

# No. 146 Child Abuse and Neglect: Part 1— Redefining the Issues

### **Marianne James**

Few social issues evoke extreme emotive responses, both publicly and privately, as child abuse and neglect. This is not surprising as childhood is perceived by many to be a time of innocence and nurturing. Issues surrounding family behaviour are primarily regarded as essentially private, although legislative and institutional reforms have provided for a public response to any report of child maltreatment. How successful have academics and legal professionals been in placing this item onto the political agenda? How has welfare practice been able to respond to this problem? What is the response of the criminal justice system? How have we, as a society, improved the situation of those children who are the victims of abuse and neglect? Indeed, should child abuse and neglect be considered with its own unique behavioural components, or should the focus be more concerned with the continuum of family violence and family dysfunction generally? A second Trends and Issues paper due later in 2000 will examine practical interventions and prevention activities.

Adam Graycar Director

### The Historical Context

In order to gain an understanding of the complexities surrounding child abuse and neglect, it is initially necessary to consider the historical context. From the beginning of the nineteenth century to the 1960s, concern was primarily centred on the protection of society from children and on the control of delinquent youth. The main focus on children was, therefore, in terms of the prevention of crime and anti-social behaviour (Parton 1985). Towards the end of the nineteenth century, during the industrial revolution, child neglect became recognised as a societal concern throughout most of the western world, with initial concerns for abandoned and physically neglected children resulting in the formation of the first child protection societies (1988).

The increasing awareness of child abuse as a problem parallels children's increasing legal status and the emergence of the child as an individual (Edwards 1996). Over the past thirty years, developments have placed child abuse and neglect on the public agenda in ways not previously seen. Australia, like other western countries, began to acknowledge the existence and extent of the physical abuse of children during the 1960s and 1970s. This process began with an article published in the Journal of the American Medical Association in 1962 by Kempe and his colleagues where the term "Battered Child Syndrome" was first used (Kempe et al. 1962), and medical practitioners were challenged to recognise the incidence of injuries intentionally inflicted on young children. The controversy surrounding the Kempe et al. proposition, therefore, drew attention to the issues of physical abuse and neglect. It was then recognised that widespread damage was being caused by society's denial of the problem (Helfer & Kempe 1976). Professional concern was accompanied by legislative reform. At an international level, this led to the United

# AUSTRALIAN INSTITUTE OF CRIMINOLOGY

<u>trends</u> <u>&</u> issues

in crime and criminal justice

February 2000

ISSN 0817-8542 ISBN 0 642 24150 3



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Nations Declaration of the Rights of the Child, which codifies the concept that children as individuals have certain distinctive rights. In 1981, Australia became a signatory to this declaration.

During the 1980s, the focus of attention moved to child sexual assault, when physically abused and neglected children began to reveal that they were often sexual abuse victims as well (Finkelhor 1986). Alongside this, surveys by rape crisis centres and sexual assault centres showed that many adult women had been abused as children. In a similar manner as girls, young boys began reporting that they were victims of sexual abuse by people they knew and trusted (Oates 1990, Goldman & Goldman1988). This phenomenon has been compounded by developments in the late 1990s which have seen the emergence, both in Australia and other parts of the world, of a very emotional public debate on paedophilia (see James

It is now recognised that emotional abuse can be extremely damaging for a child. However, this is still a very under-researched issue. Concern has also been raised that child "neglect" has often been subsumed under the general term child "abuse" and neglect and has, therefore, been effectively reclassified as a less important social problem, existing merely as an addendum to child abuse (Wolock & Horowitz 1984, Tomison 1995).

In recent years, the term "systems abuse" has been used to refer to the "harm done to children in the context of policies or programs that are designed to provide care or protection. The child's welfare, development, or security are undermined by the actions of individuals or by the lack of suitable policies, practices and procedures within systems or institutions" (Cashmore et al. 1994, p. 10). This type of abuse and the ensuing harmful effects on children, in both historical and contemporary settings, has been highlighted in two recent government inquiries (Wilson 1997, Forde 1999). Concern has also

been expressed about the specific vulnerability of children who have an intellectual disability in out-of-home care (Tomison 1997b). This concern would apply equally to children with a physical disability. Systems abuse has also been defined by Powers et al. (1990) as that which is "perpetuated not by a single person or agency, but by the entire child care system stretched beyond its limits".

### **Emerging Issues**

The 1990s has witnessed the identification of additional forms of child abuse. These are diverse and, in some cases, not easily identifiable. The first of these refers to the sexual abuse of children in both institutional and family situations by people who have occupied a position of trust, for instance members of the clergy. This type of behaviour, while it can contain overlaps with systems abuse, is also convergent with paedophilia. The second relates to the ritual or satanic abuse of children. There is, however, a great deal of controversy surrounding this type of child abuse (see Kenny 1997).

As noted earlier, the focus on paedophilia is recent. Discussion emerged on this topic as a result of the publicity surrounding the Wood Royal Commission into the NSW Police Service (1997) which, during the final two years of its inquiry, was almost exclusively concerned with issues related to paedophilia. In many ways this focus, with its emphasis on sexual abuse, has been detrimental to the public's perception and understanding of the complexities and harmful effects of other forms of child abuse and neglect. This issue is further obscured by the tendency of some commentators to use the term paedophilia interchangeably with child sexual abuse. Use of the term paedophile can, therefore, be very problematic as it is rarely used with any consistency and the clinical definition of a paedophile is very different from its application in law enforcement, which is different again to its interpretation by the general public (Miller 1997). It is very important to understand that not all child sex offenders are paedophiles—rather paedophiles are a sub-set of child sex offenders.

A growing body of research suggests that child abuse and domestic violence are linked within families (McKay 1994). Research examining women and children living in refuges has indicated that domestic violence and child abuse are strong predictors of each other (Stark & Flitcraft 1988). Data from Australian child abuse studies have also begun to clarify the relationship between domestic violence and child physical abuse (Goddard & Carew 1993. Tomison 1994). In both studies, it was contended that a violent, coercive environment, where domestic violence was identified, was almost as likely for cases of child sexual abuse as for physical abuse, particularly in cases involving more severe abuse. Research also indicates that the witnessing of domestic violence, particularly violence which occurs over long periods of time at intense levels, can have a severe emotional impact on children. This is not only because of the violence involved, but also because the mother can withdraw her own emotional support from the children (James 1994a).

In its wider application, the term child abuse has also been used to refer to child pornography, both in print form and on the Internet, the abuse of children in sex tourism, and the use of children in child prostitution (Grant et al. 1999). However, it must be emphasised that the main issues involved when dealing with child abuse and neglect are generally intra-familial.

### The Problem of Definition

There is no universal definition of child abuse. There is an increasing area of uncertainty in Australia as to what child abuse and neglect actually involves, with the parameters constantly changing in what is essentially a dynamic process. It is no longer possible to focus exclusively on the traditional definitions which separate physical abuse, sexual abuse, emotional abuse and neglect. Apart from narrowing the margins, these divisions are artificial, as many children experience multiple forms of abuse (Tomison 1997b). Additional intra-familial and extra-familial variables are now being added to the equation. For some time now, difficulties have arisen in a number of areas when attempting to construct universal definitions of child abuse. These include:

- a lack of consensus of what forms of parenting are dangerous or unacceptable;
- uncertainty about whether to define abuse on the basis of adult characteristics, adult behaviour, the outcome for the child and the environmental context in isolation, or in combination;
- conflict over whether standards of risk or harm should be used in the construction of definitions;
- confusion as to whether similar definitions should be used for scientific, legal, and clinical purposes; and
- difficulties over the parameters of child abuse and neglect and how far these parameters should be extended (National Research Council 1993).

Giovannoni (1989) and Goddard & Carew (1993) also made the observation that by attempting to arrive at a definition of child abuse, the belief is being expressed that a solution to the problem exists, and this certainly is not the case in Australia at the present time.

### **Incidence and Prevalence**

It is difficult, if not impossible, to estimate the incidence of child abuse and neglect because the statistics reflect only cases that are reported to the authorities and obviously the number of

unreported cases is unknown. In Australia, the only national source of information on child abuse and neglect is the Australian Institute of Health and Welfare (AIHW 1999a), who reported that in 1997-1998, 5.6 per 1,000 children under the age of 16 were the subject of substantiated cases of child abuse and neglect. Of these cases, 7.3 per 1,000 were indigenous children and 4.4 per 1,000 were other children. However, it must also be emphasised that it is difficult to make comparisons across jurisdictions because the legislation, policies, practices, and definitions vary considerably. These differences invariably influence how departments use terms like "abuse", "notification", and "substantiation" (AIHW 1999b).

Research into child sexual abuse, for instance, suggests that the unofficial estimates are much higher than that reported by the AIHW. These estimates have ranged from figures of 1 in 4 girls to somewhere between 1 in 7 and 1 in 12 boys as being victims of sexual abuse (for further discussion on the prevalence of child sexual abuse in Australia, New Zealand, and the United States, see James 1996). Other sources of child abuse statistics (see Bartollas 1993) suggest that physical abuse and neglect occur in approximately 1 in 20 families with children and the incidence of neglect is double that of physical abuse. However, while the official statistics are obviously an underestimate, some of the unofficial figures are fraught with distortions produced by dubious definitions of what constitutes the abuse of children and often by the use of very biased sampling techniques.

### Police Statistics

Police also have some responsibility for child protection in each State and Territory, although the extent of their responsibility in each jurisdiction varies. Once again, there are definitional issues and jurisdictional discrepancies in data collection. In 1998, official

police records showed that 1.1 children per 1,000 of the population aged between 0 and 9 had been victims of assault, and that 1.1 children per 1,000 had been victims of sexual assault. Also, 5.8 children per 1,000 of the population aged between 10 and 14 had been victims of assault and 2.1 children per 1,000 in this age group had been victims of sexual assault (Australian Bureau of Statistics 1999). These figures are a reflection of the relatively low number of cases which actually come to police attention. However, perhaps the most alarming point of these statistics is that when the figures are calculated by gender and percentage, over 55 per cent (N=1349) of all the sexual assault cases involving males were aged between 0 and 14 years and almost 40 per cent (N=4256) of all the sexual assault cases involving females were aged between 0 and 14 years.

### Child Homicide Rates

For the nine-year period 1989-1990 to 1997-1998, the National Homicide Monitoring Program at the Australian Institute of Criminology has recorded 284 homicides of children aged less than 15 years. Almost one-fifth (N=51) could be described as child abuse homicides and in these incidents the offender was usually a custodial parent, non-custodial parent, or de facto parent. The New South Wales Child Death Review Team has recently reported that in an 18 month period from January 1996 to June 1997, 26 children and young people died in circumstances indicative of non-accidental injury. Fifteen of these were infants less than one year of age, and six of these deaths were consistent with severe shaking. Fifty per cent of the children who died were known to the Department of Community Services before their deaths and nine of these were infants (NSW Child Protection Council 1998). There are no known statistics on deaths due to child neglect.

# Identification, Intervention and Prevention

From the early stages of research into the etiology of child abuse and neglect, the investigation and delineation of risk factors has been of paramount importance (Ammerman & Herson 1990). When initial attempts to establish a causal relationship between associated variables failed (Browne 1988), researchers began to investigate the interactions between parent, child, and environmental (community and societal) factors. In other words, there was a shift from explanations based on individual pathology to more complex developmental and ecological approaches where child abuse and neglect became recognised as a symptom of significant childrearing problems, often occurring in families with other significant problems.

Risk factors can, therefore, be identified on four related levels. At an individual level, they can include a history of child abuse (parent), substance abuse (parent), and the psychological or physical illness of either the parent or the child and teenage pregnancy. On a family level, marital conflict, domestic violence, poverty, stress, and isolation are risk factors. While at the community level, inadequate health care, unsafe neighbourhoods, inadequate community services, poverty, and isolation have been identified. And on the societal level, economic/social inequality, cultural acceptance of violence/gender inequality, and the view of children as possessions are all risk factors (Tomison 1997a). Risk factors are those elements which put children's safety, welfare, or wellbeing at risk. They do not necessarily lead to child abuse and neglect, but they make it more likely. Some of the risk factors outlined above can also contribute to a number of other types of later problems such as juvenile delinquency, juvenile substance abuse, youth suicide, youth homelessness, prostitution and mental health

problems (Smith and O'Connor 1997, Weatherburn & Lind 1998).

Where risk factors are hard to identify and to address, the best strategy may be to enhance known protective factors to counteract the risk and serve to protect against abuse. In a similar manner as risk factors, protective factors also operate on four levels. At an individual level, they can include a positive relationship between the child and parent (or caregiver), good interpersonal skills (parent and child), a positive temperament and personality (parent or child), and good health (parent or child). On a family level, protective factors can include marital harmony/supportive partner, adequate income, supportive extended family, social support networks outside the family, and access to child care/respite care. At the community level, access to information, advice, and support from a wide range of health, education and community services, child care/ respite care, accessible public transport, and social/community activity/involvement are all protective factors. At a societal level, income support/supplements and a culture which values and respects children is important (Tomison 1997a).

Traditionally, the identification of factors which contribute to child abuse and neglect, the ensuing interventions, and the more recent emphasis on preventative strategies have been regarded as separate entities. This has impeded progress in addressing fundamental problems. Identification, intervention, and prevention are all part of an interactive process and, therefore, have ramifications for each other. Risk factors help in identifying appropriate interventions which, in turn, can also play a preventative role. Appropriate treatment can help abused children overcome the effects of maltreatment rather than carry these into adult life and then pass them on to the next generation. Appropriate treatment can also make abusers less likely to re-offend (Tomison 1997b).

Because of the complex interaction between risk factors, protective factors, interventions, and preventative measures, it is critical to determine what works (and under what circumstances) by rigorous evaluation of the initiatives involved. It is also critical to ensure that there is a coordinated approach between the relevant services and agencies as well as between different levels of government. However, the area of child abuse and neglect is not noted for either of the above. As Tomison (1997a) argues, the lack of systematic evaluation compounds the relatively low priority given to prevention programs by governments and other institutions, and the common tendency of funding only short-term demonstration pilot projects. A further difficulty arises in demonstrating what has been prevented (James 1994b). In the field of health, there are standard definitions, outcome measures, and epidemiological data which can be used to show a reduction in the incidence of a particular disease, which may be attributable to a treatment or prevention program. In the area of child abuse and neglect, however, as this discussion has noted, uniform definitions, standard outcome measures, and reliable data are usually not available (Tomison 1997a). In terms of coordinated responses, there has been much academic and policy rhetoric concerning an integrated agency approach to child abuse and neglect, but the reality is that although there has been progress in this area in the last few years, it has been extremely difficult to implement the ideals into practice, both within and between government and non-government sectors.

# The Legislative and Legal Processes

In Australia, the formal determination of child abuse, and whether its circumstances warrant criminal charges, is a State and Territory responsibility. Therefore, the protection of

children from abuse and neglect is legally the responsibility of the community services department in each State and Territory, while the prosecution of the perpetrator is a law enforcement responsibility. Accordingly, each State and Territory has separate legislation to empower it to fulfil its responsibilities in this area. As a result, child protection policy and practices are constantly evolving. Mandatory reporting laws for child abuse and neglect have now been introduced in all Australian States and Territories except Western Australia which does, however, have protocols in place. The laws differ quite significantly in both procedure and requirements (AIHW 1998). Children's Commissions have now been established in both Queensland and New South Wales.

Only 1 in 12 reported cases of child sexual abuse reach the courts and, for those which do, the system is particularly intimidating. Although improvements have been made in recent years with the introduction of screen and video testimony (see Cashmore and Bussey 1994, Edwards 1996), there are still inherent problems. The court procedures are unfamiliar and difficult for children to understand and the language is legalistic, complex, and confusing. In fact, a study by Eastwood et al. (1998) reveals that one of their most significant findings was that half the children interviewed would not recommend to other victims that they should report sexual abuse. These complainants expressed strongly that they "went through hell" and it was not worth it (Eastwood et al. 1998). Child abuse issues in custody disputes, where wider family violence is often an issue, is also a problematic area (see Brown et al. 1998).

In the United States, the recent introduction of Model Courts for abused and neglected children has resulted in significant and measurable outcomes for children (US Department of Justice 1999). By carefully coordinating their efforts to implement

programs to improve the handling of abuse and neglect cases, the court, related government agencies, the legal community, and community-based child welfare and advocacy groups have streamlined court operations and considerably reduced case backlogs (US Department of Justice 1999). This same model has also been used in the United States to deal with other specialised issues such as domestic violence and illicit drug charges (Makkai 1998). South Australia has a court operating along some of these principles.

### Conclusion

Too often the literature states that child abuse and neglect is characterised more by what is not known than what is actually known. However, it could be that the quest for precise definitional parameters are the key factors in hindering the advancement of the issues involved. These issues are part of a dynamic process, the parameters of child abuse and neglect are, therefore, constantly changing. It is for this reason that the various components of child abuse and neglect should not be regarded as entities in themselves, but rather situated within the continuum of family violence and family dysfunction with a particular emphasis on focusing on the knowledge, skills, and parental responsibility in society. Because it is recognised that both the risk factors and the protective factors which have been identified for child abuse and neglect issues also contribute to other types of problems such as juvenile delinquency, substance abuse, youth suicide, youth homelessness, and mental health problems, an integrated approach within these areas of social disorder would help to provide a more comprehensive solution. In recognising that identification, intervention, and prevention are all part of an interactive process and, therefore, have ramifications for each other, it is necessary to target specific at-risk populations

at different stages of the life-cycle to gain maximum benefit.

However, it must also be emphasised that while advocating this approach, the response to child sexual abuse should be regarded as an issue in its own right. Even though there are sometimes overlaps with other forms of maltreatment, it has its own set of unique and complex circumstances. Research, policy, and practice in the area of child abuse and neglect has been dominated by child sexual abuse for the last few decades. Also, the general public, mainly through media representation have been inundated with sensationalist reporting, have little knowledge of the importance of preventing other forms of child abuse and neglect. This approach by no means underestimates the importance of addressing all issues concerned with child sexual abuse. It does, however, attempt to redress the balance and provide a way to address child maltreatment generally. It is also necessary to clearly delineate the respective responsibilities of criminal justice agencies and health and welfare agencies in the management of child abuse and neglect cases.

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