ISSUES PAPER 13

Domestic Violence and Child Protection: Challenging directions for practice

CATHY HUMPHREYS¹

School of Social Work, University of Melbourne

INTRODUCTION

This discussion is framed by a concern, fuelled by growing evidence, that the statutory child protection system in a number of Australian jurisdictions is in danger of being overwhelmed by referrals of children affected by domestic violence.

At one level, this reflects a positive recognition² that children can be profoundly affected by living with domestic violence. It is a testament to the work undertaken in Australia (Breckenridge and Laing 1999; Gevers 1999) and elsewhere (Mullender and Morley 1994; Jaffe et al. 1990), to highlight the needs of children affected by domestic violence. It could be argued that this work has, in fact, been successfully translated into mainstream service provision (Fraser 1989).

However, this achievement has brought with it some unintended consequences. There are indications that if current practice continues unchecked, the statutory child protection system in some states will be pushed towards systemic failure. Critical thinking about the current response is timely and is occurring in different ways in all states (see Jacob and Fanning 2006; NSW Department of Community Services [DoCS] 2006a). This paper is written as a ‘think piece’ and a contribution to these discussions. It raises some difficult questions about the directions of current practice around child protection and domestic violence.

In section one, this paper contends that simply ‘grafting’ domestic violence onto the existing child protection system can push an already vulnerable situation towards system failure, when judged against the criteria for a functional system (Checkland and Poulter 2006). It argues that issues specific to domestic violence need to be addressed if an effective intervention for children affected by domestic violence is to occur³. Four issues are explored, along with the negative and unintended consequences that have arisen. The discussion invites a re-consideration of the practice of referring or notifying all children affected by domestic violence to statutory child protection agencies which often, although not always, occurs due to the requirements of mandatory notification.⁴

In section two, directions for a more functional system to respond to children’s safety and well-being are explored. Specifically, it considers whether greater use could be made of other services that support the safety and well-being of children and their families, in order to

³ Parallels can be drawn with the response to child sexual abuse in the eighties when it was realised that key issues, particularly in relation to criminal justice, were not addressed by a system focused on physical abuse and neglect.
⁴ There is a difference between states about whether a call of concern about a child is recorded as a notification or a referral.
⁵ This discussion does not explore the referral or notification of other categories of child abuse, such as child sexual abuse, even though it is recognised that there is an overlap between domestic violence and child sexual abuse.

¹ Cathy Humphreys is the Alfred Felton Chair in Child and Family Welfare at University of Melbourne.
² Evident in legislation, policy and practice.
reduce the number of children affected by domestic violence who are referred to statutory child protection. In the first instance, the evidence about the impact of domestic violence on children is examined. The discussion explores whether the evidence provides clues for future policy and practice that takes into account more nuanced understandings of the ways children are impacted and deals with the complex and difficult issues of severity, risk management and safety. Alternative pathways for referral, the essential development of services and interventions to respond to children, women and men, and a system based on high levels of multi-agency cooperation (if not integration), are then discussed.

Throughout this discussion, arguments are made for a functional statutory child protection system which judges the notification of children affected by domestic violence in relation to:

- efficacy (does it produce its intended outcome; i.e. a satisfactory management of the intake and intervention for children affected by domestic violence?)
- efficiency (does it do this with the best use of resources?)
- effectiveness (does it achieve a higher-level or longer-term aim; i.e. the safety and protection of children?) and
- ethicality (is the child protection system congruent with principles and values that promote safety and justice for children and adults affected by domestic violence [usually women], in ways that empower and respect them?).

These criteria for performance are raised to trigger reflection and dialogue amongst stakeholders in policy and practice, about the difficulties in responding to children affected by domestic violence. While specific questions are raised about the complexities of notification, the discussion raises broader issues about the response of child protection services to children affected by domestic violence.

**Clarifying the terminology**

This is a complex area in which there are multiple perspectives and understandings of different terms and language. The discussion begins by clarifying the terms.

The Australian Domestic and Family Violence Clearinghouse favours a definition of ‘domestic violence’ adopted by the Commonwealth Partnerships Against Domestic Violence (PADV) program in 1997:

Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women both in relationships and after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation. Many forms of domestic violence are against the law. For many Indigenous people the term family violence is preferred as it encompasses all forms of violence in intimate, family and other relationships of mutual obligation and support.

‘Domestic violence’ is used as the preferred term for this paper, as it provides a closer reflection of the data gathered in different Australian states, particularly by the police. Gendered terminology is also used throughout the paper to reflect the dominant patterns of violence and abuse, namely that women are the primary victims and men the primary perpetrators of domestic violence. This is not to deny minority patterns of same sex violence and women perpetrating violence against men.

The terminology ‘children affected by domestic violence’ is used to overcome the problematic divisions sometimes made between ‘children witnessing domestic violence,’ ‘children exposed to domestic violence,’ ‘children directly abused in the context of domestic violence,’ ‘children living with domestic violence’ and ‘children drawn into domestic violence.’ ‘Children affected by domestic violence’ covers all these overlapping groups, including those where healing from trauma and disruption in the aftermath of domestic violence is an issue.

‘Integration’ is another term requiring clarification. It is a term often used loosely to describe almost any form of, or aspiration for, inter-agency cooperation. In this discussion, integration is more tightly defined than cooperation and refers to agencies forming shared governance arrangements at a strategic level and intensive case management, based on shared protocols and data sharing arrangements at the operational level for front-line workers (O’Brian et al. 2006). A continuum of multi-agency work occurs, from relatively minimal cooperative relationships of coordinating work towards a common goal through to active collaboration and, finally, to integrated services.

---

6 Other Australian articles make very cogent arguments for adopting alternative definitions of family violence and intimate partner violence respectively and provide excellent discussions on language and conceptualisation (Hegarty and Roberts 1998; Tomison 2000).
SECTION 1: PROBLEMS ‘GRAFTING’ DOMESTIC VIOLENCE ONTO CHILD PROTECTION

It could be argued that the current response of many states in Australia to the safety and well-being of children affected by domestic violence is simplistic. These responses suggest that because many children are harmed, or are at risk of harm, as a result of living with domestic violence, then all children known to be affected by domestic violence must be at risk and, therefore, should be referred to a statutory child protection system. Some states build this into the codes of practice of key referrers, such as the police; others have it written into legislation. Some states explicitly name domestic violence as a form of child abuse and require a wide range of specified professionals, and or any adult, to report to the statutory child protection authority.’ While the intention is laudable, serious problems arise when the child protection system is not structured to manage the extent or the implications of the issues for these children and their families. This section explores four issues that limit the effectiveness of a statutory child protection response.

Issue 1: Domestic violence – a chronic social problem

Domestic violence is a widespread and chronic social problem. In states with mandatory reporting of children affected by domestic violence, the levels of notification are high. This has implications for the resourcing of state child protection systems and raises serious questions about the effectiveness of the current response.

Three Australian population surveys show significant rates of violence against women by current or former partners. These are:

- the Personal Safety Survey (PSS) (ABS 2006)
- the International Violence Against Women Survey (IVAWS) (Mouzos & Makkai 2004) and
- the Women’s Safety, Australia survey (WSS) (ABS 1996).

The Australian component of the IVAWS surveyed over 6000 Australian women and found that, of women who had ever had an intimate partner, 34% reported experiencing at least one form of violence from a current or former partner (Mouzos & Makkai 2004, p. 44). The earlier WSS, conducted in 1996, had found that 23% of Australian women who were currently in, or had previously been in, an intimate relationship had experienced physical or sexual violence from a partner. The PSS (ABS 2006) found that of women who reported being physically assaulted in the twelve months prior to the survey, 31% said they had been assaulted by their current or former partner (p.9). An important finding from the PSS was the notable increase in the number of women who reported physical assault by a male perpetrator to the police in the twelve months prior to the survey. In 1996, 19% of incidents were reported to police, while in 2006 this had increased to 36% of incidents. (However, around two-thirds of incidents are still not reported to the police.)

The data from the prevalence studies in Australia and elsewhere suggest that domestic violence covers a wide range of abusive behaviours that vary in both severity and frequency (Statistics Canada 2006; Walby and Allen 2004). In Australia, the PSS (ABS 2006) found that of those women who reported having experienced domestic violence, 50% reported one incident, while others indicated that the violence and abuse was chronic and severe and led to them living with high levels of fear.

Violence and abuse occur in all communities. However, the studies indicate an increase in vulnerability for women living in poverty and where other issues of inequality surface due to social exclusion (Walby and Allen 2004), disability (Baldry et al. 2006) and compounding forms of discrimination. These issues are exemplified by the high levels of violence experienced by Indigenous women (Blagg 2000; Ferrante et al. 1996).

Children and young people can rarely be protected from the knowledge that domestic violence is occurring. The PSS reports that 61% (822,500) of those who had experienced violence from a previous partner and 49% (111,700) of those who experienced violence by a current partner, had children in their care during the relationship (ABS 2006, p. 11).9 A separate study of 5000 young Australians showed that one quarter reported witnessing or experiencing physical violence against a parent (Indermaur 2001). These are profoundly concerning figures which point to a chronic and pervasive social problem that affects high

---

7 It is recognised that there are substantial differences between states but it is not considered appropriate in this discussion to document and make comparisons between them, particularly when both legislation and policy is changing so rapidly but see AIHW (2006) and Bromfield and Higgins (2010).

8 Problems of under-reporting apply to these population surveys. For one, they tend to be incident-based whereas domestic violence refers to a wide range of strategies of power and control. In the PSS, the representation of men was low relative to the representation of women. In addition, remote communities, where there are high levels of domestic violence reported elsewhere, were not surveyed. A UK survey found that using confidential, self-completion, computerised questionnaires significantly increased reporting when compared with interview techniques, such as those used in the Australian surveys (Walby and Allen 2004).

9 Interestingly, police data on attendance at domestic violence incidents (representing only a minority of actual incidents) show similar patterns to the prevalence data. Victorian police attended 28,000 incidents in 2005, of which children were present in 48% of cases (Family Violence Reform Initiative 2005).
numbers of children and women, and undermines both individual and community safety and wellbeing.

The extent of the problem is also reflected in the referral of children to statutory child protection services, although some inferences need to be made as domestic violence can be subsumed under the standard categories of neglect, emotional, physical and sexual abuse (Australian Institute of Health and Welfare (AIHW) 2006). Throughout Australia, the child protection notification rate has more than doubled in seven years, from 107,134 in 1999/00 to 266,745 in 2005/06 (AIHW 2007a). The rate varies between states and different recording processes make comparisons impossible. Some of this rise reflects changes in recording practices. Victoria remains the exception in the state systems, holding a steady rate of approximately 37,000 notifications per year over the same period. All other states have seen significant rises: For example, Queensland, NSW and the ACT doubled, or more than doubled, the number of notifications in this period.

The AIHW report (2006) suggests that the media attention given to high profile reports into child abuse in different states has led to an increase in the number of people reporting to child protection services and that this is one factor accounting for the shift in rates of notifications. The report also cites a change in the characteristics of families where notification occurs and particularly the proportion where domestic violence is an issue. New domestic violence legislation in Tasmania and Western Australia is also noted as a contributing factor, particularly with the strengthening of the requirements for mandatory reporting where there are children affected by domestic violence. State coordinators who were consulted for this paper confirm the significant increase in notifications due to domestic violence.

Two examples are taken to highlight the notification issues, although several other states could also be chosen. In both NSW and Tasmania referral is to a centralised intake point and mandated for most workers. In NSW this includes people who deliver health care, welfare, education, children’s services, residential services or law enforcement to children. If a worker from these professions does not make a report they may be subject to a considerable fine (Children and Young Persons (Care and Protection) Act 1998 (NSW)). In 2004-05 domestic violence was the most common primary reported issue to the central NSW Helpline, constituting 27.2% (58,758 reports) of the total of 216,386 reports. This is an average rate of more than 1,000 reports a week (DoCS 2006). The Report on Child Protection Services in Tasmania (Jacobs and Fanning 2006) notes that mandatory reporting under the Children, Young Persons and Their Families Act 1997 (Tasmania), combined with the Family Violence Act 2004 (Tasmania), has substantially lifted the rate of notifications in Tasmania. While the report does not specify the actual percentage of the 10,788 notifications that involve domestic violence, it does estimate that 80% of the 2,678 notifications made by police involve domestic violence.

This over-extension of the child protection system across Australia has major implications and raises general issues, as well as issues specific to children affected by domestic violence. Some of the states that have experienced an exponential rise in the number of notifications have also shown a substantial lowering in the proportion of these that are investigated. The proportion of notifications that are investigated varies across states, ranging from 100% (in states which only record cases as notifications if they are to be investigated) to 29% (AIHW 2006). While the substantiation rate remains relatively steady, it is clear that a large proportion of investigations are not substantiated. Of the quarter of a million notifications Australia-wide in 2006, only 21% were substantiated, with some states showing particularly low rates of both investigation and substantiation.

Many politicians, policy workers and researchers are committed to the value of mandatory reporting by a wide range of professionals and for any form of child abuse, including domestic violence (Liddell et al. 2006). It is seen as an appropriate recognition of the seriousness of child abuse and addresses any concerns relating to professional discretion. It is a process through which a hidden problem becomes visible. In some states this process has been used to bring children affected by domestic violence to attention so that the extent of their needs can be recognised. Professionals who support the mandatory reporting process express legitimate concerns about whether children affected by domestic violence would be sidelined if there was not a requirement to report all children.

While recognising these benefits, the dramatic increase in notifications to the statutory child protection system leads to a serious questioning of the policy generally (Scott, D. 2006). Mandatory reporting ‘widens the net’ of the child protection system and means that many classified, 152,806 children went forward as a notification according to AIHW data (2007a).

10 For example, some states count all referrals to intake as a notification, others only those which are investigated.
11 See Bromfield and Higgins (2005) for a more detailed outline of the similarities and differences in mandatory reporting across Australian states.
12 Referrals of concern to the central helpline are screened and
more families are now brought to its attention, including families affected by domestic violence. However, for a high proportion of these families, no worker is allocated, there is no investigation and the threshold for significant harm and substantiation of abuse does not occur (Scott, E. 2006). Re-notification and re-substantiation remains an issue (AIHW 2007b). This discussion focuses on the impact on the child protection system of widening the net to include children affected by domestic violence.

Research by Irwin et al. (2002) and the Tasmanian report on child protection services (Jacob and Fanning 2006) have found that the designation of a category of ‘domestic violence’ and mandatory notification have not necessarily improved services for women and children living with domestic violence. The Tasmanian report identified a paradoxical and concerning situation:

While introduced in Tasmania and elsewhere to increase the referral net for child protection referrals and improve child safety, mandatory reporting has had the unintended negative consequences of overloading the statutory system without necessarily improving child safety. (p.59)

The study by Irwin et al. (2002) found that domestic violence-related referrals were less likely to result in an investigation. Where an investigation occurred, it was more likely to result in referral or closure with little follow-up of cases referred to other agencies. A further concern was that re-referral was commonly associated with domestic violence, even if this was not noted as the primary reason for re-referral. The study also found that police were experiencing an unintended consequence, namely that some women were no longer calling the police because they feared the mandatory child protection referral (Irwin et al. 2002).

Other researchers have noted that children who are at high-risk are less likely to be found amongst the huge number of referrals currently swamping the system (Scott, D. 2006). The costs of this shift in reporting have been raised both in Australia (Mendes 1996; Ainsworth and Hansen 2006) and in the United States (Edleson 2004). The thought-provoking article by Edleson (2004) draws on Minnesota as a case example. He points out that the changes to the Minnesota Reporting Act 1999 resulted in a 50%-100% increase in child protection reports for domestic violence exposure. He goes on to state:

This seemingly simple and unfunded change in the law created the need for over $30 million in expanded services to newly identified families. The experience was so overwhelming for child protection agencies that the Minnesota Legislature repealed the change in April 2000. (p.8)

The view of this eminent researcher was that the lack of resourcing to child protection agencies meant that only high-risk cases were provided with further services and that screening and investigation did not help to strengthen these families (Edleson 2004). Ainsworth and Hansen (2006) raise similar points about the child protection system in Australia. They estimate that the costs of child protection have increased by 38.8% over a five-year period to 2003 (p.37) and this does not include the more substantial increases in notifications that have occurred since their 2003 analysis.

In an analysis of the impact of changes to mandatory reporting criteria in Victoria in 1993, Mendes (1996) points out that unless there is the political will to resource the change, the major effect is that welfare resources from the family support and prevention services are simply diverted into the statutory sector. This issue has re-ignited discussions about the balance between family support and statutory investigation, both here and in the UK (Parton 1997). Statutory intervention shifts the emphasis of work from services for families to investigation of families (Scott, D. 2006). While each state has increased its provision for family support services (AIHW 2006 2007a), this provision has to be weighed against the policy and legislated demands associated with the increasing level of notifications.

In short, managing this prevalent social problem by increasing the notification of children affected by domestic violence to the statutory child protection system, raises serious questions about:

- efficacy (can the system manage the notifications appropriately?)
- efficiency (is this the best use of resources?)
- effectiveness (are children safer?) and
- ethics (is ‘net widening’ ethically defensible when such a high proportion of these families are not investigated or the abuse substantiated?).

In addition, it seriously questions whether the problems of referring all children affected by domestic violence to statutory child protection are now outweighing the gains of this strategy.

...some women were no longer calling the police because they feared the mandatory child protection referral.
Issue 2: 
The interface between specialist domestic violence services15 and statutory child protection services

The ethics of net-widening, the cost and the effectiveness of notification and investigation are not the only contentious issues when the statutory response to children affected by domestic violence is considered. Other issues also create barriers to developing a sensitive child protection response. Perhaps the most significant limitation is highlighted through exploring the difference between two systems: one conceptualised as women-centred, voluntary16 domestic violence services, the other, a child-focused, statutory and involuntary child protection system. Each has its own history, values, policies and practice focus. Unsurprisingly, the interface between these services is not always straightforward (Laing 2003; Zannettino 2006; Findlater and Kelly 1999).

Specialist services developed to respond to women and children living with, and escaping from, domestic violence are voluntary services. These were developed with a particular focus on the values of self-determination and empowerment for women experiencing domestic violence.17 The first domestic violence services were women’s refuges. Other services were developed later, including legal and specialist counselling services (McGregor and Hopkins 1991). Attention to children’s needs in relation to domestic violence was slower to emerge but was eventually led from within this sector (Mullender and Morley 1994; Breckenridge and Laing 1999).

Recent policy and practice developments now emphasise the importance of separate but linked services for women and children. These are services that recognise that the safety and well-being of children is tied closely to the safety and well-being of their mothers (Radford and Hester 2006; Irwin et al. 2002). A core value, developed through 30 years of work, involves supporting women in their decision-making and ability to reclaim their lives following the abuse of power by their partners or ex-partners. Evaluations by women and children consistently report high levels of satisfaction with these services (Chung et al. 2004; Zannettino 2006; Irwin et al. 2006).

By contrast, the statutory child protection system has a far more ambiguous and often coercive history. The wider community concern to protect children from harm, particularly harm perpetrated by family members, has been recognised since the second half of the nineteenth century (Scott and Swain 2002). It has spawned legislation that allows the state to intrude into family life to protect children from abuse and neglect. Such legislation provides a structured and often contested interface between the state and the family. It also creates a constant tension between the care functions and the control functions of the state: the fine line drawn between support and authority (Parton 1991).

In Australia this tension includes the history of the eugenics discourse in the first half of the twentieth century. This discourse was used to rationalise the role of the state in intruding into Aboriginal communities to take children from their families and communities for the purpose of assimilation, rather than protection from abuse (HREOC 2003). This provides a graphic (and shameful) example of the power of the state in family life. It serves as a constant reminder that, although the eugenics discourse is no longer pervasive, the state legislative power allowing the removal of children is one that is always open to contestation and a level of mistrust within the community.

The children ‘being taken away’ is a deeply held and constantly mentioned fear for many women experiencing domestic violence (Radford and Hester 2006; Irwin et al. 2002), even though the actual number of children taken into out-of-home care is very small relative to the number of children notified. It is a particular concern for Indigenous women (Kaye et al. 2003) fuelled by past government practices of removing children and the current over-representation of Indigenous children in out-of-home care (AIHW 2006). Fear of the children ‘being taken away’ can also be compounded by the tactics of abuse used by the perpetrator, who may constantly threaten to report the woman to the authorities for neglecting the children (Mullender et al. 2002; Findlater and Kelly 1999).

Running parallel to this story of the authoritative role of statutory child protection in family life, is a story of the statutory system as supportive to vulnerable families. This latter story shifts across time and is strengthened when child protection workers have resources to provide counselling support, significant practical and financial help and develop community prevention strategies. A trend towards an increasingly minimalist welfare state resulted in child protection workers often being confined to case coordination, case management (Healy 2000), investigations and legal procedures related to reported abuse (Mendes 1996), rather than providing direct services for children and their mothers and fathers. McIntosh and Deacon-Wood (2002) refer to this as protection without healing. In the last couple of years, a counter-trend has been reported, with some states now re-investing in family support services (AIHW 2007a).

---

15 There are problems in defining the specialist domestic violence sector across different states and funding regimes. Many (but not all) are based in non-government, community sector organisations. They all have a specific remit in relation to providing services for women and children affected by domestic violence.
16 That is, services that women and children can choose and are not compelled to attend.
17 These were values common to those of the movement known as the ‘second wave of feminism’.
Evaluations of child protection services to date, particularly in relation to domestic violence, are far less positive than those shown in the specialist domestic violence sector (Irwin et al. 2003; Zannettino 2006). Women and children rarely choose statutory child protection as their front-line service. In fact, it is noticeable how marginal child protection intervention is in any evaluation or discussion of services for either women or children (Chung et al. 2004; Bagshaw et al. 2000; Irwin et al. 2006). These evaluations suggest that funding the community-based sector may be a more effective way of providing support services to children affected by domestic violence, than directing all resources into the statutory sector.

Clearly, these two very different intervention systems (statutory child protection and specialist, community-based, domestic violence services) have needed to find ways of working together, as have the other services involved in domestic violence intervention. One significant aspect of this cooperative work has been to develop a set of over-arching principles that provide a transparent basis for work across agencies in the field. Burke has coherently set out such principles (1999, p.264), based on her work in a community service organisation that worked with families where there were frequently issues of both child abuse and domestic violence. These principles reflect and address the hierarchies of both gender and inter-generational power. They are to promote:

1. Safety and protection of children
2. Empowerment and safety for women
3. Responsibility and accountability of perpetrators of violence.

Helpfully, Burke (1999) suggests that these principles form a hierarchy when there is a conflict of interest, as in the case where there are resource pressures or if the support that is being provided to one party is not effective. For example, if there is a conflict between the principle of child safety and that of the empowerment and safety of women, then the safety of children remains paramount because they are more vulnerable. Similarly, the safety and empowerment of women should have priority over potential work with men. In the first instance, however, agencies need to develop complex working practices that respect and work with all principles, whether from within their own organisation or through multi-agency working.

Burke’s approach immediately reveals a problem with the reporting of all children to the statutory child protection system. Mandatory reporting of all children affected by domestic violence ensures that the first principle is always allowed to over-ride the second principle. Most women would not choose to refer their children to statutory child protection services. It is not considered a benign or voluntary system. Yet mandatory reporting ensures that this step must be taken by professionals, regardless of the woman’s view on the subject or the protective factors that may be in place. In many states, each time a woman calls for help in a crisis, she is effectively, if not voluntarily, referring her children to statutory child protection services. A more appropriate employment of Burke’s approach would see the over-riding of one principle by another only in a minority of contentious situations.

There are times when a statutory referral will be entirely appropriate, due either to the mother’s wishes or the danger to the children. However, when tens of thousands of referrals are being made and these are being made as an early response rather than a selective or tertiary response, questions need to be raised:

- is this response congruent with the principles discussed in this section? and
- does the ‘hitching of domestic violence to the child protection juggernaut’ (Featherstone and Trinder 1997) over-ride the key values of empowerment and self-determination that have been developed in the specialist domestic violence sector, as effective and respectful ways of working with women and children?

These questions challenge the ethics of the current approach, as well as its long-term effectiveness.

**Issue 3: Culpable women and invisible men**

A structural problem lies at the heart of the statutory child protection response to children affected by domestic violence. This is namely that there are both adult and child victims, with the adult victim, more often than not, the child’s mother. Child protection services have generally not been set up to manage this complexity (Davies and Krane 2006). Indeed, it is written into much child protection legislation that there needs to be a ‘parent able and willing to protect the child from significant harm’. The sensitive implementation of such legislation requires recognition that when children are affected by domestic violence, their protection is often linked to the protection of their mother. Some models suggest that an ideal response requires a worker focused on the child’s needs and a worker or an advocate to address the needs of the adult victim of violence (Bragg 2003).

This is a difficult issue to discuss. While emphasising that this is a structural problem, it is easy for it to be read as criticism of individual workers. As we know, many work over-time trying to think of and act in creative ways that support the child and adult victims. It could also be read as not taking into account the policy work (for example, Department of Families [DoF] Queensland 2002; Department of Human Services [DHS], Victoria 2005) and
pilots (DART project NSW, Sykes 2004; Onkaparinga, South Australia, Chung et al. 2004) that have been funded and developed in an attempt to address this complexity. This discussion recognises these important developments and does not intend to minimise them. However, the policy work and pilots are generally at the project stages of implementation and dominant patterns elsewhere in the child protection system remain hard to shift.

From Gordon’s historical research in Boston (1989) through to the research by Irwin et al. (2002) and Zannettino (2006) in Australia, a number of issues are raised with monotonous regularity. In particular, issues relating to ‘mother blaming’ and the lack of focus on men as perpetrators of violence. This pattern points to structural issues in child protection responses, such as the underlying focus of the legislation and policy, resource limitations and the incident-focused nature of intervention.

All child protection research on domestic violence, both in Australia and elsewhere, mentions the way in which child protection workers focus on women as mothers and their ‘failure to protect’ their children from domestic abuse, rather than on the perpetrator and addressing his violence (Humphreys 1999; Krane and Davies 2000; Irwin et al. 2002; Findlater and Kelly 1999; Zannettino 2006). This focus prevents services from adequately attending to the dangers of separation and too often construing separation as the only possible safety strategy. In addition, it prevents the service from coordinating the quality response across agencies that is required to support the safety of both women and children.

A compounding problem lies in the lack of interface between child protection services and specialist adult services that can effectively manage problems, such as serious substance use (Kroll 2004), and mental health issues, such as depression and trauma (Darlington et al. 2005). These problems are often directly related to the impact of domestic violence and need to be addressed as part of child protection planning for both children and their mothers.

An issue closely connected to mother-blaming is the ‘invisible man syndrome’ (Burke 1999) and this casts a long shadow over the child protection response. It is stating the obvious to say that there is no domestic violence without a perpetrator. Hence, attention to this issue should lie at the centre of child protection work. Paradoxically, the impact of the perpetrator is ever-present but frequently not addressed (Tomison 2000). The pattern is so pronounced that Stanley and Goddard (2002) suggest that child protection workers become gripped with the same fear that immobilises women and children, and this leads to a distortion of their response to the situation, including either avoiding or colluding with the perpetrator.

An analysis into child protection case files conducted in the UK (Humphreys 1999) showed a range of micro-practices that led to the perpetrator becoming invisible and the domestic violence being minimised. These included:

- formal reports which failed to mention domestic violence, in spite of this being the reason for referral or part of the investigation
- serious domestic violence being reported but named as something else, such as ‘family conflict’ or ‘marital argument’
- other issues, such as mental health, neglect or substance use, named as the problem
- the woman’s abuse construed as equal or greater than the man’s, in spite of other evidence in the file that suggested this was not the case and
- the man’s lack of involvement in assessment, making his actions invisible.

The challenge to address these intervention problems is huge and urgent. Domestic violence is now one of the most common reasons for notification to statutory child protection services (AIHW 2006; Irwin et al. 2002). It is prevalent in on-going child protection case-loads (Humphreys and Stanley 2006; Callister 2002). These problems reinforce concerns about ‘grafting’ domestic violence onto the child protection system without making the necessary accommodations to adequately address the issue. This, in turn, raises the question of whether it is effective, efficient, efficacious or ethical to refer thousands of children and their families into a system that is neither designed to meet the needs of both a child and adult victim, nor has a history of an appropriate response to male perpetrators of violence.

### Issue 4: Managing the interface with the family law system

The differences between the values and operation of state statutory child protection services and the community-based domestic violence services are significant. However, the interface with the traditions and decision-making of the Family Court is equally or even more problematic (Kaye et al. 2003).

Statutory child protection interventions with children affected by domestic violence have been premised on safety for children being provided by women separating from the perpetrator of violence (Zannettino 2006; Davies and Krane 2006). This strategy is significantly less effective if, upon separation, there is shared parental responsibility and extensive child contact with the perpetrator (Family Law Amendment [Shared Parental Responsibility] Act 2006 (Commonwealth). There are provisions in the Act to not award equal shared time or substantial and significant time to both parents in cases of child abuse or domestic violence. However, the shift in emphasis in the Act is likely to see most fathers...
awarded contact, a trend that is already evident (Kaye et al. 2003; Brown, Thea and Alexander 2007).

This represents a serious contradiction in the intervention strategy. Women are being challenged in one context for ‘failing to protect’ their children because they did not separate from the perpetrator of violence. Yet, in another context, they are required to make child contact arrangements with the same perpetrator of violence, and are criticised for ‘implacable hostility’ if they raise objections (Radford and Hester 2006) or do not demonstrate a ‘willingness to facilitate a relationship’ between the child and other parent. A perceived lack of willingness to facilitate a relationship can result in a negative court decision (Brown, Thea and Alexander 2007).

There are a number of developments that attempt to overcome this contradiction. In some states, pilot projects have been developed that closely link child protection and family court cases (for example the Magellan and Columbus projects) (Brown, Thea 2006; Hay 2003). Western Australia has developed specific strategies and legislation to address the issue. The Family Court of Australia itself has produced a Family Law Violence Strategy (2006). However, the presumption that contact will almost always occur and the reported difficulties with the new Family Relationship Centres (specifically, the lack of attention paid to the risks and safety issues for victims of domestic violence), highlight an emerging difference between policy and practice (Brown, Toni 2006). Moreover, a community-based survey conducted in Victoria in 2006 showed that there is a pervasive belief that men are disadvantaged in the Family Court arena and that ‘women going through custody battles make up claims of domestic violence to improve their case’ (46% of respondents believed this statement to be true) (VicHealth 2006). Such widespread attitudes, even though they are not supported by evidence (Brown, Thea and Alexander 2007), provide the backdrop against which contact arrangements for children affected by domestic violence are made.

These institutionalised inconsistencies highlight again the problems of ‘grafting’ domestic violence onto the child protection system without making the major changes to policy and practice that are then required: in this instance, at the interface with the Family Court. A very strong response at one end of the system (the referral of all children affected by domestic violence to statutory child protection) is then contradicted at the other end by a response that supports child contact (and opportunities for post-separation violence) when separation occurs. Integrating the investigation of child abuse conducted by child protection agencies with family law cases is providing one way forward. Another may be that the child protection intervention continues after partner separation by providing support to gather evidence and advocacy within the family court process. This issue has a direct impact on the effectiveness of the whole system and its response to children affected by domestic violence.

### SECTION 2: DIRECTIONS FOR A MORE FUNCTIONAL SYSTEM

Section one of this discussion has raised serious concerns about the effectiveness of the statutory child protection system’s response to children affected by domestic violence. Issues were identified in four areas, namely:

- the high number of referrals or notifications overwhelming the child protection system
- the difficulties of balancing the women-centred values of the voluntary, domestic violence sector with the child-centred values of an involuntary, statutory child protection system
- the long-standing problems of addressing male perpetrators of violence and abuse, and the concomitant focus on women’s failure to protect and
- the contradictions in goals and practice between the statutory child protection system and the Family Court.

In particular, questions have been raised about whether too many children and their families are being notified or referred to the statutory child protection system. While there are differences between states, the increased reporting of children affected by domestic violence raises issues which are common to all jurisdictions.

Every state in Australia has made major changes to domestic violence interventions to create a more integrated or coordinated response\(^\text{18}\) and it is against this backdrop that these issues arise. Determining the most appropriate pathway for the protection of children is proving to be one of the most significant challenges. Some states show dramatic progress in the outcomes of an integrated criminal justice response but are simultaneously struggling with an overwhelmed child protection system.

The second part of this discussion considers the implications for policy and practice of the issues raised in section one. Three issues are discussed in detail:

- relevant evidence on severity, harm and protection
- evidence of the balance between harm and protective factors and
- evidence for the assessment of children’s experiences.

---

\(^{18}\) See the Australian Domestic and Family Violence-Clearinghouse website for a summary of state programs: http://www.austdvclearinghouse.unsw.edu.au/states.htm
Issue 1: Severity, harm and protection

The research evidence on the impact of domestic violence on children provides a starting point for considering appropriate interventions to support children’s safety and well-being. This discussion focuses on two central themes:

- firstly, is there evidence to suggest that all children affected by domestic violence are harmed or are at risk of harm and, therefore, should be notified for statutory child protection intervention?
- secondly, if this is not the case, is there evidence to suggest which children and their families should be notified to the statutory child protection system and which children could be effectively supported within the community-based, specialist services or universal services of the health and education sector?

The second question highlights the need to engage with the contentious issue of severity of the impact of violence and what this means in the child protection context. It should be reiterated that this discussion fully supports the need to provide services for all children affected by domestic violence. However, it questions whether notification to the statutory system is the most effective way to provide this service.

Balance between harm and protective factors

Research on the impact of domestic violence on children shows widely diverging experiences. The research consistently shows that children living with domestic violence have higher rates of: depression and anxiety (McCloskey et al. 1995), trauma symptoms (Graham-Bermann and Levendosky 1998), and behavioural and cognitive problems (O’Keefe 1995), than do children not living with domestic violence. On the basis of the evidence, there is growing concern about the interaction between the environment and the neurological development of babies in utero and infants, where there is violence and abuse (Teicher 2002; Perry 1997). Child death reviews also highlight the frequency with which fatalities occur against a backdrop of domestic violence (NSW Child Death Review Team 2002; O’Hara 1994).

This body of knowledge highlights the serious and negative impact of domestic violence on the lives of significant numbers of children. However, within the evidence base studies are emerging that equally highlight children who are doing as well as other children, in spite of living with the serious childhood adversity created by domestic violence. Sometimes, this is referred to as ‘resilience’ (Margolin and Gordis 2004). Such terminology suggests an individual trait and hides, rather than elucidates, the fact that children live in different contexts of both severity and protection. In her overview of research, Laing (2001) draws particular attention to the incomplete state of knowledge of protective contexts for children. Higher rates of distress, shown across a range of clinical measures, should not be conflated with the notion that all children show these levels of emotional distress and behavioural disturbance. It highlights the maxim that ‘correlation is not causation’ (Magen 1999).

The point is exemplified by research that shows that in any sample of children who are affected by domestic violence, there are generally about 50% who do as well as the control group (Magen 1999; Edleson 2004). This is a slightly different proportion from Kitzmann et al. (2003) who, in a meta-analysis of 118 studies, showed that 63% of children witnessing violence did worse than those who did not witness violence. This suggests however, that 37% of the children displayed well-being that was comparable with, or better than, other children. A study by Hughes and Luke (1998) of 58 mothers living in a refuge found that 26% of the children present had few behavioural problems, high levels of self-esteem and no signs of anxiety. A further 36% of children had above-average self-esteem and displayed only mild anxiety symptoms.

This research data seriously challenges any tendency to over-pathologise all children living with domestic violence. The data demonstrates that a substantial proportion of children are managing in a situation of adversity. This must not be read to mean that children do not have a right to live free from violence or are not in need of a service in these circumstances. However, it does raise questions about whether all children need a statutory referral.

Assessment of children’s experiences

Understanding children’s different responses to living with domestic violence is not straightforward. Some trends are observable within the evidence base but these are not definitive. There is clearly an interplay between issues that create heightened vulnerability and issues which increase protection for children.

Comprehensive assessments for children affected by domestic violence will recognise this complexity and be wide ranging in their analysis (Radford et al. 2006; Calder 2004; Healy and Bell 2005). The framework provided by Healy and Bell (2005), for example, names nine areas for assessment:

19 Overviews of research have been undertaken in this area in Australia (Laing 2001; Gevers 1999), the UK (Hester et al. 2006) and Canada (Ministry of Children and Family Development 2004).

20 Other research studies point to similar findings, including Margolin and Gordis 2004; Sullivan et al. 2000a; Hughes et al. 2001; Jaffe et al. 1990.
Exploring all these dimensions is beyond the scope of this paper. The following discussion focuses on three areas that are currently shaping decision making in this area.

One of the most contentious areas in assessing children’s experience is whether, within a context of domestic violence, children who witness domestic violence and abuse are at risk than those who experience direct physical abuse. The Australian studies by Irwin et al. (2002) and Zannettino (2006), like those elsewhere (Brandon and Lewis 1996), suggest that many child protection workers make decisions about severity of abuse and on that basis choose to investigate some situations and not others.

The evidence on this issue initially appears contradictory. A significant group of children living with domestic violence are also directly physically abused. An overview of 31 studies by Edleson (1999) showed that between 30 and 66% of children who suffer physical abuse are living with domestic violence. Some studies indicate that children who are directly physically abused in the context of adult violence are more likely to show severe impacts on their health and well-being (Edleson 1999; Hughes et al. 2001; Crockenberg and Langrock 2001), and are more likely to replicate patterns of violence in their later adult relationships (Ehrensaft et al. 2003).

However, other research shows little difference in relation to the impact on children between witnessing domestic violence and experiencing actual abuse. Mertin and Mohr (2002) in their study of 56 children living with domestic violence, divided them according to children witnessing violence, being involved in the violence and being a target of the violence. Little differentiation between the categories was found. Further evidence is provided by the meta-analysis conducted by Kitzmann et al. (2003), that evaluated the psychosocial outcomes of children living with domestic violence. It showed significantly poorer outcomes for children witnessing domestic violence, than for those living without violence, on 21 developmental and behavioural dimensions. The outcomes for children witnessing domestic violence, however, were found to be similar to those where children were also directly physically abused.

It would seem that issues such as age, severity of violence and definitions of ‘witnessing’ may be intervening variables that can shed light on these contradictions. For instance, the impact of developmental stage has been consistently reported as relevant. Pre-school children living with domestic violence tend to be the group who show the most behavioural disturbance (Hughes 1988) and are particularly vulnerable to blaming themselves for adult anger (Jaffe et al. 1990). This is supported by evidence from the ‘LONGSCAN’ longitudinal studies in the US that suggest that children under eight years find witnessing violence towards their primary caregiver more traumatic than do the older group of children. Psychological tests indicated witnessing the violence was more disturbing than the effects of direct physical maltreatment (Runyan 2006). What is not clear from these studies is what protective factors are present that may account for the groups of children in each study who are not so affected.

Concerns about the impact on babies are also growing in the light of the vulnerability of this group to fatalities (NSW Child Death Review Team 2002), as well as the emerging evidence on the interference with their neurological development (Perry 1997; Schore 2003). Babies also show their distress in other ways, with high levels of ill health, poor sleeping habits, excessive screaming (Jaffe et al. 1990) and disrupted attachment patterns (Quinlivan and Evans 2005).

One model supports a conceptualisation of cumulative harm. It suggests that the problems for children can compound over time as they live with the multiple difficulties associated with the effects of domestic violence. A summary is provided by Rossman, who states:

Exposure at any age can create disruptions that can interfere with the accomplishment of developmental tasks, and early exposure may create more severe disruptions by affecting the subsequent chain of developmental tasks (Rossman 2001, p.58).

Another range of factors need to be considered, including the severity of violence. Those studies mentioned earlier, that showed more serious cognitive and behavioural problems where children are directly abused in the context of domestic violence, may be demonstrating a disturbing interaction between the physical abuse of children and the fact that the most violent perpetrators towards women are frequently the most abusive towards children. The study by Ross (1996)
found that in a US study of 3,363 parents, the men who were the most violent towards women were virtually all also physically abusing children in the household.

Other findings further exemplify the issue of severity. There is no doubt that children who witness the homicide of their mothers will be traumatised (Hendricks et al. 1993), as will the disturbing number of children who witness the sexual assault of their mothers (10% of children in two qualitative samples, Mullender et al. 2002; McGee 2000). However, interviews with children and young people also draw attention to how distressing it is to hear screams, the noise of the destruction of their home and seeing assault with weapons. These children often believe their mothers are on the point of being killed (Mullender et al. 2002).

Such research also draws attention to the myriad of ways children experience domestic violence. They may be used as hostages (Ganley and Schechter 1996); they may be in their mother’s arms when an assault occurs (Mullender et al. 2002); they may be involved in defending their mothers (Edleson et al. 2003). Stanley and Goddard (1993) and Kotch (2006) suggest that violence within the community of people surrounding the family may also instil fear and may contribute directly to the abuse of the child. Describing this range of violent experiences as ‘witnessing’ fails to capture the extent to which children may become embroiled in domestic violence (Irwin et al. 2006).

The diversity of ways in which children experience domestic violence highlights the inadequacy of the current category divide between witnessing violence and experiencing direct abuse. The problems are writ large in relation to Indigenous children and are such that Memmott et al. (2001) developed a more ecological approach in an attempt to address the complexities. In this model, the complex interplay between precipitating causes (events which trigger a particular violent episode), underlying factors (historical circumstances, including the legacy of colonialism and racial oppression) and situational factors (alcohol abuse, unemployment and welfare dependency), are identified. This model highlights the complexity of the ways in which domestic violence, child abuse and disadvantage interact to create a major social problem (SNAICC 2005). This complexity cannot be captured by defining severity only in relation to witnessing domestic violence or experiencing direct abuse in a domestic violence situation.

A different range of issues also surface for children with disabilities (Baldry, Bratel & Breckenridge 2006) and children from culturally and linguistically diverse (CALD) communities (Baghsaw et al. 2000). For example, children with disabilities may be left without physical assistance or be threatened with being ousted from a home which has been adapted for their needs. CALD children may fear that their family will be shamed or that they will be cut off from their communities if they speak out. In these circumstances, tactics used to exert power and control can be increased without there necessarily being direct physical or sexual abuse.

In summary, the distinction between witnessing domestic violence and direct abuse may be a false one and it should not be the principal criterion for understanding the severity of the impact on children and their need for protection. Children’s age, stage of development, proximity and the severity of violence, along with an understanding of the complex range of ways children are drawn into domestic violence, are intervening variables that need consideration. It is an area where further research is clearly needed to understand the interplay between protective factors and harm, and one in which there has been little Australian development to date (Higgins et al. 2005).

Assessment of the domestic violence perpetrator

A second issue lies in the assessment of the perpetrator and his current, and future, risk of harm to the child. The problems of the invisible man highlighted in section one are compounded if child protection assessments marginalise the evidence of the extent and severity of perpetrator violence. Such practice fails to take account of the relationship between women abuse and child abuse, and the link between the protection of women and the protection of her children (Tomison 2000; Waugh and Bonner 2002).

Significant, although controversial, has been the development of perpetrator risk assessment models that are based on an analysis of factors associated with domestic homicide (Campbell 1995) and serious domestic sexual and physical assault incidents (Richards 2004). Some assessments focus on the risk of homicide posed by different perpetrators, others focus on the risk of re-offending.

To date, there has been little use of perpetrator risk assessment to inform child protection practice in domestic violence situations. An exception lies in Wales where a perpetrator risk assessment tool has been used to identify the most serious perpetrators. Evaluation has shown that the agencies that used this analysis as a basis for their actions achieved positive results in protecting the most vulnerable women and children (Robinson 2004). By contrast, a London study (Blacklock, cited in Humphreys 2007) undertook a documentary analysis of the referral information given to child protection social workers in domestic violence situations. The study found no relationship between the risks and severity of perpetrator violence (judged by the Welsh scale of risk factors) and the decisions made by child...
protection social workers about whether a case should be investigated and a social worker allocated. There was, in fact, a slight trend in the opposite direction; i.e. the higher the number of risks from the perpetrator the less likely the child was to be allocated a social worker.

Some states have adopted standardised risk assessment tools based on factors associated with dangerousness and lethality (for example, the Risk Assessment Screening Tool [RAST] in Tasmania and risk assessment for multi-agency work in Victoria). However, the assessment of the perpetrator does not have to occur through standardised tools. A continuous theme through the risk assessment and risk management literature, is that risk factors are only one element of assessment. Assessment should also include the victim’s own assessment of their level of risk, combined with the practitioner’s professional judgement (KPMG 2006; Radford et al. 2006).

Problems can also arise if risk assessment is used to predict future violence, rather than as a means of informing safety planning and prevention (Richards 2003; Humphreys 2007). The Clearinghouse topic paper, Risk Assessment in Domestic Violence (Laing 2004), provides more detail on this and draws attention to the fact that some evidence suggests that the most chronic and dangerous perpetrators are not the ones where lethality indicators are present. Rather, they are those men who continually ‘get away with it’ and become emboldened by the inability of the system to respond to their offending with any meaningful consequences (Gondolf 200). This suggests that an aspect of risk assessment needs to include the extent and success of protection and it is notable that most factors do not refer to physical violence but take account of the tactics of: isolation, evidence of controlling behaviour, harassment and obsessive jealousy. In particular, two factors highlight the relevance of the evidence base in relation to perpetrators: (1) the dangers of separation and (2) violence and abuse during pregnancy.

Undoubtedly, separation, where there is a history of domestic violence, heightens the risk of escalation and the chance of homicide and further serious assault (Campbell 1995). A multi-agency review of domestic violence murders conducted in London in 2003, showed that 76% of domestic violence homicides involved separation (Richards 2003). Moreover, a study of sexual assault in the context of domestic violence, showed that over half the assaults (116 of 217) occurred during separation or post-separation (Richards 2004). Child contact arrangements have been found to provide the greatest opportunity for the continuation of post-separation violence (Walby and Allen 2004; Kaye et al. 2003). This evidence tends to put separation at the top of the risk factors for policing domestic violence. However, this directly contradicts child protection practice that tends to construct separation as a safety strategy. This highlights the importance of holding a nuanced understanding of the evidence base. Risk factors are not predictions. Many women and children will find separation provides a safer environment. However, there are also a group of women and children for whom this is a dangerous and potentially lethal strategy. All separation where there is domestic violence will, therefore, require high levels of safety planning and support.

Violence during pregnancy highlights the blurring of distinctions between domestic violence and child abuse: a form of ‘double intentioned violence’ (Kelly 1994). The PSS (ABS 2006) shows that 41% of women who experienced domestic violence reported violence during pregnancy and 20% of women who experienced domestic violence reported that their first experience of violence was during pregnancy. This concurs with the study by Taft et al. (2003) and other studies (Campbell 2002; Schornstein 1997), that show that pregnancy is a time of increased risk of abuse, with a significant association between miscarriage and physical or sexual violence. Another study, conducted by Jameison and Hart (1999), found that women attacked when pregnant were three times more likely than other women experiencing domestic abuse to report serious violence; i.e. attack with weapons, strangulation and hospitalisation. In this sense, violence during pregnancy can be construed as the most serious form of child abuse. When all this evidence is combined, it suggests that the risks posed by these perpetrators to both women and children need to be taken extremely seriously. This includes when decisions are being made in the Family Court.

This brief exploration of the evidence base, in relation to the severity of perpetrator violence, highlights its relevance to child protection and suggests that it is not an issue that should be ignored. In fact, it can be used to helpfully re-orientate practice to focus on the perpetrator.

**Interconnections between women and children**

The extent to which the focus of children’s safety and well-being is linked to their mother’s raises the most contentious issues when thinking about harm, safety and the contexts for children’s protection. Protective
factors when present become vulnerabilities when absent. It needs to be emphasised that vulnerabilities are often a consequence of the perpetrator’s violence and cannot be separated from that context, hence the attention to assessment of perpetrators prior to this discussion of women and children. The discussion needs to be prefaced with the strongest assertion that this evidence demonstrates an essential need to support women if issues in relation to children are to be addressed. Their needs are linked but separate, and intervention needs to focus on strengthening both the woman and the child, as well as their relationship.

Research evidence on children surviving the adversity of living with domestic violence suggests a number of factors that are linked very positively to their mothers. These include the ability of women to maintain their mothering capacities under such adverse conditions and to model assertive and non-violent responses to abuse (Peled 1998). Mothers who are perceived by their children to be positively supportive are particularly important moderators of the impact of abuse (Cox et al. 2003). Children who experience high levels of extended family and community support also show the positive impact of this support, a factor particularly, though not exclusively, evident for minority ethnic children (Mullender et al. 2002) and Indigenous children (Blagg 2000).23

Other studies point to the mother’s positive mental health as a source of resilience for children (Moore and Pepler 1998). For example, an overview of three studies of children’s resilience when living with domestic violence showed that the children of women who did not experience moderate or severe depressive symptoms showed fewer emotional problems (Hughes et al. 2001).24

Another factor that promotes a context for children’s protection is the strategies used by women and others to curtail the violence and support children’s well-being. Such strategies can include: applying for protection orders, seeking counselling and other support services, separation, supporting criminal charges, gathering support from within a community to challenge the perpetrator’s violence and active engagement with safety planning (Davies et al. 1998).

Few studies have attended to the father child relationship when the father uses violence. Sullivan’s study (2000b) is an exception and showed a direct negative effect of the man’s abuse, not mediated by the mother’s well-being as a protective factor.

A final point needs to be made. Research demonstrates that parenting can improve significantly in the first six months following separation if the abuser’s violence is curtailed. Like their mothers, many children will recover their competence and behavioural functioning once they are in a safer, more secure environment (Holden et al. 1998; Radford and Hester 2006). With support, some have even proved to be effective social and political actors in securing resources for similarly affected children and young people (Houghton 2006). In particular, children who are not continually subjected to post-separation violence (Mertin 1995; Wolfe et al. 1986) and protracted court cases over child contact (Buchanan et al. 2001) show stronger patterns of recovery.

This exploration of the evidence relating to severity, risk and protection, finds no straightforward answers. Issues of violence and abuse interact with issues of protection, and this requires an understanding of the relevance of these factors, as well as professional judgement. Some children are living in situations where there are few protective factors and high levels of danger and harm. This is indicated through the impact on children’s emotional and behavioural responses, the risks posed by the perpetrator and the effect of violence and abuse on their mothers. However, the evidence suggests that no clear distinction can be identified between children where safety is an issue and those whose well-being can be managed through community-based support services (Platt 2006). It is clear that it may take time and trust for the complexity of these issues to emerge.

Major political questions then arise that go beyond the research evidence base. These are:

- should or could other workers, besides child protection workers, be involved in judgements about the services that are most appropriate to children, and their mothers and fathers where there is domestic violence?
- are public health models (Scott, D. 2006)25 that recommend early intervention and connecting children to universal and community-based services as the front-line response, also appropriate for children affected by domestic violence?

---

23 Unsurprisingly, undermining the relationships the child has with their mother and or extended family is a common tactic of abuse (Zannettino 2006; Irwin et al. 2002; Radford and Hester 2006; Mullender et al. 2002) and one that workers will need to address (Humphreys et al. 2006).

24 However, care needs to be taken when interpreting these findings. Depression is strongly correlated with a woman’s experience of violence and abuse (Golding 1999) and major ethical problems arise if an intervention dissociates a woman’s experiences of mental health problems from their experience of abuse. Interventions need to address these mental health issues as part of the symptoms of abuse (Humphreys and Thiara 2003). Similar issues can be identified when women experiencing domestic violence abuse substances (Kroll 2004). It highlights a need to link interventions to support children with interventions to support women affected by domestic violence.

• will ‘a whole-of-government approach’ to domestic violence be resourced to provide the necessary high levels of coordination and training needed to respond and make a difference to the lives of children living with domestic violence?

**Issue 2: Diverting children affected by domestic violence from statutory services**

Pressure on the statutory child protection system has created an impetus to develop ways of diverting children from this system, both in Australia and elsewhere. Much of the work is at an early stage, with some states now actively pursuing this strategy. Some directions for practice are developing. However, many of the policy and legislative issues are still to be addressed if pilot projects are to be ‘scaled up’ to replace initial notifications to statutory services.

A common element in several of the projects is the diversion of referrals to small, multi-disciplinary, initial assessment teams. The teams usually include police, a statutory child protection worker and a worker from the specialist domestic violence sector. Decision-making is shared among members. Examples of this model include the Domestic Violence Action Teams in Queensland, the Pathfinder projects in Scotland and the Warwickshire Initial Assessment Teams in the UK. In some cases, the multi-disciplinary team ‘sifts’ the domestic violence referral and makes decisions about appropriate pathways and interventions.

In other cases, it involves undertaking initial assessment work, making an intervention and, in high-risk situations, intensive, offender-focused case management (e.g. the DART project, NSW DoCS 2006). The advantage of small, multi-disciplinary teams is their recognition of expertise and their knowledge of the range of interventions required to support children and their families. The teams can provide a central point for recording that a child is in a vulnerable situation and then for monitoring them on an on-going basis. The initial assessment work done by the teams also means that not all children affected by domestic violence will be referred to the statutory child protection system.

These models are not resource-neutral and require investment in the multi-disciplinary teams, particularly where intensive case management is involved. Nevertheless evaluations of projects, such as the DART project, suggest that effective policing and child protection worker support to the family will show positive cost benefits and the efficiency of early intervention (Sykes 2004). Feedback from several projects also found that consistency in the workers from each agency was important to allow clients to develop trust and that workers need to have some training and expertise in domestic violence. Developing consent procedures with women seeking help was also important.

Other approaches to early intervention are not domestic violence specific. Child FIRST in Victoria (Kolasa 2006), for instance, is being flagged as a development that may assist in early diversion of vulnerable children and families to community-based services. At this stage, Child FIRST is a point where vulnerable families in each region can be referred to community-based services through a multi-agency, family support service intake point. A statutory child protection worker is allocated to liaise with each Child FIRST service, to provide expertise when required about the appropriateness or not of a notification to child protection. However, it has not yet been developed as a specialist domestic violence project and further training and additional resources would need to be provided to make this a real option for the sector. Other services, such as the ‘Child First Framework’ in Western Australia and ‘Referral for Active Intervention’ in Queensland, are also developing approaches to coordinating the delivery of family support and children’s services (AIHW 2007a).

These specialist projects point to the involvement of workers from police, the voluntary sector and other community-based or universal services (health and education). All draw on the resource of a child protection worker to assist in identifying those children who are most at risk and who, therefore, need to be notified for statutory child protection intervention. They exemplify some likely future directions for policy and practice development.

However, further questions arise about whether specialist, initial assessment teams are the only option, even if they are emerging as the preferred option. Potentially, they will also be subject to inundation. They are also resource-intensive. Other alternatives require grappling with the capacity of the community and universal services to respond to domestic violence prior to any child protection involvement. The Scottish policy, for instance, starts with a statement that:

> … agencies and professionals need to exercise greater levels of judgement, in consultation with others, about the best approach to securing a child's welfare and recognise that protecting the mother may be the best way to protect the child/ren. A more comprehensive and unified approach to meeting the children's needs should remove the need for automatic referrals to the reporter of cases of domestic violence….’ (Scottish Executive 2006 p.3).

In the Scottish example, the default position is to provide a coordinated community and police response to children affected by domestic violence, wherever

---

26 The reporter role is specific to statutory child welfare practice in Scotland but is essentially a statutory referral.
they come to notice of the services, and to refer to statutory child protection only when avenues for protecting children in the community are not effective (Scott, D. 2006). Community-based support, rather than authoritative statutory intervention, is the start point of referral and work with women and children (Jacob and Fanning 2006). The statutory, criminal and civil justice response is reserved for perpetrators in the first instance.

Such a position allows a substantial level of professional discretion in relation to children affected by domestic violence27. However, there are strong arguments that such discretion needs to be adopted and supported as a specific strategy (discussed in more detail later). As with the multi-disciplinary teams, it is not cost-neutral and requires substantial resources. It requires widespread and on-going training of front-line workers across disciplines. Protocols and guidance about the dimensions of risk, protection and harm that need to be taken into account when considering notification, would need to be developed (Pense and Shepard 1999). It also requires thinking about how ‘cause for concern’ would be logged at a central point, and how an infrastructure to support multi-agency working with children affected by domestic violence would be developed.

In Scotland, for instance, pilot projects that focus on developing high levels of multi-agency coordination for children affected by domestic violence are being trialled. There is an expectation that these will be ‘scaled up’ once the infrastructure and protocols for cooperation have been developed, and will operate within existing (although enhanced) resources. Potentially, this model contributes to a more functional statutory child protection system, in which high-risk children are notified by workers who have seen, or worked with, the children and their family at an earlier point.

The directions for change are not clear-cut. Different states are developing alternative pathways that are dependent on local conditions and the extent to which they are prepared to consider strategies for keeping children and their families out of the system, rather than net-widening to pull in more and more children and families living with domestic violence. In spite of inter-state differences, two broad areas are common across all change strategies and are addressed in the next part of the discussion.

**Issue 3: Services and intervention for children, women and men**

Strategic development is required for any shift in child protection practice to occur, including the development of community-based, specialist services for women and children, increased responsiveness from health and education services, and effective interventions with perpetrators. Furthermore, intensive cooperation (though not necessarily integration) between the different service systems that respond to domestic violence is essential and requires strategic planning and implementation. The breadth, depth and nature of this cooperation are a full discussion in themselves, and beyond the scope of this paper. However, there are a few points that are particularly pertinent to issues raised in the earlier sections of this discussion and these are highlighted below.

**Service provision: women and children**

There is no argument that children and their families affected by domestic violence need a response. Despite the limitations outlined previously, the statutory service will be used to provide for the monitoring, safety, protection and well-being of children affected by domestic violence if no other service exists. This may be particularly likely in rural areas. This highlights the imperative to invest in community-based services and to develop the capacity of health and education services. It also highlights the inter-dependence of statutory child protection with other services that respond to children affected by domestic violence. Some would argue that the state should simply re-invest in existing family support services and in perpetrator intervention. Section one of this discussion argued that early intervention services for women and children affected by domestic violence are ideally based within the community sector, not only because it is a more effective use of resources but also because the history, ethics, values and specialist knowledge of these services leaves them better equipped to respond.

On paper at least, there appears to be a significant injection of funds in all states of Australia into community-based services for women and children affected by domestic violence. Several states have designated budgets of more than $30 million to develop services under the umbrella of integrated domestic violence services (see for example, Safe at Home [2004] in Tasmania and Family Violence Reform Initiative [2005] in Victoria, though every state and territory has a resourced action plan or strategy).28 NSW has announced that $150 million will be made available for early intervention services in 2008 (though these are not specific to domestic violence) (AIHW 2007a).

These services are clearly needed, as evidenced by the Partnerships Against Domestic Violence (PADV) meta-analysis of the needs of children and young people, (undated). This analysis found that only 14% of children accompanying women using Supported Accommodation and Assistance Program (SAAP) services

---

27 In some states, this is already the case for a number of professional groups (see Bromfield and Higgins 2005).

28 Some questions have been raised about the extent to which some of these allocations are new money, or old money ‘rebranded’ (Women’s Services Network Annual Report 2005-06).
were provided with counselling, child care, kindergarten and/or assistance with access arrangements. An audit of 1,244 agencies Australia-wide, conducted in 2003, painted a similar picture. This audit found that only 3% (36) of these agencies operated programs for children exposed to domestic violence. A total of 65 individual programs were identified (Kovacs and Tomison 2003). It is yet to be seen whether the current, or planned, injection of funds will make inroads into this service gap.

At this stage, the full leverage from the development of services is yet to be realised in ways that impact positively on the child protection system. Defensive child protection practice in many states necessitates a dual track system, in which all children are referred to statutory child protection, even when receiving, and responding to, a community-based service. This leads to an increase in service use in some states, alongside an inundation of the statutory child protection system. Such a strategy fails to take advantage of the fact that services to women and children provide a significant contribution to child protection work.

Moreover, in spite of investment in services for women and children, there has been little ‘scaling up’ of these services. In the area of women’s services, countering violence and abuse requires services that provide support, information and advocacy across a continuum which includes early intervention, early referral, crisis responses, first responses and medium- and long-term support (Chung et al. 2004). Currently, most interventions are focused on crisis and first responses. There is an impressive array of good practice examples from every state that are documented on the Clearinghouse website and through evaluations with women in multi-agency settings (Chung et al. 2004). Likewise, the creative development of services to children or services that address the relationships between women and children, are also numerous. These services are being supported by the development of practice standards and evaluation guidance for children’s work (Gevers 1999). However, services for children are not comprehensively available across regions or diverse communities (Busston and Heynatz 2006; Kids and Domestic Violence Program, Lismore City Council; Boardman and Willis, undated; SNAICC 2005; PADV undated).

Services that specifically address the relationship between women’s experience of violence and their emotional well-being (in relation to depression and trauma) and or problematic substance use, have been slower to develop. Addressing this service deficit, and developing protocols between child protection and adult services that address these issues, are crucial for the well-being of not only women and also their children.

Another model brings a specialist domestic violence worker directly into the frame of child protection to support and respond to the needs of the mother, while other workers undertake a child abuse investigation and assessment. This model has been developed in the US with marked success in programs, such as AWAKE at Boston Hospital (Bragg 2003). The strongest endorsement of this model has occurred in Sweden through the Women’s peace reform package. This package is sanctioned by an amendment to the Swedish Social Services Act 2002 which explicitly states that social service agencies have a responsibility to support abused women when there are child protection issues (Humphreys and Carter 2006 p. 28). Other models rely on close cooperation between the specialist domestic violence sector and child protection workers, although not a co-located, integrated service.

However, these models have not been developed to any great extent in Australia. Without this support for the adult victim of domestic violence, providing a sensitive and supportive child protection service will always be problematic.

**Service provision and intervention: working with men who use violence**

The most effective form of child protection is implementing strategies that stop the violence of the perpetrator. In most states, this requires a shift in child protection practice and particularly, its interface with the civil and criminal justice sector.

Working with perpetrators requires a raft of interventions, involving child protection as well as the police, courts and community sector workers. Strategies to consider address safety for children, empower women and challenge the perpetrator’s violence. Possibilities include:

- Increase the use of exclusion conditions attached to protection orders. Exclusion orders allow women and children to stay in their homes and require the violent perpetrator to leave. They reduce the disruption to the lives of children by enabling them to stay at their school and to stay connected to peer support and family networks. However, they require very significant support to victims and monitoring of the perpetrator to ensure compliance and safety (Edwards 2003 p.7).
- Underpin child protection interventions with civil protection orders. This provides leverage and safety, not only for women and children but also for child protection workers. It is a strategy used very effectively by Burke (1999) as the first stage in contracting with families where child abuse and domestic violence are issues. It draws on the strategic use of third parties, such as police (and in some states, child protection workers), to take out intervention orders on behalf of the woman and/or child (Humphreys and Kaye 1997). It is strongly supported in some state child protection...
guidance (see DHS, Victoria 2005) and legislation (for example Acts Amendment [Family and Domestic Violence] Act 2004 [W.A.]) and is a significant prevention strategy. In Victoria, police have increased their use of civil protection orders very significantly in a strategy to increase the protection of women and children. This is not a power available in other countries.

- Apprehend the perpetrator and ensure a consequence for violent and abusive behaviour. This requires high quality policing, consistent prosecution, appropriate judgements and strong support for adult victims within the justice process (see Holder 2001). In other words, a scaled-up, integrated, criminal justice response to which child protection workers, particularly through evidence-gathering, can provide specific support.

- Develop men’s behaviour change programs with specific conditions that address the variable quality of existing programs (Research and Education Unit on Gendered Violence (REUGV) 2004) and their outcomes (Laing 2002). These programs need to employ a gendered understanding of violence and provide close liaison with services for women and children (REUGV 2004). The current programs that have received more positive evaluations are those that are integrated with the civil and criminal justice system, and that provide consistent consequences for men who continue to use violence and abuse (Gondolf 200).

- Address the issues and consequences of violence for men as fathers (Rakiil 2006). Current Family Court provisions ensure that most men who use violence will continue to have contact with their children. In the Australian context, significant work needs to be done in this area to address the issues of parenting, and the impact of men’s violence on their children (Bennett and Williams 2001 cited in Laing 2002).

- Potentially, develop agreed risk assessment, risk management and safety planning across domestic violence interventions to help achieve high levels of multi-agency cooperation that is focused on the perpetrator (see KPMG 2006; Safe at Home 2005).

- Address worker safety issues to underpin all interventions with men who use violence (Stanley and Goddard 2002). The importance of this issue is seen most starkly in both the Australian and UK child death enquiries, that identified a continuous theme of child protection workers avoiding situations in which they were afraid of a violent man in the child’s household (Pahl 1999). An overview of enquiries in the UK led O’Hagan and Dillenburger (1995) to make the following statements:

  Violent men consistently dominate the 35 inquiry reports produced since 1974, and have, with few exceptions, been responsible for the deaths of the children in those reports (p.145)

  and that,

  It is obvious ... how the avoidance of men can, and often does, constitute an abuse of women, but avoidance also seriously exacerbates the paramount task of protecting the child (p.146).

  This data highlights the importance of worker safety to addressing the safety of children where there is domestic violence.

The point is clearly made that effective child protection work for children affected by domestic violence requires carefully coordinated intervention which focuses on the perpetrator of abuse. It is central, not peripheral, to the work.

Coordination between child protection and other services

A more discrete use of statutory intervention also requires high levels of coordination (Child Abuse Review Special Edition 2006). This recognises that protecting children and responding to their safety and well-being, is not a sole agency responsibility. It also recognises that the structured weaknesses in the child protection response require engagement with other services and interventions. A few points are made in relation to this complex issue.

Firstly, a major shift is occurring across most Australian states to bring domestic violence into a ‘whole-of-government’, integrated strategy driven at senior level by inter-departmental committees (for example, see Safe at Home in Tasmania). Successful programs are usually rolled out at a local community level, where multi-agency leadership, local characteristics and resourcing shape the specifics of the response (for example, see the Gold Coast Integrated Response, Queensland; Okaparinga, South Australia, Chung et al. 2004).

Within the domestic violence field, the Duluth model provides evidence that a well coordinated response to

29 It should be noted that this action did not appear to be at the expense of charging for criminal actions, which also showed an increase in the first year of the operation of the new Code of Practice.

30 While the ethics and safety of this policy need to be continually questioned and challenged, the reality of men in their continuing fathering role cannot be ignored.

31 See Mulroney 2003 for a more detailed discussion.
domestic violence can bring effective results (Pence and Shepard 1999). Jurisdictions where there has been a systematic attempt to integrate a complex criminal justice response have shown some very significant results (for example, the Family Violence Intervention Program in the ACT (Holder 2001)). Other states, such as Western Australia, have undertaken a 'safety audit' (with the help of Ellen Pense) to discern the extent to which each service contributed to or alternatively created barriers to safety for victims of domestic violence.

This discussion however, has highlighted the difficulties that may arise when different service systems, with very different remits, histories and values, work together. Warnings have also been issued about conflating the statutory sector work with women and children with that of the voluntary sector (Krane and Davies 2006). High-level cooperation, rather than integration, is potentially a more ethical and realisable goal.

Moreover, most of the current work towards integration or cooperation focuses on state-based services. This effectively leaves out the Family Court. To protect women and children affected by domestic violence, such an over-sight is unacceptable. While recognising that work in this area is underway, this discussion stresses the urgency of this project.

Secondly, it needs to be recognised that effective coordination (or integration in some circumstances) is a major project that requires significant time, resources and development. This is a consistent message in successful evaluations of multi-agency working (Katz and Hetherington 2006). The outline of key principles required for the successful Duluth model indicates the extent of the work required. These include:

- Develop a common philosophical framework
- Create consistent policies and procedures which coordinate and standardise the intervention actions of practitioners involved in a community response
- Monitor or track cases from initial contact to case disposition to ensure practitioner and offender accountability
- Coordinate the exchange of information, interagency communication on a need-to-know basis, and interagency decisions on individual cases
- Provide resources and services to victims and at risk family members to protect them from further abuse

32 The term integration is not used lightly but refers to intensive case management through the criminal justice system.
33 A cautionary note is needed here that integration of services is not the goal in itself. Rather it is a useful strategy to enhance victim safety, reduce secondary victimisation and ensure that abusers are held accountable for their violence (Humphreys and Stanley 2006; Mulroney 2003; Pence and Shepard 1999).

The extent to which domestic violence has been 'grafted' onto the child protection response is revealed when there is a lack of coordination between the domestic violence strategy and the children's services strategy. Given that 50 to 66% of statutory child protection cases involve domestic violence, such a separation needs to be addressed (Humphreys and Stanley 2006; Callister 2002). At the most basic level, workers from both the domestic violence and children's services sector need to be fully represented on both strategic planning forums.

CONCLUDING COMMENTS

This discussion paper has raised questions about the current directions of child protection practice and policy for children affected by domestic violence. It queries the capacity of the child protection system and the practice of notifying or referring all children affected by domestic violence, to respond effectively, efficiently, ethically and with efficacy to this chronic social problem.

The alternatives are not straightforward. The evidence suggests that there are factors associated with children, their mothers and perpetrators that create either environments of high vulnerability or alternatively, contexts of protection. Identifying pathways for referral requires both skill and guidance and may be most effectively met through multi-disciplinary, initial assessment teams.

There remains concern about whether the inundation of one system will simply be replaced with the inundation of another, though without the same ethical dilemmas posed by statutory referral. However, creating more rigorous criteria for notification and supporting increased professional discretion with more training, coordination and guidance, may allow the child protection system to be used in a more judicious and selective way. This would weave child protection intervention much more thoughtfully into the emergent domestic violence strategies.

At the heart of this discussion is concern about the deployment of precious resources for children and their families affected by domestic violence. Advocacy, support, accommodation and counselling for women and children from diverse backgrounds, and effective
strategies to respond to perpetrators of violence and abuse, are essential services that require further development. Major concerns arise if the inundation of the statutory system with notifications causes resources for children affected by domestic violence to be diverted into investigatory and court processes at the expense of the development of other services. A functional system for children’s safety and well-being requires a wide array of community-based and universal services (Mendes 1996; Scott, D., 2006).

Some but not all answers lie in the development of multi-agency coordination and collaboration. This paper has argued that the differences in history, values and focus of the different service systems suggest that coordination and collaboration needs to be disentangled from integration when planning services and intervention. However, it will only be by developing the complex processes of multi-agency working that a more functional approach to children affected by domestic violence will emerge. In particular, the current marginalisation of the Family Court from these developments need to be addressed if child protection intervention for children affected by domestic violence is to be coherent.

A guiding question in all domestic violence intervention is always: are women and children safer as a result of this intervention? An over-extended child protection system does not produce a positive answer to this question. Unintended consequences can swamp people’s good intentions. This paper has argued that it is timely to challenge the current direction for child protection practice where children are affected by domestic violence and ask whether alternative pathways are available.

ACKNOWLEDGEMENTS

The author gratefully thanks Jan Breckenridge (Centre for Gender Related Violence Studies, University of New South Wales) and Rochelle Braaf (Australian Domestic and Family ViolenceClearinghouse) for reviewing the paper, and Lynda Campbell, Gaby Marcus and Meredith Kiraly for their assistance in reading and commenting on drafts. The author also thanks the Australian Domestic and Family Violence Clearinghouse for providing library research.

REFERENCES


ABS (Australian Bureau of Statistics) 1996, Women’s Safety Survey Australia, ABS Catalogue No 4128.0 Canberra

Bagshaw, D. and Chung, D. 2000, Women, Men and Domestic Violence, University of South Australia, Adelaide and Commonwealth of Australia, Canberra

Bagshaw, D., Chung, D., Couch, M., Liburn, S. and Wadham, B. 2000, Reshaping Responses to Domestic Violence, Final Report, Department of Human Services, South Australia and Partnerships Against Domestic Violence, Canberra


Blagg, H. 2000, Crisis Intervention in Aboriginal Family Violence: Strategies and Models for Western Australia, Partnerships Against Domestic Violence, Canberra


Dof (Department of Families, Queensland) 2002, *Practice Standards for Working with Women Affected by Domestic and Family Violence*, Department of Families, Brisbane.


Edleson, J., Milbinyi, L., Beerman, S., and Hagemeister, A. 2003 *How children are involved in adult domestic violence: results from a four city telephone survey*, University of Minnesota, St Paul, Minnesota.


Healy, J. and Bell, M. 2005, *Assessing the risks to children from domestic violence, Policy and Practice Briefing no.7*, Barnardos, Northern Ireland.


Kotch, J. 2006, 'Listening to children from LONGSCAN studies of child abuse and neglect: What do 12 year olds tell us about witnessing community violence?' Conference Paper, XVI the ISPAN International Congress on Child Abuse and Neglect, York, 3-6 September


KPMG 2006, Common Risk Assessment and Risk Management Framework for Family Violence Services, Victorian Department of Communities, Melbourne


PADV (Partnerships Against Domestic Violence) undated, Children, Young People and Domestic Violence Phase 1 Meta-evaluation Report, Commonwealth of Australia, Canberra


RELUG (Research and Education Unit on Gendered Violence) 2004, A Comparative Assessment of Good Practice in Programs for Men Who Use Violence Against Female Partners, Partnerships Against Domestic Violence, Canberra

Richards, L. 2003, Findings Form the Multi-agency Domestic Violence Murder Reviews in London, Association of Police Officers (ACPO), London


Safe at Home, Tasmania 2005 www.safeathome.tas.au

Schore, A. 2003, Affect Dysregulation and Disorders of the Self. USA, Norton and co, New York


Scottish Executive 2006, Getting It Right for Every Child: Domestic Abuse, Better Outcomes for Children Pathfinder Pilot, Scottish Executive, Edinburgh

SNAICC (Secretariat National Aboriginal and Islander Child Care) 2005, Through Young Black Eyes: A handbook to protect children from the impact of family violence and child abuse: SNAICC, Publication, Victoria


Statistics Canada 2006, Family Violence in Canada: A Statistical Profile Canadian Centre for Justice Statistics, Ottawa


Thiele, D. 2006, What’s needed to improve child abuse/family violence in a social and well-being framework in Aboriginal communities, National Aboriginal Community Controlled Health Organisation (NACCHO) Position Paper, Braddon, ACT


Vic Health 2006 Two Steps Forward: One Step Back: Community Attitudes to Violence Against Women, Vic Health, Melbourne


This is a refereed publication. The views expressed in this Issues Paper do not necessarily represent the views of the Australian Domestic & Family Violence Clearinghouse or the Australian Government. While all reasonable care has been taken in the preparation of this publication, no liability is assumed for any errors or omissions.

The Australian Domestic and Family Violence Clearinghouse is funded by the Office for Women, Australian Government Department of Family and Community Services and Indigenous Affairs, through the Women’s Safety Agenda. The Clearinghouse is linked to the Centre for Gender-Related Violence Studies, based in the University of New South Wales School of Social Work.