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Police Recognition of the Links Between Spouse Abuse and Child Abuse

Kevin D. Browne  
Catherine E. Hamilton  
University of Birmingham, England, UK

This study investigated the links between referrals to police child protection units (CPUs) and domestic violence units (DVUs) during November 1994 in one police force in an urban area of England. DVU files and CPU files were analyzed and cross-referenced by investigating types, severity, and frequency of abuse; and a number of background factors. The rate of overlap (families with files at both units) was 21.6%, although 46.3% of child protection files indicated the presence of domestic violence in the family home. The severity of maltreatment and the extent of injury for both spouse abuse and child maltreatment were significantly related to police response, with greater use of cautions or charges in more severe cases. Families with records in both units showed a higher number of prior referrals relating to both spouse abuse and child maltreatment. In addition, these cases showed greater severity of domestic violence.

In the past 20 years, there has been much debate about what services can be delivered to minimize both domestic violence and child abuse (Edleson & Eisikovits, 1996; Peled, Jaffe, & Edleson, 1995). Reviews on the causes of aggression in the family have emphasized the growing recognition that there are extensive overlaps between all forms of domestic violence and child maltreatment, as both are products of impoverished family relationships (Browne & Herbert, 1997).

Domestic violence and child maltreatment occur in the context of complex interactions between institutional, social, and individual factors. Hence, effective intervention must involve cooperation at all levels between and within health, social welfare, educational, legal, and law enforcement systems (Office of the Tanaiste, 1997; World Health Organization, 1998). This article looks specifically at the collaboration of two different sections within a law enforcement agency.

In their approach to violence in the family, police forces in England and Wales generally have separate specialist units to investigate child maltreatment and domestic violence. To date, however, little attention seems to have been paid to the practice links between the two types of unit. It is possible that this situation is a reflection of the fact that child and spouse abuse have been researched individually. However, it is now commonly recognized that there are close links between spouse abuse and child physical abuse (Browne, 1993; Browne & Saqi, 1988; Gayford, 1975; Merrick & Michelsen, 1985; Milner & Gold, 1986; Walker, 1984), as well as between spouse abuse and child sexual abuse (Dietz & Craft, 1980; Goddard & Miller, 1993; Stanley & Goddard, 1993). In addition, the implications of these contingencies for the recognition and prevention of violence in the family have only recently been addressed (Peled et al., 1995; Schechter & Edleson, 1995).

In the United Kingdom, Canada, and the United States, it is claimed that spouse abuse occurs at some time for 25% to 28% of married couples (Andrews & Brown, 1988; Dobash & Dobash, 1987; Dutton, 1988; Straus & Gelles, 1986), and similar percentages have been reported for violence between unmarried couples (Gelles & Cornell, 1997). However, many professionals (e.g., Smith, 1989) argue that reported figures for prevalence and incidence of spouse abuse are gross underestimates. For example, in England, Mooney (1994) found that only 22% of women who had ever experienced domestic violence had reported the incident(s) to the police.

An extensive body of literature exists that has reported and commented on the varying rates of child abuse and neglect. These differ greatly depend-
ing on the type of maltreatment considered, type and age of sample, and methodology employed (Widom, 1989). Official figures in England show that 32,369 children (3 in 1,000 under 18 years) were on Child Protection Registers on March, 31, 1997 (Department of Health, 1997). Of these, 34% were for physical injury, 38% for neglect, 23% for sexual abuse, and 16% for emotional abuse. About 10% of children were registered for more than one type of maltreatment. However, these figures are likely to be underestimates of the true prevalence rate of child maltreatment in society. Reported prevalence rates vary between 9% and 68% for severe violence from parent to child (Straus & Gelles, 1988) and from 3% to 62% for sexual abuse (Peters, Wyatt, & Finkelhor, 1986).

In terms of adverse childhood experiences, family disharmony is one of the most influential factors for later delinquency and emotional adolescent disturbance (Falshaw & Browne, 1997; Farrington, 1995). Childhood psychological problems have also been confirmed by studies of children of battered women, in which the authors conclude that witnessing spouse abuse constitutes a severe form of child maltreatment (Carroll, 1994; Davis & Carlson, 1987; Jaffe, Wolfe, & Wilson, 1990). Alarmingly, Carlson (1984) has estimated that in the United States, 3.3 million children live with violent parents. In the United Kingdom and Canada, respectively, Pahl (1985) and Leighton (1989) claim that between 68% and 90% of domestic violence incidents are witnessed by children.

Jaffe et al. (1990) review a number of studies examining the effect of witnessing marital violence on children. Children were often found to be experiencing both emotional and behavioral difficulties, possibly resulting from witnessing actual violence or living in an insecure environment. More specifically, O'Keefe (1995) demonstrated that children who both witness marital violence and suffer abuse were more likely to come from families with a greater frequency and severity of marital violence, compared to those who only witnessed marital disputes. Hence, it is important that these children are brought to the attention of police family protection teams and other child protection agencies.

Links Between Spouse Abuse and Child Abuse

It is difficult to gain an accurate estimate of the degree of overlap between spouse and child abuse due in part to the different types of research methods being employed (Geffner, Rosenbaum, & Hughes, 1988; Widom, 1988). Nevertheless, a number of studies have examined the co-occurrence of spouse and child abuse within families.

Straus, Gelles, and Steinmetz (1988) estimated a 40% overlap between those families experiencing wife assault and child assault (physical and sexual), compared to 53% of families in a study by Walker (1984). From the other perspective, Browne and Saqi (1988) found that spouse abuse was occurring in 52% of families where child abuse existed.

However, a much greater link has been reported by Truudell, McNeil, and Deschner (1986), who examined the incidence of wife abuse in known incestuous families using the Conflict Tactics Scale (Straus, 1979). The results indicated that about 73% of mothers (N = 90) from incestuous families had experienced at least one incident of physical abuse and that 23% of women had suffered life-threatening abuse (being beaten up and threatened or injured with a knife or gun). Truudell et al. (1986) found that psychological abuse was also experienced by 73% of the mothers, with this tending to occur more often than physical abuse. Truudell et al. (1986) compared their results with those of Straus and Gelles (1986) and suggested that wife abuse is more common in incestuous families than in the general population.

An Australian study by Goddard and Hiller (1993) carried out similar comparisons and found that child sexual abuse was evident in 40% of families with violent partners, and child physical abuse was observed in 55% of the same sample. Overall, there was a link between child abuse and spouse abuse in 47% of families. Furthermore, Ward, Shepherd, and Emond (1993), in support of the above findings, found that mothers with children on the Child Protection Register (CPR) were more likely to be assaulted than those whose children were not on the Register.

Browne (1995) reiterates the fact that abuse within the family needs to be investigated in a holistic manner to ensure that all victims are identified and more effective intervention is achieved. He identifies a number of factors that are common to offenders in both spouse and child abuse, including negatively perceiving the victim, low self-esteem, social isolation, and marital difficulties; he also points out that wife abuse is reported more frequently than child abuse. Thus, it is increasingly important that domestic violence incidents are recorded accurately by the police and social welfare agencies, so that any indicators of possible child maltreatment, both at the time of reporting and in the future, are investigated further.

Role of the Police

Considerable changes in the policing of domestic violence have taken place since the mid-1980s, culminating in the Home Office (1990) Circular 60/90, which offers policy guidelines. The document reiter-
ates the need to protect victims and to treat domestic violence as seriously as other forms of violence; it also stipulates the value of powers of arrest (Hague & Malos, 1993). As a result, a number of specialist domestic violence units (DVUs) were set up around England and Wales. DVUs specialize in providing a supportive role for victims, work closely with local refuges and other support agencies, and give practical help and advice regarding possible courses of action (see Edwards, 1980).

The effectiveness of arrests and restraining orders in reducing violence in the family is controversial. Whereas some studies have shown that such police interventions deter the abuser from reoffending, other studies have failed to establish this effect (Sherman, 1992). However, from the victim’s perspective, the abuser being arrested and charged indicates that she and her children are being protected; from the offender’s perspective, an arrest emphasizes that domestic violence is both illegal and unacceptable (Buzawa & Buzawa, 1990, 1996).

In England and Wales, the investigation of child abuse was historically viewed in a different way than the policing of domestic violence. The role of police child protection units (CPUs) was to work alongside Social Services and the NSPCC in an attempt to identify and protect child victims of abuse and neglect under specific directives (Working Together under the Children Act, 1989—Home Office, Department of Health, Departments of Education and Science, and Welsh Office, 1991). However, it should also be recognized that both units follow different guidelines and procedures than the regular uniformed sections of the police.

There is a growing recognition in the literature of the overlap between spouse and child abuse (Barnett, Miller-Perrin, & Perrin, 1997; Browne & Herbert, 1997). It is therefore important to gain an understanding as to whether police recognize this link in their day-to-day practice. As a 24-hour emergency protection service, Morley and Mulrender (1994) claim, the police are in a good position to respond to and identify families at risk of violence within the home. Therefore, it is of interest to investigate the extent and type of information collected by the Domestic Violence Units in comparison to Child Protection Units, particularly because they can highlight to other agencies the need for intervention.

Aims

This study was designed to investigate the overlap between referrals made to CPUs and DVUs in one police force area of England. The level of co-occurrence was examined, along with the following hypotheses:

Hypothesis 1: Those families with records in both a CPU and a DVU will have more previous referrals for child abuse than those with records in only one type of unit.

Hypothesis 2: Those families with records in both a CPU and a DVU will have more previous referrals for spouse abuse than those with records in only one type of unit.

Hypothesis 3: Those families with records in both a CPU and a DVU will have more severe incidents of spouse abuse than those with records in only one type of unit.

METHOD

Sample

In total, 320 families were involved in the study. Data had previously been collected on 240 children (101 male, 137 female, 2 pre-birth) whose files were held in five police CPUs in an urban English Police Force. For the purposes of this study, the files of these children were cross-referenced with the files held in the five corresponding DVUs to establish whether a referral for domestic violence had been made for an adult in this family.

In addition, data from 80 adults referred to a DVU as victims of domestic violence were also collected. This was to consider the link in the opposite direction, but permission was granted to explore this in only one DVU, hence the low number of cases. These 80 cases were then cross-referenced with CPU files to establish whether a child in the family had been referred for child maltreatment.

Measures

In CPUs, basic data regarding the child’s case number, date of birth, sex, referral date, and unit at which files are held was collected so that domestic violence data could be correctly matched to existing child abuse data. Nature of child abuse injuries was recorded according to type, area, and site of injury. Definitions from Browne and Herbert (1997) were used for extent of injury and severity of abuse.

In DVUs, information regarding the domestic violence incident was collected together with the age of victim and perpetrator, marital status, relationship of perpetrator to victim, and number of children in the family. The type of spouse abuse that had occurred was based on violent acts listed in the Conflict Tactics Scale (CTS) (Straus, 1979) with verbal aggression, damage to property, forced entry, choking, and forced sexual acts being added. Severity of violent or aggressive acts was categorized in terms of harassment, common assault, and severe assault.

Information regarding the outcome of the incident in the form of police action was also collected in both CPUs and DVUs. To monitor ongoing violence, it was necessary to determine whether or not the
alleged perpetrator had previously been involved with the police, as well as to monitor repeat referrals for the victim.

RESULTS

Overall, 320 families were investigated. Of these cases, 187 families were represented in CPUs only, 64 families in DVUs only, and 69 families represented in both CPUs and DVUs (see Figure 1). Therefore, 256 referrals involved suspected abuse of a child (240 index children from CPUs and 16 cases from DVUs), and 138 referrals involved an abused adult (80 index adults from DVUs and 58 cases from CPUs). An average overlap rate of 21.6% was found (69 of the 320 families). This represents a match for 22% of CPU files and 20% of the DVU files.

Case Details

Child Abuse Referrals

From 255 referrals for child maltreatment, where information was known, it was found that 58% of the children were female and 42% male. The ages of the index children at time of referral ranged from before birth (i.e., two children were considered at risk before they were born) to 18 years of age. Looking at numbers of prior referrals, 24% of index children were found to have been previously referred to a CPU on one or more occasions (i.e., 62 of 255). It was also found that 7% of index children had been placed on Child Protection Registers prior to their current referral. In 42% of index cases, siblings were also suspected or known to have been abused.

Table 1 shows a breakdown of the type of maltreatment for which the child had been referred, of which physical abuse was found to be the most common for current and previous referrals. When abuse severity of current and prior referral was examined, it was found that 36% of index referrals were of a more severe nature than the prior, 40% were of equal severity, and 23% were considered less severe than the prior. The time elapsed between previous and current referrals ranged from less than 4 weeks to more than
5 years. The perpetrator was the same in the prior referral as in the current referral in 46% of cases.

Table 2 outlines the relationship between the perpetrator and child at the time of the current referral. In 27% of these cases, the perpetrator was known to the police. Where the perpetrator was known to the police, 46% of maltreatment suffered by children was labeled as moderate or severe compared to 26% of those where the perpetrator was not known ($\chi^2 = 8.94$, $df = 2$, $p < 0.05$). Furthermore, when the perpetrator was known, in 85% of cases, at least one sibling was suspected or known to have been abused previously ($\chi^2 = 18.96$, $df = 1$, $p < 0.001$).

The five most common adverse characteristics present in the families of the children referred for abuse and/or neglect are presented in Table 3. Indeed, spouse abuse was the most frequently occurring adverse characteristic (46%), although not all of these cases had an official referral to a DVU.

Domestic Violence Referrals

An investigation of the 135 victims of domestic violence revealed that the victim age range was 18 to 53 years, and the perpetrator age range was 15 to 56 years. In terms of marital status, 36% were separated, divorced, or single; 34% in a long-term relationships; and 30% married. The numbers of children present in families suffering domestic violence ranged from one to seven, with 30% of families having one child, 34% having two, and 36% having three or more children.

The vast majority of victims ($n = 128; 96\%$) were female, and in a large proportion of these cases ($n = 118; 92\%$), the perpetrator was a partner or ex-partner. Therefore, domestic violence was considered in terms of male to female (ex-) / partner abuse. Female to male partner abuse (4%) and abuse by other relatives (8%) was excluded from the analysis.

The types of abuse suffered by the victims were collapsed into three main categories: harassment, common assault, and severe assault (see Table 4). The type of abuse occurring was found to be significantly related to whether the incident was alcohol related ($\chi^2 = 7.30$, $df = 2$, $p < 0.05$), with 84% of severe assaults considered alcohol related, compared to 43% of common assaults and 58% of harassment cases. Furthermore, 81% of severe assaults resulted in some kind of injury, and in these cases, 91% of the perpetrators involved were known to the police (prior referrals, warnings, arrests, charges, or convictions).

When numbers of previous referrals are considered, 47% of this sample had experienced at least one previous incident that had been referred to a DVU. However, the more severe the abuse, the more likely it was that the victim had been previously referred ($\chi^2 = 19.90$, $df = 2$, $p < 0.001$).

Police Action

Child Abuse

Official data on police response to child abuse and neglect cases were available for 400 children referred to CPUs, just over half of whom were the 240 children selected for this study sample.
charged, compared to 12.1% of minor abuse cases, and 31.1% of the moderate/severe cases ($\chi^2 = 43.06$, $df = 6$, $p < 0.0001$). A similar pattern was seen with severity of injury: 10.2% of no-injury cases, 10.6% of minor injuries, but 31.1% of cases where the injury was moderate, serious, or fatal ($\chi^2 = 28.67$, $df = 6$, $p < 0.0001$).

**Domestic Violence**

Severity of abuse was found to be significantly related to the action taken by the police ($\chi^2 = 23.58$, $df = 2$, $p < 0.001$). Of those cases in which perpetrators were either arrested, cautioned, charged, or convicted by the police, 68% involved severe assaults, 14% common assault, and 18% harassment. However, it is interesting to note that 42% of incidents involving severe assaults resulted in no further action.

When police action is considered in relation to the extent of the injury sustained by the victim ($\chi^2 = 7.28$, $df = 1$, $p < 0.01$), 61% of those cases with an injured victim (mild, moderate, or severe) and 89% of those without any injury resulted in either no further action or warnings being given by the police.

Action taken by the police was also related to whether or not the victim made an allegation or took civil action, with 40% of those cases where the victim took action resulting in cautions, arrests, charges, or convictions compared to a rate of 6% for those victims who took no action ($p < 0.01$, Fisher's Exact Test).

**Overlap Between Domestic Violence and Child Abuse**

Families with referrals in both DVUs and CPUs accounted for 21.6% of the total sample. When this subsample is broken down to consider where the index file was held, it was found that 22% of index referrals to CPUs had additional files in a DVU and that 20% of those with index referrals in DVUs had additional files in CPUs.

Whether or not spouse abuse is known to be occurring in the index child’s family home is recorded by CPU staff, when known. This provides additional information concerning domestic violence. It was found that in 46.3% of these CPU referrals, spouse abuse was known to be occurring in the family. Clearly, this rate is much higher than the degree of official overlap that was discussed earlier (21.6%), showing that domestic violence is being recorded in child protection cases, but this information is not always passed on to domestic violence units.

**Hypothesis 1:** Those families with records in both a CPU and a DVU will have more previous referrals for child abuse than those with records in only one type of unit.

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**TABLE 4: Abusive Acts Experienced by Female Victims of Partner Abuse (n = 118)**

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassment</td>
<td>44</td>
<td>37</td>
</tr>
<tr>
<td>Verbal aggression</td>
<td>28</td>
<td>24</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Harassment/threats</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Damage to property</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Forced entry</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Common assault</td>
<td>38</td>
<td>32</td>
</tr>
<tr>
<td>Pushed/shoved/grabbed</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Threw things</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Slapping</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Physical/common assault</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>Severe assault</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>Punching</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Kicking</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Beating up</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Hit/tried to hit with object</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Threatened with weapon</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Used knife/gun/weapon</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Forced sexual act</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Section 47 assault</td>
<td>12</td>
<td>10</td>
</tr>
</tbody>
</table>

a. Rounded figures.

---

**TABLE 5: Comparison of Police Responses to Child Abuse and Domestic Violence at Index Referral (in percentages)**

<table>
<thead>
<tr>
<th></th>
<th>Child Abuse and Neglect (n = 400)</th>
<th>Domestic Violence (n = 118)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental/no concern</td>
<td>19.2</td>
<td>3.4</td>
</tr>
<tr>
<td>No further action</td>
<td>68.6</td>
<td>72.1</td>
</tr>
<tr>
<td>Cautioned/charged</td>
<td>13.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Pending a decision/arrested</td>
<td>3.8</td>
<td>16.1</td>
</tr>
<tr>
<td>Prior referrals</td>
<td>27</td>
<td>47</td>
</tr>
<tr>
<td>Perpetrator previously known to the police</td>
<td>30</td>
<td>27</td>
</tr>
</tbody>
</table>

Table 5 presents a comparison of police response to child abuse and domestic violence referrals. There was a lower rate of "no further action" being taken in child maltreatment referrals than domestic violence referrals (63.9% and 72.1%, respectively), and a corresponding higher rate of the perpetrator being cautioned or charged in the child maltreatment referrals (13.1%) compared to those for domestic violence (8.4%).

For child maltreatment, type of police response was not found to be significantly related to type of maltreatment. However, the severity of the abuse and the presence of an injury were both significantly associated with police action. In cases of suspected maltreatment, 3.5% led to the perpetrator being cautioned or
It was found, as predicted in Hypothesis 1, that 40% of children in families with spouse abuse had been previously referred to a CPU compared to only 17% of those families with no known spouse abuse ($\chi^2 = 7.96$, $df = 1$, $p < 0.01$). These children were most likely to have been referred for physical abuse (23%; $\chi^2 = 20.50$, $df = 5$, $p < 0.01$).

Furthermore, 89% of the siblings of index children in spouse-abusing families had a history of maltreatment. This can be compared to a rate of 47% for families with no spouse abuse ($\chi^2 = 19.9$, $df = 1$, $p < 0.001$).

More generally, characteristics of families that are risk factors for child abuse and family breakdown were found to be represented significantly more often in those CPU families with spouse abuse than in those without spouse abuse (minimum $\chi^2 = 5.01$, $df = 1$, $p < 0.01$). For example, 70% of CPU families with spouse abuse had a family member who had engaged in criminal activity, 47% had a family member with an alcohol difficulty, 29% had a family member with a psychiatric problem, and 23% had a family member who misused drugs.

**Hypothesis 2**: Those families with records in both a CPU and a DVU will have more previous referrals for spouse abuse than those with records in only one type of unit.

Figure 2 shows, as predicted, that victims of domestic violence with additional files held in CPUs were more likely to have one or more previous domestic violence referrals (59% of cases), whereas the majority (67%) of those with referrals only to DVUs tended not to have any previous domestic violence referrals ($\chi^2 = 7.81$, $df = 1$, $p < 0.01$). It is also interesting to note that all domestic violence victims with five or more previous referrals had files held at both DVUs and CPUs.

**Hypothesis 3**: Those families with records in both a CPU and a DVU will have more severe incidents of spouse abuse than those with records in only one type of unit.

It was of particular interest to ascertain whether those families suffering more severe abuse would be represented in both DVUs and CPUs. Figure 3 shows that this prediction was confirmed, with the majority of victims suffering moderate or severe abuse as a result of domestic violence having additional files held at CPUs (71% and 91% respectively; $\chi^2 = 17.69$, $df = 2$, $p < 0.001$).

Not surprisingly, therefore, those domestic violence victims who suffered an injury were more likely ($\chi^2 = 5.1$, $df = 1$, $p < 0.05$) to have files held in both CPUs and DVUs (57%) compared to those with DVU files only (43%). When the area of the injury sustained by the victim was considered, it was found that 70% of those with injuries to the head or neck had files held in both types of unit ($\chi^2 = 6.09$, $df = 1$, $p < 0.05$). Those with injuries to other parts of the body were more likely to have files held in a DVU only (75%).

**Summary of Results**

The rate of overlap between families with files at both types of unit was 21.6%, although 46.3% of CPU files indicated the presence of domestic violence in the family home. The severity of maltreatment and
the extent of injury for both spouse abuse and child maltreatment were significantly related to police response, with greater use of cautions or charges in more severe cases.

Those families with records in both a CPU and a DVU showed a higher number of prior referrals relating to both spouse abuse and child maltreatment than those families with records in only one unit. In addition, those cases with records in both units showed greater severity of domestic violence.

**DISCUSSION**

From the findings of this study, it can be seen that the presence of one type of family violence increases the likelihood of the other, and previous complaints in either type are associated with a greater number of referrals for both spouse abuse and child maltreatment (Hypotheses 1 and 2). Furthermore, there is a greater severity of spouse abuse when both forms of family violence are present (Hypothesis 3).

The rates of severity for different types of spouse abuse within the sample were 37% for harassment, 32% for common assault, and 30% for severe assault, but a higher percentage of the more severe cases also had maltreated children in the family. Indeed, where spouse abuse was considered severe, 91% of these families were abusing the children. Therefore, the risk to children with mothers who have been victims of severe assault in the home should not be underestimated and justifies the immediate referral of the family to child protection agencies (i.e., police CPUs and Social Services).

Furthermore, families with both spouse and child abuse had at least one prior referral for domestic violence in 59% of cases, with more injuries to the head and neck sustained by women in families with both child and spouse abuse than in those families with spouse abuse only. From the other perspective, child maltreatment was occurring in every family home of spouse abuse victims with more than five previous referrals. These findings support O'Keefe (1995), who found that those women in families with both spouse and child abuse present were likely to suffer more frequent and severe assaults than those women in families with only spouse abuse occurring. Hence, where both types of family violence are occurring, the risk of life-threatening injuries is greater, and this association requires greater recognition for police prevention strategies.

**Police Recognition**

The official rate of police recognition (21.6%) between those files held at CPUs and DVUs is lower than most previous estimates, but the unofficial rate of 46.3% (taken from CPU files) is in line with the findings of a number of previous studies (Browne & Saqi, 1988; Goddard & Hiller, 1993; Straus et al., 1988; Walker, 1984). This discrepancy between the amount of spouse abuse that is known to CPUs and what is actually reported to DVUs should not come as a sur-
prise, considering the amount of filtering that takes place before incidents are reported.

Mooney (1994) reported that reasons given for lack of reporting to the police included a desire for privacy and the use of informal sources of support first. Only if these informal sources failed did some women choose to go to the police or one of the other official agencies. A further concern highlighted by these victims of domestic violence was that the situation would be taken out of their control and "go too far" (for example, with legal action against their wishes or a perception that their children would be taken into care). Because 16% of spouse abuse is reported to be a consequence of police intervention (Miller & Krull, 1997), fear of reprisal is also likely to be a factor.

However, it is still apparent that a substantial number of victims of domestic violence who are known to CPUs are not known to DVUs. This highlights the need for greater cooperation and links between the two types of unit. In addition, police officers who respond to domestic frays—those who are not usually members of CPUs and DVUs, need to interact much more closely with specialist units and be trained in the area of family violence.

The police recognition of links between spouse abuse and child maltreatment could be enhanced if police officers screen for risk factors in those families with which they come into contact. Officers could be advised to consider the possibility of family violence in those individuals with a history of violent and antisocial acts in the community. Evidence of substance misuse and bizarre behavior indicating psychiatric illness could also act as indicators. Indeed, risk factors were significantly more represented in families where both spouse and child abuse were present. Criminality was found to be particularly high (70%), together with alcohol abuse (47%) and psychiatric problems (29%).

Heavy use of alcohol was found to be present in 59% of domestic incidents involving male to female violence in this study. Specifically, alcohol was involved in 58% of harassment cases, 43% of common assaults, and 84% of severe assaults. Whether or not this is a causative factor in the violent incident is unclear, but alcohol may be implicated through the disinhibition process. This is similar to a recent study of three U.S. cities by Miller and Krull (1997), which found rates of between 58% and 77%. Interestingly, they also found that 26% to 36% of victims were also under the influence of alcohol.

**Practical Implications for Police Work**

Sharing information about domestic violence and child abuse within the same family provides the police (and therefore also other agencies involved with these families) with a more detailed picture of the situation within a particular household. Given the findings of this study, it would seem practical for the police to exploit the links between spouse abuse and child maltreatment for strategic planning. This can be achieved in a number of ways.

**Family Protection Units**

In some areas within England, CPUs and DVUs have merged into Family Protection Units. This has its advantages for communication and record keeping, but the role of the police officers remains different concerning child and spouse abuse. Child protection officers are focused on joint investigations of child abuse and neglect with social services, whereas domestic violence officers tend to provide more support and assistance to victims of spouse abuse.

**Computerization and Cross-Referencing**

A solution to the problems of missed links between spouse abuse and child maltreatment within a family is the development of user-friendly software specifically aimed at cross-referencing databases and registers concerning all forms of family violence. In particular, the problem of repeat incidents can be identified by a search for a perpetrator of spouse abuse on a child maltreatment database, and vice versa. Furthermore, revictimization of women and
children can be determined by searching for victim identifiers on an offender database (see Hamilton & Browne, 1998).

It is also anticipated that a number of matching files may be missed due to changes of the name and address of victims in both child and spouse abuse. One way this problem could be addressed is for files to be updated and cross-referenced on a regular basis.

The task of computerization and cross-referencing may be carried out by clerical support staff rather than police officers themselves. Indeed, police work in this area would benefit from having further clerical resources made available. In particular, the victims of domestic violence would gain from the increased availability of police officers.

Domestic Violence Support Strategies

In the police force area where the research was carried out, a Domestic Violence Support Strategy for spouse abuse has been developed that, given the frequency of coexistence, is also likely to affect child maltreatment. This strategy includes the need to treat family violence as seriously as other forms of violence and provide an informed and sensitive initial response to domestic violence incidents with appropriate action taken against the perpetrator. Furthermore, the strategy recommends the evaluation of links between spouse abuse and child maltreatment and the necessity of ensuring that information technology systems provide adequate information for family protection work.

Proactive Strategies

An innovative proactive strategy introduced in the police force where this study was performed was based on the links between spouse abuse and child maltreatment. The names and addresses of children on the local child protection register are added to the mainframe police computer used to communicate with police cars in action. When uniformed officers go to an address matching one on the register, they are informed of relevant details (e.g., court injunctions, protection orders, prior convictions, number of children on register). The officers investigating the call are therefore aware of the need to ensure the safety of those women and children in the home.

Interagency Working

Domestic violence officers are quick to point out that emotional abuse is not a criminal offense. Therefore, the general course of action when a child is witnessing the abuse of an adult in the household is to refer the family to Social Services. This is because, as staff from one Family Protection Team stated

It is very difficult to obtain sufficient evidence to secure a conviction for emotional abuse. Therefore, police powers are frequently limited in these cases, hence there may be little action officers can take. . . . A multi-agency approach in this area is vital.

However, other teams have not always found referring cases to Social Services to be very effective for dealing with the emotional abuse of children. "Social Services will not involve themselves in domestic violence cases unless there are injuries or sexual abuse to the children." It is important, therefore, that any domestic violence referral in which children are involved or present in the household should be referred to a CPU. This is because the children may be suffering from the adverse effects of witnessing violence, which have been found to mirror the emotional problems shown by children who are abused (Carroll, 1994).

CONCLUSION

In conclusion, both the severity and frequency of male to female partner abuse are associated with the family also having a referral to a CPU for child maltreatment. Where families have referrals for both spouse abuse and child maltreatment, the child is more likely to have suffered repeat victimization (i.e., one or more previous referrals).

In addition, there is a clear discrepancy between the number of spouse abuse cases referred to domestic violence units and the identified presence of spouse abuse in cases of child maltreatment. Those cases referred to CPUs involve the higher rate of spouse abuse. It is therefore important for child protection officers to inform domestic violence officers when spouse abuse is occurring within the home, as well as informing victims about the advice and support that is available from DVUs. From the other perspective, considering the negative effects of witnessing violence, it is important for domestic violence officers to notify child protection officers of any incidents of domestic violence where children are involved.

NOTES

1. Pushing/shoving/grabbing, throwing things, slapping, biting, punching, kicking, beating-up, hitting or trying to hit with object, threatening with knife or gun, using knife or gun.
2. This information was unavailable for one child.

REFERENCES

Kevin D. Braune is a professor of forensic and family psychology at the School of Psychology, University of Birmingham, and research coordinator at the Glenhorne Youth Treatment Centre, Birmingham. He coedit (with Dr Margaret Lynch) the Wiley book series on Child Care and Protection and the journal Child Abuse Review.

Catherine E. Hamilton is a Home Office-sponsored collaborative research student. She studied for a Ph.D. in forensic psychology at The University of Birmingham for 3 years. She is now working as a psychologist for Birmingham Social Services (children and families) assessing families where there is considered to be a risk of maltreatment.