Overview of family violence and child abuse, including causality and prevalence

SECTION 2

Chapter 2
Understanding family violence and child abuse

Chapter 3
The prevalence of family violence and child abuse

Chapter 4
The causes of family violence and child abuse
CHAPTER 2

Understanding family violence and child abuse

This chapter provides a brief outline of the nature and consequences of family violence and child abuse.
There are different interpretations and definitions of what constitutes child abuse between government agencies. For example, the Family Court considers children witnessing domestic violence to be child abuse, whereas the Department of Community Development does not. The response that different Government agencies deem appropriate is dependent upon their definitions, therefore different agencies may respond to the same child in different ways. (NAPCAN WA (Inc) Submission 19 June 2002: 4)

1. UNDERSTANDING CHILD ABUSE

1.1 Definitions of child abuse

... there are many legal and operational ... definition[s] of child abuse in Australia ... [I]ndeed, variations may occur depending on the context in which they are used. For instance, government departments may use different definitions from those used by community service professionals. (James 1994: 2)

Different definitions of child abuse considered by the Inquiry are listed in Appendices 1 to 4.

Differences in definitions can create confusion. Differences in the conceptual understanding of the nature of child abuse and neglect lead to difficulties in working in a coordinated and holistic manner.

The rediscovery of abuse in the 1960s focused on serious physical abuse to infants. This resulted in a focus on a medical model of intervention and a diagnostic approach to whether abuse had happened or not. Injury to the child was investigated and led to a diagnosis of whether the injury was abuse, some form of accidental injury or a medical condition. Early work in child abuse relied on a concept of abuse that was incident-based. That is, a child had either clearly been abused or not been abused. (Kempe et al. 1962, cited in Tomison 2000)

This understanding is implied in the refrain of many policy workers that 'it's better to build a fence at the top of a cliff rather than place an ambulance at the bottom'. Indeed, this example was used in evidence to the Inquiry. This analogy gives an incorrect impression of the nature of child abuse. The idea that serious incidents of abuse happen out of the blue within normal, healthy, happy families—whilst occasionally true—is rare and does nothing to further our understanding of the problems of the abuse of children.

Child protection agencies have developed complex labels to describe the problem of child abuse and neglect. Labels such as 'risk', 'risk factors', 'risk of abuse' and 'risk of harm' are all used—often without clarification of what is meant. (Tomison 1997)

1.2 Understanding risk

1.2.1 Risk factors

There is a range of factors present in families where abuse and neglect has been identified that do not occur with the same frequency in families where abuse and neglect are not

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1 Kempe, a medical doctor, is attributed with the ‘rediscovery’ of child abuse in the 1960s.
present. These factors include: poverty; unemployment; physical illness; stress resulting from racism; single-parent families; alcohol and substance abuse; poor or inadequate housing; lower educational levels; lack of support by family and community resulting in social isolation; parenting at an early age; little parent-child interaction within the first few days of birth; and a history of abuse and neglect in parents. It is important to note that these are factors which correlate with child abuse and, in some cases, may be causal but the relationship is not clear. It is also very important to note that while these risk factors may predispose children to abuse and neglect, it is not the case that families who face these factors of disadvantage will necessarily abuse their children. (US Department of Health and Human Services 2001)

1.2.2 Risk of harm

Early discussions of 'risk' focused on an outcome of abuse and neglect. The reassessment of abuse and neglect has led to the linking of 'risk' to 'harm' that might occur to the child. Risk of harm therefore focuses more directly on what is happening to that particular child within a family and community context. The harm that may result is likely to be incremental, and the factors that are harmful may well interact with each other.

The assessments that focus on identifying the level of risk would include a very broad range of factors and may include things like: leaving a young child unsupervised; failure to provide an adequate level of emotional warmth and nurturing for a child; or, consistent harsh physical punishment coupled with a negative and harsh attitude to the child. Environments that are seen to be most harmful to children include low emotional warmth combined with high criticism of the child.

The focus of this type of risk is not only upon what is done to the child, it also requires an understanding of what the child may be missing that is necessary for normal growth and development. It is also important to focus on the environment of the child, family and community. This is quite a different approach to one that focuses on whether the child has been deliberately assaulted by a caregiver. Sexual abuse is more incident focused. However it is also the case that certain environments and situations place children at greater risk of sexual abuse. (Department of Health UK [DoH UK] 1995)

*Most behaviour has to be seen in context before it can be thought of as maltreatment [abuse]. With the exception of some sexual abuse, it should also be clear that maltreatment is seldom an event, a single incident that requires action to protect the child.* (DoH UK 1995: 14).

Some legislative definitions—such as section 23 of the Children and Young Persons (Care and Protection) Act 1998 (NSW)—now focus on risk of harm rather than abuse or neglect.
1.2.3 Implications of a risk framework

Diagram 2.1: Level of risk and possible response

Source: Adapted from DoH UK (1995: 16)

Some jurisdictions may treat these 'grey' areas in the middle of Diagram 2.1 as possible child abuse—other jurisdictions may include them in a family support or other supportive response. Where these lines are drawn depends on legal, cultural, community and professional views, as well as available funding and other factors. Research indicates a wide range of community views on what is acceptable treatment of children, making the appropriate intervention controversial (DoH UK 1995). WA's response to this dilemma is discussed in Chapter 5.

This tripartite understanding of risk has led to the three-tier response to prevent and intervene when children are at risk. The Inquiry’s 'Interim Report’ outlines the following service typology:

- **Primary**: the provision of services to the community generally to educate and raise awareness of dangers
- **Secondary**: the provision of support services to those who are vulnerable
- **Tertiary**: the provision of services after the problem has occurred.

(Gordon et al. 2002: 24-25)

1.3 A focus on needs

The outcome of research in the 1990s was to focus policy makers on the needs of children and how well these needs were being met. The United Kingdom’s *The Children Act 1989* (UK) was implemented in 1991 and refocussed child protection services to respond to children’s needs regardless of what caused that need. *A framework for the Assessment of Children in Need and their Families* (DoH UKet al. 2000) was developed by the United Kingdom’s Department of Health,
Department for Education and Employment, and the Home Office. This gave effect to the change in focus to addressing needs.

A child shall be taken to be in need if –

a. he is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority...

b. his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

c. he is disabled

And ‘family’ in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living. (The Children Act 1989 (UK) s17 (10), cited in DoH UK et al 2000: 6)

This understanding of child abuse and neglect leads to a focus less on identification of instances of abuse. It requires a focus on the needs of the child, and how well those needs are being met, and the broad environment in which the child is growing up.

There has previously been a focus on the delineation between child protection and other services, such as family support. Using a needs framework, this delineation becomes less of an issue. Services should be supportive to the needs of children and families. The type of service provided should not be linked to a judgement about whether abuse has occurred or not.

The broad focus on children’s needs raises enormous resource implications for governments who provide services to children and their families. Of the United Kingdom’s 11 million children, it has been determined that over four million children have a need that is not met by standard services such as education and health (Aldgate & Statham 2001). However, this research also indicates that restricting services (commonly called ‘gate-keeping’) occurs, presumably because of the inability of governments to meet assessed needs — either through direct service delivery or funded services. This needs-based model of service delivery requires a level of cooperation and integration of services that has proved difficult to implement.

In understanding child abuse, there has been a significant focus on United Kingdom research. Because that research has examined the broad implications and outcomes of child protection practice. Australia does not have a comparable body of research, and most states have used the United Kingdom material to review their own practices and approaches to child protection.

1.4 Consequences of child abuse

There are many studies that review short and long term effects of child abuse. Of particular note are studies that outline how the developing brain changes in response to stress and trauma, particularly child abuse and neglect. The research finds that while later negative life events also have an impact, it is the pre-natal and first three years of life that have the greatest capacity to change the way the brain develops. (Perry 1996)

The brains of traumatised children develop to be hypervigilant and focused on non-verbal cues, potentially related to threat. These children are in a persistent state of arousal and, therefore, experience persisting anxiety. (Perry 1996: 5)
The effect of neglect is just as devastating:

*To develop normally, infants’ brains need consistent, predictable, nurturing, safe and enriching environments (Perry et al. in preparation, cited in Perry 2000: 15)… Repetitive, patterned, consistent experience allows the brain to create an internal representation of the external world. A child growing up in the midst of chaos and unpredictability will develop neural systems and functional capabilities that reflect this disorganization. (Perry 2000: 16)*

Child abuse and neglect is [sic] responsible for costly long-term psychiatric disabilities, chronic medical problems, drug and substance abuse, learning problems, unemployability, risk of developing HIV and other serious social and health problems. (Streeck-Fischer & van der Kolk 2000: 915)

The Telethon Institute for Child Health Research (TICHR) outlines the following impacts of child sexual abuse:

**Acknowledging … methodological difficulties … the deleterious effects of CSA [Child Sexual Assault] in childhood include –**

- Sexualised behaviour and age-inappropriate levels of sexual knowledge
- Anxiety and depressive symptoms
- Development of suicidal thoughts
- School difficulties relating to academic performance, behaviour and peer relationships
- Behavioural problems – running away, offending
- Dissociative symptoms – amnesia, daydreaming, trances
- Increased impulsivity – hyperactivity, aggression
- Emotional distress – fear, somatic complaints, nightmares, bedwetting
- Lowered self esteem – ‘damaged goods syndrome’, sense of responsibility for the abuse, increased sense of vulnerability and futility
- Difficulties with identity formation
- Physical consequences – sexually transmitted diseases, HIV/AIDS, unwanted pregnancy and damage requiring medical attention or surgical repair
- Precipitation of psychotic symptoms/disorders in adolescence following an experience of sexual assault. (TICHR Submission 21 February 2002: Appendix 2)

The institute also raises the following differences

*Male children tend toward more externalising [for example aggression] behaviours, while female children tend toward more internalising [for example anxiety] behaviours. (Gil 1998)*

Confusion/anxiety over sexual identity (almost unique to boys). (TICHR Submission 21 February 2002: Appendix 2)

Child sexual abuse also has an impact in adulthood, including:

**Sexual adjustment difficulties**

- Reduced sexual self-esteem
- Disrupted sexual relationships
• Lower levels of satisfaction in sexual relationships
• Current sexual problems
• Tendency toward multiple sexual partners or avoidance of sexual relationships
• Higher rates of prostitution in women
• Sexual re-victimisation.

Difficulties in intimate relationships
• Insecure and disorganised attachments
• Poor perceived quality of communication with partner particularly on a more intimate level
• Increased rates of relationship breakdown
• Increased likelihood of separation and divorce
• Attributions to partner of lack of concern and tendencies toward over-controlling, intrusive and emotionally detached behaviour.
• Disruptive interpersonal relationships.

Self-esteem
• Increased expectation of pessimism and fatalism
• Sense of helplessness and self-hatred. (TICHR Submission 21 February 2002: Appendix 2)

Mental health difficulties are also raised

Increased levels of depressive symptoms, anxiety symptoms, chronic emotional distress, substance-abuse disorders, eating disorders, personality disorders and posttraumatic stress disorder, suicidal behaviour, self-mutilation, borderline personality disorder (particularly in women), dissociative disorders, disorders of somatisazation, chronic pelvic pain.

Research indicates that a history of CSA increases risk of developing a psychiatric disorder by 2–4 times that of the non-abused population. The risk for development of depressive disorders and self-damaging and suicidal behaviours is highest (Mullen et al. 2000). Victims of CSA have higher rates of subsequent suicidal and parasuicidal behaviour than those who are not victims of CSA. Women who have been sexually abused are also known to engage in more medically serious parasuicidal behaviour (Linehan 19##). (TICHR Submission 21 February 2002: Appendix 2)

Further difficulties include
• Lower status economic roles
• Partners who were in lower socio-economic groups
• Decline in socio-economic status – possibly related to a failure of self-esteem or agency and suggestive of wide ranging disruption of function.

... 

• Increased risks of exposure to domestic violence and rape
• Having had multiple medical or surgical procedures
• Greater risks of teenage pregnancy, sexually transmitted diseases in adolescence. (TICHR Submission 21 February 2002: Appendix 2)

The Coroner, in his inquest into the death of Susan Taylor, described sexual abuse as having a ‘devastating’ effect on young people. (Hope 2001)
Financial costs are difficult to estimate. A South Australian study concluded that child abuse and neglect cost the state $354.92 million in one financial year.

These figures are considered conservative by McGurk and Hazel and included three areas:
- $41.41m for responding to known cases of child abuse and neglect
- $10.18m for providing services even though the instances were not reported
- $303.33m for costs resulting from child abuse such as disability or injury. (McGurk and Hazel 1998, cited in Partnerships Against Domestic Violence 1999)

Research indicates the direct cost of child abuse in the United States is over $24 billion, and the indirect cost is over $94 billion. (Fromm 2001)

1.5 Conclusions and implications for the Inquiry

The understanding of child abuse and neglect has moved from one that focuses on incidents of abuse to a focus on the environment of the child and family, and recognises that harm occurs through the ongoing stress and trauma of a harmful environment or the damaging effects of a neglectful chaotic environment.

The implication of a move to a broad needs-based framework has resource implications. It requires departments to focus less on particular incidents and more on the overall functioning of the child and family. It requires a high level of interagency focus and functioning, with shared responsibility for the protection and wellbeing of children.

The need to respond effectively and to prevent child abuse and neglect is imperative. This is necessary from a human rights perspective, but also because it is less costly to intervene early, address the effects of abuse and, wherever possible, prevent abuse and neglect from happening.

2 UNDERSTANDING FAMILY VIOLENCE

2.1 Definitions of family and domestic violence

The Partnerships Against Domestic Violence (PADV)—an initiative of the Commonwealth, states and territories—defines domestic and family violence as follows:

*Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women in a relationship or 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.*

(PADV 1998: 1)

Different definitions of family and domestic violence considered by the Inquiry are in Appendices 1 to 4.
2.2 Theories of family and domestic violence

The early recognition and understanding of what was then called 'domestic violence' focused on physical abuse and almost invariably centred on a woman as the victim, with the perpetrator her male partner. Early responses came from feminists who were responsible for the establishment of refuges for women escaping violent relationships. The first refuge was established by women squatting in two derelict houses in Sydney. This radical beginning shaped the early understanding of, and responses to, domestic violence. (Laing 2000)

Early theories grappled with the problem from a feminist perspective. Blame was focussed on the more dominant positions of men in society. The individual pathology theory suggested that violent men generally had some kind of psychological problem.

These early theories failed to account for the fact that the majority of men were not abusive and that increasingly women in same sex relationships were victims of violence. Also, most men who abuse do not have a psychological disorder and, apart from their violent actions towards their spouse, are in other ways unremarkable. (Domestic Violence Prevention Unit 2000)

Early simplistic theories of family or domestic violence have been overtaken by theories that explore the multiplicity of factors related to violence within close relationships.

Bagshaw (1998), cited in Bagshaw et al (2000), takes a more holistic view and demonstrates in diagrammatic form, the range of factors to consider in examining people who are in situations of domestic violence.

Diagram 2.2: Factors to consider in assessing the needs of men, women and young people in domestic violence

This emphasises that family and domestic violence (like many societal problems) have a range of factors involved, and that simple frameworks are often not helpful in understanding this complexity. Therefore, solutions or responses to family and domestic violence need to involve a range of factors. Responses also need to take into account the overall context within which the abuse is occurring. This broader understanding of family and domestic violence has also prompted calls for more treatment programs for perpetrators.

### 2.2.1 The 'Cycle of Violence'

What has proved consistently useful in practice is an understanding of the 'Cycle of Violence' within violent relationships.

**Diagram 2.3 The ‘Cycle of Violence’**

- **1. Build-up phase:** A range of stressors leads to the build-up of tension in the perpetrator. These stressors can be external (such as work) or internal (such as thinking patterns). Non-violent individuals have ways of releasing this tension, but in situations of domestic violence, the perpetrator becomes more aggressive.

- **2. Stand-over phase:** An assault occurs and the victim is often blamed.

- **3. Explosion phase:** The perpetrator expresses remorse, but usually does not accept responsibility for the action.

- **4. Remorse phase:** The perpetrator tries to win back the affection of the victim by giving gifts, being loving and making promises.

- **5. Pursuit phase:** If the victim does not return, there can be revenge and further violence and it is during this phase that most murders occur in domestic violence relationships. The perpetrator may also threaten harm to themselves or others to get the victim back, either physically or emotionally.

- **6. Honeymoon phase:** If the victim returns, there may be an intense relationship in which the violence is denied and the victim believes that the perpetrator has changed. Unless the underlying problems are addressed, the cycle will continue. (WISE 1998)
There has been a reluctance to look at any role that the victim might play in an abusive situation. This reluctance arose from early responses to domestic violence that blamed the victim—indeed in many therapeutic groups men commence by blaming the woman and her behaviour, such as nagging, not keeping the house tidy or not having dinner ready. (Bagshaw et al. 2000)

It is important that the understanding of family and domestic violence is sufficiently broad to take into account the need for a range of responses to these problems. Responses that are based on narrow ideology or unwavering philosophical positions are not only unhelpful, but may not respond to the individual needs and perspectives of the victims of violence.

### 2.3 Aboriginal family violence

In the mainstream community, the term 'domestic violence' has commonly been used. Most research findings suggest Aboriginal people prefer the term 'family violence' (Bagshaw et al. 2000). The use of the term 'family violence' allows a focus on the broader experience of violence within extended families, as indicated in many of the definitions in Appendices 1 to 4. A wide range of behaviours—including suicide, self inflicted injury, child abuse, put down about culture and identity and a negation of the cultural and spiritual sense of self—have been included.

While this has broadened the understanding of domestic violence to include a range of community and societal factors in general, the focus in mainstream communities is on violence between intimate sexual partners, with a focus on that relationship. Aboriginal family violence is seen within the context of violence generally in Indigenous communities and the multi-faceted range of causal factors that will be explored in Chapter 4. Until recently there has not been a particular focus on the views and needs of Aboriginal victims of family and domestic violence. (Bagshaw et al. 2000)

The different views of Aboriginal communities of the terms 'domestic violence' and 'family violence' has been an issue for the Inquiry. During the consultations a number of Aboriginal women said that they preferred the term 'domestic violence' because they believed the violence in those intimate relationships should be seen as separate from (although not necessarily unrelated to) the violence that occurs in communities—including violence between family groups or between men within that community. However the literature is generally not supportive of this view. (Blagg 2000)
2.4 Consequences of family violence

Despite the range of views on definitions and causality, there is agreement that the effects of domestic and family violence are devastating. Submissions to the Inquiry and research papers spell out the effects.

In addition to child and adult homicides, family violence contributes to a broad array of fatal and nonfatal injuries and medical and psychiatric disorders each year. In addition, family violence has been associated with numerous social problems, including teenage pregnancy, runaway and homeless youth, alcoholism and substance abuse, and crime and delinquency. (National Research Council 1998: 1)

Long term effects include:

- anxiety
- chronic depression
- chronic pain
- death
- dehydration
- dissociative states
- drug and alcohol dependence
- eating disorders
- emotional 'over-reactions' to stimuli
- general emotional numbing
- health problems
- malnutrition
- panic attacks
- poor adherence(sic) to medical recommendations
- poverty
- repeated self-injury
- self neglect
- sexual dysfunction
- sleep disorders
- somatization disorders
- strained family relationships
- suicide attempts
- an inability to adequately respond to the needs of their children. (Newton 2001: 1)

The WA Action Plan on Family and Domestic Violence states:

The cost, in both financial and human terms is incalculable. Attempts to quantify the cost in dollar terms have not been successful for a number of reasons, including the absence of reliable data and under-reporting. Nevertheless there is clearly a heavy financial burden borne by government and ultimately society as a whole as a result of the direct and indirect effect of family and domestic violence. (Family and Domestic Violence Taskforce Western Australia 1995: 5)
2.4.1 Consequences of family violence on children

There has been an increasing focus on the damaging impact of children living with family violence. Adverse impacts include

- aggressive behaviour
- anxiety
- symptoms of depression
- low self-esteem
- disobedience
- lying
- destroying things
- emotional distress

Other impacts include regression in toileting and language, poor school performance including truancy, and seeking revenge, feelings of shame and guilt, overly shy and compliant behaviour, and a sense of despair and hopelessness. (Domestic Violence Prevention Unit 2000)

There may be difficulty in attachments and bonding between mother and infant. Toddlers may be extremely shy, bite other children and become clingy. Adolescents may develop serious problems, including violent delinquency, and may copy the aggressive behaviour by assaulting their mother or other family members. Children living with family violence also miss out on having significant development needs met. These needs include a safe and supportive environment. (PADV 1999a)

2.5 Conclusions and implications for the Inquiry

The diversity of perspectives on family and domestic violence cause difficulties in service provision. Within the Aboriginal community there is no agreement on approaches or whether Aboriginal family violence is the same ‘phenomenon’ as domestic violence in the wider community.

As with child abuse, there has been increasing emphasis on the broader context of family violence and a range of theoretical approaches. In particular, family violence within the Aboriginal community increasingly includes child abuse, particularly child sexual abuse.

A broader perspective on family violence requires an enhanced inter-agency, multidisciplinary focus to respond to family violence at all levels. The consequences of not responding effectively to family violence—including preventing the violence—are serious and long term. Governments and society, as well as individual victims, will pay the price for a failure to act decisively.
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WISE see Women’s Issues and Social Empowerment


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**LEGISLATION**

Children and Young Persons (Care and Protection) Act 1998 (NSW)

The Children Act 1989 (UK)
This chapter examines the prevalence of family violence and child abuse, particularly Aboriginal family violence and child abuse, specifically required by the Terms of Reference.
CHAPTER 3  
The Prevalence of Family Violence and Child Abuse

1. CHILD ABUSE

1.1 Australian Institute of Health and Welfare data

Data on child abuse in Australia is provided by the Australian Institute of Health and Welfare (AIHW). State and territory community service departments provide data each financial year, with 2000-01 the most current (AIHW 2002). This data is not a good indicator of prevalence but provides a useful comparison of notifications’ or reports that came to the attention of statutory child protection agencies in each state and territory and their responses to them.

![Chart 3.1: Number of notifications by type of action, state and territory (2000–01)](chart1)

![Chart 3.2: Percentage of notifications by type of action, state and territory (2000–01)](chart2)

Source: Charts created from data sourced in AIHW (2002: 12).

According to data in charts 3.1 and 3.2, and leaving aside the smaller states and territories, Western Australia (WA) has a high rate of finalisation of investigations and none dealt with by other means.

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1. "Child protection notification": Child protection notifications consist of reports made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child. Notifications should not include reports regarding wider concerns about children or families which are classified as child concern reports. [AIHW 2002: 67]

2. NSW data relates to all notifications in that state where the primary reported issue involved harm/injury or risk.

3. Notifications ‘investigated’ in Western Australia included 40 cases where it was not known whether there was an investigation, as data had not been recorded.

4. In the Northern Territory, notifications dealt with by other means could not be separately identified and were included in the category ‘No investigation possible/no action’.

5. An investigation is classified as finalised where it was completed and an outcome recorded by 31 August 2001.

6. ‘Investigation not finalised’ is an investigation that was begun but not completed and an outcome recorded by 31 August 2001.

7. Includes notifications that were responded to by means other than an investigation, such as referral to police, referral to family services or provision of advice.

8. Includes notifications where there were grounds for an investigation or insufficient information was available to undertake an investigation.
According to charts 3.3 and 3.4, WA has a reasonably low level of substantiation compared to the other larger states.

Chart 3.5 indicates that the number of notifications for WA remained relatively low.
Data provided in chart 3.6 indicates WA’s substantiation rate has largely stayed the same over the last six years.

Most researchers agree that abuse reported to child protection agencies throughout Australia is only a very small percentage of what actually occurs. Dorothy Scott summarises the difficulties as follows:

*Two major sources are used to estimate the magnitude of child abuse: prevalence and incidence data. Prevalence refers to the actual extent of a problem in the community at a point in time. Incidence refers to the reported number of cases over a specified period. These two concepts are often confused even in official sources such as the Australian Institute of Health and Welfare (Angus & Woodward 1995: 12). The confusion of the two concepts can lead to assumptions that the marked increase in the incidence of child abuse in Australia in recent years reflects an increase in the prevalence of abuse. (Scott 2000: 122)*

1.1.1 Prevalence of child sexual abuse

The Queensland Crime Commission and the Queensland Police service undertook ‘Project AXIS’ to examine child sexual abuse in Queensland. An overview of the prevalence studies outlined in their report is useful.

In the review of research in the AXIS study, the vastly different figures for prevalence of child sexual abuse arose for the following reasons:

- The type of people surveyed. For example, many prevalence studies rely on university students who are not typical of the population
- Whether some people who have particular experiences are more willing to report
- The way of collecting data (in person, by telephone)
- The range of actions that are defined as child sexual abuse
- The age used to define childhood
- The accuracy of peoples’ memories and how willing people are to disclose their experiences.

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16 Substantiation: A substantiation in the national data collection is a child protection notification made to relevant authorities during the year ended 30 June 2001, which was investigated and the investigation was finalised by 31 August 2001, and it was concluded that there was reasonable cause to believe that the child had been, was being or was likely to be abused or neglected or otherwise harmed. (AIHW 2002: 67)
17 Data for the 1996-97 financial year were not available for New South Wales.
18 Data for Queensland refer to the calendar year 1996, rather than the financial year 1996-97.
19 Data for the 1998-99 financial year were not available from the Northern Territory.

Table 3.1: Studies that aim to gauge the prevalence of child sexual abuse in the population

<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Definition of child sexual abuse</th>
<th>Sample characteristics and response rate (where reported)</th>
<th>% Reporting abuse</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finkelhor 1979</td>
<td>USA</td>
<td>Sexual contact, exhibitionism or sexual overtures relating to children prior to age 17 involving a much older person</td>
<td>Students in social science classes in 6 New England schools (530 females, 266 males) – 68%</td>
<td>19</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Russell 1983</td>
<td>USA</td>
<td>Exploitative or unwanted sexual experiences of children prior to age 18</td>
<td>Women residents of San Francisco (930 females) – 50%</td>
<td>38</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Finkelhor 1984</td>
<td>USA</td>
<td>Sexual events prior to age 16</td>
<td>Representative households with children aged 6 to 14 years (334 females, 187 males) – 74%</td>
<td>15</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Kercher &amp; McShane 1984</td>
<td>USA</td>
<td>Sexual exploitation of children</td>
<td>Random sample of Texas residents who have a driver's licence (593 females, 461 males) – 53%</td>
<td>11</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Sedney &amp; Brooks 1984</td>
<td>USA</td>
<td>Contact and non-contact sexual experiences as a child</td>
<td>Volunteers through social science course and through campus advertisements (301 females)</td>
<td>16</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Baker &amp; Duncan 1985</td>
<td>UK</td>
<td>Involvement of child in activity sexually stimulating to perpetrator prior to age 16</td>
<td>Representative national sample of persons 15 years and older (808 females, 745 males) – 87%</td>
<td>27</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Timnick 1985</td>
<td>USA</td>
<td>attempted or completed contact; taking nude photos; exhibitionism prior to 18 years</td>
<td>Random national telephone survey (1,252 females, 1,374 males)</td>
<td>22</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Bagley &amp; Ramsay 1986</td>
<td>Canada</td>
<td>At least manual assault on child's genital area prior to age 18</td>
<td>Stratified sample of western city (377 females) – 94%</td>
<td>22</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Fromuth 1986</td>
<td>USA</td>
<td>Sexual events prior to age 17</td>
<td>College psychology students at Auburn University (482 females)</td>
<td>22</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Siegel et al. 1987</td>
<td>USA</td>
<td>Pressured or forced to have sexual contact prior to age 16</td>
<td>Stratified sample of two Los Angeles mental health catchment areas (1647 females, 1480 males) – 68%</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Briere &amp; Runtz 1988</td>
<td>Canada</td>
<td>Sexual contact prior to age 15</td>
<td>College students (278 females)</td>
<td>15</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Mullen et al. 1988</td>
<td>NZ</td>
<td>Genital contact prior to age 13</td>
<td>Random sample of five parliamentary constituencies (314 females) – 90%</td>
<td>10</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Goldman &amp; Goldman 1988</td>
<td>Aust</td>
<td>Sexual events prior to age 16</td>
<td>Social science students from 10 tertiary institutions in Victoria (603 females, 388 males) – about 90%</td>
<td>28</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Fleming 1997</td>
<td>Aust</td>
<td>Unwanted sexual experiences with an adult prior to age 16 that involved some genital contact</td>
<td>Random sample of Australian females selected from the electoral roll (710 females) – 66%</td>
<td>20</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Goldman &amp; Padayachi 1997</td>
<td>Aust</td>
<td>Unwanted sexual acts prior to age 17</td>
<td>Social science students at the University of Queensland (287 females, 140 males)</td>
<td>45</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

Chapter 3  The Prevalence of Family Violence and Child Abuse

An important consideration in studies of prevalence is the recognised under-reporting.

‘International studies reveal a similar pattern to Australia ... that is the rate of child sexual abuse is much higher than is generally detected or recorded in official statistics.’ (Queensland Crime Commission & Queensland Police Service 2000: 23)

1.2 Child abuse of Aboriginal children

Statistics reveal that Aboriginal (and Torres Strait Islander) children are significantly over-represented in the protection and care system of all states and territories (AIHW 2002). This trend has been evident each year since the first collation in 1990.

However, it must be noted that the AIHW statistics only deal with cases of child abuse reported to authorities, and are an underestimate of the incidence of child abuse across the nation.

Robertson identifies a flaw in the current statistics regarding child abuse or child sexual abuse, due to the (perceived) lack of response when cases are reported. Many Aboriginal women believe that ‘it is no use reporting because they don’t believe you anyway’ (Robertson 2000: 100).

In evidence to the Inquiry, the Western Australian Police Service (WAPS) suggest that there is reluctance within the Aboriginal community to report suspected child abuse. (WAPS Initial Submission 8 March 2002)

It has been suggested that incidents of sexual and physical abuse of Aboriginal children are often not being reported to authorities ‘... due to lack of assistance from police or fear of reprisals, or shame’ (Robertson 2000: 101). There are several other factors which lead to the under-reporting of child abuse in Aboriginal communities, and this includes the fact that many communities are located in rural or remote areas of Australia where surveillance and contact with child health or welfare professionals is at a minimum. There has also been concern that government agencies have been reluctant to intervene in Aboriginal communities for fear of reprisals from the community and the media, and therefore ‘relied upon cultural politics to justify inability to intervene.’ (Robertson 2000: 91).

Further, the Queensland Women’s Taskforce found anecdotal evidence to suggest that sexual abuse of young males is increasing, and remains largely unreported, because of the hidden nature of male to male sexual attacks and the shame that is often expressed by victims. (Robertson 2000: xv)

Overall then, with regard to child sexual abuse, it has been found that ‘whether by coercion or rape, the incidence of sexual abuse of minors [is] indicated to be far more frequent than is commonly acknowledged’ (Robertson 2000: 182).
The 'Violence in Indigenous Communities' report also reviews studies that emphasise neglect, physical abuse and child neglect, paedophilia and rape of infants. The report indicates that sexual assault on very small children appeared to be increasing in a number of communities. 'Marginal malnutrition' was also raised as a significant problem in some communities. (Memmott et al. 2001)

1.2.1 Australian trends in the abuse of Aboriginal children
Since 1996-97, the rate of Indigenous and Torres Strait Islander children where abuse has been substantiated has increased in all states except Tasmania and the ACT. In all states, cases involving Aboriginal children are more likely to be substantiated than for cases involving other children. The total number of Aboriginal and Torres Strait Islander children subject to substantiations in Australia for the 2000-01 period was 3004. Aboriginal and Torres Strait Islander children comprise 2.7 per cent of children in Australia; yet constitute 20 per cent of those placed in out-of-home care (Cuneen & Libesman 2000). It has also been suggested that the rate of sexual abuse of young Aboriginal girls in the Juvenile Justice system is around 80 per cent. (Atkinson 1990)

1.2.2 Western Australian trends in the abuse of Aboriginal children
In WA during the period 2000-01, Aboriginal children were 7.6 times more likely to be the subject of substantiated child abuse cases than children from other cultural backgrounds. The total number of Aboriginal children on care and protection orders in WA is 355 (Aboriginal children in WA are seven times more likely than other children to be on care and protection orders). Aboriginal children were more likely to have been the subject of a substantiation for neglect than other children. (AIHW 2002)

At the time of the AIHW report, there were 456 Aboriginal children in out of home care, with 79 per cent being placed with an Indigenous family or relative and 21 per cent (97 children) being placed with neither an Indigenous family or a relative (a key facet of the Aboriginal Child Placement Principle).

1.2.3 Western Australian sexual abuse of Aboriginal children
In evidence to the Inquiry WAPS opinion was offered that only 10 to 15 per cent of sexual assaults are the subject of complaints. The evidence was that even fewer Aboriginal people who were subject to sexual assault were likely to make a complaint.

Evidence from a number of witnesses indicated that sexual abuse of young Aboriginal women is taking place throughout Western Australia on a very regular basis and is very rarely reported. (Hope 2001: 29)

Ferrante and Fernandez from the Crime Research Centre conducted an overview of statistics from the Western Australian Criminal Justice System for the state's Department of Health (DOH). The report, 'Sex offences against children' (Ferrante & Fernandez: 2002), was produced in April 2002.
Chapter 3  The Prevalence of Family Violence and Child Abuse

WA conducts crime and safety surveys. The latest survey—published in 2001—estimates the annual prevalence rate of sexual abuse was six per 1000 adult females, and that only a little over 30 per cent of those were reported to WAPS. However this refers to respondents 18 years or over (Australian Bureau of Statistics 2001, cited in Ferrante & Fernandez 2002). It is likely the rate of reporting of child sexual abuse is much less, given a range of factors including:

- Difficulties with language, for example the child may be quite young
- Fear of the consequences of ‘telling’, which may include threats made by the offender
- Embarrassment and shame and a sense that they are ‘responsible’
- Failure to understand that the behaviour is in fact abusive and unacceptable

In a recent Queensland study, 55 per cent of the 400 women surveyed had an unwanted sexual experience before they were 16 years old and only 33 per cent had told anyone prior to telling the researcher. Only 3.5 per cent of the victims had complained to police. (French & Dunne 1988, cited in Ferrante & Fernandez 2002)

Chart 3.7: Child sex offences recorded by police by year, victim sex and Indigenous status, 1996–2000

Source: Data sourced from Ferrante & Fernandez (2002: 5)

Data in chart 3.7 indicate clearly the higher rate of victimization of Aboriginal females in particular.

The rate of offending against Aboriginal girls is much higher than for either non-Aboriginal girls or Aboriginal or non-Aboriginal boys.

Aboriginal girls aged between 10 and 17 years are the most likely group to be victimised compared to younger children or non-Aboriginal girls in the same age group. However, Aboriginal girls aged from zero to nine are much more likely to be victims than non-Aboriginal girls in the same age group.
Chart 3.8: Child sex offences against girls, by victim age and Indigenous status, 1996–2000

Source: Data sourced from Ferrante & Fernandez (2002: 6)

Chart 3.9: Child sex offences against boys, by victim age and Indigenous status, 1996–2000

Source: Data sourced from Ferrante & Fernandez (2002: 6)

Data from chart 3.9 indicate there is greater variability over the years in victimisation of Aboriginal and non-Aboriginal boys.

Chart 3.10: Rates of reported sex offences by Indigenous status of victim and ABS Statistical Division, 2000

Source: Ferrante & Fernandez (2002: 8)
Chapter 3  The Prevalence of Family Violence and Child Abuse

Data in Chart 3.10 indicate some areas have much higher rates of reported child sexual abuse. In particular, the ‘Central’ statistical division has a very high rate—more than twice that of the Perth district.

The higher incidence of abuse of Aboriginal children in some areas (for example ‘Central’ and ‘Midlands’) coincides with the higher Aboriginal populations.

Chart 3.11: Relationship between the victim and the offender of reported child sex offences by Indigenous status of victim, 1996–2000

Source: Ferrante & Fernandez (2002: 10)

Chart 3.11 indicates that for Aboriginal children, a relative other than the parent is the most common offender, whereas for non-Aboriginal children it is someone known to the child but not a parent or relative. For Aboriginal children, parents are less likely to be offenders than the parents of non-Aboriginal children.

The difficulties with data collection are made clear in the Ferrante and Fernandez report.

The lack of integration between computer systems in the Western Australian criminal justice system also hampered our attempt to track offenders and map the progression of child sex offences through the system. Without such integration, it was not possible to report on the speed with which such cases flow through the system, nor the extent of attrition of such cases along the way. Therefore, we could not provide a satisfactory answer to the question of just how many (reported) child sex offenders end up in prison for their crimes. (Ferrante & Fernandez 2002: 32)

Concerns are often expressed about the outcomes of charges laid for child sexual abuse and the difficulties in obtaining convictions. During the period 1996–2000, for child sex charges laid against Aboriginal people there was a 72.3 per cent conviction rate; for charges laid against non-Aboriginal people there was a 66.7 per cent conviction rate; and for charges laid against offenders of unknown Indigenous status there was a 64.5 per cent conviction rate. Overall, for matters that come before the courts, there is little more than a two-third’s chance of obtaining a guilty verdict. When this is seen in conjunction with the reporting of child sexual assault—which is estimated to be 30 per cent for adult victims and is likely to be less than 30 per cent for child victims—and the fact that many complaints to police do not end up in court, then it becomes clear that the justice system is not able to play a major role in responding to Aboriginal child sexual abuse.
Diagram 3.1: Progression of child sex offences and offenders through the state's criminal justice system

Source: Ferrante & Fernandez (2002: 29)

What became apparent during the course of preparing this report was the scarcity of information about the ‘true’ level of child sexual victimization in the community, not only in terms of the prevalence of child sexual victimization, but also in the incidence of victimization. Inevitably, this places much greater reliance on alternative data sources, in this case on data derived from official administrative sources such as police recorded crime data and related criminal justice records. However, as we found, these data collections are also limited. If our knowledge and policies are to be based on what is known about child sexual offences (that is, based on reported offences and reported offenders) then some of the information gaps and technological deficiencies identified throughout this report need be improved. (Ferrante & Fernandez 2002: 32)
The Ferrante and Fernandez research also indicates that national surveys do not—and do not intend to—ask questions about the sexual assault of children.

1. The Inquiry recommends that data on child sexual abuse be collected by government agencies using a methodology that allows for aggregation and illustrates pathways through the justice and child protection systems.

2. The Inquiry recommends that the state petition the Commonwealth Government to include older children (13–17 years) in the surveys of sexual assault to obtain prevalence data.

1.3 Conclusion

Child abuse and child sexual abuse are under-reported. The reported statistics on Aboriginal children indicate that they are much more likely to suffer abuse than non-Aboriginal children. In particular, the rate of child sexual abuse of Aboriginal children is significantly greater than non-Aboriginal children. The rates of abuse of Aboriginal children must be viewed with alarm.

2. FAMILY VIOLENCE

2.1 Prevalence of family and domestic violence

Partnerships Against Domestic Violence’s ‘Fact Sheet’ indicates that ‘Domestic violence is widespread and complex’ (Partnerships Against Domestic Violence n.d: 1). A 1996 survey by the Australian Bureau of Statistics found that 23 per cent of women who had ever been married or in a de facto relationship experienced violence in that relationship. (Partnerships Against Domestic Violence n.d.). Almost half (42 per cent) of those women who had been pregnant during the relationship had experienced violence during the pregnancy. It is important to note that of those women who experienced violence from their partner in the last 20 years, 80 per cent had not sought help from services at all. Only five per cent experiencing violence from a current partner reported the last incident to police. (Partnerships Against Domestic Violence n.d.)

The Western Australian Domestic Violence Taskforce (1986), the Taking Action Statement (1992) and the Family and Domestic Violence Taskforce (1995) (cited in The Family and Domestic Violence Taskforce 1995) all indicate that ‘In Western Australia, thousands of people, mainly women, live in fear of the next violent outburst by their husband or partner!’ (Family and Domestic Violence Taskforce 1995: 9)

In the United States, self-report surveys have indicated annual rates of domestic violence from 12 per 1000 (relating to rape) to 116 per 1000 (for any acts of violence). (National Research Council 1998)

2.2 Aboriginal family violence

Accurate statistics about the incidence of family violence in Aboriginal communities are scarce (Bolger 1991). Although statistics available are imperfect,
Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities

... they are sufficient to demonstrate (that) the disproportionate occurrence of ... violence in Indigenous communities and among Indigenous people is disproportionately high in comparison to the rates of the same types of violence in the Australian population as a whole. (Memmott, et al 2001: 6)

O’Donoghue illustrates the extent of the problem of family violence, noting that many Indigenous children are growing up in communities where violence has become 'a normal and ordinary part of life'. (O’Donoghue 2001: 15)

Ferrante and colleagues (1996) suggest that Aboriginal women living in rural and remote areas are one and a half times more likely to be a victim of domestic violence than those living in metropolitan areas, and 45 times more likely to be a victim of domestic violence than the non-Aboriginal population.

While there are few figures available from WA, data from the NT indicates that there are around 6000 incidents of assault on Aboriginal women in that territory per year, approximately one-third of the NT's Aboriginal female population. Weapons are reported to be used in around 50-60 per cent of Aboriginal attacks between spouses. (Memmott et al. 2001)

There would appear to be a clear need for more extensive and consistent assessment of the nature and extent of violence in Aboriginal communities. Memmott and colleagues refer to researchers who suggest that there is too much focus on ‘studying the incidence of domestic violence’ and that they should ‘concentrate on qualitative methods of inquiry’. (Memmott et al. 2001: 9)

A review of literature on Aboriginal violence in the ‘Violence in Indigenous Communities’ report (Memmott et al. 2001) showed

... that the incidence of violence in Indigenous communities and among Indigenous people is disproportionately high in comparison to the rates of the same types of violence in the Australian population as a whole (and) it is apparent that rates of violence are increasing, and the types of violence are worsening in some Indigenous communities and regions. (Memmott et al. 2001: 6)

The Violence in Indigenous Communities report supports that violence is under-reported, particularly rape and assault of women. It is also suggested that certain types of violence, such as group rape, have been occurring only recently—that is in the last five to 10 years in many communities. Hazelhurst indicates that the Aboriginal homicide rate in Aboriginal communities is 10 times that of the national average. (Hazelhurst 1994, cited in Memmott et al. 2001)
Duff states that Aboriginal women died from domestic violence at a rate 10 times that of non-Aboriginal women (Duff 1994, cited in Memmott et al. 2001). Martin found that homicide was more a risk for Aboriginal people who lived in remote communities. (Martin 1992, cited in Memmott et al. 2001)

Some deaths that might be best described as unlawful killings may also be under-reported. The ‘Violence in Indigenous Communities’ report states:

‘Another issue pertaining to Indigenous homicide is that the official statistics often exclude certain types of homicide, in particular the deaths of women following long-term spouse violence. In many of these cases the immediate cause of death may be attributed to other factors, for example renal or liver failure, but this obscures a history of long-term violent abuse culminating in death from multiple causes. Bolger (1991: p69) details one such case of a woman who was assaulted and violently abused, often in conjunction with alcohol use, over a period of at least five years, during which she was hospitalised seven times, the last being when she died. Her cause of death included renal failure and hepatitis but no physical or other violence was listed. Other reports highlighting similar case studies of prolonged violent spousal abuse causing death include Atkinson (1990a, 1990b), Brady (1990) Bolger (1991: 25-37, 69). (Memmott et al. 2001: 39)

‘Aboriginal men, women and children are hurting. In some communities, both urban and remote, the nature, severity and extent of violence is such that it is beyond the understanding of those it affects the most. Women cannot see any options but to accept the violence, for it is their own kin involved. The future looks bleak for many of these women, and in talking to them it is clear they feel a sense of real powerlessness and helplessness and shame.’ (Atkinson 1990b: 13-14; cited in Memmott et al. 2001: 52)

Jackie Huggins indicates that Aboriginal women and children are 45 times more likely than other Australians to be the victims of domestic violence and are over eight times more likely to be the victims of homicide. (Huggins 2002)

2.3 Conclusion

The true prevalence of Aboriginal family violence is unknown. What is known is that the violence is endemic and presents an extremely troubling picture of the situation in many Aboriginal communities.
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AIHW see Australian Institute of Health and Welfare.


Ferrante, A, Fernandez, J (2002), Sex offences against children: An overview of statistics from the Western Australian criminal justice system, Crime Research Centre, University of Western Australia.


National Research Council (1998) Violence in Families, Assessing Prevention and Treatment Programs, Chalk, R & King, P (Eds), Washington D.C.
Chapter 3  The Prevalence of Family Violence and Child Abuse


Robertson, B (2000) The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report, Department of Aboriginal and Torres Strait Islander Policy and Development, Queensland.

SECTION 2

Chapter 2
Understanding family violence and child abuse

Chapter 3
The prevalence of family violence and child abuse

Chapter 4
The causes of family violence and child abuse
The causes of family violence and child abuse

This chapter examines factors that have been linked to family violence and child abuse, particularly Aboriginal family violence and child abuse.

The Terms of Reference required the Inquiry to examine the causes of Aboriginal family violence.
1. CHILD ABUSE

The impulse to seek causes is innate in the soul of man. And the human intellect, with no inkling of the immense variety and complexity of circumstances conditioning a phenomenon ... snatches at the first and most easily understood approximation and says here is the cause. (Tolstoy, cited in Gallagher 2001: 75)

1.1 The causes of child abuse

Since Kempe documented and published the ‘battered child syndrome’ (Kempe et al. 1962), a large body of research has been produced on the causes of child maltreatment. Initially, most of the approaches focused on identification of single factors (Browne 1988). These factors include mental illness or pathology in the abuse; sociological factors including social isolation, overcrowding and poor housing and unemployment; and characteristics of the child that might provoke abuse. (Browne 1988, National Research Council 1993)

However, in the 1970s it was recognised that no single factor could account for child maltreatment. Researchers then began to investigate the interactions of parent, child and environmental factors. The increased recognition of the role of ecological or situational factors gradually led to the development of ‘interactive models, which emphasise the importance of the sociocultural context of child maltreatment’. (National Research Council 1993: 107)

The ecological model is now the most commonly accepted model of child abuse based on the ecological understanding of child development, developed by Brofenbrenner (1979) and Garbarino (1985), (Belsky 1980, 1993) (Garbarino & Collins 1999); cited in Sidebotham (2001):

The basis of an ecological model is that child maltreatment is multiply determined by forces at work in the individual, in the family and in the community and culture, and that these determinants are nested within one another. (Sidebotham 2001: 103)

Figure 4.1: An ecological model of child abuse

### Table 4.1: Factors in an ecological framework

<table>
<thead>
<tr>
<th>Ontogenic development</th>
<th>Microsystem</th>
<th>Exosystem</th>
<th>Macrosystem</th>
</tr>
</thead>
<tbody>
<tr>
<td>The background and development of the parents/carers</td>
<td>The child’s immediate family and household context</td>
<td>The larger social systems within which the family is embedded</td>
<td>Overriding cultural beliefs and values</td>
</tr>
<tr>
<td>Parental age</td>
<td>Ethnicity</td>
<td>Social class</td>
<td>Nature and role of the family</td>
</tr>
<tr>
<td>Education</td>
<td>Child’s health, behaviour, temperament</td>
<td>Housing and amenities</td>
<td>Attitudes to and perceptions of children</td>
</tr>
<tr>
<td>Social background</td>
<td>Disability</td>
<td>Income</td>
<td>Responsibilities in parenting</td>
</tr>
<tr>
<td>History of child abuse</td>
<td>Marital relationship</td>
<td>Social network</td>
<td>Violence</td>
</tr>
<tr>
<td>Other childhood experiences</td>
<td>Domestic violence</td>
<td>Social support</td>
<td></td>
</tr>
<tr>
<td>Personality</td>
<td>Siblings</td>
<td>School and pre-school opportunities</td>
<td></td>
</tr>
<tr>
<td>Psychiatric history</td>
<td>Parenting attitudes and practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Substance abuse

* This list is not intended to be exhaustive, but merely to give examples and show how different factors may fit within an ecological model. It is important to note that some factors may operate in more than one level.

**Source:** Sidebotham (2001: 104).

### Influences on and causes of family violence and child abuse

![Diagram showing the relationship between various factors and outcomes such as violence, depression, and suicide.](image)

- Alcohol and drugs
- Depression
- Violence and crimes
- Suicidal behaviour
- Increasing psychological difficulties
- Trauma, acute stress and significant loss
- Low self-esteem
- School and learning difficulties
- Poor problem solving skills
- Negative thinking patterns
- Adverse parenting and exposure to violence
- Self-regulation of emotion, attention and social interaction
- Genetic factors
- Early neurological (brain) development
- Low SES, maternal infections, drug use and exposure to neurotoxins
- Diet and nutrition

**Source:** Aboriginal Suicide Prevention Steering Committee (2001)

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* **Ecological model**: A paradigm which sees abuse as being multiply determined by forces at work in the individual, in the family and in the community and culture, these determinants being nested within one another.

* **Ontogenic background**: The background and development of the parents/carers.

* **Microsystem**: The child’s immediate family and household context. This involves not just the physical and material characteristics of the immediate setting, but also the interactions between different family members.

* **Exosystem**: The larger social systems within which the family is embedded. These settings do not immediately involve the developing child as an active participant, but nevertheless have an impact on that child.

* ** Macrosystem**: The overriding cultural beliefs and values in a society or section of society.
Chapter 4  The Causes of Family Violence and Child Abuse

Social interactionist models such as the ecological model emphasise the importance of viewing child abuse and neglect within the context of the child, family, their local community and society. From this perspective, maltreatment may result from complex constellations of factors whose influence may increase or decrease over different developmental and historical periods. (Holden et al. 1992; cited in National Research Council 1993)

2. FAMILY VIOLENCE

A rigorous understanding of causality in mainstream domestic violence has been hampered by a focus on philosophical positions that are not always supported by research.

[A] continuing problem facing the development of adequate policy has been the tendency for limited or even unexplained sources about domestic violence to assume unwarranted degrees of certainty. (Crime Research Centre 1995, cited in Family and Domestic Violence Taskforce, 1995: 8)

The National Committee on Violence review of the literature suggests the following factors are causally related to violent behaviour generally:

- Child development and the influence of family, with negative factors including observing violence, suffering rejection, the use of physical punishment and threats by parents, and the experience of abuse or neglect
- Cultural factors, including normalising violence and seeing it as a way to get an outcome
- Poverty and inequality of income
- Cultural disintegration – feelings of alienation or marginalisation
- A poor physical environment
- Gender inequality
- Personality factors, including impulsiveness and a lack of empathy
- Substance abuse
- Early experiences which appear to change the biology of the person
- Some forms of mental illness, such as paranoid schizophrenia
- Violence in the media
- Associating with violent individuals. (National Committee on Violence 1990)
The following table was provided by the Telethon Institute for Child Health Research (TICHR).

Table 2: Risk factors potentially influencing the development of sexual aggression and violence

<table>
<thead>
<tr>
<th>Individual Factors</th>
<th>Family/social Factors</th>
<th>School Context</th>
<th>Life Events and Situations</th>
<th>Community and Cultural Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Prenatal brain damage</td>
<td>- having a teenage mother</td>
<td>- bullying</td>
<td>- physical, sexual and emotional abuse</td>
<td>- socio-economic disadvantage</td>
</tr>
<tr>
<td>- prematurity</td>
<td>- having a single parent</td>
<td>- peer rejection</td>
<td>- school transitions discrimination</td>
<td>- social or cultural</td>
</tr>
<tr>
<td>- birth injury</td>
<td>- absence of father in childhood</td>
<td>- poor attachment to school</td>
<td>- divorce and family breakup</td>
<td>- isolation</td>
</tr>
<tr>
<td>- low birth weight, birth complications</td>
<td>- large family size</td>
<td>- inadequate behaviour management</td>
<td>- death of family member</td>
<td>- neighbourhood violence and crime</td>
</tr>
<tr>
<td>- physical and intellectual disability conditions</td>
<td>- antisocial role models (in childhood)</td>
<td>- deviant peer group</td>
<td>- physical illness/impairment</td>
<td>- population density &amp; housing</td>
</tr>
<tr>
<td>- poor health in infancy</td>
<td>- family violence and disharmony</td>
<td>- school failure</td>
<td>- unemployment, homelessness</td>
<td>- lack of support services including transport, shopping, recreational facilities</td>
</tr>
<tr>
<td>- insecure attachment in infant/child</td>
<td>- marital discord in parents</td>
<td></td>
<td>- incarceration</td>
<td></td>
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<tr>
<td>- low intelligence</td>
<td>- poor supervision and monitoring of child</td>
<td></td>
<td>poverty/economic insecurity</td>
<td></td>
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<tr>
<td>- difficult temperament</td>
<td>- low parental involvement in child’s activities</td>
<td></td>
<td>- job insecurity</td>
<td></td>
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<tr>
<td>- chronic illness</td>
<td>- neglect in childhood</td>
<td></td>
<td>- unsatisfactory workplace relationships</td>
<td></td>
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<tr>
<td>- poor social skills</td>
<td>- long-term parental unemployment</td>
<td></td>
<td>- workplace accident/injury</td>
<td></td>
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<tr>
<td>- low self-esteem</td>
<td>- criminality in parent</td>
<td></td>
<td>- caring for someone with an illness/disability</td>
<td></td>
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<tr>
<td>- alienation</td>
<td>- parental substance misuse</td>
<td></td>
<td>- living in nursing home or aged care hostel</td>
<td></td>
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<tr>
<td>- hyperactivity in child</td>
<td>- parental mental disorder</td>
<td></td>
<td>- war or natural disasters</td>
<td></td>
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<tr>
<td>- impulsivity</td>
<td>- harsh or inconsistent discipline style</td>
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<td></td>
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<td></td>
<td>- social isolation</td>
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<tr>
<td></td>
<td>- experiencing rejection</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- lack of warmth and affection</td>
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</tbody>
</table>

3. THE CAUSES OF FAMILY VIOLENCE AND CHILD ABUSE IN ABORIGINAL COMMUNITIES

While there exist a number of different theories on the causes of family violence and child abuse in Indigenous communities, the commonly held position is that violence is caused by a multitude of factors. *The overwhelming evidence supports the position that the various forms of Indigenous violence have multiple originating causes* (Memmott et al. 2001: 11). This view is supported by the majority of commentators from the 1980s onwards.

The National Aboriginal Health Strategy Working Party reports that domestic (or family) violence, which they say is frequently associated with alcohol consumption, cannot be attributed to any one cause. *Domestic violence has its roots in institutionalisation, incarceration, loss of role, loss of parental and role models, low self esteem, and alienation*. (National Aboriginal Health Strategy Working Party 1989: 8.17.2)

Atkinson—an Indigenous commentator—lists some of the contributing factors to family violence in Indigenous communities as being: poverty; unemployment; substandard or inadequate housing; limited access to societal resources and services; loss of identity and self esteem; abusive styles of conflict resolution; sexual jealousy; imbalance and inequity within male and female roles, responsibilities, status and contribution to family life; neglect of family responsibilities; lack of respect within families; emotionally damaged family members; neglect or abuse of children; suicide; and alcohol abuse. (Atkinson 1996)

Mow sees violence in Aboriginal communities resulting from oppression and dispossession, the enforcement of protection and assimilationist policies (up until the 1970s) which fragmented many Aboriginal families, as well as poverty and alcohol. Mow also notes that cultural factors relating to ‘shame’ interfere with the recognition of the problem itself, and help seeking behaviour. (Mow 1992)

Blagg undertook a meta-analysis of the literature on violence in Indigenous communities and listed the following multi-causal factors for high rates of violence:

- marginalisation and dispossession;
- loss of land and traditional culture;
- breakdown of community kinship systems and Aboriginal law;
- entrenched poverty;
- racism;
- alcohol and drug abuse;
- the effects of institutionalisation and removal policies; and
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- the ‘redundancy’ of the traditional Aboriginal male role and status, compensated for by an aggressive assertion of male rights over women [and] children. (Blagg 1999, cited in Blagg 2000: 5-6)

Memmott and colleagues suggest that the causes of violence are best considered in three contributing categories. These are:

- precipitating causes (one or more events triggering a violent episode)
- situational factors (such as combinations of alcohol abuse, unemployment, and welfare dependency)
- underlying factors (historical circumstances). (Memmott et al. 2001)

It should be noted that various causal factors may be given different emphasis by different authors and commentators. Similar factors may also be described in a number of varying ways, and the factors are not discrete but are inter-related, often with multi-directional causes and effects.

3.1 Underlying factors of family violence and child abuse

3.1.1 Trauma and violence in the last two centuries

A number of prominent Aboriginal spokespersons believe that current dysfunctional behaviour that occurs within Aboriginal communities is grounded in unresolved grief associated with multiple layers of trauma, which has spanned many generations. The dysfunctional behaviour includes violence and child sexual abuse. (Atkinson 1994, Pearson 2000 & Robertson 2000, cited in TICHR Submission 8 July 2002)

'The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report' states that many Aboriginal people are suffering from post-traumatic stress disorder. (Robertson 2000) To survive over the years, many Aboriginal people have had to suppress and/or deny their feelings of distress and despair. This pain has become internalised within the family, expressing itself in destructive behaviours such as family violence, alcohol and drug abuse and suicide (Atkinson 1994). This enacting of trauma is a form of ‘coping mechanism.’ (Robertson 2000: 31).

Pearson draws attention to the fact that this trauma is not just seen as an issue for individuals and families—it is seen in the context of communities, as 'the community is traumatised' (Pearson 2000: 33). These traumas almost exclusively relate to the impact on Aboriginal communities of dominant white communities throughout the history of white settlement of Australia. Pearson sums up the traumas as relating to 'the process of dispossession and the operation of racism throughout history.' (Pearson 2000: 33) 'The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report' states that this trauma relates to Aboriginal people suffering from 'genocide, enslavement, cultural violence and racism' (Robertson 2000: 25). The report states that many Indigenous people have suffered 'profound violations in their childhood' (Robertson 2000: 31). 'Indigenous people have endured decades of oppression and neglect. The massacres and inhumane treatment of their families remain fresh in their minds. Many members of contemporary
Indigenous Communities can still remember the policies that isolated them from the broader community, that exempted them from associating with family and kin, that forcibly removed them as children and subjected them to treatment that breached even the most basic human rights. (Robertson 2000: xiii)

Atkinson believes that the traumas relate to:
- a failure to adequately grieve for family deaths and injury from introduced diseases
- starvation because of economic (land) dispossession
- the experience of physical and sexual brutality
- covert structural violence including forced removal of people to reserves, institutions, stations and homes as 'domestics'. (Atkinson 1994)

3.1.1 (a) Physical and sexual assaults

There is some evidence that Aboriginal family violence is a learned behaviour 'It was learned by Aboriginal people from the initial aggression of white occupation, and has since been transferred through the fabric of Aboriginal society over several generations of exposure to male dominated colonial and paternalistic administrations. (Hazelhurst 1994: 21-22)

Hazelhurst asserts that 'children who learn self abusive and family abusive behaviours from their parents' generation will apply it quite early in their own lives' (Hazelhurst 1994: 25)

The recent Queensland Fitzgerald Report states that the 1901 amendments to the Aboriginal Protection and Restriction of Opium Act 1897 (Qld) addressed continuing sexual abuse of girls and women, including the practice of taking women from place to place like chattels and tying them up to prevent escape. The amendment required that permits be obtained for employment of all females and decreed that sexual assault was now an offence 'if medical proof showed the girl to be pre-puberty' (Fitzgerald 2001: 11). Thus, by implication, permitting the sexual abuse of girls who had reached puberty.

3.1.2 The stolen generations

Particular mention needs to be made of the large-scale removal of Aboriginal children from their families as a major contributor to the experience of trauma. The release of the 'Bringing Them Home' report in 1997 and, more recently, the work of Read have focused attention on the multiple layers of trauma experienced by the 'stolen generations' and how it impacted on the parenting skills of those stolen children as adults. (Read 1999, Human Rights and Equal Opportunity Commission [HREOC] 1997)

Read notes that whilst there exist some positive stories of the stolen children becoming leaders and role models for their Aboriginal communities, the majority of the stories reveal stolen children growing into traumatised adults. These are adults who have died prematurely, who have beaten their spouses or children, who may have abandoned their...
own children and who have been unable to maintain constructive lives (Read 1999). Expert testimony to the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families argues that the

... early loss of a mother or prolonged separation from her before the age of 11 is conducive to subsequent depression, choice of an inappropriate partner, and difficulties in parenting the next generation. Antisocial activity, violence, depression and suicide have also been suggested as likely results of the severe disruption to affectional bonds. (HREOC 1997: 181)

The removal of children is thus presented as a direct contributing factor for the increased levels of violence within Indigenous families. (Read 1999)

Research undertaken by Vinson and colleagues is relevant. They have shown that communities facing similar issues and with similar levels of social problems (communities were matched on a number of different variables, such as size, social disadvantage) may produce differences in the prevalence of child abuse. The variation appears to be due to differences in the quality of the occupants' social relationships or 'connectedness'. The researchers found that those communities identified as having less social connectedness (fewer and weaker social relationships with others) as having higher levels of child abuse (Vinson et al. 1996, cited in Tomison & Wise 1999). Thus, the break-up of families and loss of extended family and support networks (kinship groups) as has occurred to many Aboriginal families, would appear to directly contribute to child abuse in the present communities.

3.1.3 Issues of governance in Aboriginal communities

The multiple and interwoven factors which are linked to family violence and child abuse required the Inquiry to explore a range of factors that might not immediately come to mind in exploring family violence and child abuse in Aboriginal communities.

Jackie Huggins in a paper entitled ‘Family Violence in Indigenous Communities – A case of the systemic Failure of Good Governance’ outlines the links between the social problems of violence and poor governance.

‘We are currently trying to deal with family violence and child abuse against a background of historically poor governance at the local level; complex inter-governmental arrangements that have ensured this issue remains handled by a body (Ministerial Council on Aboriginal and Torres Strait Islanders [MCATSIA]) that has a low pecking order compared to other Ministerial Councils; and in the context of clear evidence that the problems are getting worse, not better. (Huggins 2002:4)

Jonas stresses the importance of good governance and the development of community capacity in Aboriginal communities. (Jonas 2002). The need for Aboriginal communities to engage with the wider country as well as focussing on capacity building within communities is stressed:

To be truly effective, capacity building needs to be seen as a particular form of cross-cultural education, in which Aboriginal people’s enhanced capacity to achieve self-
determination through their own institutions provides an important bridgehead to engagement with the institutions of the wider society.’ (Martin 2002: 6)

This theme of difficulties of engagement between Aboriginal communities and mainstream institutions will be discussed more fully as the Inquiry examines the services provided by government agencies.

Research from the United States provides some answers to the issues of governance and development. In particular, Harvard research found the following were important factors.

a. Self-rule
   Outsiders need to move to resource roles and allow Indigenous people to become primary decision makers.

b. Governance
   There needs to be stability in the rules on which governance is based. These rules cannot change with the whims of government or changes in senior bureaucrats. There has to be fair and effective ways of solving disputes, and appropriate decision making structures.

c. Cultural match
   There must be a 'match' between the governing institutions and the communities’ concepts of how power and authority should be used.

d. Strategic thinking
   Communities need to take a long-term view rather than 'quick fix' solutions.

e. Leadership
   Leaders who see a future, communicate that vision and put the communities needs before their own can make a real difference. (Cornell 2002)

The Importance of Indigenous Governance and its Relationship to Social and Economic Development defines governance as ‘the art of steering societies and organisations’ and states that good governance leads to enhanced social, cultural and economic conditions. It describes the four attributes of good governance as:

- Legitimacy – the way structures of governance are created, leaders chosen, and the extent of constituents’ confidence and support
- Power – the acknowledged legal capacity and authority to make and exercise laws, resolve disputes, and carry on public administration
- Resources – the economic, cultural, social and natural resources, and information technology needed for its establishment and implementation
- Accountability – the extent to which those in power must justify, substantiate and make known their action and decisions (The Importance of Indigenous Governance and its Relationship to Social and Economic Development n.d: 2)

The report ‘Revisiting the Old in Revitalising the new: Capacity Building in Western Australia’s Aboriginal Communities’ stresses the importance of building the capacity of communities. The economic and social disadvantage in many communities has resulted in
difficulties in self-management. Yet this report, along with other research, sees self-management as critical to addressing the range of disadvantage in Aboriginal communities.

‘The low capacity leads to a lack of social cohesion, an inability to preserve infrastructure quality and to fully utilise government services. In an environment where funds are limited, the lack of managerial competence may result in reduced success in attaining funding. This will result in further deterioration of the community. Building increased community capacity is the most promising means to break this cycle and improve community conditions. (North Australian Research Unit 2000: 4)

3.2 Social disadvantage

Tomison and Wise draw attention to the fact that considerable research has shown the association between stressful, negative community conditions, and maladaptive coping behaviour and social dysfunction. Some communities have been labelled ‘toxic environments’, because they are ‘plagued by various social ills’ such as high unemployment, high crime rates, poor transport facilities and poor access to professional services. (Tomison & Wise 1999)

Using data obtained as part of the 1996 Census, Edwards and Madden have recently published a report on the health and welfare of Aboriginal people. The authors reveal that Aboriginal people are disadvantaged across a range of socioeconomic factors. These included ‘lower incomes than the non-Indigenous population, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership’ (Edwards & Madden 2001: 2). Aboriginal people are more likely to be in improvised dwellings (sheds, humpies, tents and park benches), be in overcrowded living conditions and live in houses in high need of repair, than non-Aboriginal people (Edwards & Madden 2001). The report states that inadequate and poorly maintained infrastructure, particularly water and sewerage systems, ‘are major issues’ and ‘potentially major causes of ill health’ for Indigenous communities, particularly those in remote and rural areas of Australia. (Edwards & Madden 2001: 24, 29)

Robertson reports that there is an association between violence in Aboriginal communities and high unemployment, poor health, low educational attainment and poverty, however, a more detailed understanding of this association is needed. (Robertson 2000) It would appear that there might often be intervening variables. For example, the presence of domestic violence may cause children to roam the streets and makes them more vulnerable to sexual abuse, especially in areas with high alcohol consumption. Further, female

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Memmott describes this pattern in communities as ‘dysfunctional community syndrome. (Memmott et al. 2001). It would appear from the descriptions available of many Indigenous communities, that they suffer from a ‘toxic environment’, which together with geographical and social isolation, is associated with the break-up of families (Garbarino & Abramowitz 1992). ‘One issue is that public housing is not well maintained and there is inadequate security so many children have been molested in the night from outside intruders.’ (Worker in remote town)

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A Western Australian Aboriginal Child Health Survey has been undertaken by the Institute for Child Health Research in WA. However, these findings will not be available until early 2003 (Howell, personal communication).
heads of households often care for large numbers of children (which may in itself be due to family violence) and are forced to live in derelict houses that cannot be adequately locked to prevent external intruders entering the house and assaulting residents (children or adults).

The high levels of poverty, unemployment, homelessness and ill health found in Aboriginal communities, of themselves, make Aboriginal and Torres Strait Islander families more susceptible to becoming involved with both child protection and juvenile justice services. (Cuneen & Libesman 2000)

3.2.2 Aboriginal mental health

McLennon and Madden report that there is 'very little information ... available about the mental health of Indigenous people'. (McLennon & Madden 1999: 103)

They report that in Western Australia the rate of deaths from mental disorders is four times that which would be expected, given the population. There is also over representation of Aboriginal people in statistics on self-inflicted injury and suicide. (McLennon & Madden 1999)

A review of mental illness and other psychological problems of Aboriginal people states throughout all these studies, and identified in the reports of Aboriginal people themselves, separations (especially through the taking away of children and its ongoing effects), trauma, grief, loss of culture, and ongoing effects of poverty, discrimination and racism are central. (Raphael & Swan 1997: 15, cited in McLennon & Madden 1999: 104)

3.2.3 Passive welfare

In the past three years, a number of people, most notably Noel Pearson, have focused attention on the issue of 'passive welfare' as a cause of many of the problems affecting Aboriginal communities. Pearson believes that passive welfare has undermined Aboriginal law, traditional values and relationships. He describes passive welfare as being the 'assistance to needy citizens who may never repay via their taxes what they have received, and of whom nothing further will be required or expected.' (Pearson 2000: 11)

He says

... passive welfare is an irrational, 'gammon' economic relationship, where transactions between the provider and the recipient are not based on reciprocity [a respected cultural value]. The principle in this relationship is 'money for nothing' or 'help for nothing'. Essentially it is charity. (Pearson 2000: 21)

Pearson explains that

... our dispossession is the ultimate cause of our passive welfare dependency. Upon our dispossession the traditional economy of our ancestors was ruptured and we were engulfed by the new economic order, in which our official and actual place until 1967 was in the underclass: quasi-slaves, workers in fact but not in status. (Pearson 2000: 13)
He believes that welfare is a mentality that is ‘internalised and perpetuated by recipients who see themselves as victimised or incapable and in need of assistance without reciprocation’. (Pearson 2000: 21)

Welfare dependency is also viewed as a problem in ‘The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report’ which states that because of a breakdown of traditional social support and the lack of infrastructure and real employment, people, particularly in rural and remote communities have become almost totally reliant on welfare (Robertson 2000). Compounding the problem, health, family and welfare agencies are not able to meet the increasing demands for these services. (Robertson 2000)

3.2.4 Racism

The link between racism and family violence is mentioned in the literature, but the association is not usually clarified. It is likely that racism attacks self-esteem and personal well-being, thus leading to a break-down in social order and a community’s sense of worth and thus contributing to family violence. Pearson argues:

‘(M)ake no mistake, racism is a terrible burden. It attacks the spirit. It attacks self esteem and the soul in ways that those who are not subjected to it would have not an inkling of understanding about. Racism is a major handicap - it results in Aboriginal people not recognising opportunities when they arise, in not being able to seize opportunities when they arise, in not being able to hold on to opportunities when they have them . . . Australians concerned about the position of Aboriginal people in this country should not underestimate the decisive role that racism plays in the wellbeing of Aboriginal individuals and society. (Pearson 2000: 34)

3.2.5 Portrayal of images of violence and sexuality

There has been little research on the impact on children of viewing sexual material – both normal and pornographic, and the research is still indeterminate about the impact on children of viewing of violent material (Stanley 2001). Even less is known on the impact of viewing this material by young males living in isolated and depressed circumstances in remote Australia (Atkinson 1990a). However, first hand experience reported by some commentators suggests that the viewing of offensive material in Aboriginal communities is a factor contributing to sexual violence. This issue is likely to be more problematical with the increase in use of the Internet in outback Australia. Hazelhurst states that

over a 15-20 year period community workers have observed changing patterns of physical behaviour and sexual offending among Aboriginal men and boys which, they are convinced, have been induced by exposure to violent images in the media. This ‘new scourge’ in remote communities has been attributed by local people to the introduction of a diet of macho and violent television programs and, more recently, of violent and pornographic videos available through local distributors and inter-state mail order outlets. (Hazelhurst 1994: 26-27)
Unlimited supplies of 'blue' movies without appropriate education.

Women are being forced by their partners to provide the money, then, she is forced to purchase the drugs and the blue movie because of the shame factor. He does not want to be seen buying drugs and purchasing 'blue movies'. If she refuses to provide the money, purchase the drugs and the movie she is flogged. Children witness the conflict and the flogging. If Mum decides to take drugs with dad, the children often witness the sexual exploits of the parents. Or, the children are locked out of the house whilst Mum and dad carry on inside the house. According to Drug and Alcohol counsellors [sic] these practices are the norm, counsellors [sic] are witnessing these cases more and more frequently.

The influx of 'blue' movies into communities has not meant that there are measures that ensure underage children are not being exposed to the movies. In fact, the 'blue' movies are left around and all children are getting access to the movies. This in turn is introducing unprotected children to wrong relationship messages, wrong love messages and unhealthy sexual relationship messages. These practices are engaging and entrenching children in anti-community and family values and norms. The guardians for indigenous community and family values and norms are disappearing or have completely vanished. (Aboriginal worker)

Atkinson (1990) reports that Aboriginal women say violence and sexual abuse has increased since pornography entered communities. Sometimes offensive videos, brought in by white men as forms of entertainment, are the only understanding Aboriginal young men have of mainstream culture (Atkinson 1990). Hazelhurst further reports that women complain that they have been asked to participate in viewings of offensive material and to imitate sexual acts that are offensive and distressing to them. ‘Assaults on young children, infants, and animals by young males, sometimes roving in gangs, escalate after shipments of pornographic videos.’ (Hazelhurst 1994: 27)

Hazelhurst makes the comment (which also has some resonance to the trading of sly grog in many remote Aboriginal communities) that

... to unscrupulous interests, Aboriginal society is 'a sitting duck'... (in) one northern Queensland community I visited it was the non-Aboriginal owner of the community garage who ordered in this material from Canberra, and rehired these to Aboriginal men at a considerable profit. It was the Aboriginal women who were asked to perform the acts that were seen on these videos, or the young children who were assaulted by highly excited teenagers after a viewing. Without proper authority to set up their own controls these communities are a vulnerable and ready made market for the worst of what western society has to offer. (Hazelhurst 1994: 28).

Cripps (Stanley et al. 2002) says this latter comment is particularly pertinent to the capacity of Aboriginal people to implement such controls to stop pornography within their communities if they do not have sovereignty and the power to determine, implement and control local public policy. Even if it were possible for the Aboriginal community to ban their members from owning or renting such material with the threat of some type of punishment, they are likely to have greater difficulty in enforcing this within the non-Aboriginal population in their area who are responsible for pushing such material.

Cripps also comments that the portrayal of Aboriginal family violence in the media also serves to silence the community as it stereotypes violence in Aboriginal communities as being 'normal' and/or part of the 'culture' (Stanley et al. 2002). Many Aboriginal people will choose not to report on the grounds that they are protecting their 'own' from the wider society. This is supported by a comment made by Daphne Naden reported in ABC News Online during the debates on family violence in June and July 2001. 'To suggest, as some people have, that Aboriginal people, particularly Aboriginal men, do not care about the protection of women and children is deeply hurtful and blatantly false.' (Naden 2001: ABC News Online).
3.2.6 Community silence and denial

Community silence and denial within the Aboriginal community would appear to impact on why many children get abused by the one perpetrator and why the abuse is allowed to continue. Melva Kennedy, an Aboriginal woman working in the education of the Aboriginal community on issues of child sexual assault and the effects of domestic violence on children, states that:

[A]s long as the veil of silence and denial remains over this area, the opportunities for children to suffer without help remain as well as services available to the rest of Australian society will not be adapted and made accessible for Aboriginal communities. (Kennedy 1991: 16)

... discussing family matters with an outsider, even one wishing to help, might be almost impossible because of shame. Also, approaching someone of the opposite sex on matters that are thought to be the business of one's own sex can be too shameful to contemplate ... Shame is compounded in Aboriginal-white relations by expectations of rejection, by unfamiliarity with procedures and personnel, and by loyalty to one's own vis-a-vis the dominant society. Put in a nutshell, given Aboriginal experience of white institutions and authority agents, it is scarcely surprising that, ultimately, some women appear to find a violent spouse less threatening than the agencies from which they might seek relief. (Tonkinson 1985: 299, cited in Mow 1992)

3.3 Drug, alcohol and substance abuse

The literature commonly makes an association between alcohol consumption and drug abuse, and violence in Aboriginal communities. In a survey of alcohol consumption in Australia, fewer adult Aboriginal people reported using alcohol in the previous week, than did non-Aboriginal Australians (Edwards & Madden 2001, reporting Australian Bureau of Statistics data for 1995). However, the survey excluded people living in remote areas. Of those who reported drinking, twice as many Aboriginal Australian males were drinking at what was judged to be a high-risk level, than non-Aboriginal males.

'The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report' found that the...

women spoke strongly about alcohol as a major cause of violence. It was seen as influencing all aspects of their lives and creating chaos even for those who didn’t drink. (Robertson 2000: xxiii)

Atkinson believes that family violence is compounded and sometimes precipitated by alcohol misuse. (Atkinson 1991) Bolger reports that 'excessive consumption of alcohol is often seen as the cause of many social problems in Aboriginal communities today', although she notes that there are conflicting views about the part played by alcohol in the incidence of violence. (Bolger 1991) Fitzgerald draws attention to the problem of foetal alcohol syndrome in Aboriginal communities. The Cape York Justice Study notes that...
Chapter 4  The Causes of Family Violence and Child Abuse

... the available evidence indicates clear links between alcohol consumption, violence and injury, although the relationship is complex and not necessarily one of simple causality. Injury patterns are clearly related to the cycle of Community Development Employment Project (CDEP) and Social Security payments, with high rates on paydays and the day following, and marked declines when canteens are closed. (Fitzgerald 2001: 13)

The complexities of the association between violence and alcohol consumption are noted by other writers. Hunter and Atkinson say it is not acceptable to only blame alcohol as the reason for the violence in Aboriginal communities (Hunter 1990, Atkinson 1991). Bolger believes that a considerable amount of violence is not connected with alcohol, particularly in the case of Aboriginal women. She outlines some of the complexities of the association between family violence and alcohol abuse. Bolger notes that it is not known how many men who drink do not assault their wives and it is believed by some that men drink so that they will have an excuse for beating their wives (Bolger 1991). This perspective is supported by Robertson who says that in some situations alcohol may facilitate or incite violence by providing a socially acceptable excuse for the negative behaviour (Robertson 2000). Alcohol is sometimes seen as a disinhibitor, allowing people to do things they would not normally do when sober. Alcohol may boost the morale of a man with low self-esteem and give him a sense of power (Bolger 1991). Bolger states that

... some people argue that there are cultural expectations as to the behaviour of a person under the influence of alcohol and that in some cases aggression is the expected mode of behaviour. (Bolger 1991: 45)

The use of alcohol and drugs as a way of coping with past traumas of ‘colonisation and dispossession’ (Robertson 2000: xii) is a point made by many commentators. However, substance abuse is, in turn, creating its own trauma in communities, such that there is now a link between substance abuse, growing violence, and the current ‘dysfunction and despair’ in Indigenous communities. (Robertson 2000: 30)

3.3.1 Alcohol abuse

3.3.1(a) Historical issues

There has been a contradictory and confusing attitude by governments to Indigenous alcohol consumption (Robertson 2000).

Alcohol was introduced as a reward on missions—‘it facilitated the breakdown of Indigenous culture and deterioration into violence and abuse’ (Robertson 2000: 28). In addition, alcohol was used in the past as a currency in lieu of wages by some employees (Robertson 2000). Further, Kahn and colleagues draw attention to the use of alcohol as a means of exploiting Aborigines as a bribe for sex and entertainment, and using intoxication and subsequently impaired personal faculties as a means of manipulating Aboriginals people. (Kahn et al. 1990)

Family violence towards women and children flourish when substance abuse and excessive alcohol consumption coexist in any community. (Save the Children Submission 1 February 2002)

In the Nyoongar community family violence often occurs ... [w]here there is substance abuse in the household. (Aboriginal agency)

Canteens serve a similar function as hotels in Indigenous communities – a place to buy and drink alcohol.
3.3.1 (b) Learned behaviour

Hunter makes the connection between the greater access to alcohol in the 1970s and an increase in Aboriginal violence, particularly increases in female homicide, suicide and self-mutilation in the 1980s. He notes that the children and young people who currently engage in self-destructive behaviour are the children of that generation who were young adults at the time of rapid change in the 1970s. They are the first generation to have grown up in environments with normative heavy drinking. (Hunter 1990a) As Robertson notes ‘having been socialised into a culture of alcohol, substance abuse, violence and anarchy, the crimes committed by some offenders reflect those witnessed or experienced as a child’. (Robertson 2000: 31)

3.3.1 (c) Alcohol use and traditional culture

Pearson identifies alcohol as corrupting some of the most basic laws and customs in Aboriginal communities, in particular the traditional obligations of sharing resources. For example the traditional obligation to share food obtained from a hunting trip has been turned into an obligation to share alcohol. Fellow drinkers will challenge Aboriginal identity in order to establish obligation to contribute money to buy grog: ‘Come on, don’t be flash! We not white fellas! You-me black people.’ (Pearson 2000: 17)

Pearson explains that there exists a drinking circle in which ‘social and cultural relationships between the drinkers are expressed, reinforced and reiterated whilst people are engaged in drinking’ (Pearson 2000: 17). Everyone is obliged to share the money and the grog. Outside of the drinking circle are the women, children and non-drinkers who are required to provide the most basic resources (food) for all within the community, including the drinkers. However, when women and children are the least powerful, and where the drinker is the head of the household, all the money that comes in to the house goes into the buying of alcohol. It then becomes the responsibility of the old people (mainly women) to keep the community fed. Other obligations and relationships are ignored or abused by those addicted to alcohol. Pearson then queries why the obligations to children are given lower priority than the ‘so called obligations’ to cousins and uncles for drinking. (Pearson 2000: 18-19)

While substance abuse presents many problems in its own right, it also prevents communities from addressing the issue of child abuse. (Save the Children Submission 11 April 2002)

Many submissions to the Inquiry made a link between drugs, alcohol and substance abuse including glue, paint and petrol, and the family violence and child abuse in Aboriginal communities.
Substance abuse plays a role in causing other problems, including psychological difficulties, depression, suicidal behaviour, violence and crime. Substance misuse also results from many of those problems. Substance misuse in pregnancy affects early brain development that increases susceptibility to alcohol and drug use in adulthood (Aboriginal Suicide Prevention Steering Committee 2001). Substance misuse is therefore part of a cycle of violence and trauma.

### 3.3.2 Gambling

Many communities raised the issue informally at the end of meetings. Aboriginal members and staff of the Inquiry indicated that they were aware of the detrimental effects of gambling, particularly in relation to family violence and child abuse. The loss of income resulting from gambling led to food not being purchased, children were often neglected while parents gambled which also left them more vulnerable to sexual abuse. Men became angry with their partners who spent time gambling which then led to violence. The Inquiry is mindful that this does not provide an excuse for violence, but it is a factor and needs to be considered.

No one wants to know about the high level of social gambling in Aboriginal society which can deprive children of a stable home with food and preparation for attending school or becoming involved in sporting or recreational activities away from the environment that can encourage such [child] abuse. (Submission from a council)

### 4. CULTURAL ISSUES – FACTS AND FALLACIES

#### 4.1 Introduction

‘Aboriginal Law and Culture do not sanction child abuse. It is an abuse of our custom to make claims that is otherwise’. (Submission from ATSIC – Kullari Regional Council 10 April 2002: 3)

Anecdotal and direct evidence have been consistently provided to the Inquiry indicating a widespread perception that violence and sexual abuse were an integral part of Aboriginal Customary Law.

During community consultations, the Inquiry was advised that men charged with family violence and child abuse had argued that customary law sanctioned their actions. While no criminal cases were identified that supported this claim in WA during an appeal in the NT, it was argued that customary law sanctioned the assault. (Ashley v Materna 1997)

This inferred sanctioning of violence led to the Inquiry seeking an independent review of literature to determine the extent if at all, customary law sanctioned family violence and child abuse. The Centre for Anthropological Research, University of Western Australia was commissioned to undertake the review and was asked to determine: ‘The extent to which conduct amounting to Family Violence and Child Abuse in Aboriginal communities can be said to be traditionally sanctioned’. The authors indicated:
'Our review of the anthropological literature reveals examples of what, on the face of it, might be taken as instances of family violence or child abuse. But the literature also shows that such actions are invariably within the sphere of traditional practice, ritual or the operation of customary law. We have found little material, which suggests that violence or abuse per se are condoned, or took place with impunity, outside traditionally regulated contexts. (Apted & Robinson 2002: 2)

4.2 Child abuse

Considerable anecdotal emphasis has also been placed on ‘promised marriages’ as providing sanction to men to be able to have sexual relations with young girls. While traditional promised marriages did involve the providing of young girls it was complex and the expression 'promise marriage' refers to the betrothal of young girls (sometimes as young as 6–18 months old). (Armstrong [1836] 1979: 195; Hamilton 1974: 30; Kaberry 1939: 79; Meggitt 1962: 266; Roth 1984: 3). These marriages are not to be simply read as the 'simple domestic arrangement between two people, but involve the character of male accomplishment, and negotiation between a man and his prospective wife's relatives.' (Merlan 1988: 44, cited in Apted and Robinson 2002)

Young girls were not expected to take up all their duties upon being handed over. They initially entered a phase of preparation. The belief behind sending the girl to stay with her betrothed, even temporarily, is to cement the man’s rights to marriage with the girl, as well as familiarising the girl with the man and his country (Kaberry 1939: 96). Full sexual intercourse, according to Kaberry, was not allowed until after puberty. (Kaberry 1939: 94)

4.3 Family violence

The extent that family violence occurs in traditional societies appears to be no different to any other societies in the world. Tonkinson states that

... domestic conflict invokes a male–female hierarchy, which is only a temporary rather than a permanent fixture (Tonkinson 1991: 140). Kaberry emphasises the co-operative nature of men's and women's roles, suggesting that the loss of a wife meant the loss of not only a sexual partner, but a provider, so it is in the men's best interests to ensure harmonious relations. (Kaberry 1939: 36, 38)

Where a woman is regularly mistreated she may seek assistance from her father and brothers to talk to her husband to make him stop (Bell 1980: 254; Goodale 1971: 100, cited in Apted and Robinson 2002). If he continues the abuse, the woman is able to leave and return to her family and will not be pressured to return. She also has the choice whether to return and leave if the abuse resumes. Blagg found that in the Pilbara and Kimberley, shaming was used to stop abuse of women. (Blagg 2000)

Helen Cattalini takes the view that instances of domestic violence are increasing and that WA Aboriginal women wish to address the issue. She indicates that recent literature has dismissed the notion 'that traditional Aboriginal culture is based on a power structure of men over women' and that this has come about as a result of interference in traditional lifestyles. (Cattalini 1992: 30, cited in Apted & Robinson 2002)
Contemporary violence is essentially unstructured in form and becoming firmly entrenched as the norm in behavioural standards for Aboriginal communities (Payne 1990). Atkinson posits that rape and violence are not cultural norms, but have increasingly become so as a result of the exposure of Aboriginal men to certain aspects of mainstream culture, such as violent videos and pornography. She argues that complacency to the calls of help from Aboriginal women who experience sexual assault and violence in their communities by mainstream (white) Australia is due to the view that violence is a part of Aboriginal culture. This is despite the fact that so many Aboriginal women wish to halt the violence and attacks are indicative of the undesirability and inappropriateness of such activities. (Atkinson 1990)

4.4 Conclusion

Acts of violence that are beyond the bounds of customary violence, include 'child abuse and rape, spousal violence, gang rape, suicide and psychological violence.' (Memmott et al. 2001: 25)

Meggitt notes that there is a duty to protect one's spouse and children from the attacks of another. He adds that the angriest Walbiri men he had encountered were those whose spouses and/or children had been injured at the hands of another. (Meggitt 1962: 95)

The material consulted by the review suggests instances of customary sanctioned violence were isolated instances of punishment governed by strict rules and regulations. Society was regulated through principles and values that determined everyone's cultural and social responsibilities and breaching those responsibilities attracted punishment. (Robertson 2000)

The role of sanctioned violence was to ensure social cohesion and relative harmony, but as Tonkinson notes, the threat of violence or abuse was often enough to act as a deterrent to antisocial behaviour (Tonkinson 1991). 'Fighting behaviour was controlled by elders and senior adults, and was carried out accordingly to social rules in response to specified offences.' (Memmott et al. 2000: 2-3)

The evidence from the sources shows that Aboriginal communities do not condone contemporary expressions of non-customary violence and abuse. These acts do not have any precedence in traditional law or customs, but white lawyers and police have tended to debate whether this is the case. Many of these acts appear to be alcohol related, and as such are not given acceptance as 'normal' or 'desirable' behaviour within Aboriginal families and communities. (Apted & Robinson 2000)

Memmott and colleagues make a similar point, stating that Aboriginal women are noting an increase in the number of rapes and sexual assault, as well as an increase in the intensity of them (Memmott et al. 2001: 40). The contexts of these assaults are far from being 'traditional forms of punishment'; they involve situational factors, such as alcoholism and lack of education. (Memmott et al. 2001)

Payne states that Aboriginal women in the NT say they are subjected to three kinds of law: traditional law, white man's law, and 'bullshit law' (Payne 1990). The latter refers to the skewing of traditional law as a justification for unacceptable behaviour, such as rape of women, and the
spending of family income on alcohol for kin. Payne posited that the newest form of law, ‘bullshit law’, is related to the imposition of Australian-European law on traditional law.

The loss and destruction of culture has contributed to the current crisis in which many Aboriginal people find themselves. (Robertson 2000)

A breakdown in traditional forms of consequence has in some instances led to indiscriminant management of conflict, based on family alignments and resulting in the escalation of conflicts. (TICHR Submission 8 July 2002: 11)

5. INDIGENOUS COMMUNITIES – THE OVERSEAS EXPERIENCE

Available literature suggests that the experience of white colonisation on Indigenous communities in Canada and the United States has many characteristics similar to the experience of Australian Aborigines. North American communities also suffered a policy of removal of the Indigenous population’s children from their homes in order to assimilate the children into the non-Indigenous population (Hill 2000, Lynch 2001). Similarly, the consequences of this policy are now viewed in terms of being ‘tragic’, ‘devastating’ and ‘destructive of American Indian life today’. (Lynch 2001: 504)

Loss of, and identity confusion has also been a problem for many other Indigenous peoples (Lynch 2001). For example, a child may identify with white culture, but that same culture may subject the child to racial discrimination due to the child’s Aboriginal background. Further, Hill (2000) states that there continues to be high rates of children’s removal on child protection grounds (four times higher than the wider community).

Finally, despite anecdotal evidence of some aboriginal (First Nation) communities in Canada overcoming significant social dysfunction and enhancing the health and wellbeing of children and families, this has not yet become the dominant pattern (Hill 2000).

6. CONCLUSION

Family violence and child abuse in Aboriginal communities arise from multiple factors within individuals, families and communities. Historical issues and current social disadvantage underpin many of the causal factors. Many of the factors such as alcohol abuse are causal yet also result from the further violence and abuse.

Responding to the multiplicity of causal factors will require a comprehensive strategy by government.
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Chapter 4  The Causes of Family Violence and Child Abuse


Tolstoy, *War and Peace.*


LEGISLATION

1901 Amendment Act (of the Aboriginals Protection and Restriction of Opium Act 1897 (Qld)

LEGAL CASES