

# CHILD ABUSE *and other* FAMILY VIOLENCE

FINDINGS FROM A CASE TRACKING STUDY

Until recently, research into family violence has been fragmented, with the various types of violence investigated independently of one another (Stanley and Goddard 1993). As Finkelhor (1983:170) 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 theories, separate set of theories, and separate history of how it was "discovered".'

McKay (1994) asserted that domestic violence and child abuse have generally been examined as separate entities. However, there is a growing body of evidence to suggest that different types of violence may occur simultaneously in the same family (Stanley and Goddard 1993; McKay 1994; see also Bibliography on Child Abuse and Family Violence by Belinda Stonehouse elsewhere in this issue of *Family Matters*). In addition, previous research conducted at Monash University and elsewhere (Stanley 1991; Goddard and Hiller 1992) had 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 (Stanley 1991).

It is the intention here to examine the link between child abuse and domestic violence, to discuss aspects of the inter-relationship between the two forms of violence, and to identify issues in professional assessment and management of suspected child abuse cases. The paper draws on some of the results from a recently completed study which involved the tracking of suspected child abuse cases over a period of six months in Victoria, Australia. A sizeable proportion of this research was focused on an investigation of family violence within the context of child abuse.

What are the links between child abuse and other family violence? How are physical child abuse cases managed by professionals?

ADAM M. TOMISON

presents findings from a recently completed child abuse case tracking study that investigated aspects of the relationship between child abuse and other family violence.

## Research Design

The project was designed as an evaluation of the decision making of the various professionals involved in the management of suspected child abuse cases. The aim was to map a child protection system for a period of six months, to trace what happened to the cases once they entered the professional network, to examine the role of the various professions that played a part in case management, and to determine which factors influenced the case management decisions taken by the professionals.

The study was carried out in a predominantly urban region that had a population of approximately 200,000 inhabitants. In comparison with other regions of Victoria, the selected region was relatively low in terms of the number of reports or notifications made to the child protection service. However, the proportion of notifications which were investigated and substantiated were well above the State average (Health and Community Services Victoria 1994). This would appear to indicate that when a report was made, it was often justified.

Potential respondents consisted of 110 professionals from the major health/counselling and investigative agencies in this region. These workers played a significant role in the reporting, assessment and/or alleviation of child abuse, and all agreed to participate in the study. The professions were: police officers (from the Community Policing Squad), child protection workers (from Community Services Victoria<sup>1</sup>), paediatricians, social workers (from all major treatment agencies and the regional hospital), school medical and counselling personnel, and infant welfare nurses.

During the tracking study, suspected cases of physical, sexual, or emotional abuse, or neglect, identified by any of the participating professionals, were collected. The workers had the option of providing case information via a detailed questionnaire they themselves completed or, alternatively, they could respond to a structured interview conducted by

the author (using the tracking questionnaire). Each worker was expected to report any cases with which s/he had had a role in the case management process, regardless of how brief the involvement, the type of involvement, and whether or not the case was deemed to be unsubstantiated, referred on, or subject to an ongoing case management plan.

The aim was to collect *all* suspected child abuse cases presenting at one or more of the participating agencies or professions; however, this was not achieved for a variety of reasons.

First, it should be noted that intention was to collect cases where the professional was involved in case management. However with regard to missing cases, it was not always possible to ascertain if a missing case was suitable for inclusion or was a 'consultation' <sup>2</sup>. As a result, 'consultations' may be inflating the estimated number of missing cases.

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Second, for those cases which were suitable for inclusion in the study, it is hypothesised that cases may have been missed because of some or all of the following reasons: some workers may have mistakenly excluded some cases from the study; some obviously withheld cases, possibly because of a fear of criticism; most workers were very busy, and due to the demands of their jobs some may not have wanted to spend time doing an interview or completing a questionnaire; some workers (and one agency) restricted the access to subjects, severely affecting the author's ability to collect data; and finally, the author, who conducted all data collection himself, may have missed the collection of some cases while attempting to set up appointments for case interviews, and conducting follow-ups with the various agencies and professionals.

In addition, it was not feasible to employ random sampling in a case tracking study. Thus the intention had been to collect the regional population of suspected child abuse and neglect cases. However the result was a purposive, non-probability sample (that is, as many cases were collected as possible).

The issues identified in this study are likely to occur in other child protection systems in Australia and overseas. However, the data were collected in only one region of Victoria, and thus regional idiosyncrasies in the incidence of child abuse and/or the regional child protection network may be reflected in the data. In addition, since there were some missing cases,

there may be biases in the data, although to the best of the author's knowledge this is not the case.

## Results

Overall, 295 questionnaires or interviews outlining a case of suspected child abuse were collected from 37 professionals from the original sample – the vast majority of cases were collected from the Community Policing Squad and Community Services Victoria child protection workers. Table 1 provides a breakdown of the number of cases collected from each agency or profession. The high number of cases received from the police and child protection workers were expected. These two groups performed the major child protection role and as statutory authorities were mandated to investigate suspected child abuse and neglect cases and to remove (where necessary) children at risk of maltreatment.

Why did fewer than 40 per cent of the professionals who originally agreed to participate in the study supply cases for the tracking study?

Some professionals only had a limited role in child abuse case management, having contact with only a small number of cases in a year, particularly those groups with a role in the early detection of maltreatment, such as school medical and counselling staff. It was apparent that some of the professionals were not involved in managing child abuse cases during the six-month tracking period. Some workers left their positions during the tracking study and were either not replaced, or their replacement was not able to participate in the study. Additional reasons for the lack of cases being supplied by some professionals were outlined in the Research Design section.

The author used annual child abuse case statistics from each agency or profession participating in the study, and questionnaire responses that reported which other workers were involved in the management of individual cases in order to estimate the number of missing cases. A conservative estimate was that there were approximately 70–80 missing cases. This would indicate that approximately 80 per cent of the cases that were active in the child protection network during the study were collected for tracking.

In reality, the 295 questionnaires that were collected represented a sample of 260 individual cases where the physical, sexual, emotional abuse or neglect of a child was suspected. For 35 of the children, more than one professional had been involved in case management, and subsequently completed an interview or questionnaire on that case as part of this study.

This number does not adequately reflect the true number of professionals involved in managing the cases.

Agency/Profession	Number
Community Policing Squad	124
Community Services Victoria	123
Centre Against Sexual Assault	14
Foster Care Agency	13
Medical Social Work	7
Paediatricians	7
Infant Welfare Nurses	5
School Medical Staff	2
<b>Total</b>	<b>295</b>

Type of cases	Number	(%)
Sexual abuse	124	(42.1)
Physical abuse	60	(20.3)
Emotional abuse	16	(5.4)
Neglect	93	(31.6)
Not known	2	(0.6)
<b>Total</b>	<b>295</b>	<b>(100.0)</b>

Type	Number	(%)
Sexual abuse	20	(16.1)
Physical abuse	17	(28.3)
Emotional abuse	9	(56.3)
Neglect	20	(21.5)
<b>Total</b>	<b>66</b>	<b>(22.4)</b>

Approximately 54 per cent of cases had involved at least one other professional contact prior to the case reaching the worker actually reported the case as part of this study. Almost 20 per cent of the sample had had three or more professional contacts prior to this worker.

Throughout this paper the total number of cases will be quoted as 295, not 260, with cases for which information was received from two or more sources being considered as separate cases for the purpose of analysis. This was deemed appropriate given that the information reported about a case, such as the official label applied to the case and the abusive concerns identified, often differed markedly between workers. Additionally, because the decision-making options open to workers varied quite significantly because of their different roles, philosophies of service and case protocols, it was not possible to combine the data.

Approximately 70 per cent of the cases collected in this study (206 of 295) were officially labelled by the various professionals as either sexual abuse, physical abuse, emotional abuse or neglect. The remaining 89 cases were labelled as a combination of

the four types of abuse, or given agency-specific labels such as 'welfare check' (used by the police). An analysis was conducted of the constituent elements of the suspected child abuse cases in comparison with the official labels applied by the workers. The 89 cases with a 'combination' or 'agency specific' label were re-coded to provide a label based on only one of the four main categories of abuse.

The re-coding was done on the basis of which label had been applied by the worker concerned, and also by the actual case content (as evidenced by the types of abusive actions reported by the workers). This classification system was used on the assumption that it approximated the weighting given to different types of child maltreatment by the various professionals involved in child protection case management. Thus a case involving sexual, physical and emotional abuse became a sexual abuse case; a case of physical abuse, neglect and 'child at risk of abuse' became physical abuse; and so on.

Table 2 shows the breakdown of the case sample following re-coding into the four main categories of sexual abuse, physical abuse, emotional abuse, and neglect. Suspected sexual abuse and neglect cases were the most frequently reported; together they accounted for about three-quarters of all cases collected during the study.

In the present study, 22.4 per cent, or 66 of the 295 cases of suspected child abuse collected, were reported by professionals as having occurred in families where domestic violence was present. That is, one or both of the child's usual caregivers were identified as being verbally and/or physically violent to one another. Table 3 provides a breakdown of the proportion of cases identified as occurring in an environment of domestic violence, by type of abuse. It is apparent that 16.1 per cent (20 of 124 cases) of all suspected sexual abuse cases occurred in families where one or both caregivers was verbally and/or physically violent. Compare this with physical abuse cases, where 28.3 per cent of cases occurred in an environment of domestic violence.

With regard to the sexual abuse cases in particular, an important finding was that 19.4 per cent of child sexual abuse cases (24 of 124) also involved the child being physically abused; and that 17 per cent of these cases (4 of 24) were reported to be occurring in families not identified as violent.

Finally, a further assessment of cases labelled as emotional abuse or neglect indicated that in approximately 15 per cent of neglect cases and 25 per cent of emotional abuse cases the cases were reported by workers to involve some form of physically abusive actions.

Using the results, the following family violence issues were identified and appeared to merit discussion.

### ***Extent of domestic violence present in families suspected of child abuse***

There is a growing body of research suggesting that child abuse and domestic violence are linked within families (McKay 1994). Research examining battered women populations in refuges have indicated that domestic violence and child abuse are strong predictors of each other. In an assessment of child abuse cases, 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 the perpetrators of the child abuse. In contrast, research on domestic violence (Stacey and Shupe 1983, cited in McKay 1994) conservatively estimated that some form of child abuse was up to 15 times more likely in families where domestic violence was occurring.

In a survey of 206 cases of physical and sexual abuse, Hiller, Goddard and Diemer (1989) found that domestic violence was identified in 40 per cent of sexual abuse cases and 55 per cent of physical abuse cases. Finally, despite suffering from definitional and methodological flaws, two nationally representative surveys conducted in the United States by Straus and colleagues (Straus, Gelles, Steinmetz 1980; Straus 1983) indicated that the incidence of child physical abuse was higher in families with an identified domestic violence

problem (Stanley and Goddard 1993).

It has been reported that 22.4 per cent of the 295 suspected cases of child abuse and neglect collected in this study occurred in families where domestic violence was present. The proportion of cases where domestic violence was present is quite probably an under-representation, given that many workers could not (or did not) determine whether domestic violence had occurred in many of the families with which they were involved. Such a tendency has been found previously in other research (Goddard and Hiller 1992). It has also 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. Thus they are hampered in their attempts to deal with such violence as it impinges on their management of child abuse cases (Stanley 1991).

There were a number of theoretically significant differences found when cases where domestic violence was reported were compared with those where domestic violence was not identified. In cases where domestic violence was reportedly occurring there was a moderate relationship identified with each of the following variables: one or both of the caregivers were more likely to be reported as having alcohol and/or drug abuse problems; the caregivers were more likely to have disclosed to the worker that they themselves

## ***John and Christopher***

John, aged three, and Chris, aged one year, resided with their mother. The children's parents had previously separated. Both of the boys' parents were known to have alcohol and drug problems; the father had previously been convicted for committing violent crimes and was severely violent towards his estranged wife.

A GP who had examined the boys suspected that they were being emotionally abused and neglected by their mother, and believed that they were being verbally abused, were living in an unhygienic home, had not received medical treatment for some infections they had developed, and were not being fed properly. In addition they were thought to be developmentally delayed. The GP referred the case to the local hospital; staff at the hospital indicated that they had previously suspected that John and Chris were being neglected.

However, a paediatrician was unable to substantiate the concerns (that is, a preliminary medical examination provided no evidence of

abuse). Because of the lack of evidence from the medical exam, and a bed shortage, the children were discharged from hospital before a full assessment could be completed on the boys and the parents' ability to care for them. Because of the premature release, grave concerns were held for the children's wellbeing.

A medical social worker was brought in to organise support for the family and the Community Policing Squad was involved because of the potential for violence from the father. Attempts were also made to refer the case to Community Services. However, the child protection staff were reported to have refused to accept a referral, possibly because of the lack of evidence substantiating the case.

The medical social worker reported that the police had given custody of the children to the father. In effect, John and Chris were placed in the care of a father with criminal convictions for physical violence in order to alleviate the possible emotional abuse and neglect by the mother.

had been abused as a child; the overall number of stressors identified in the family was significantly higher; the abusive concerns were more likely to be given a higher severity rating by workers; as was the workers' rating of risk to the child of further abuse.

From the analysis, it would appear that the presence of domestic violence indicated that a family had either multiple stressors which could cause dysfunction, or alternatively, that the presence of domestic violence actually increased the likelihood of the family developing other problems – such as child abuse. Regardless, these findings would support the view that workers should perhaps use the incidence of domestic violence as a warning sign for generalised family dysfunction, including the possibility of child abuse.

However in the past, child protection workers have been accused of paying little heed to the impact of a context of domestic violence on children's lives' (O'Hara 1995), 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 (McKay 1994).

Domestic violence was often treated in a manner similar to drug and alcohol problems, with other workers being expected to alleviate these stressors as part of an overall case management plan. It has become obvious though 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 abuse casework are involved in the monitoring of an abusive situation. At the same time trained child abuse professionals may be failing to intervene in an escalating abusive situation because of a lack of knowledge regarding ancillary case issues and changes in the family's circumstances.

For example, a number of children in Victoria (7 of 13 child deaths for the period 1989–1993; Fogarty 1993) have died of neglect or physical abuse at the hands of a drug and/or alcohol-addicted parent while under the supervision of Community Services Victoria personnel and/or with the involvement of a variety of support workers engaged in ongoing case management (Fogarty 1993). It is also apparent that some of the children who have been battered to death in Australia and overseas had been allowed to remain in an environment where it was known that domestic violence was occurring (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).

One-fifth of the cases in the present sample involved some form of domestic violence. Given this, and the findings from other studies that link domestic violence and child abuse, it is apparent that professionals in many areas of the health care system need to consider the potential for child abuse in violent families. More importantly, child protection staff need to address specifically issues of domestic violence as part of their management of child abuse cases.

This study has produced findings indicating that caregivers known to be violent were involved in child abuse cases which were likely to be rated as severe, and where the child was likely to be rated as at risk of further abuse. Despite this, it was found that in two cases a child was placed with a non-custodial parent known to have a history of domestic violence, in order to alleviate neglect concerns.

(The case of John and Christopher illustrates this point<sup>3</sup>.)

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In six other cases of emotional abuse and/or neglect, children were left in violent households and there appeared to be no acknowledgement 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 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.

### ***Suspected child sexual abuse and occurrence of domestic violence***

Finkelhor (1984) estimated the proportion of children in the United States that were exposed to some form of sexual abuse was between 9 and 52 per cent for females and between 3 and 9 per cent for males (depending on the definition of sexual abuse and the methodology used). In Australia, the most recent national figures on substantiated cases of child abuse indi-

cated that the rate of child sexual abuse was 1.3 per 1000 children (Australian Institute of Health and Welfare 1995). It is also clear that the majority of perpetrators of sexual abuse are men, and that the victims are predominantly female (Finkelhor 1979). In this study, all the cases labelled as sexual abuse were reported by workers as involving male perpetrators; 56 per cent of alleged victims were female.

From Table 3 it is apparent that 16.1 per cent of all suspected sexual abuse cases occurred in families where one or both caregivers was verbally and/or physically violent, compared with 28.3 per cent of physical abuse cases. While the proportion of sexual abuse cases occurring in a violent family was lower than for physical abuse cases, the finding that one sixth of sexual abuse cases occurred in violent families has important implications for theories of child sexual abuse.

Until relatively recently, the link between violence in the family and child sexual abuse was not widely reported. While the causes of sexual abuse has been one of the more significant controversies (Goddard and Hiller 1993), O'Hagan (1989) summarised two major theoretical perspectives. The family therapy view was that child sexual abuse occurred as a result of 'family dysfunction'. Also known as a family dysfunction model, the emphasis is on the role of sexual abuse as a means to assist in maintaining equilibrium within the family system. Thus each family member would be seen as having an interest in the continuation of the abuse (O'Hagan 1989).

However, feminist theories view child sexual abuse as an aspect of personal power, where sexual abuse is seen merely as one part of the range of violence perpetrated by men against women and children (O'Hagan, 1989). In the late 1980s research began to be produced that provided support for the feminist assertion of a link between sexual and physical assault.

As mentioned previously, in the Hiller, Goddard and Diemer (1989) hospital study, 40 per cent of sexual abuse cases and 55 per cent of physical abuse cases were reported as occurring in families where domestic violence was known to occur. While the relative proportion of sexual and physical abuse cases where domestic violence was a factor was higher than the proportions produced from this study, the overall trends were similar. Both studies indicated that domestic violence is a factor in a sizeable proportion of both child sexual and physical abuse cases.

If domestic violence is taken as an overt expression of male domination and/or male power in the family unit, then it can be argued that the abuse of children has occurred within a coercive environment. Yet the extent of such coercive forces impacting on children is possibly greater than what would be expected from taking only the overt signs of domestic violence into account.

## Jenny

Jenny, 11 years old, lived with her mother and stepfather. Her mother was known to be psychiatrically disturbed. Both caregivers were very physically violent towards each other; they refused to cooperate with the workers assigned to this case. Jenny's mother admitted emotionally abusing Jenny. Both parents denied physically abusing their daughter.

Jenny was referred to a paediatrician by Community Services for a medical assessment. The paediatrician found that Jenny had been severely emotionally abused, describing Jenny

as being 'terrorised' and as a result suffering from severe emotional trauma. The paediatrician also found that Jenny had bruises from being physically abused by one or both of her parents; she had been hit, punched or kicked at least six times in the past four years.

The paediatrician was severely verbally abused by both parents during her/his examination of the child. Shortly after this paediatric assessment the family fled the state; a referral was made to inter-state child protection services alerting them to continue involvement with the family. This case was officially labelled as emotional abuse.

First, it has been stated that many workers failed to determine whether even overt verbal and physical domestic violence was occurring in the family. Second, the author's measure of the extent of coercion and/or male domination in the family does not take into account the effects of the less overt forms of aggression that can exist (Goddard and Hiller 1993), nor does it specifically incorporate the actual physical violence that can be used as a coercive force against children.

In this study for example, 19.4 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 as overtly violent. This would seem to provide support for the contention that merely relying on the overt signs of domestic violence is a conservative approach to identifying family violence, and that the measure of coercion used in this paper is both conservative and an underestimate of the true level of coercion operating in these families.

The data from this study, and from that

of Hiller, Goddard and Diemer (1989), would appear to indicate that a violent, coercive environment is 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. 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).'

The research reported here did not allow for a test of the 'family dysfunction' theory of child sexual abuse. However, the results do provide at least some support for the contention that child sexual abuse exists as a function of the gender imbalance of power in family structures. It would also appear to provide further support for the view that workers professionally involved in this area should give

greater consideration to the implications of domestic violence, and the implications for child abuse.

### **Redefinition of physical abuse cases as emotional abuse or neglect**

In the previous sections it has been argued that professionals involved in child protection have not paid enough attention to the links between child physical abuse, sexual abuse and domestic violence. In this section, data from the emotional abuse and neglect cases collected during tracking is used to support the contention that at times professionals working with child abuse and neglect may also consciously or unconsciously minimise concerns of child physical abuse.

First, it must be acknowledged that child abuse and neglect concerns do not often occur in isolation. Farmer and Owen (1995) found that in one-third of cases where neglect was the main concern, there were also physical abuse concerns; in one-fifth of physical abuse concerns there were neglect concerns; and in one-quarter of sexual abuse concerns there were also neglect concerns.

Second, Goddard and Hiller (1992) contended that when dealing with cases involving child abuse and neglect concerns, workers sometimes minimise the abuse and mislabel cases as neglect or emotional abuse. It is argued that this misclassification occurs because neglect cases are generally dealt with by the provision of family support services, whereas abuse cases, particularly physical and sexual abuse cases, are likely to require more stringent protective intervention. Thus, the perceived lesser severity of neglect and emotional abuse may in fact be used by some workers to minimise the seriousness of the abusive concerns and the level of protective intervention required.

In the 206 cases in this study that were officially labelled by the professionals as either sexual abuse, physical abuse, emotional abuse, or neglect, it would be possible for physically abusive actions to be identified within a case labelled as emotional abuse or neglect. For the remaining 89 cases which were re-labelled using the coding system outlined in the Results section, physically abusive actions should not, on the whole, have occurred in cases defined as emotional abuse or neglect.

As was reported in the Results section, approximately 15 per cent of cases labelled as neglect and 25 per cent of cases labelled as emotional abuse involved some form of physically abusive actions.

How can such cases incorporating physical abuse be explained?

One possible explanation may be that the physical abuse elements of the emotional abuse and neglect cases may have been found to be unsubstantiated, in which case the workers involved may have labelled the case in terms of the substantiated abuse (that is, emotional abuse

## Lyn and Paul

Lyn, six years, and Paul, aged two, lived with their mother and her defacto partner, who was unemployed and was known to be violent. Police had previously been involved with the family because of parental domestic violence, and suspicions that the defacto was physically abusing the children. The defacto partner had previous convictions for violence.

A neighbour had reported the family to Community Policing Squad because of concerns that the

children were being physically and emotionally abused by their mother's partner. The police carried out a home visit where they interviewed the defacto. He denied the allegations.

Lyn was not at home when the police visited and was not interviewed; Paul was seen by police, and was described as being very withdrawn. Because of the lack of evidence and the defacto's denial of the allegations the case was designated as unsubstantiated. The case was officially labelled as neglect and 'child at risk'.

or neglect) expunging the unproven concerns. Additionally, workers may have chosen to focus on the more salient abuse – that which appeared to be of greater importance. Thus, given that physical abuse concerns identified in the study were of relatively mild severity, it may have been appropriate to focus on other aspects of the case.

However it could also be argued that for some of these cases, the workers' (conscious or unconscious) omission of any major reference to physical abuse, while officially labelling their cases emotional abuse or neglect, constituted a minimisation of the physically abusive concerns. Such a practice of minimisation would result in the adoption of potentially inadequate child protection, given that the caseplan would be tailored for a scenario that ignored specific aspects of the case. Thus the omission of physically abusive concerns via the misclassification of cases as neglect or emotional abuse may lead to less than adequate case management.

(The cases of Jenny, and of Lyn and Paul, are used to illustrate the minimisation of physical abuse by workers.)

Support for this position comes from the Victorian child protection services, which produced a report concluding that child protection workers were in fact misapplying the label 'emotional abuse' to cases; this was perceived in some cases to result in a minimisation of the concerns (Dwyer 1991). The report had been commissioned in response to the finding that almost half of all substantiated cases in Victoria in 1987–88 were labelled as emotional abuse.

It could be argued that the lack of attention by workers to identifying domestic violence is equivalent to the acts of omission commonly associated with a neglecting parent. Using such a metaphor, it follows that the minimisation of physical abuse can be thought of as an act of commission, the occurrence of which can be seen as equivalent to the acts of an abusive parent.

## Conclusion

Earlier it was stated that aspects of family violence had generally been investigated in isolation. This paper has been an attempt to provide some further insights into the relationship between specific aspects of family violence and child abuse by reporting on some of the results of a suspected child abuse case tracking study. As such, it follows a growing number of studies that have attempted to move towards investigating aspects of family violence as a whole.

Specific findings have been presented which would appear to indicate that a significant proportion of cases of child physical and sexual abuse occur in a violent family environment. Discussion has centred on the apparent disregard by some professionals of the occurrence of domestic violence and at times, of child physical

abuse as well, through the minimisation of the abusive concerns.

Overall, perhaps the main point to emerge is that researchers and those professionals managing child abuse or domestic violence cases need to recognise that a significant proportion of their cases will present with both domestic violence and child abuse 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.'

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## Notes

<sup>1</sup> In 1993 Community Services Victoria and the Health Department Victoria were amalgamated to form Health and Community Services Victoria. The term Community Services Victoria is used throughout this paper, given that the tracking study was carried out under the previous departmental structure.

<sup>2</sup> Cases where a worker did not actively participate in case management, but rather provided advice to other professions, were referred to as 'consultations'. Such cases were excluded from this study.

<sup>3</sup> A number of child abuse cases are referred to in this paper. These cases have been modified in order to protect the identity of the children, their families, and the workers involved. However, the abusive concerns and the workers' case management have not been altered.

**Adam M. Tomison** is a Research Fellow with the Australian Institute of Family Studies, and Research Advisor to the National Child Protection Clearing House.

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