: kicking, biting, punching (29% of fathers, 11% of mothers); beating up the child (8% of fathers, 1% of mothers); and hitting the child with an object (40% of fathers, 44% of mothers).

Finally, Edleson (1999b) has provided a useful 'best estimate' of the extent of the overlap between child maltreatment and domestic violence. Reviewing 35 studies that had reported an overlap over the past 25 years, he concluded that in 30 to 60 per cent of families where either child maltreatment or domestic violence was identified, the other form of violence was also identified.

Methodological issues

It should be acknowledged however, that the methods utilised to identify the relationship between child maltreatment and domestic violence may lead to an underestimation of the levels of child maltreatment, domestic violence and the co-occurrence of the different forms of violence, in that they only include the proportion of cases that have been brought to the attention of statutory child protection or battered women's crisis services (Edleson 1999b). That is, there is a reliance on evidence from one sector only, and in general, a focus on only those cases known to professional services, resulting in the development of a non-representative assessment.

In addition, the assessment may focus on one form of victimisation only and generally fail to systematically assess the level of other forms of violence (Hamby & Finkelhor 2000). This leads to an underestimation and minimisation of the extent, nature and linkages between the various forms of violence. Further, it reduces the potential to identify core factors implicated in the development of various forms of family violence, or the possibility that outcomes from one form of violence may explain the outcomes of another (for example, child maltreatment may account for the development of depression among victims of date rape) (Hamby & Finkelhor 2000).

Developing an accurate view of the prevalence and co-occurrence of different forms of family violence is also hampered because of a lack of clear, uniform definitions of child maltreatment and/or domestic violence (Geffner, Rosenbaum & Hughes 1988; Edleson 1999b); a lack of precision such that it is often not clear as to which particular types of child maltreatment or domestic violence have been identified as occurring (Tomison 1996b, Edleson 1999b); and a lack of clarity as to who is perpetrating the violence and who is the victim (Edleson 1999b). The comparability of findings may also be reduced because of the substantial variation in the population being sampled and the methods used to develop the samples (Edleson 1999b). Finally, the use of limited sources of information (retrospective self-report, workers'

reports) may produce biased findings and highlights the need for researchers to use multiple participants and sources of data in studies (Edleson 1999b). These issues are exacerbated because the investigation of the links between child maltreatment and domestic violence is often a peripheral component of larger studies (Edleson 1999b); that is, the area may be given less intensive investigation. In the following sections the relationship between specific forms of child maltreatment and domestic violence are explored.

Neglect

Most child maltreatment concerns do not occur in isolation. That is, many cases involve children who experience various forms of maltreatment (Tomison 1994; 1995b; Farmer & Owen 1995). In spite of this, few attempts have been made to identify the relationship between domestic violence and child neglect in particular. In Stanley's (1991) assessment of 20 child protection cases however, at least 50 per cent of the total sample involved both domestic violence and child neglect. As mentioned above, Tomison (1994; 1999) reported a moderate association between the occurrence of domestic violence and neglect, with the former occurring in 38 per cent of cases involving the latter.

Child neglect may result from the non-offending caregiver (usually the mother) giving less attention to her children's needs as a result of her need to focus attention on her violent partner in an attempt to appease him and hopefully, control the level of violence. In addition, the need to attend to her own needs (including treating physical injuries) and at times personal survival, will reduce the resources available to her to care for her children.

Physical and sexual abuse

In the 1980s and 1990s research began to be produced which provided support for the feminist assertion of a link between sexual and physical assault. There is now growing recognition not only of the association between child physical abuse and domestic violence, but also of the links between domestic violence and child sexual abuse (Truesdale et al. 1986; Goddard & Hiller 1993; Stermac et al. 1995; Tomison 1995a; 1999).

Until recently, few studies had examined the context under which child sexual abuse occurs, and the extent to which force, violence or coercion is used to produce a child's acquiescence, mainly because of the common assumption that child sexual abuse is generally non-violent, and the use of force infrequent (Plummer 1981; West 1981; Goddard 1996). Three Australian studies, Goddard (1981), Goddard and Hiller (1993) and Tomison (1994; 1999) that have examined the possibility of a relationship between child sexual abuse and domestic violence are described.

Goddard (1981) compared the level of domestic violence in 59 cases of child abuse (physical or sexual abuse) admitted to Melbourne's Royal Children's Hospital in 1980, with a matched sample of 36 non-abused children admitted at the same time. Using mothers' reports of physical violence between the child's current caregivers, he reported that physical assaults between the adults (some incidents and/or

regular pattern of assaults), had occurred in 12 per cent of the non-abused sample, and in 55 per cent of families where the child had been abused (and hospitalised). That is, there was a significantly greater level of domestic (physical) violence reported to have occurred in families where a child was hospitalised as a function of being abused, compared with a matched, non-abused sample ($\chi^2(1) = 13.3, p < 0.001$).

Using data from a subsequent, hospital-based, child abuse case tracking study (Hiller, Goddard & Diemer 1989), Goddard and Hiller (1993) reported that 40 per cent of identified sexual abuse cases and 55 per cent of identified physical abuse cases were occurring in families where domestic violence was also evident. In Tomison's case tracking study approximately 16 per cent of cases identified as sexual abuse reportedly occurred in families where one or both of the child's caregivers was (were) verbally and/or physically violent to each other, compared with approximately 28 per cent of physical abuse cases. While the relative proportion of sexual and physical abuse cases reported to be occurring in families where domestic violence was a factor was higher in the Goddard and Hiller study, the overall trend was similar. The three studies indicate that domestic violence was a factor in a sizeable proportion of both child sexual and physical abuse cases.

Taking domestic violence as an overt expression of male domination and/or male power in the family unit, it can be argued that the abuse of children occurred within a coercive environment, and the evidence presented from the two studies suggests that a violent, coercive environment may be almost as likely for sexual abuse cases as it is for physical abuse cases, particularly with the more severe cases of physical and sexual abuse (as indicated by the Goddard and Hiller's 1993 hospital-based cases). Thus, child sexual abuse may, like child physical abuse, occur as a function of the misuse of personal power, and is another example of male attempts to control others through the use of violence. As Goddard and Hiller (1993:27) note:

'the point, crudely stated, is this: children having witnessed the beating of their mothers need no further reminder of the possible consequences of their resistance to the wishes of their fathers (or, indeed, of older males in general)'.

Yet the extent of such coercive forces impacting on children is possibly far greater than what would be expected from taking only the overt signs of domestic violence into account. First, many child protection workers failed to determine whether even overt verbal and physical domestic violence was occurring in the family (Tomison 1994; 1999). For example, in Tomison's (1994; 1999) study, 19 per cent of child sexual abuse cases (24 of 124) also involved the child being physically abused; 17 per cent of these cases (4 of 24) were reported to be occurring in families not identified by professionals as violent. This would seem to provide support for the contention that workers were taking a conservative approach to identifying family violence.

Second, the measure of the extent of coercion and/or male domination in the family that Goddard and Hiller (1993) and Tomison (1994; 1999) employed does not take into account the effects of the less overt forms of aggression that can exist

(Goddard & Hiller 1993), nor does it specifically incorporate the 'patriarchal terrorism' (Johnson 1995) that can be used as a coercive force against children, and as a major obstacle to disclosure of the violence.

Children's witnessing of domestic violence

Perhaps more than any other type of family violence, children's witnessing of domestic violence epitomises the relationship between child maltreatment and domestic violence. Children who witness domestic violence have been called the 'silent', 'forgotten', or 'invisible' victims of family violence (Osofsky 1995; Edleson 1999a), reflecting their status as the most recent victims of family violence to be 'discovered' by professionals and the wider community.

In the last decade this issue has become a significant focus of research and intervention (Fantuzzo et al. 1997; Tomison & Tucci 1997; Jaffe, Suderman & Geffner 2000) and there is growing evidence that suggests that these indirect victims of family violence, who are not actually physically assaulted, may suffer social and mental health problems as a result of their experiences (Osofsky 1995; Edleson 1999a). It should be noted however, that apart from physically witnessing or observing domestic violence, the 'witnessing' of violence between caregivers may also include hearing the violence, which in itself may be quite traumatic (Peled 1993, as cited in Edleson 1999a); having a violent male caregiver hitting or threatening a child while in her/his mother's arms (Ganly & Schechter 1996); using the child as a hostage, or as a means of ensuring the mother's return to the home (Ganly & Schechter 1996); using the child as a physical weapon against a spouse; forcing a child to watch, or participate in, assaults; interrogating or involving the child in spying on her/his mother; and attempts to break down a mother-child bond by telling the child that her/his parents would be together, if not for the mother's behaviour (Ganly & Schechter 1996). Because of the range of experiences that are classified under 'witnessing' domestic violence, feminist researchers have criticised the use of the term, given that it implies merely observing violence and therefore fails to reflect the realities of living in a violent family (Irwin & Wilkinson 1997).

Further traumatisation of children (and mothers) may result from the aftermath of violent incidents, as a function of having to deal with an injured mother who may require assistance; dealing with a father who alternates from violence and the adoption of a caring role; the involvement of police and the possible removal of their father from the home, and/or having to leave the family home and possibly moving to a women's refuge or shelter (Edleson 1999a). Perhaps as a function of the greater understanding of the nature and consequences of children's witnessing of domestic violence, there has been growing recognition that exposure to the violence is not only an 'unintended' consequence of violence between adults, but at the very least, is a potential indicator of the occurrence of child abuse. Relatively recent acknowledgment of the acts of commission perpetrated against children and young people that may be classified as 'witnessing domestic violence', has led to greater acceptance of this violence as a form of child emotional abuse (for example, Moore & Day, 1979, Garbarino & Vondra 1987; Rossman & Rosenberg 1997; Tomison & Tucci 1997).

Prevalence

Much less is known about the incidence of children witnessing domestic violence compared with the relationship between domestic violence and other forms of child maltreatment – particularly child physical abuse (Osofsky 1995). Using national surveys of family violence, it is estimated that each year in the United States between 3.3 and 10 million children are at risk of witnessing incidents of verbal and physical domestic violence (ranging from insults to hitting to severe or fatal assaults) (Carlson 1984; Jaffe, Wolfe & Wilson 1990). Jaffe et al. (1990) estimated that children were present at between 40 to 80 per cent of domestic violence incidents. U.S. studies of adult retrospective reports indicate that between 13 and 42 per cent of adults report witnessing at least one incident of marital violence as children (Feerick & Haugaard 1999). However, no national prevalence studies of children who witness domestic violence have been conducted in the United States to date (Edleson 1999a; 1999b).

The Australian data on the nature and extent of witnessing domestic violence are extremely limited (Townsend & Duffield 1995; Tomison & Wolcott 1997). However, in the ABS report *Women's Safety Australia 1996*, 61 per cent of women who experienced violence at the hands of their current partner reported that they had had children in their care at some time during the relationship, while 38 per cent said that their children had witnessed domestic violence.

In addition to the issues described above, research investigating children's witnessing of domestic violence has been hampered by the failure to develop clear definitions of this form of abuse and systematic ways of substantiating accounts of witnessing violence (Geffner, Rosenbaum & Hughes 1988; Osofsky 1995). In order to determine the prevalence of children exposed to substantiated cases of domestic violence by a more credible and direct method of sampling, Fantuzzo et al. (1997) undertook a secondary analysis of a U.S. domestic violence database from the Spousal Assault Replication Program. The database contains cases of adult female assaults in five major American cities collected by police and researchers in response to calls for police assistance.

Results indicated that, relative to the general population in these cities, families experiencing domestic violence were significantly more likely to have children living in the household, and a significantly higher proportion of children aged five years or less. These young children were found to be the most likely of all children aged under 17 years to have witnessed multiple incidents of domestic violence. On average, children under five years were present as witnesses in 48 per cent of domestic violence cases and in 21 per cent of cases involving multiple incidents. Similarly, as part of a review of Victoria's domestic violence legislation it was revealed that children under five years were present in: 65 per cent of domestic disputes involving the threat or use of a gun; in 79 per cent of disputes involving a weapon (usually a knife); and in almost two-thirds of disputes where property was damaged (Wearing 1992).

Overall, although there has recently been much more interest in investigating children's witnessing of domestic

violence, the current state of knowledge is substantially smaller than that available for children who are physically abused in families where spousal violence is also occurring (Fantuzzo et al. 1997). For that reason 'making definitive statements regarding the child witnessing phenomenon ... would be a risky endeavour' (Fantuzzo et al. 1997:116).

Intergenerational transmission

While current evidence suggests that a proportion of parents who have been abused as children will become abusive, *the majority will not* (Kaufman & Zigler 1993). Estimations of the rate of intergenerational transmission of child maltreatment have ranged from 7 per cent (Gil 1970) to 70 per cent (Egeland & Jacobvitz 1984, as cited in National Research Council 1993). In a review of the literature on prospective studies investigating intergenerational transmission, Kaufman and Zigler (1987) produced a 'best estimate' rate of 30 per cent (with a plus or minus 5 per cent error). Vondra and Toth (1989) have argued that there is:

'... ample evidence that a high proportion of parents who maltreat and/or have a child removed from their care have experienced disturbances and disruptions in relations with their own parents, without necessarily having suffered the identical form of maltreatment they themselves perpetrate' (Vondra & Toth 1989:11).

They contended that it is the emotional suffering underlying child maltreatment, and not necessarily the actual maltreatment suffered by the parent in childhood, that is passed down from parents to children in a significant proportion of families (Vondra & Toth 1989). If this contention is accepted, then research into intergenerational transmission should be focusing on maltreatment in general, and investigating the intergenerational transmission of neglect or emotional abuse (including children's witnessing of domestic violence), rather than limiting itself to the current predominant focus on physical violence (Tomison 1996d). [See Tomison 1996d for a more detailed review of the literature on the intergenerational transmission of maltreatment.]

Witnessing domestic violence

Family discord, as indicated by studies of the children of battered women, has been identified as one of the most influential forms of childhood deprivation in terms of subsequent adolescent delinquency and disturbance (Davis & Carlson 1987; Carroll 1994; Browne & Herbert 1997). Even when not a deliberate target of violence, children who witness domestic violence often exhibit the same constellation of symptoms as other abused or neglected children (Stephens 1999). There is also some evidence that observing significant others being maltreated (especially siblings and parents) by someone with whom the child identifies with closely, is more intimately related to intergenerational transmission of violence than the child actually being maltreated her/himself (Brown 1983, as cited in Hamilton 1989). Yet despite the recent focus on the issue of children's witnessing domestic violence, 'their needs remain poorly recognized and understood' (Suderman & Jaffe 1997:55), and at least one study has concluded that there is little support made available for children who have merely witnessed violence because

'technically, they had not been abused' (Brookoff, Kimberly, O'Brien, Thompson, & Williams 1997:1373). As Suderman and Jaffe note:

'the myth that there are no substantial consequences for children as long as the children themselves are not physically harmed in incidents of domestic violence/wife assault remains prevalent in the beliefs and protocols of [the health, welfare, education and criminal justice sectors]' (Suderman & Jaffe 1997:55-56).

There are few longitudinal studies that have followed up on children who have witnessed domestic violence, but there are increasing signs that children's witnessing domestic violence may produce a variety of short and long term consequences. There is growing empirical evidence that early exposure to chronic violence may significantly alter a child's neural development (Perry 1997). That is, if a child's sensory, cognitive and affective experiences are significantly below those required for optimal development, such as may occur in a chronic violent environment, the brain may develop in ways that are maladaptive in the long term. Specifically, the child may develop a chronic fear response, such that neural systems governing stress-response will become overactive, leading the child to be hypersensitive to the presence of cues signalling a threat. Although this 'survival' reaction may be an important adaptation for life in a violent home environment, it can be maladaptive in other environments, such as school, when the child needs to concentrate and/or make friends with peers.

Other identified effects include: an elevated risk of becoming involved in violent relationships with peers and as adults; an elevated risk for a spectrum of serious emotional and behavioural problems, including depression, anxiety disorders, psychophysiological (somatic) complaints, peer conflicts, social isolation, and conflict with adults and other forms of authority (Fantuzzo & Lindquist 1989; Jaffe et al., 1990; Kruttsmidt & Dornfield 1993; James 1994; Suderman & Jaffe 1997; Sappington 2000). This trauma may result not only from witnessing the violence, but in some cases as a function of the mother withdrawing her emotional support from the child (Sykes & Symons-Moulton 1990; James 1994).

However, the nature and extent of these consequences may be moderated or mediated by a variety of factors including: age of the child; children's coping strategies and individual resiliency; gender; the nature, severity and frequency of the violence (witnessing domestic violence *and* also being physically maltreated, is associated with higher levels of distress and/or acting out, compared with only witnessing violence); whether the pattern of violence has ceased; attendant environmental factors, such as the mother's ability to parent, and the availability of legal and social protection are also important in reducing or exacerbating effects (Hughes 1988; Hughes, Parkinson & Vargo 1989; Jaffe et al., 1990; Kruttsmidt & Dornfield 1993; Malinosky-Rummell & Hansen 1993; Sternberg, Lamb & Greenbaum 1993; Spaccarelli 1994; O'Keefe 1995; Suderman & Jaffe 1997; Edleson 1999a).

Intergenerational transmission of violence

The intergenerational transmission of violent behaviour, and of re-victimisation are potential effects of witnessing

domestic violence that have been of significant interest. Although it is a complex phenomenon, and one that is not completely understood (Gelles & Conte 1990), it does appear that while the majority of children will not perpetrate violence as adults, many adult perpetrators and victims of domestic violence have experienced some form of family violence in the past, suggesting that the presence of violence in families can subsequently impact on family members (Nechvoglod 1995). Merely witnessing violence as a child has also been associated with an increased potential for children to later experience the role of aggressor or victim, as an adult (Milner, Robertson & Rogers 1990; Sternberg et al., 1993).

Most research, to date, has focused on the intergenerational transmission of violent behaviour. It is apparent that adults (particularly males) who have been hit by their parents while adolescent, or who have witnessed domestic violence are more likely to be involved in marital aggression themselves, with the latter the better predictor of later violence (Straus et al. 1980; Kalmuss 1984; Rodgers 1994). In particular, witnessing violence perpetrated by a same-sex parent, or both parents, is significantly more likely to perpetrate physical assaults in dating situations or intimate relationships (Kalmuss 1984; Jankowski, Leitenberg, Henning & Coffey 1999). Social learning theory explanation for this effect is that children perceive themselves as being more similar to the same-sex parent. Thus, a child 'identifies' strongly with a same-sex parent, and has a tendency to copy and internalise all the attitudes, behaviors and idiosyncrasies of the same-sex parent (Peterson 1984), including the subsequent perpetration of violent behaviour.

In a study of 70 juvenile (13-18) offenders (contact offences; sexual contact offences; non-contact offences), Caputo, Frick and Brodsky (1999) reported that the participants had all witnessed a high level of severe domestic violence (48% of the total sample reported witnessing domestic violence - ranging from 41% of the non-contact offenders to 57% sexual offenders).

Caputo et al. reported that witnessing severe domestic violence (that is, kicking, biting, punching, hitting or attempting to hit with an object, beating, choking, threatening with, or assaulting with a weapon) was equally related to subsequent juvenile sex offending (contact offences) and contact offending in general (such as assault or robbery). Despite some methodological issues (the study relied on the offenders' self-report of familial violence and categorised the offenders solely on the basis of the crimes identified in their files), the study did reinforce the findings of Widom's (1989) study that indicated that 23-70 per cent of violent youths and violent offenders came from homes where domestic violence occurred.

It should be noted that although it has generally been found that boys are more likely to exhibit externalised hostility and aggression, while girls show greater evidence of internalised problems, such as depression or somatic complaints (Carlson 1991; Edleson 1999a), there are also findings which indicate the opposite trend, with young women behaving aggressively towards others (Spaccarelli, Sandler & Roosa, 1994; Song, Singer & Anglin 1998).

Re-victimisation

Concomitant with research into the intergenerational transmission of violence, is research identifying an association between a history of growing up in a violent household and subsequent victimisation in an adult relationship (Kalmuss 1984; Straus et al. 1980; Giles-Sims 1985; Browne & Herbert 1997; Weaver et al. 1997; Jankowski et al., 1999). Jankowski et al. (1999) noted a child's subsequent victimisation was not associated with witnessing a same-sex parent being assaulted, but with witnessing bi-directional marital violence. Thus, later victimisation appeared to be due to the internalisation of violence as an acceptable means of resolving conflict, combined with having fewer opportunities to learn alternatives to violence, rather than the modelling of victim behaviour (as per social learning theory) in and of itself. What however, has been described as the 'outstanding characteristic' of victim behaviour (Browne & Herbert 1997:73), is the extent to which victims internalise the blame and responsibility for a violent assault (Star 1980; Browne & Herbert 1997). That is, the perception that their actions or behaviour has in some way provoked an assault.

THE PROFESSIONAL RESPONSE

How then, can professionals working in the child protection system, respond to issues in the protection of children without further harming their battered mothers? In this section a brief overview of the current state of professional action is provided, and suggestions made to improve the professional response for battered women and their children.

Recognition of the problem

In the past, child protection workers (and other professionals, such as police and medical staff) have been accused of paying little heed to the impact of a context of domestic violence on children's lives (Stanley 1991; 1997; Goddard & Hiller 1992; O'Hara 1995; Tomison 1999), particularly when it did not impinge directly on the child - that is, when the child was not known to be suffering from either physical or overt emotional abuse (that is, only acts of omission or emotional neglect - Tomison & Tucci 1997) (McKay 1994). It has been asserted that many workers do not routinely screen cases for domestic violence, and that many do not possess an adequate knowledge of the phenomenon of domestic violence (Stanley 1991; 1997; McKay 1994; Goddard & Hiller 1992; O'Hara 1995; Tomison 1994; 1999). Thus they are hampered in their attempts to deal with such violence as it impinges on their management of child maltreatment cases (Stanley 1991; Tomison 1999).

Domestic violence has often been treated in a manner similar to drug and alcohol problems (Tomison 1996b), with workers from other sectors expected to alleviate these concerns as part of an overall case management plan. It has become obvious however, that such problems need to be addressed directly by child protection professionals, given the well-documented findings that cases of domestic violence can produce severe cases of child abuse if left unchecked (Fogarty 1993; O'Hara 1995). The tendency to refer 'ancillary problems' - such as domestic violence - to other workers can create a situation whereby workers

untrained in child protection casework are involved in the monitoring of an abusive or neglectful situation. This may result in trained child abuse professionals failing to intervene in an escalating abusive situation because of a failure of other workers to identify and report significant changes in the family's circumstances and/or risk to the child of harm.

For example, some of the children who have been battered to death have been allowed to remain in an environment where it was known that domestic violence was occurring (for example, Department of Health and Social Security [DHSS] 1982; Department of Health 1994, cited in O'Hara 1995). A common explanation given by workers in such child death inquiries is that due to poor inter-agency communication the extent of the risk to the child was not realised until too late (DHSS 1982). In Tomison (1999), despite a general finding that families where domestic violence was present were likely to be rated as severe, and where the child was likely to be rated as at risk of further maltreatment, it was found in two cases that a child was placed with a non-custodial parent known to have a history of perpetrating domestic violence, in order to alleviate neglect concerns. In a further six cases of emotional abuse and/or neglect, children were left in violent households and there appeared to be no acknowledgment by the worker of the potential physical or emotional harm to the child. Taken at face-value, these placement decisions would appear to indicate a lack of comprehension of the further risks to the child, and/or a minimisation of the level of protective intervention required.

Overall, these findings provide support for the need for further education of workers dealing with child abuse and neglect cases as to the risk to children in families where domestic violence is occurring. Additionally, it would appear that child protection workers need to be more closely involved in the management of domestic violence in order to reduce the risks to children living in such violent environments.

Yet there are a number of barriers that may hinder cross-sectoral coordination, collaboration and communication between professionals working in the child protection and domestic violence fields. These include the different philosophies underpinning practice (child-centred versus woman-centred approaches), and differences in the focus of a professional response. For example, the extent to which a battered woman is perceived as a victim and/or held responsible for the safety of her children (a failure to protect); and the extent to which police involvement in cases is advocated (Beeman & Edleson 2000; Stanley & Goddard, in press)].

Mother blaming or a failure to protect?

One facet of child neglect that impacts on battered women and their children is that of ensuring children's safety within a violent household. In this context, a mother's inability to protect her children from witnessing further domestic violence is often classified as a 'failure to protect' children (Magen 1999). However, such a classification raises a number of issues: Is it appropriate to expect a battered woman to be able to protect both herself and her children?

Is it appropriate to put the onus on the mother solely to protect her children? Is it appropriate to 'punish' her by taking statutory protective action if she fails to protect?

Clearly the responsibility for exposing the children to violence should first and foremost lie with the violent partner. Yet a gender bias has been identified in both child protection case management and child maltreatment research (Tomison, 1996a; Burke 1999), such that child protection and child welfare practice has traditionally tended to focus interventions on the mother as assumed primary caregiver, partly because of her greater availability. Despite the importance of their role in the family, little effort has been expended in engaging with fathers or father substitutes as part of child protection case management (Packman et al. 1986; Corby 1987; 1993; Waterhouse & Carnie 1992; Farmer & Owen 1995), except in the case of sexual abuse (Corby 1993) or child homicides (Tomison 1996a) where the male partner is frequently the perpetrator. Burke describes this situation as 'the case of the invisible man, that is, we see the impact of his actions but we never see him' (1994:19)

The failure of workers and researchers to engage father figures in research or casework has been attributed to sexist, cultural and legal assumptions whereby mothers having any role in the care of their children are virtually automatically assumed to be accountable (Hiller et al. 1991; Corby 1993; Burke 1999). For example, in cases of physical abuse or neglect where there are male and female carers in a family, it is not always determined who has maltreated the child. However, it is typically assumed that the female is the key figure in the case (Hiller et al. 1991; Corby 1993). In a discussion of sexual abuse cases (that may apply equally to cases involving a physically violent caregiver), Waterhouse and Carnie contend that 'more than any other criterion the attitude of the non-abusing parent (almost exclusively mothers) towards the alleged perpetrator is seen as a litmus test of children's likely safety' (Waterhouse & Carnie 1992:51).

The centrality of women, the significance of their attitudes towards the perpetrator, and the apparent dependence of child protection services on women to protect their children from maltreatment in a violent household is controversial (Waterhouse & Carnie 1992; Magen 1999). Although non-abusive caregivers should play a role in ensuring the protection of children in a situation where an abusive caregiver still has access (taking into account the extent to which the woman can safely act to protect herself and her children), the over-reliance on the non-abusive partner can itself, be viewed as abusive, in that it draws responsibility away from the perpetrator of the abuse and places demands on a non-abusive parent that may be inappropriate (McLeod & Saraga 1988).

It was apparent in Tomison's (1999) child protection case tracking study that rather than attempting to engage the male offender, professionals often intervened to effect change in the family by focusing on the female caregiver. In addition, rather than introducing adequate professional supports and legal sanctions to ensure a mother and children's safety in cases that involved a violent spouse, at times the opposite was the case, with little or no external professional supports being provided to the family. Rather, as has been found previously (Magen 1999), the threat of

statutory intervention was often employed to try to force a female caregiver to defend both herself and her children from the violent, abusive partner. This was likely to have resulted, in part, from the workers' own fears of the violent male and their subsequent attempt to minimise their involvement (Goddard & Carew 1988; Stanley 1991; 1997; Tomison 1994; 1999).

A further consequence of such a non-supportive, aggressive approach is that a woman will be reluctant to seek professional assistance when the threat of having her children removed is a reality (Magen 1999). For example, Brookoff et al. (1997) interviewed 136 participants (72 victims and 64 assailants) involved in 62 incidents of domestic violence where police were called in the United States, along with 75 adult family members at the scene (they also reviewed police records). Children were reported to have directly witnessed 85 per cent of the assaults. It was apparent during interviews that mothers were not bringing actual assaults on their child to the attention of the police for fear that the child would be removed. What was also found was that in no case did the police visits result in a referral for the child for treatment or support; nor were any child protection concerns identified. Thus, the mothers were reluctant to seek assistance and professionals (in this case police), were not seeking to provide the woman with assistance in dealing with her violent spouse, beyond pressing charges if requested.

Overall then, a failure to acknowledge the realities of women's lives in violent households can lead to mother blaming and inappropriate professional expectations that women should be able to protect their children in situations of extreme risk, situations where the child protection system is unable or unwilling to protect them (Packman et al. 1986; Goddard & Hiller 1992; Farmer & Owen 1995; O'Hagan & Dillenburger 1995; Trotter 1997). [The failure to engage with the offender also means that any opportunity to modify their violent behaviour is severely constrained (Fox 1990, as cited in Corby 1993).] It is contended that such practice constitutes a form of *systems abuse* of both mother and child(ren) (Cashmore, Dolby & Brennan 1994). As Waterhouse and Carnie note:

'a line, then, may need to be drawn which allows for women's participation in the process of assessment and determination of outcomes without either holding women solely responsible for safe-keeping their children or blaming them for what has happened' (Waterhouse & Carnie 1992:58).

Thus, the dilemma for workers when working with battered women then, is:

'how to intervene without reinforcing the woman's sense of guilt, self-blame and failure as a mother; [and how to] avoid placing even more responsibility for protecting children onto women who are often powerless to act because of their own victimisation' (Burke 1999:257).

Enhancing the response

Apart from the need for further training in domestic violence issues for professionals who deal with child maltreatment

matters (and to ensure there is adequate training for workers in domestic violence and sexual assault crisis services), Burke (1999) and Magen (1999) describe a number of other approaches that may improve the response to these women. First, Burke (1999) suggests adherence to the following hierarchy of priorities when working with violent families: safety and protection of the children; empowerment and safety of women; responsibility and accountability of the perpetrators of violence. Under this hierarchy, if a woman is unable to, or chooses not to, protect her children, then action will be required to ensure safety (even if only temporarily). Yet, despite maintaining a focus on the protection of children, and even if the children are temporarily or permanently removed from a mother, it is important that services are provided (or at the very least, referrals made to battered women's services) to assist her to manage and/or overcome her experiences (Magen 1999).

Child protection services are ideally placed to offer services because they are not identified as a battered women's service. Hence, women may have more opportunity to seek assistance because their partner is less suspicious of the professional involvement and statutory child protection services also have the authority to mandate attendance at services, if necessary (Magen 1999).

Second, the development of an effective caseplan requires a truly holistic assessment of the nature and extent of violence in the family, while ensuring that responsibility for the violence is attributed to the offender(s) (Burke 1999). Further, Burke advocates the development of separate behavioural contracts for the violent and non-violent partners, delineating roles and responsibilities and making it easier to ensure that any breaches by the violent partner are able to be identified and action taken to address the concerns, without penalising the non-offending caregiver (for failing to act) or her children.

Third, Magen (1999) proposes a number of changes to practice in the initial stages of working with violent families:

- In circumstances where the risk to the child would be diminished, giving consideration to issuing a legal order against the batterer rather than against the child. From the limited evidence currently available, it appears that young Australian women who take legal action through both the police and the court system can reduce the frequency and severity of violence they experience (Young, Byles & Dobson 2000).
- Applying for an intervention order on the mother's behalf may facilitate a perpetrator's removal, as he may attribute less blame (and thus possibly not retaliate) against the mother (Magen 1999). At present the onus of taking out an order appears to rest mainly with the women (Chalk & King 1998), although in the last few years police forces have been more assertive in arresting and charging perpetrators of violence, with or without the woman's acquiescence (for example, DVIRC 1999). It should be noted however that removing the batterer requires that adequate support and protection are put in place for the family, or it may actually place the women and children in more danger (Steinman 1988; Bagshaw et al. 1999).

- The adoption of *affirmative defense* for battered women. This defense is currently operating in criminal child endangerment actions in three U.S. states (Iowa, Minnesota and Oklahoma), based on acknowledgment of the 'double bind' faced by battered women who are expected to protect/care for their children while coping with the dangers inherent in living with a perpetrator of violence. That is, a woman will be acquitted in cases involving criminal neglect (failure to ensure safety), if at the time of the maltreatment 'there was a reasonable apprehension in the mind of the defendant that acting to stop or prevent the neglect would result in substantial bodily harm to the defendant or child in retaliation' (Minn. Stat. Ann 1993, as cited in Magen 1999:129). The defense is designed to assist mothers caught up in a violent situation, but excludes those battered women who are involved in maltreating their children.

The affirmative defense has not been adopted in civil child protection hearings (Magen 1999), perhaps because such matters are designed to ensure the best interests of the child and a child's safety, via statutory means if necessary. The ability of a mother to protect her child(ren) in a violent home, and/or her willingness to take action to change the family's circumstances, are considered when child protection services determine the risk to the child of future harm as part of the child protection assessment and investigation process. However, as was mentioned above, the reality of child protection work is that mother blaming, a failure to 'see' a violent male, combined with a failure to adequately support battered women and their children, may lead to overly stringent statutory action (and the removal of the children), effectively punishing a battered woman.

Teams approach

Finally, given the need for specialist knowledge of domestic violence issues, and for an advocate/support for the woman, the involvement of domestic violence specialists in child protection investigations, case assessment and planning where there are domestic violence concerns is recommended (Irwin, Waugh & Wilkinson 1998; Beeman & Edleson 2000; Echlin & Osthoff 2000). [Conversely, the development of effective interagency relationships between domestic violence services or women's refuges and child protection and family support agencies with experience in addressing child health and wellbeing is also vital.]

As the coordination of cross-sectoral, interagency or inter-professional work can be quite difficult, consideration should be given to the co-location of domestic violence specialists and child protection personnel, or the creation of a combined team, similar to the child protection/police investigation teams currently in use in parts of Australia (for example, New South Wales) and overseas (Bowman 1992; McCarthy 1994). The objective would be to ensure that a child protection worker and a specialist domestic violence worker jointly assess all child protection reports involving suspected domestic violence at intake.

Given the likelihood that police and/or court action will be required to protect the women, and the need to ensure worker safety, it is recommended that police members also be attached to such a team. The benefits that could result

from the approach would include more effective, safer investigations, that enabled the gathering of higher quality case information, in turn providing the basis for a greater quality of planned interventions and potentially an increase in the number of domestic violence orders issued and criminal prosecutions successfully carried out. Such an approach would also provide greater potential for work with male offenders, with greater numbers appearing before the courts, and thus, higher numbers being mandated to participate in offender programs as a means to address their violent behaviour. [It should be noted however, that at this stage it is unclear whether perpetrator programs, and/or stringent arrest and prosecution approaches are the most effective means of stopping male violence (Keys Young 1998).]

PREVENTING FAMILY VIOLENCE

In general, programs aimed at the prevention of child maltreatment in the context of domestic violence have been relatively rare. Until recently, programs have either focused on preventing child maltreatment or preventing domestic violence, but not both (Straus & Smith 1990, as cited in Rosenberg & Sonkin 1992).

National Audit of Child Abuse Prevention Activity

However, in a recent National (Australian) Audit of Child Abuse Prevention Activity undertaken by the National Child Protection Clearinghouse, it was apparent from a preliminary analysis of the 1750+ collected programs (run by approximately 1250 agencies) (Poole & Tomison 2000) that a large number of the prevention programs submitted for audit had adopted an holistic approach to family violence, that is, prevention of the occurrence (or recurrence) of both domestic violence and the various forms of child maltreatment.

It was apparent that two thirds of all programs were designed to address issues of both domestic violence and the various forms of child maltreatment. A more detailed assessment of family support programs revealed that 106 of the 148 (72%) tertiary level (where the focus is on the prevention of a further violence), family support programs addressed issues of violence holistically (child maltreatment and domestic violence). One third of these programs were run in women's refuges/shelters and other crisis or assault services. Yet only 35 programs dealt specifically with children's witnessing of domestic violence, the vast majority (30 of 35) of these being run by battered women's services. These programs appeared to be much more comprehensive and a central part of service delivery, whereas the few collected programs run by welfare and support agencies appeared to be relatively limited in scope.

Although the level of cross-sectoral work, exemplified the development of an holistic approach to the prevention of family violence, is heartening, [and a necessary approach if violence is to be prevented effectively (Stanley & Goddard 1993; Tomison 1996d)], the paucity of programs developed for children who have witnessed domestic violence is of concern (Smith, O'Connor & Bethelsen 1996). The current

low number of programs may merely reflect the relatively recent interest in this form of maltreatment. There does however, appear to be a growing number of agencies developing programs that can deal with this issue, although much of this interest is coming from the domestic violence sector, rather than the child and family welfare sector.

Current domestic violence strategies

In November 1997, the Australian Heads of Government endorsed *Partnerships Against Domestic Violence*, an initiative between the Commonwealth (Office for the Status of Women), the States and the Territories, to work together towards the common objective of preventing domestic violence across the nation. Specifically, the strategy was developed to enable the examination of new approaches to violence prevention while enhancing existing projects, the development and sharing of knowledge, and the development and documenting of best practice initiatives in preventing and responding to domestic violence. The six priority areas identified, were:

- working with children and young people to break the cycle of violence between generations;
- working with adults to break patterns of violence; working with victims and violent men;
- working with the community, educating against violence;
- protection of the law;
- information and best practice; and
- helping people in rural and remote communities.

The consideration of issues of ethnicity, race and gender were reflected across all six themes.

The prevention of domestic violence has also been identified as a priority area in the National Crime Prevention program (formerly known as the National Campaign Against Violence And Crime – Attorney-General’s Department) and the National Anti-Crime Strategy (NACS), developed by the Commonwealth Government (Attorney-General’s Department) and various State and Territory governments. A number of State governments have also developed statewide violence prevention strategies [for example, NSW Strategy to Reduce Violence Against Women NSW Attorney-General’s Department 1997]. The Supported Accommodation Assistance program (SAAP) (Department of Family and Community Services) also plays a significant policy and service provision role in tertiary prevention.

Current focus

What is apparent from an assessment of current policies and prevention strategies, is a clear focus on addressing the attitudes underpinning the perpetration of violence via community education, and the prevention of the recurrence of violence by perpetrators and re-victimisation of women (tertiary prevention). As part of the former, a major objective is to intervene early with children and young people to prevent the occurrence of violence (primary and secondary prevention³) delivered via school-based, health

education programs. The programs are designed to educate young people on gender issues and non-violent attitudes, the development of appropriate, non-violent relationships and the enhancement of health and wellbeing) (Chalk & King 1998; Poole & Tomison 2000).

Despite a lack of outcome evaluations demonstrating their effectiveness, secondary schools are perceived to offer a prime opportunity to address violence in relationships via primary prevention – preventing violence in young people’s relationships and affecting the attitudes of some ‘soon-to-be professionals and community residents’ (Reiss & Roth 1993; Webster 1993; Suderman & Jaffe 1997). Although it is unrealistic to expect such programs in isolation, to be enough to alter ‘complex socially derived patterns of behaviour. Well-designed curricula could, however, be useful components of more comprehensive community wide strategies that involve parents, community leaders, mass media, advocacy and law enforcement’ (Dryfoos 1990, as cited in Webster 1993:132).

Other major objectives include: educating the general community and the development of community building/strengthening initiatives; developing a better tertiary response for violent families, particularly in the areas of legal sanctions and protection against violence, emergency support and accommodation services and crisis counselling/support services. There is also growing interest in working with violent offenders (males), but in particular, early intervention with ‘at risk’ young people (usually males), who are already ‘acting out’ aggressively, or have been involved in violent behaviour. Although it is beyond the scope of this paper to consider all violence prevention initiatives in detail, in the following sections some of the current trends in primary prevention initiatives are discussed.

Community education

Gil wrote that violence in families is an inevitable by-product of the ‘selfish, competitive and inegalitarian values and of dehumanising, authoritarian, and exploitative social structures and dynamics which permeate many contemporary societies’ (1979:1). To truly transform society such that the current culture of violence which pervades most western societies is replaced by a culture of non-violence, primary prevention initiatives, whether targeting violence as a whole or child abuse or domestic violence in particular, must involve the identification and eradication of the causes of violence, rather than the mere neutralisation of the symptoms (Harrington & Dubowitz 1993; Rayner 1994). The prevention of violence ought to begin with unravelling the sources of violence in human nature and in ‘the values and modes of human societies’ (Gil 1996:77), including issues of patriarchy, power and domination; community attitudes to violence, racism, homophobia; and developing more positive perceptions of women, children, and Aboriginal and Torres Strait Islander peoples.

In a strategy developed by the South Australian Office for the Prevention of Domestic Violence (1996), five social factors were targeted for change (adapted from Straus & Smith 1990, as cited in Straus & Gelles 1990):

- the structural imperative of male dominance in the family and society at large;

- cultural norms that encourage/excuse violence, especially male violence, in the family and wider society, and condone female victimisation;
- the training in violence that goes on in both the family and society;
- the use of violence for socially legitimate purposes; and
- the lack of perceived alternatives for dealing with the inevitable conflict that naturally arises in family life.

A major part of a coordinated approach to the prevention of violence is the development of education campaigns that challenge gender stereotypes and promote positive social interactions across all strata of society. Such campaigns need to address male physical and sexual violence against both women and children (Tomison 1997a).

A number of mass media campaigns addressing community violence have been developed in Australia, including one which featured prominent Australian men making anti-violence statements (Michaux 1996). As Klein, Campbell, Soler and Ghez note, by 'drawing on the successes of other social change movements, we can capitalize on the high level of concern about the problems that exist today by creating public education campaigns that transform the culture of acceptance that has existed for centuries around the issue of violence against women' (1997:16).

This view is supported by some evidence of a small decrease in societal acceptance of domestic violence, and the perpetration of severe violence in particular, over time (Straus & Gelles 1986; 1991; Klein et al., 1997). However, as Bagshaw et al., concluded, there is still a need for 'public education initiatives that aim to help family, friends and workmates respond appropriately and effectively when people disclose domestic violence' (Bagshaw et al. 1999:6).

Social sanctions and the community

Counts, Brown and Campbell (1992, as cited in Klein et al. 1997) conducted an anthropological analysis of 14 distinct cultures across the world that appeared able to prevent patterns of domestic violence who were at risk of, or were being assaulted, along with clear sanctions against violence (applied by the community, but supported by legal and national action) were most important in preventing occasional violence from escalating into a pattern of more frequent assaults. Community sanctions included: being sent home to learn better behaviour from the birth family; kin and community court intervention at the first sign of battering; assigning young couples a mentor or 'compadre' responsible for monitoring the relationship and early intervention if violence eventuated; community chastisement; and direct female intervention, (women showing female community solidarity by standing outside the house where violence was occurring and/or shaming of the male perpetrator). These community-wide sanctions were not, however, targeted at wife beating (defined as occasional, non-escalating assaults where no serious or permanent injury occurred) which was identified in almost all of the cultures, but was perceived as an acceptable practice that was distinct from wife battering.

In contrast, domestic violence is seen in most western countries as a private matter; although changing attitudes

and community education initiatives are beginning to encourage community intervention (Klein et al., 1997). The majority of a U.S. sample of batterers perceived that there were no public sanctions against their violence, and they had not experienced, nor did they expect to experience, any negative legal, occupational or social consequences (Carmody & Williams 1987). Similarly, in a qualitative study of Australian perpetrators of domestic violence, Bagshaw et al. (1999) reported that the men felt the dominant male culture promoted their ongoing use of violence, and provided limited support to stop or prevent violent behaviour.

Although the expectation of sanctions may not be enough to change an entrenched pattern of violent behaviour, the community may be able to influence the development of violent behaviour and the development of non-violent relationships (Klein et al. 1997). There appears to be growing recognition that the level of community and intrafamilial violence will not be reduced without the active participation of males, and a significant change in male culture. It is already apparent that peer education is a vital component of group work with young men in violence prevention programs (Indemaur, Atkinson & Blagg 1998)

In an extension of the education campaign involving prominent Australian men making anti-violence statements (Michaux 1996), there has been some 'grass roots' community support for initiatives designed to change male culture such that violence against women and children (and subsequently all violence) becomes less acceptable. The intention is to change male culture such that violence is not acceptable (and should not be tacitly approved of), while promoting individual (male) and community interventions to prevent violence against these groups. Under this approach, male cultural values are altered such that applying sanctions towards a violent male is valorised and perceived to be a core component of masculinity, of 'being a man'.

In a recent example, a community leader in a remote Aboriginal community instituted a policy in the local football club such that players who assaulted their wives or children, or who turned up drunk to matches, were not able to play for the team. Media reports indicated that through the threat of the match bans, he had had some success in modifying his players' behaviour. It is contended that until the views and actions of Australian males are changed to such an extent that violence is seen as unacceptable and 'unmanly', and it becomes socially desirable to intervene in domestic violence (or child maltreatment) situations, it is unlikely that there will be significant societal changes in the perpetration of violence.

It is also apparent that Australian sportsmen are expected to moderate their off-field behaviour under a 'code of conduct', which sees sanctions for drunkenness, brawling and other behaviour perceived to 'bring the game into disrepute'. Much of this moderation appears driven by the strong media coverage of any 'lapses' and although probably linked to ensuring good financial support for the club/sport, allied to this is the need to ensure children and young people's heroes and role models behave in an appropriate fashion.

Community building

Other facets of community building that apply equally to the prevention of domestic violence and child maltreatment are the development of community resiliency, social connectedness and the breakdown of social isolation, that is, the development of social capital (Tomison & Wise 1999). Being part of a healthy community that is strong in social capital may also provide benefits via 'collective socialisation' (Fegan & Bowes 1999), where children and young people are taught norms and sanctions regarding acceptable social behaviour and are positively affected by the community's expectations for children. Communities may also prevent maltreatment by setting norms of appropriate parenting behaviour, supporting parents who are under stress, and by providing additional professional and lay resources (Garbarino & Crouter 1978). In the United States, a variety of community-wide efforts have begun recently in some areas to strengthen communities through specific strategies to educate men and women about domestic violence and to 'create a community norm that reduces social tolerance of and provides sanctions for violent behavior' (Chalk & King 1998:114).

What can be learned from child abuse prevention?

Clearly, the prevention of domestic violence is currently a major area for action. In comparison, the Commonwealth has recently invested \$240 million in the Stronger Families and Communities strategy (Commonwealth Department of Family and Community Services 2000), as a means of preventing a variety of social ills, (including child maltreatment), via the promotion of positive parenting practices, and child, family and community wellbeing and resiliency. Other significant child abuse prevention initiatives have been undertaken, including the convening of the National Council for the Prevention of Child Abuse and Neglect to advise the Commonwealth on the development of primary and secondary child abuse prevention strategies that can reduce the incidence of child maltreatment. In addition, State and Territory governments have developed statewide prevention strategies and become significantly involved in the development and management of a variety of early intervention and child abuse prevention programs.

Although there is no comprehensive child abuse prevention strategy or framework that can coordinate action, the child abuse prevention field can contribute solutions that address the totality of violence in the community, and the prevention of domestic violence in particular. First, as Browne and Herbert note, 'there should be no doubt that the prevention of violence in the family, in general, begins with the prevention of child abuse and neglect' (1997:300). To prevent violence against women requires, in part, the acknowledgment of the intergenerational nature of both the perpetration, and experience, of violence, and thus, a focus not only on the prevention of violence towards adult women, but also on the prevention of violence towards children and young people.

Second, a cross-sectoral prevention strategy is a necessity given the evidence of the links between child maltreatment

and domestic violence, the intergenerational nature of violence and the societal attitudes that underpin child abuse and the abuse of women, [Gil's (1970) 'culture of violence']. Child abuse prevention strategies currently have a number of components that would be equally applicable to the prevention of violence towards women (and family violence in general). One that is particularly salient is the development of services for 'at risk' families.

Secondary prevention – intervening with those 'at risk'

An area of violence prevention that most domestic violence prevention strategies do not address and where they could benefit from the adoption of child abuse prevention initiatives currently being undertaken, is in the area of secondary violence prevention with adult family members. Child welfare and family support services have always attempted to cater to the needs of families who have experiencing a variety of stresses, problems or issues; to attempt to reduce the risk that such families will subsequently engage in violent behaviour; in conjunction with attempts to prevent the recurrence of child maltreatment or other violent behaviour. [Although it is clear that current demands for service from families already identified as abusive or neglectful, has effectively minimised much of the secondary prevention work agencies are able to do (Tomison 1996c; Tomison 1997b)].

Applying this approach to the prevention of domestic violence, policy makers and service providers should first consider developing explicit methods to enable the early identification of those families at risk of domestic violence; and second, the development of programs for those adults (the majority being males) who are at high risk of assaulting a partner, and those (mainly women) who feel they are at risk. In recognition of the need for early intervention in violence prevention, U.S. National Research Council recommended in their report on violent behaviour (Reiss & Roth 1993), that all children's conflict resolution skills be tested at around the age of eight or nine years (third grade) in order to identify those children needing additional conflict resolution skills/programs. The development of an assessment for adults' level of conflict resolution skills may be a first step in the secondary prevention process.

With regard to program development, it is already apparent that couples and families are presenting at relationship counselling and family support agencies where professionals are identifying and having to deal with issues of domestic violence (or the risk of violence) during the counselling and support process (Bagshaw et al., 1999; Bateman 1999; Shaw, Bouris, & Pye 1999). As Bagshaw et al. note that rather than accessing anger management or offender programs, 'men who could be identified as perpetrators of domestic violence [often seek] relationship counselling instead of domestic violence services, as they perceived their violence as a response to a "relationship problem". Men's commitment to change was primarily motivated by their own personal investment in making their own lives better and saving or improving their relationship' (Bagshaw et al., 1999:6).

This has implications for both service delivery and prevention. Given the desirability of early intervention in

families where violence may become (or has just become) an issue, there is a need to ensure that relationship counselling and family support agencies enhance such families' access to services in a non-stigmatising way. While ensuring that they are able to manage and support 'at risk' or violent males who access their services, this must be done in a context of ensuring the safety of other family members, and the provision of adequate support to them. In the child welfare and family support sectors, parents and families are generally able to access services without being immediately stigmatised as being violent, abusive or neglectful.

One strategy that appears to be particularly suited to facilitating access, has been the development of the 'one stop shop', also known as *Child and Family Centres*, (Tomison 1997b; Bagshaw et al., 1999; Tomison & Wise 1999), where large family support agencies have been organised to provide a mix of primary, secondary and tertiary services, along with general social and health promotion programs. They are designed to be easily accessible, non-stigmatising, and offer highly integrated services that could be tailored to meet the needs of families 'at risk' of violence, and to facilitate a sense of community and the development of social support networks within neighbourhoods. It is vital that consideration be given by the domestic violence sector to identifying the *potential* offender and victim, and enhancing services for 'at risk' males and their families.

A coordinated response

What is vital in any prevention strategy is clear inter-agency coordination and communication. In 1994, in the absence of a comprehensive violence prevention policy, Rayner (1994) concluded that there are three main areas of Commonwealth policy that are particularly pertinent to the prevention of child maltreatment: policies for children; policies for women; and policies for families. Unfortunately, these three policy and program areas appeared to operate relatively independently of one another.

Compounding difficulties in policy coordination, the policies and programs within each of the three overarching policies were described as 'fragmented over a range of Commonwealth, State and Territory Departments which have little knowledge of and reference to each other' (Rayner 1994:2).

Concomitantly, Rayner also identified frequent failures in communication, coordination and cooperation within and between levels of government and between government departments, between the government and non-government sectors, and within the multitude of non-government agencies that have adopted a prevention role. She also found that many institutional structures were not geared towards perceiving or identifying aspects of their work that had a preventative role.

Although it is clear that since 1994, both the domestic violence and child maltreatment sectors have recognised a need to address violence holistically, and to some extent, work together on the prevention of family violence, Rayner's findings are still relevant today. It is contended that policy development is still fragmented and there is no strategy

specifically designed to address holistically, the prevention of child maltreatment and domestic violence, despite the clear associations between these forms of violence. In addition, in spite of the development of new violence prevention and crime prevention strategies, there is no overarching, holistic policy that addresses the prevention of violence in total. Two strategies are proposed as possible means of improving the level of coordination and communication between governments, departments and agencies with a role in preventing child maltreatment, domestic violence and other forms of violence.

National framework

It has become apparent in the last few years that many of the same risk and protective factors underlie the incidence of a variety of social ills, such as child maltreatment other family violence, and the incidence of crime, and conversely, individual, family and community health and wellbeing (Durlak 1998; National Crime Prevention 1999b). Most sectors have acknowledged and adopted an ecological framework (for example, Belsky 1980; Bagshaw 1998, as cited in Bagshaw et al. 1999) when assessing these influences; adopted a *developmental prevention* approach in order to prevent a variety of social ills [that is 'interventions aiming to reduce risk factors and increase protective factors that are hypothesised to have a significant effect on an individual's adjustment at later points of . . . development' (Tremblay & Craig 1995:156-157)]; and similarly, adopted a strong focus on the development of early intervention approaches to prevent a range of social ills and to facilitate optimal child development.

It is also apparent that there are already a number of Commonwealth and/or State-level violence prevention, child abuse prevention and crime prevention policies. Given the similar assumptions/philosophies underpinning much of the prevention work currently being undertaken, it is recommended that consideration be given to the formation of one overarching document, based on an ecological framework and encompassing the prevention of all violence. Specific sectors or prevention 'components' providing details of specific objectives for specific sectors would then be fitted in, within the overarching framework. Such a framework should explicitly promote cross-sectoral work from policy-level down to the service provision level.

Extending the ideas behind the Government's Partnerships Against Domestic Violence Strategy, it is proposed that a National Roundtable of Violence Prevention, consisting of government and non-government representatives, policy makers, researchers and service providers (with appropriate sector sub-committees), should be formed to regularly advise on new developments in research and practice, and to develop new prevention priorities that could be used to update and refine the framework for governments. Such a framework or 'master plan' would work to ensure uniformity of purpose, clarity of mission, enable large-scale cross-sectoral prevention initiatives (with pooled funding) and form a base for sector-specific interventions. The Roundtable would also ensure communication was maintained between the various prevention sectors and a sharing of new research and lessons from practice.

Action plans

Another commonly mooted option to enhance government response to the prevention of maltreatment relates to the development of mandatory Action Plans across all levels of government (Rayner 1994).

Such Plans would ensure governments develop and implement cohesive strategies to address the needs of children, women and families, with particular reference to the prevention of violence. The Commonwealth Department of Family and Community Services developed child abuse prevention Action Plans for specific 'at risk' populations, such as the Action Plan for Children with Disabilities (The Wallis Group 1996), based around a comprehensive, collaborative framework for action. Similarly, some crime prevention and violence prevention strategies have been created, such as the National Crime Prevention program. Coordinated expansion of this concept across aspects of violence prevention would provide strategic direction for government and non-government bodies alike.

CONCLUSION

This paper has been an attempt to provide some further insights into the relationship between domestic violence and the various forms of child maltreatment. Until recently, the various forms of family violence have generally been investigated in isolation. However, this paper follows a growing number of studies that have attempted to move towards investigating aspects of family violence as a whole.

When assessing the association between domestic violence and child maltreatment what is apparent is that like much of the current child maltreatment literature, there is a relative dearth of literature that is able to clearly delineate the nature and scope of the relationship, and its effects on various members of the family, particularly children and young people who witness domestic violence and may themselves, be assaulted (Edleson 1999b). With regard to the latter, despite the growing interest in investigating children's witnessing of domestic violence, there is a clear need for longitudinal studies to determine the impact of experiencing multiple forms of violence (Gelles & Conte 1980).

With regard to the prevention of domestic violence specifically, further research is required to investigate precisely how violent relationships develop over time and how couples 'at risk' of violence may be helped by formal and informal systems of support, that is, the development of a secondary prevention response in the domestic violence sector. Exploring new means of changing societal attitudes (particularly male attitudes) towards violence and investigating school-based early intervention programs also appears to be an area worthy of further development. What can be generally concluded however, is that researchers and those professionals managing child maltreatment or domestic violence cases need to recognise that a significant proportion of cases will involve 'family violence', that is, both domestic violence and child maltreatment concerns. This in turn has implications for practice and inter-professional communication and collaboration. As McKay (1994:38) notes: '(both) professional fields have been mandated to

eliminate violence within families. The responsibility for doing so lies in a conjoint effort'.

Investigating the prevention of family violence in general (and child maltreatment and domestic violence specifically), it is apparent that most prevention work has generally been done in isolation, focused primarily on addressing one form of violence in particular. What is also apparent however, after taking into account the need to consider and address a variety of sector-specific issues, is currently a high degree of congruence between the violence prevention, child abuse prevention and crime prevention sectors (and the prevention of other forms of violence and/or social ills) in terms of the priorities and strategies for action that have been proposed and undertaken.

Typically, there is the adoption of an ecological framework and acknowledgment of the need to address the structural forces underpinning social issues, particularly societal attitudes; the adoption of a developmental prevention approach (Tremblay & Craig 1995), where both risk and protective factors are addressed; the importance of early intervention programs (including school-based education programs and special programs targeting 'at risk' children and young people); and the need for a comprehensive, multi-faceted approach to prevention. What is required therefore, is greater cross-sectoral collaboration and coordination from government, researchers and non-government agencies from policy-level linkages (via the proposed National Framework and National Roundtable) down to the enhancement of relationships between sectors and agencies at the service provision level. For as Goddard notes, a failure to focus on family violence holistically has major implications for research, practice and policy making, with 'attempts to estimate the effects and to account for them, [and to prevent their occurrence] doomed to partial success at best if other related violence is ignored' (Goddard 1996:66).

Notes

1. Child abuse and neglect are broadly defined in this paper as:
 - Sexual abuse: any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards.
 - Physical abuse: any non-accidental physical injury inflicted upon a child by a person having the care of a child.
 - Emotional abuse: any act by a person having the care of a child which results in the child suffering any kind of significant emotional deprivation or trauma.
 - Neglect: any serious omissions or commissions by a person having the care of a child which, within the bounds of cultural tradition, constitute a failure to provide conditions that are essential for the healthy physical and emotional development of a child (Angus & Hall 1996; Broadbent & Bentley 1997).
2. It is acknowledged that domestic violence and child maltreatment may occur as part of a same-sex intimate relationship, and that the issues and effects of intimate violence on the adults or children present in these families are equally pressing. However, the lack of research literature on this subject precludes detailed analysis of the issue in this paper.
3. Child abuse prevention is commonly classified into three main levels: primary, secondary and tertiary prevention: primary prevention is targeted at the community as a whole; secondary prevention programs target specific 'at risk' sections of the population; tertiary prevention refers to prevention initiatives aimed at preventing the recurrence of maltreatment (Rayner 1994).

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- No 5. *Update on child sexual abuse*, by Adam M. Tomison, Spring 1995.
- No 4. *Spotlight on child neglect*, by Adam M. Tomison, Autumn 1995.
- No 3. *Child abuse prevention: a perspective on parent enhancement programs from the United States*, by Marianne James, 1994.
- No 2. *Domestic violence as a form of child abuse: identification and prevention*, by Marianne James, 1994.
- No 1. *Child abuse and neglect: incidence and prevention*, by Marianne James, 1994.

Child Abuse Prevention – Discussion Papers

- No 3. *Child maltreatment and family structure*, by Adam M. Tomison, 1996.
- No 2. *Child maltreatment and substance abuse*, by Adam M. Tomison, 1996.
- No 1. *Child maltreatment and mental disorder*, Adam M. Tomison, 1996.



Child Abuse Prevention – Newsletters

The National Child Protection Clearinghouse Newsletter, *Child Abuse Prevention*, is produced twice a year to keep members up-to-date with new information and provide a forum for ideas.

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