

# **Overcoming Structural Barriers to the Prevention of Child Abuse and Neglect - A Discussion Paper**

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**Preventing Child Abuse and Neglect in NSW**

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# **The purpose of this paper**

This paper aims to:

- provide a comprehensive literature review on the structural barriers to the prevention of child abuse and neglect in New South Wales and nationally;
- provide a framework for understanding the structural barriers to prevention;
- identify some innovative approaches to prevention which attempt to counter some of these structural barriers and to enhance the health and wellbeing of children.

The paper is intended for all those whose work brings them into contact with children and/or those who are involved in the prevention of child abuse and neglect or who have an interest in the health and wellbeing of children and young people. These include: health and welfare professionals; school teachers, principals and counsellors; law enforcement personnel; State and Territory Members of Parliament; and government departmental policy makers.

## Overview

Interest in preventing child maltreatment has increased substantially in the last decade. Harrington and Dubowitz (1993) contend that this greater interest has eventuated with the professional community's discovery of the harmful and expensive outcomes that can result from child maltreatment, such as physical and emotional harm, the intergenerational transmission of abusive behaviour, delinquency and/or adult criminal behaviour. They argue that child abuse prevention has been hampered for three main reasons:

- a lack of political will to prioritise child and family wellbeing;
- a lack of knowledge about the causes of maltreatment;
- a lack of methodologically sound evaluation research on prevention programs.

Overall, this paper concludes that it is not enough to adopt a simplistic model which addresses child abuse and neglect via prevention, identification and treatment. Effective child abuse prevention strategies require the consideration of the means to address the social forces underpinning child abuse, neglect and other family violence. It is contended that any child abuse prevention strategy should give serious consideration to the incorporation of the following:

- the adoption of a 'health promotion' approach which focuses on the promotion of positive, life-enhancing strategies, rather than the traditional deficit model which is focused on the amelioration of social ills;
- the development of a solid knowledge base of the definitions and etiology of child maltreatment;
- the prioritisation of the careful evaluation of prevention programs in order to determine which types of prevention initiatives should be implemented on a wider scale;
- the promotion of child rights and the empowerment of children by developing positive societal perceptions of children via community education; ensuring the media provide a balanced and fair view of children; enabling children to have a voice in decisions that will significantly affect their lives; and the promotion of child-friendly strategies which enhance children's physical, social and emotional environments;

- recognition that social forces such as economic rationalism, community violence, poverty, work, family structure and gender are central to the realisation of children's rights and the prevention of child maltreatment;
- consideration of the negative consequences of adopting an economic rationalist approach to social problems;
- the need to redress the current dearth of culturally appropriate prevention programs developed for Indigenous and non-English-speaking background communities;
- the need to change societal attitudes to violence (corporal punishment, in particular) and gender roles via community education. This should include the enhancement of current school-based 'life skills' and healthy relationships courses, and the development of research and practice approaches which pay greater attention to the broader family context within child maltreatment occurs and explicitly attempt to engage male caregivers and extended family members (where possible) in addressing or preventing child maltreatment or other family violence;
- the development of effective coordination, cooperation and communication at all levels of government and between government and non-government sectors. This may involve the implementation of mandatory Action Plans across all levels of government to ensure the development and implementation of prevention strategies. Alternatively, it may involve the use of mandatory Child Impact statements so that government agencies would have to take into consideration the effect of their actions on children, in a manner similar to the existing Environmental Impact statements;
- ensuring adequate resources are put in place to meet the current service demands of tertiary clients, yet enabling the child welfare system to devote resources to primary and secondary prevention initiatives;
- the development of a prevention strategy that encourages families to proactively seek assistance from adequately resourced services;
- the adoption of holistic, cross-sectoral approaches to child abuse prevention that involve both the professional sector and the broader community;

- the adoption of a competency-based 'strengths-based' approach to working with families. Such an approach epitomises many of the underlying themes of this paper, taking a 'promotion' rather than a 'prevention' approach. The aim is to promote change in families by developing an effective collaborative relationship with children and their families in which the focus is on client strengths rather than a family's shortcomings or problems.

## Terminology

For the purposes of this paper, a *child* is defined as a person below the age of 18 years. Using Australian Institute of Health and Welfare definitions (Angus & Hall 1996; Broadbent & Bentley 1997), child abuse and neglect are defined for this paper as:

- *Sexual abuse*: any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards.
- *Physical abuse*: any non-accidental physical injury inflicted upon a child by a person having the care of a child.
- *Emotional abuse*: any act by a person having the care of a child which results in the child suffering any kind of significant emotional deprivation or trauma.
- *Neglect*: any serious omissions or commissions by a person having the care of a child which, within the bounds of cultural tradition, constitute a failure to provide conditions that are essential for the healthy physical and emotional development of a child.

The terms *child abuse and neglect* and *child maltreatment* are used interchangeably throughout this paper. Unless otherwise stated, the term *child abuse prevention* encompasses the prevention of all forms of child abuse and neglect.

## Introduction

Interest in the prevention of child abuse and neglect has increased substantially in the last decade. Daro (1988) asserts that child abuse prevention is cost-effective. Harrington and Dubowitz (1993) contend that the greater interest has eventuated as a consequence of the professional community's discovery of the harmful and expensive outcomes that can result from child abuse and neglect, such as physical and emotional harm, the intergenerational transmission of abusive behaviour, delinquency and/or adult criminal behaviour. The humanitarian desire to remedy or prevent the suffering of children may also have heightened interest in child abuse prevention.

Gil (1975) contends that there are three 'levels of manifestation' of child abuse: the *individual* level, encompassing the various 'acts of commission or omission by individuals which inhibit a child's development' (1975:347); the *institutional* level, encompassing the 'acts and policies of commission or omission that inhibit or insufficiently promote the development of children, or that deprive children of, or fail to provide them with, material, emotional and symbolic means needed for their optimal development' (1975:347-48), thus constituting abusive acts or conditions; and the *societal* level, comprised of the social policies which 'sanction or cause severe deficits between the conditions needed for the optimal development of children and their actual circumstances' (1975:348).

In general, prevention programs have consisted of community education designed to raise the public's awareness of abuse and neglect; the alleviation of problematic parental behaviours and family stressors; and teaching children how to avoid being maltreated (personal safety programs) (Tomison & McGurk 1996). Harrington and Dubowitz (1993) argue that the effective prevention of child maltreatment has been hampered for three main reasons: a lack of political will to prioritise child and family wellbeing which, it is argued, has led to a lack of adequate resources with which to assist families in need; a lack of knowledge about the causes of maltreatment, which has hindered the development of prevention programs; and finally, the lack of methodologically sound evaluation research on prevention programs.

However, scant attention has been paid to the structural societal factors that cause harm to children. Garbarino (1995) argues that there is currently a toxicity of the social environment analogous to the toxicity of the physical environment, and that the contemporary social environment is particularly toxic for children. Garbarino's toxic factors include violence in all its forms, poverty, unemployment, poor housing and an under-resourced education system, all of which may be presumed to lead to an increased potential for abusive behaviour in families. He argues that the management of socially toxic environments should be analogous to the management of the physically toxic environment – receiving a similar, if

not greater, level of perceived urgency by the public. Certainly child abuse prevention strategies cannot be truly effective without a consideration of the means to address the socially toxic factors that cause harm to children (Harrington & Dubowitz 1993; Rayner 1994).

Therefore, it is not enough to adopt a simplistic model which addresses child abuse and neglect via prevention, identification and treatment. Such activity must be coordinated with efforts to address the social forces underpinning child abuse, neglect and other family violence (Parton 1985). Child abuse and neglect cannot be overcome through 'administrative, legal, technical and professional measures which leave social values, structures and dynamics unchanged' (Gil 1979:1).

It is the aim of this paper to provide an overview of some of the structural forces or barriers which may hinder the effective prevention of child abuse and neglect and to identify some innovative approaches to prevention which attempt, in part, to counter some of these structural barriers and to enhance the health and wellbeing of children.

## Defining Child Abuse Prevention

Child abuse prevention is commonly classified into three main levels under a 'public health' model: primary, secondary and tertiary prevention (Helfer 1982). *Primary prevention* is targeted at the community as a whole. Primary programs generally comprise mass media campaigns aimed at both children and adults, or personal safety/protective behaviour programs for children. The aim of primary prevention programs is to stop abuse before it starts (Calvert 1993).

Secondary prevention programs target specific 'at risk' sections of the population. That is, those with special needs or who are in need of greater support, such as young parents, single parents, people with physical or intellectual disabilities, and Aboriginal and Torres Strait Islander peoples. Secondary prevention programs can be categorised as enhancing family functioning by providing various forms of family support and, in particular, by teaching parenting skills and increasing parents' knowledge of child development and behavioural expectations (Calvert 1993).

*Tertiary prevention* in Australia remains the responsibility of the various States and Territories, and refers to prevention initiatives which are aimed at preventing the recurrence of abuse in those families where children have already been maltreated (Calvert 1993).

Although this prevention classification system has been widely adopted, it has its limitations. First, many prevention programs cannot be neatly classified into the primary, secondary and tertiary categories described above (Calvert 1993; Tomison 1995a). Second, although the system may be useful for the purposes of research and government departmental administration, many practitioners feel the system creates artificial distinctions between types of prevention programs, and between 'at risk' and abusive families (Tomison 1995a).

Howze and Kotch (1984) take a broader approach to the definition of prevention. Using a structure similar to that of the ecological models of child maltreatment causation espoused by Belsky (1980) and Garbarino (1977), they contend that prevention programs should address maltreatment at all levels of society. Thus, at the 'individual' level, children and parents should be assisted to reduce the potential for child maltreatment; at the 'family' level, initiatives should be developed to strengthen and support the family's structure; at the 'social' level, there should be increased access to employment, housing and education; and finally, at the 'cultural' level, values which promote or encourage aggression should be challenged and changed.

Rayner (1994) also takes a broad approach to child abuse prevention, proposing a five-tier model of prevention comprised of: the *non-abusive society*, where structural conditions associated with child abuse, such as poverty, are eliminated via the policies of the Commonwealth

Government (this is basically what would constitute primary prevention under the model employed in the National Prevention Strategy for Child Abuse and Neglect) (Calvert 1993); *non-abusive communities*, which are groups consciously bonded together by shared experience or history that are nested within the non-abusive society and may be defined in terms of geographical location or origin, language or religion, or distinctive experiences; *healthy family environments*, where governments seek to create or maintain a family environment in which a child will not be, or is not likely to be, maltreated; *children at risk*, which mirrors secondary prevention in the model described above (Calvert 1993); and *children who have been damaged by abuse*, classified as tertiary prevention (Calvert 1993).

The advantages of Rayner's (1994) model lie in its emphasis on the 'universality' of child abuse prevention initiatives. While not ignoring 'at risk' and maltreating families, the focus of the Rayner model is more the development of non-abusive communities and a non-abusive society via an holistic approach to the elimination of social ills in general. It could thus be said to offer a 'positive' perspective on the prevention of child maltreatment, incorporating strategies that offer to enhance children's quality of life, in combination with more traditional preventative programs for the 'at risk' and maltreating families.

### **'Terminology' – a barrier to prevention?**

It could be argued that none of the models of prevention described above, including Rayner's (1994) five-tier model, offer a truly positive approach to enhancing children's lives. The term child abuse prevention, it has been argued, itself hinders efforts to prevent child abuse and neglect. Child abuse prevention reflects a negative, problem-focused approach, where the objective is preventing a social ill rather than the promotion of positive, life-enhancing strategies, such as good interpersonal relationships, appropriate parenting and pro-child policies. Thus, any models framed around *prevention* rather than *promotion* may be considered to offer a somewhat restrictive means to address social ills (NSW Child Protection Council 1995).

Taking an example from an allied health field, the prevention of mental disorder in the community is generally described as mental health promotion (i.e. encouraging the development of positive mental health) rather than mental illness prevention (the prevention of a social ill). It appears that a similar 'revolution' has begun among professionals working in the child protection and child welfare arenas.

In family support work, some agencies have begun to re-focus work with families to empower clients, focusing on a family's potential for change rather than on their problems, and attempting to engage them in a truly cooperative venture to find solutions to their issues. As Durrant notes, a 'focus on strengths does not deny shortcomings – it suggests that focusing

on the shortcomings is often not a helpful way in which to address them' (Scott & O'Neill 1996:xiii).

Specific child abuse prevention programs have also adopted a 'positive' approach to ensuring children are cared for adequately. For example, the Positive Parenting (Triple P) Program developed by Associate Professor Matt Sanders at the University of Queensland is a parenting education program where, as the title suggests, the focus is on the enhancement of good parenting rather than the minimisation of bad parenting.

Finally, following research undertaken in Western Sydney, I'Anson and Litwin (1996) identify the need for a re-examination of the role of health services in addressing child abuse and neglect concerns. They advocate the adoption of a health-promoting framework where the focus is on the opportunities available to health services to promote the health and wellbeing of children, young people and their carers.

Given that associated health fields (World Health Organisation 1986; Australian Health Ministers Conference 1995) and elements of the child welfare system itself have moved to adopt a prevention philosophy (and associated terminology) which promotes healthy, positive practices rather than those which merely signify the minimisation of social ills, there would appear to be a need to develop a term (and approach) to replace *child abuse prevention*. At the least, there would appear to be a need to advocate for both the *prevention* of child abuse and neglect and the *promotion* of children's health and wellbeing.

As no specific health *promotion* term has as yet been devised or embraced by the professional community working in the child protection or child welfare field, the term *child abuse prevention* shall continue to be used throughout this paper.

## Current knowledge

Two of the three factors which Harrington and Dubowitz (1993) contended were hampering the effective prevention of child maltreatment relate to the current state of knowledge about child maltreatment and its prevention: What is child maltreatment? What are the risk factors? And most importantly, which factors appear to minimise or prevent the occurrence of maltreatment?

As Willis, Holden and Rosenberg (1992) note, effective prevention requires an accurate determination of the nature and extent of child maltreatment, clear definitions and an understanding of the etiological and risk factors associated with the development of the problem. Yet the field of child maltreatment is plagued by significant 'gaps' in knowledge; it is noted more for what is *not* known than what is known (Melton & Flood 1994).

### Definition

There is no universal definition of child maltreatment. Since the 're-discovery' of child abuse in the early 1960s in the United States by Kempe and his colleagues (Kempe et al. 1962), the definition of what constitutes child maltreatment has changed significantly to encompass not only physical abuse, but a wide range of behaviours, clinical features and assumptions (Parton 1979) embracing sexual abuse, emotional abuse and neglect.

The professional community generally agrees that there are problems in arriving at concrete definitions of the various forms of child abuse and neglect (Giovannoni 1989; Goddard & Carew 1993). The United States National Research Council (1993:5) noted that despite 'vigorous debate over the last two decades, little progress has been made in constructing clear, reliable, valid, and useful definitions of child abuse and neglect'.

The difficulty which arises when attempting to construct universal definitions of child maltreatment occurs, in part, because of: the lack of social consensus over what forms of parenting are dangerous or unacceptable; uncertainty about whether to define maltreatment on the basis of adult characteristics, adult behaviour, the outcome for the child, and the environmental context in isolation or in combination; conflict over whether standards of risk or harm should be used in constructing definitions; and confusion as to whether similar definitions should be used for scientific, legal and clinical purposes (National Research Council 1993).

### Risk factors

From the early stages of research into the etiology of child maltreatment, the investigation and delineation of risk factors has been of paramount importance (Ammerman & Hersen 1990). The identification of risk factors

was perceived as being crucial for both the identification and screening of maltreated children, and for targeting specific 'at risk' populations for secondary prevention initiatives.

A large number of models have been proposed to explain why child maltreatment occurs. Initially, most of the approaches focused on single causal factors, such as parental psychopathology, abuse-provoking child characteristics and poor housing (Browne 1988).

However, in the 1970s the limitations of unitary explanations was recognised; they could not establish a concrete etiology of child maltreatment, nor were they able to identify causal relationships between the associated variables (Browne 1988). It was further argued that studies of single factor models often produced conflicting findings, and that the predictive power of single factors was limited (National Research Council 1993). This led researchers to investigate the interactions of parent, child and environmental factors. Gil (1970), for example, was one of the first to describe the role of poverty and family disadvantage on the incidence of child maltreatment.

Such social interactionist models emphasised the importance of viewing child abuse and neglect within the context of the child, family, their local community and society. Thus the etiology of child maltreatment shifted from explanations based on individual pathology to explanations where maltreatment is a symptom of significant childrearing problems, often occurring in families with other significant family problems (e.g. unemployment, substance abuse, domestic violence, housing problems) (Browne 1988; National Research Council 1993).

It has been contended that as a result of the shift in paradigms that the research literature on the etiology of child maltreatment has often confused discussions of cause and effect and risk relationships. For example, the 'use of the terms in child maltreatment studies such as *risk factors, intermediate or moderator variables, mitigators, mediators, confounding variables* and so forth lacks the precision found in the fields that have more developed sources of statistical and epidemiological data to test theories' (National Research Council 1993:109).

It was further argued that theoretical terms and/or factors hypothesised as their significant correlates have not been tested adequately in controlled studies (National Research Council 1993). As a consequence, some factors have been purported to act in multiple ways, 'sometimes antecedents to child maltreatment, sometimes as consequences, sometimes as factors that are present with or without a modifying effect on the causal relationships that result in child maltreatment' (National Research Council 1993:108).

Interactive models are generally founded on a probabilistic risk assessment process concerned with identifying and specifying the effects of causal factors at multiple levels of the environmental context (Holden, Willis &

Corcoran 1992). Rather than attending only to any one unitary factor, analysis is made of the combination of a number of risk factors, some enhancing and some minimising the potential for maltreatment, that determine the degree of risk. Under this perspective, maltreatment may result from complex constellations of factors whose influence may increase or decrease over different developmental and historical periods (Holden, Willis & Corcoran 1992; National Research Council 1993).

### **Risk assessment**

Risk assessment can be defined as ‘the systematic collection of information to determine the degree to which a child is likely to be abused or neglected in the future. [It also refers] ... to an estimation of the likelihood that there will be an occurrence of child maltreatment in a case where maltreatment has not occurred ...’ (English & Pecora 1994:452).

Risk assessment has several objectives: to help protective workers identify situations where children are at risk of maltreatment; to improve consistency in service delivery; and to help protective services determine the appropriate priorities within protective services caseloads (Browne & Saqi 1988; English & Pecora 1994). Part of the reasoning behind the introduction of risk assessment measures is the need for services to screen out inappropriate reports, or cases where the maltreatment is suitable for a community-based caseplan without the involvement of protective services. Another motivation is to improve the ability of workers to detect high risk cases prior to the child suffering some form of injury.

English and Pecora (1994) conclude that while there is insufficient information currently available to determine the efficacy of risk assessment tools for identifying children at risk of serious maltreatment, ‘the necessity of managing high caseloads with limited resources makes it imperative that child protective service agencies develop methods to identify children who are most at risk of serious harm so that they can receive services first’ (English & Pecora 1994:454).

English and Pecora (1994) identify five risk assessment systems currently operating. The two most significant approaches are the *matrix approach*, where a number of individual factors are rated in terms of their severity of risk to the child, and *structural equation modelling*, also known as the *empirical predictors method*, which involves multivariate analyses of variables resulting in the production of a probabilistic model used to predict abuse outcomes.

One of the most successful risk assessment studies, produced in Queensland by Dalglish and Drew (1989), attempted to identify the factors influencing a decision to remove a maltreated child from her/his family. Adopting a structural equation modelling approach, Dalglish and Drew used a number of predictive factors commonly incorporated into risk assessment/decision-making models, such as child demographics, aspects of the parental relationship, parental level of cooperation with protection

workers, parental characteristics and environmental factors. They also developed a risk measure which was produced by using experienced workers to develop a risk scale which was then used to rate a sample of actual cases where legal action had taken place in order to remove the child from her/his home.

Dalgleish and Drew's model accounted for 51.5 per cent of the variance, which compared most favourably with previously developed statistical models where the variance ranged from 15 to 33 per cent (Dalgleish & Drew 1989). Dalgleish and Drew also reported that 65.9 per cent of the variance of their risk assessment scale was accounted for by the predictor variables. A classifications analysis was performed, and this indicated that the model could correctly classify 86.8 per cent of the sample cases.

Despite their success in operationally defining a set of indicators for use in risk assessment, Dalgleish and Drew concluded that their model had low practical utility. Even with the relatively high accuracy rate of 80 per cent, the model would still produce large numbers of 'false positive' cases (misclassifying cases as involving maltreatment) and 'false negative' cases, (misclassifying cases as *not* involving maltreatment), resulting in unacceptably high social and financial costs. Dalgleish and Drew adequately sum up the field of risk assessment when they note that 'indicators cannot be the perfect predictors or ... capture the "whole" amount of the information needed in a case. They do, however, provide a framework for the assessment of child abuse cases' (Dalgleish & Drew 1989:500).

In spite of the inability to predict accurately who will maltreat their children, the development of an accurate list of risk factors is central to the design of effective intervention strategies. Both treatment and prevention planning can benefit from the knowledge generated by research on the causes of child maltreatment (Daro 1988).

## **Program evaluations**

Under a general Public Health model, once the underlying etiological or risk factors associated with a problem are understood (Willis, Holden & Rosenberg 1992) and a problem is clearly defined, the next stage in developing an effective prevention strategy is to trial and evaluate various prevention initiatives. Based on the results of such trials, successful programs can then be implemented on a wider scale.

Unfortunately, relatively little is known about the effectiveness of current child abuse prevention initiatives, mainly because of a failure to conduct careful program evaluations (Harrington & Dubowitz 1993; Melton & Flood 1994). This failure is exacerbated by the relatively low priority given to prevention programs by governments and other institutions, and the common tendency of funding only short-term demonstration or pilot projects (Melton & Flood 1994).

In a 1993 audit of the National Child Protection Clearing House Prevention Programs and Research databases, James (1994b) concluded that, with a few exceptions, no systematic research had preceded the implementation of primary and secondary prevention programs in Australia. In many cases, overseas programs had been adapted for use without any investigation into the needs of the community for which the program was intended.

In spite of a general acceptance that 'rigorous' evaluation<sup>1</sup> should be an essential part of all prevention programs, very few effective evaluations had been done in Australia. In particular, James noted the distinct lack of attention paid to the evaluation of family support/parenting programs in Australia, stating that 'none have been effectively quantified in terms of actually measuring reduction in the incidence of child abuse and neglect' (1994b:3), despite the quite extensive use of such programs across the nation.

MacDonald and Roberts (1995), in their review of child abuse prevention programs in the United Kingdom, commented that the vast majority of interventions had not been evaluated prior to introduction, and to all intents and purposes had the status of uncontrolled experiments. Much like James (1994b), they concluded that despite some promising evaluation research, there was still a need for better quality evaluations which incorporated more methodologically rigorous designs.

Fink and McCloskey (1990) reviewed 13 United States program evaluations recommended by experts and published from 1978 to 1988. Using the 'true experiment' as their criterion, they reported that most of the studies were methodologically sound. That is, the studies had control groups or involved longitudinal research enabling an assessment of program effects on families over time.

However, Fink and McCloskey concluded that the evaluation studies were hampered by a lack of uniform definitions of child maltreatment and of what constituted an 'at-risk' child or family, and that the studies had not fully measured the impact of programs on the incidence of child abuse and neglect and had failed to collect data on some of the indicators that were targeted for special attention in the prevention programs themselves. Thus, it was not possible to determine whether specific aspects of family functioning had improved as a result of participation in the project.

Fink and McCloskey contended that without the construction of uniform definitions and accurate measures of child maltreatment, there was no possibility of building on other child abuse prevention evaluation research. Given the limitations of the United States program evaluations,

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<sup>1</sup> A 'rigorous' evaluation is one designed as a 'true experiment' (Fink & McCloskey 1990) involving pre- and post-test models, and/or matched control and experimental samples. The overall intention would also be to evaluate with large sample sizes over time, enhancing the potential for future replication.

as noted by Fink and McCloskey (1990), it could be concluded that the Australian reliance on international evaluation studies is misplaced.

The Fink and McCloskey and James studies highlight some of the difficulties in attempting to apply a scientific approach to the appraisal of actual *in situ* prevention programs. As Vimpani et al. (1996:36) note, 'the stark realities of providing services to families conflict with the ideals of experimental realities'.

Apart from the issues identified by Fink and McCloskey (1990), evaluators also have to contend with an inability to control important familial and program-related variables, and the lack of a uniform standard for program success (Vimpani et al. 1996).

In spite of such difficulties, however, it was apparent in a second audit of the National Clearing House Prevention Programs database that practitioners had become more aware of the need to evaluate their programs effectively. A sizeable proportion of programs were reported to incorporate an 'extensive' evaluation (Tomison 1995a). That is, they had attempted to develop an elaborate, methodologically rigorous evaluation, such as the pre-test/post-test evaluation espoused by James (1994b) and others.

This greater recognition of the need to rigorously evaluate program effectiveness may be due, in part, to the trend of funding bodies to stipulate adequate program evaluation as a precondition for funding. Overall, however, it would appear that more professionals are attempting to implement program evaluations with some degree of methodological rigour, thereby going some way towards satisfying the lack of quality evaluations in Australia outlined by James (1994a).

### ***Evidence-based practice***

Given the limitations of current child abuse prevention program evaluations, evidence-based practice may offer a means of establishing a reasonable body of research upon which to base a prevention strategy (MacDonald and Roberts 1995; Clark 1997). Although traditionally based on the 'scientist-practitioner' model, with data collected in 'true experiments' (Fink & McCloskey 1990), more recent literature has made mention of a number of other tools which can be employed to inform practice (MacDonald and Roberts 1995; Clark 1997).

Under an evidenced-based approach, the object is to identify all systematic trials, published or not, including those studies which produced negative effects or a null result. Information is also generated from routine practice, making best use of qualitative data and finding 'methods of synthesizing evidence from the widest range of sources available' (Clark 1997:2). Deficits in methodological rigour are therefore compensated for, in part, by the richness and quantity of the data gathered.

### ***Universal outcome criteria***

Developing effective outcome measurement is crucial to developing rigorous program evaluations as proposed by James (1994b) and Fink and McCloskey (1990). Outcome measurement involves the recording of changes in individuals, families or communities targeted for an intervention, and the collection of data in such a way as to enable a determination of whether the program is achieving its objectives (Clark 1997). This requires the development of a clear definition of program 'success' on the basis of an assessment of both program-specific and more broadly-based social indicators (Kaufman & Zigler 1992; Clark 1997).

As an alternative to, or in conjunction with, evidence-based practice, prevention program evaluations would be enhanced further by the development of a universal set of outcome indicators routinely applied by all child and family services in order to enhance program evaluations. This would enable comparisons of similar types of program to be made (James 1994b).

In addition, if a program was operating in a number of individual agencies, ensuring uniform data collection methods across sites would give the potential for aggregating the data, providing a greater quantity of data than could be produced at one site and thus strengthening the power of the evaluation to provide useful results.

### ***Community assessments***

The regular collection of broad-based social indicator data, for example health outcomes data, in combination with other measures of wellbeing would also provide an improved quality of information and enable the better targeting and resourcing of those most in need. At present, attempts to target prevention initiatives at specific sections of the population are based on the identification of 'at risk' populations. Regular assessments of family functioning and wellbeing are rarely conducted in order to determine the extent and nature of problems in the community and to further inform prevention work. Such assessments, if undertaken, would enable policy makers and practitioners to monitor the population and more effectively target resources to improve conditions for those in need (McGurk 1997).

Given that community change may take some time to become discernible via broad-based social indicators, there may be a need to develop more sensitive, local community-based or problem-specific indicators in order to detect problems at any earlier stage. This may involve the utilisation of 'coalface' indicators, that is, measures developed within agencies or programs that are routinely applied in order to determine service impact on individuals or groups.

## **Social policy**

Rayner summarises the position of children in society as:

*'... a large uninfluential section of the community. They do not have access to the means of exerting power, or [of] protecting their own vulnerability. They are restricted in the extent to which they can make decisions about their own lives. They do not play any part in the processes which determine the policies which affect them. They, unlike other subjects of discrimination, are peculiarly unable to organise themselves politically. But there is something more at work. Even the concerns of those adults who advocate for children and young people have a low political priority.'* (1991:36)

Harrington and Dubowitz (1993) have argued that a main reason for the failure to effectively prevent child maltreatment is 'the lack of political will to prioritise child and family wellbeing' which, it is further argued, has led to a lack of adequate resources with which to assist families in need. Any attempt to describe the structural or societal barriers which hamper the prevention of child maltreatment must therefore include an assessment of social policy as it pertains to children and young people, and consider the societal perceptions of children and childhood upon which social policy is based.

### **What is a child?**

As Franklin notes, childhood is not a constant of predetermined length, but an 'historically shifting, cultural construction' (1986:7).

Children do not feature prominently in historical texts, and when they do, they appear to have frequently suffered at the hands of adults (Goddard 1996a). Even relatively recently, historical accounts have made little direct reference to children. Their inclusion is often in the form of the histories of institutions and services, not as important participants in their own right (Goddard & Carew 1993; Goddard 1996a).

Aries (1962, as cited in Franklin 1986) proposes one, somewhat controversial, explanation for the absence of children from historical accounts. He suggests that childhood was not viewed as a separate stage of human development until late in the 17th century. This theory does not, however, dispute the existence of a period of infancy where children were considered to require special nurture and protection (Goddard & Carew 1993).

In more recent times, the end of childhood and the onset of adulthood has occurred at different ages depending on the activity involved (Franklin 1986). For example, a child may be deemed old enough to have committed a crime, but not old enough to vote or to legally drive a car. The inconsistent divisions between childhood and adulthood are defined

predominantly in negative terms, in that they are based on a child's inability to perform particular tasks (Franklin 1986).

Franklin (1986), however, contends that being defined as a 'child' is based less on age and more on interpersonal power. Freeman (1983, as cited in Goddard & Carew 1993), in an assessment of Franklin's contention, used the treatment of slaves in the United States and black citizens in South Africa to highlight that it is those in power who define who is a child. In both examples black people were treated like children, kept in a subservient position by constant supervision, and frequently referred to as 'boy' or 'girl', providing evidence supporting the contention that one does not have to be young to be treated like a child (Franklin 1986).

Although society's conceptualisation of children and childhood is changing rapidly as the full extent of child maltreatment is acknowledged and concepts of children's rights and adult responsibilities are more clearly defined (Goddard 1996a), clearly a child is still defined predominantly in terms of age and perceived levels of maturation. For example, the United Nations has defined a child as any person under the age of 18 years. The United Nations has also recognised that a child, 'by reason of his [or her] physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth' (Declaration of the Rights of the Child, first adopted by the League of Nations in 1924 and amended by the General Assembly of the United Nations on 20 November 1959).

The current international standard for child rights and the development of children's policy is the United Nations Convention on the Rights of the Child, which Australia ratified after much consideration and debate at the end of 1990.

### **Convention on the Rights of the Child**

Based on the premise that every child has the right to maximise her/his potential, the United Nations Convention on the Rights of the Child was developed in an attempt to protect the world's children by delineating a number of basic child rights.

The increase in child rights, as proposed under the UN Convention, was perceived by some in Australia (and overseas), as a dilution of parents' rights and a reduction in the importance of the family as the primary agent for child socialisation (Goddard & Carew 1993). A number of areas were seen as particularly controversial and were criticised as undermining the family. These were Articles dealing with freedom of expression, access to information, freedom of thought, conscience and religion, freedom of association, and the protection of privacy (Goddard & Carew 1993).

A number of reports have since shown that Australia has failed to uphold many of its obligations under the UN Convention (e.g. Rayner 1995). Criticism of the failure to implement the UN Convention was heightened

by the Commonwealth Government's submission of a long-overdue Report to the UN Committee on the Rights of the Child in 1996. The Report was to detail Australia's compliance with the UN Convention, but has been criticised for failing to assess, quantify or analyse the social problems or trends which are impacting on children.

In view of what were perceived as serious inadequacies in the Government Report, an Alternative Report was submitted to the UN Committee. The Alternative Report outlined the views of Australian non-government organisations on Australia's progress as a nation in implementing the UN Convention and, in particular, Australia's serious breaches of the Convention (Bayes, Taperell & Beauchamp 1996).

One significant hurdle to the full implementation of the UN Convention is the continued denial of a coherent, permanent voice for children and young people at the national and State levels, which results from Australia's failure to develop a comprehensive children's policy (Rayner 1995). The failure to implement the UN Convention or to develop a cohesive national children's policy may be taken as a reflection of Australia's valuing of children (or lack thereof), and the ways in which they are perceived in Australian society.

### **The role of families**

When children are recognised in social policies it is often under family-focused child welfare legislation, where child concerns are subsumed within a general focus on the family (Mason & Steadman 1997), a process from which children are generally excluded (Shamgar-Handelman 1994, as cited in Mason & Steadman 1997).

Despite changes in the definition of childhood, parenthood and families, the family, in all its forms, remains the basic unit for the nurture, protection and socialisation of children (Goddard & Carew 1993). Similarly, the traditional assumption made in western societies that children's needs will be met as dependants within the family context with adults mediating their needs, still remains.

Although this assumption has been challenged to some extent since the 're-discovery' of child maltreatment by Kempe and his colleagues (Kempe et al. 1962), raising children is generally considered to be primarily a private or family issue and, with few exceptions, outside the realm of State intervention (Atwool 1996). As Belsky (1980) pointed out, parenthood is often construed in terms of ownership, and there is a widespread societal belief that children are property to be handled as parents see fit.

### **Familism**

A number of authors, such as Makrinoti (1994) and Mason and Steadman (1997), refer to the ideology of 'familism' and its relationship to the oppression of children. The term *familism* is used to describe the ways by

which policies targeting children are frequently subsumed under other policies (Mason & Steadman 1997). Childhood is fused with the institution of the family such that children and their needs cannot be defined independently of the family. Children, therefore, do not exist as a 'distinct social entity', but are conceptualised as family dependants (Makrinoti 1994). It is assumed that their needs will be met as family dependants, with adult family members mediating their needs (Makrinoti 1994).

Family policies, in particular, are based on the assumption that a child's needs will be met as dependants within a family context. The sublimation of childhood within the institution of the family has also led to the perception that it is not necessary to enshrine a basic standard of living for children, in contrast, for example, with the elderly who are perceived to be a distinct social group whose rights need to be protected (Makrinoti 1994).

With regard to policies that have a specific focus on children, such as child welfare and child protection policies, despite the rhetoric of improving the quality of children's lives, these are often perceived as merely reinforcing the subordinate status of children and childhood in society (Morrow 1995, as cited in Mason & Steadman 1997).

Thus, in cases of child maltreatment where a child is at risk if left in the family home, it is adult professionals who determine the actions to be taken and where the child will reside, often with little or no consideration of the child's wishes (Mason & Steadman 1997). Similarly, in the Family Court, despite there being provision for children's wishes to be taken into account, these may be overridden. When children do gain a voice in the legal system, their evidence is often distrusted by adults and their statements frequently challenged for 'truthfulness and contamination in a way that rarely occurs with adult statements' (Mason & Steadman 1997:32).

The failure to listen to children and the tendency to discount their views is based first on the belief that children are incompetent beings unable to truly comprehend what they want or need, and second, on the perception that children are merely family possessions whose views are therefore immaterial (Melton 1987). The former arises from the 'adult ideological viewpoint' (Speier 1976, as cited in Mason & Steadman 1997), where children are believed to be dependent on adults as part of the natural order, and parents are perceived to have a 'natural right to exert power over children' (Qvortrup et al. 1994:5). Under the adult ideological viewpoint the interests of children, as participants in their own socialisation, are excluded on the basis that they more or less converge with those of the more socially powerful adults (Alanen 1988, as cited in Mason & Steadman 1997).

The powerless position of the child, and indeed of professionals in the child welfare and child protection systems, is further evidenced by the relatively powerless position of the portfolio in governments and the low political priority generally assigned to it (Rayner 1991).

Unfortunately, children's vulnerability to child maltreatment is often increased by the child protection system itself (Cashmore, Dolby & Brennan 1994). It appears that such vulnerability is exacerbated when children in the child welfare system are not given the opportunity to be heard or to be involved in decisions that affect their lives (Mason & Steadman 1997). Some evidence suggests that children have suffered negative consequences as a function of trying to disclose maltreatment (Cashmore, Dolby & Brennan 1994). The system's abuse of children in care serves to focus attention on the subordination of children to adult power, and is a challenge to the rhetoric that child welfare policies are implemented in children's best interests (Mason & Steadman 1997).

### **The role of the media**

Public attitudes and perceptions, however ill-informed, may profoundly influence political action (Walby 1996). In their analysis of the social construction of youth homelessness, Hutson and Liddiard (1994) argued that media representations are the prime source of information on social problems for many people.

The media has been essential to the growth of societal awareness of child abuse, not so much from specific community education campaigns as through the news and features reporting on specific cases, research and intervention initiatives (Gough 1996). As Goddard notes:

*'... in Victoria, if not the rest of Australia, the media coverage of child abuse has played a significant part in the development of "solutions" to the problem. A major restructuring of child protection services, together with a large increase in resources, followed one extensive media campaign (Goddard and Carew 1993) ... another intensive print media campaign following the death of an abused child referred to the police and protective services, led to the introduction of mandatory reporting in Victoria (Goddard and Liddell 1995). Such campaigns lead to "policy development by press release" (Goddard and Liddell 1993, p. 24) rather than responses developed through community consultation, research, and reflection.'* (1996b:305)

Wilczynski and Sinclair (1996) provide a preliminary report of data from an ongoing project investigating the portrayal of child maltreatment by the Australian media. Over 1000 stories on child maltreatment which appeared in a 'quality' newspaper and a 'tabloid' in New South Wales were assessed as one method of discerning society's perception of children, child abuse and the child protection system. Important themes identified from the data generally reflected previous findings from overseas (e.g. National Commission of Inquiry into the Prevention of Child Abuse (UK) 1996; Gough 1996). These were:

- the over-representation of stories based on individual court cases (in reality, most cases do not involve court action);

- the extensive coverage of child homicides and sexual assaults, while non-fatal physical abuse, emotional abuse or neglect received comparatively little coverage;
- the disproportionate representation of particular types of offenders (e.g. cases involving strangers rather than familial offenders, particularly in the context of sexual assault, abduction or home invasions);
- well-known or 'respectable' perpetrators;
- cases portraying the accused as a 'bad parent', in most cases, a 'bad mother';
- media focus on multiple victim and homicide cases.

Wilczynski and Sinclair (1996) concluded that the general media coverage was superficial and sensationalist, ignoring the broader social issues underpinning child maltreatment while drawing on stereotypes of abuse and abusers. They noted that although 'the public is bombarded with articles about child abuse, they generally receive a very distorted and superficial perception of child abuse issues from the media' (Wilczynski & Sinclair 1996:4).

A side effect of the media tendency to focus on the sensational aspects of child maltreatment is the influence the media has on the day-to-day administration of policy (Scott 1995). The politicisation and publicisation of child protection leads to reactive policy responses by governments (Scott 1995). Child deaths, or other indications of the failure of the child protection system to adequately protect children, often result in the allocation of more resources to child protection at the expense of primary and secondary prevention services (Scott 1995; Wilczynski, as quoted in Loane 1997). Paradoxically, a response focused on child protection at the expense of prevention may further damage the system's potential to prevent maltreatment and thus lead to more child tragedies (Scott 1995).

In response, Loane (1997) contends that without media attention, governments will not act to improve the protection of children. For example, the NSW Government set up a panel to provide specialist advice to child protection workers as a direct consequence of media coverage of the state of the child protection system and, in particular, 19 cases of fatal child abuse which had occurred in the previous two years. This same recommendation had been made by the eminent paediatrician Professor Kim Oates in 1994, but had not been acted upon (Loane 1997).

Loane (1997) agrees with the criticism of the media's coverage of child maltreatment issues as provided by Wilczynski and Sinclair (1996). Her response is to note that it is only by the production of stories that shock

that a response can be gleaned from politicians or the public. She notes that the 'first rule for any journalist who wants to change something ... is to get a politician to react. That is achieved, more often than not, by hitting them between the eyes with a page one scandal. Crude, lamentable, but a fact of life in this country's reactive, adversarial political system' (Loane 1997:59).

### **Perceptions of 'the child'**

Underpinning any conceptualisation of childhood and related social policy are society's perceptions of children and young people. Since the Victorian era the general perception of childhood has been that it is a period of innocence and that children are 'innately good' (Franklin & Horwath 1996). More recently, however, children, and adolescents in particular, have been the victims of negative stereotypes held by the public and by professionals in western society (Franklin & Horwath 1996).

Franklin and Horwath (1996) describe an ominous shift in society's perception of children, evidenced in recent media reports in the United Kingdom, contending that the extent of media reporting of child abuse may, in itself, constitute an abusive activity.

In an infamous case of child homicide in the United Kingdom in 1993, James Bulger, a 2-year-old boy, was murdered by two 10-year-old boys. At the time, the two young offenders were described in the press as 'evil', 'monsters' and 'freaks'.

The media theme was that the children had to accept personal responsibility for their actions. No allowance was made for their behaviour and there was no mitigation as a result of growing up in families of poor social circumstances, or the failure of the child welfare system to remedy a history of problem behaviour throughout childhood. The image presented of the children was of evil, 'powerful, destructive human being[s]' (Franklin & Horwath 1996:315).

Over time the media began to surreptitiously generalise their criticisms of the two boys such that the character of all children was impugned, challenging the concept of childhood innocence and the perception that children are 'innately good'. According to Franklin and Horwath, since the Bulger case media presentations of children and childhood have continued to be presented in a distinctive and sinister fashion.

### **Implications**

Developing the perception of children as powerful, evil creatures both dehumanises children and acts as a justification and reinforcement for the behaviour of the perpetrators of sexual and physical abuse. Such perceptions reinforce the distorted thinking of perpetrators such that the child is seen as evil and out of control, with the ability to lead adults astray and thus in need of punishment. This victim blaming runs directly counter to, and conflicts with, current approaches to offender treatment,

which focus on offenders acknowledging that their crimes are an abuse of power. 'How much more convenient, as well as morally reassuring, to blame the victim' (Franklin & Horwath 1996:317).

The portrayal of children in a negative manner by the media may also lead child victims of maltreatment to blame themselves for the assaults they have suffered, internalising the messages of perpetrators that they deserve to be abused and increasing their willingness to accept the abuse. Finally, the media image of the bad or evil child provides reinforcement for the suggestion that children are 'out of control', 'a message perhaps too frequently conveyed by Government to justify its current punitive approach towards young offenders' (Franklin & Horwath 1996:317).

The punitive approach towards young offenders by both State and Territory governments in Australia indicates a strong preference to perceive children and young people as a 'threat to social stability' (Drury & Jamrozik 1985). This is evidenced in New South Wales in the recent announcement by the State Government of its intention to extend the operation of the *Children (Parental Responsibility) Act 1994* (Duff 1997). Part III of the Act enables police to remove children and young people under the age of 15 from a public place whenever that child is not under direct supervision or control of a responsible adult. This power is only limited by the requirement that police consider acting only on the grounds that the child's removal would reduce the risk of a crime being committed, or that there is a likelihood of the child being exposed to some risk (Duff 1997).

### **Perceptions of adolescents**

Negative societal stereotypes of 'the child' (Franklin & Horwath 1996) are perhaps most evident when applied to adolescents. Friedenberg (1965) emphasised the way adults often regard adolescents with fear and contempt. Looking at adolescents in the education system, he noted that secondary schools are 'problem-oriented and the feelings and needs for growth of their captives and unenfranchised clientele are the least of their problems; for the status of the teenager in the community is so low that even if he rebels, the school is not blamed for the conditions against which he is rebelling' (Friedenberg 1965:92-93).

As public sympathy for troubled adolescents shifts to public support for 'get tough' approaches, particularly in the area of juvenile justice, Friedenberg's words may be equally applicable to families and parents (Garbarino 1992).

Winn (1983) describes the 'myth of the teenage werewolf', which contributes to parents feeling powerless to control their children's fates. The underlying tenet of the myth is that 'no matter how pleasant and sweet and innocent their child might be at the moment, how amiable and docile and friendly, come the first hormonal surge of puberty, and the child will turn into an uncontrollable monster' (Winn 1983:14). Such

images of adolescence contribute to the context in which the dynamics of adolescent maltreatment occurs, and in which those who would prevent it must operate (Garbarino 1992).

Whatever the source of these negative stereotypes, they appear to be firmly entrenched and are likely to exacerbate the problems of troubled youth in troubled families, providing a justification for unresponsive parenting and increasing the probability of serious family conflict (Garbarino 1992).

### **Agenda for change**

If children and young people are more likely to be perceived in negative terms – as a ‘problem group’, a ‘threat to social stability’ or as ‘disadvantaged’ – the resultant policies are most likely to be designed to control, manage and rehabilitate, rather than to encourage and support young people’s transition to adulthood (Drury & Jamrozik 1985).

A major facet of any successful child abuse prevention strategy would therefore be initiatives which redress such views. Promoting positive societal perceptions of children and young people may, in turn, lead to the development of ‘child-friendly’ government policies. However, this in itself is not enough if the objective is to promote the health and wellbeing of children and young people, rather than merely preventing maltreatment and other social ills.

Put simply, an effective prevention strategy cannot be constructed without joining with children and young people as equal partners in a collaboration that increases children’s proactive options and assists them in transforming their social and political worlds. This cannot take place without a significant improvement in children’s rights such that their importance in society is recognised. If childhood is reconceptualised to emphasise the ‘conceptual autonomy of children’, child protection policies can be constructed which acknowledge and reinforce children’s own prevention strategies, while identifying and challenging the powerlessness of children (Mason & Steadman 1997).

Rayner notes that as ‘relations between the State and the individual have changed from feudal or hierarchical relations, based on superior power and status or position, to the democratic expression of participation and empowerment, so family relations are moving along the same track (Carter 1994)’ (1994:3–4). She contends that current work in child development and family theory has identified a shift in family relations from a model based on the authority of the parent, especially the father, to a model that allows for the development of rights and recognises the separate needs of individual family members, most notably women and children (Rayner 1994). A number of prevention activities would appear to have the potential to positively influence society’s view of children, childhood and children’s rights.

### **Community education**

How society values and perceives children 'fundamentally affects the size and direction of public investment in their services' (Walby 1996:25). 'Children and childhood need to be better appreciated; families with children need a more supportive environment; issues affecting children need more sophisticated debate; and services for children and the people who work for them need more support from the public.' (Walby 1996:25)

Certainly, community education campaigns to empower children and to address the stereotypic views of children would seem to be vital. Central to such programs should be the promotion of respect for children and young people and the acknowledgement of child rights.

### **Consumer participation**

O'Brien (1997) distinguishes between consumer participation and 'having a voice'. Consumer participation involves a two-way dialogue where all parties are able to express their views and where decisions are reached jointly. 'Having a voice' is mainly a one-way process where only children and young people are able to express their views and wishes.

Rayner notes that the National Prevention Strategy for Child Abuse and Neglect needs the input of consumers, parents and children, vulnerable and 'healthy', to identify what they perceive is needed for families to function effectively.

Such consultation occurred in the development of the National Strategy on Violence Against Women, which was produced after much discussion with women about which programs and policies were 'successful' and which were not (Rayner 1994). In contrast, child abuse prevention and/or child protection has generally excluded consumers – that is, parents and children – from the policy process. This is not Commonwealth practice in any other significant policy or program area (Rayner 1994).

Giving a voice to children is based around the empowerment of young people, and in particular children and young people in care, to enable them to have a meaningful involvement in the decision-making processes which affect them (O'Brien 1997). This process will 'involve altering adult institutionalised ways of behaving to accommodate the difference inherent in contributions by children' (Mason & Steadman 1997:36).

This need for such consumer participation has been recognised in the child welfare sector where, based on the input of young people, a number of agencies have recently made changes to the way services are provided. Consumer participation has also received support in the New South Wales document *Standards for Substitute Care Services* (1996, as cited in O'Brien 1997).

The Australian Association of Young People In Care (AAYPIC) is the national consumer organisation for children and young people who cannot live with their families. It is currently working with a number of service providers to develop different models of consumer participation which allow for as much involvement in the decision-making process as is possible, taking into account the structures of service provider agencies and the NSW Department of Community Services (O'Brien 1997).

### ***A media voice for children***

The United Kingdom National Commission of Inquiry into the Prevention of Child Abuse recommended that the media 'take a more balanced and sympathetic view of children' (1996:77). In line with a belief in the importance of 'listening to children' the Commission felt that the media should take the views of children into account when presenting on an issue in which children have some interest. The Commission (1996) recommended that the media should have an obligation to consider a child's best interest in stories in which children feature, and that the failure to do so would constitute grounds for a complaint to a relevant authority.

The Commission also noted the need for professionals to effectively disseminate information about actual practice and research, thus informing and influencing public opinion on the basis of knowledge and experience rather than media hype. For example, despite research evidence to suggest that rehabilitation programs to prevent reoffending in young offenders was a cost-effective approach, the information was not acted upon by those in government. Rather, significant funds were allocated for ineffective custodial and punitive approaches, and policy is now having to be reassessed (Walby 1996).

### ***Child-friendly communities***

Another positive approach which has the potential to enhance the lives of children is the development of the child-friendly community. The concept of the child-friendly community is based around the development of positive strategies which enhance children's physical, social and emotional environments, and thus minimise child maltreatment and associated social ills. Below are described a number of programs based on this concept.

- *Bangalow Child Friendly Village, New South Wales*

The Bangalow Child Friendly Village program is a primary prevention community development initiative of the Bangalow Chamber of Commerce and the Northern Rivers (NSW) Area Health Service. Partially inspired by reports of Swedish attempts to create an environment designed specifically for children (Duncombe 1996), the Child Friendly Village was developed to improve the environment for children via the utilisation of existing community groups and networks. The aims of the Child Friendly Village are to raise awareness of children's needs in decisions affecting the physical environment, and to 'extend beyond the purely physical to

address the social and emotional environment of children as well' (Duncombe 1996:43).

Following the development of a Bangalow community profile and the identification of gaps in knowledge, programs were undertaken to educate local businesses and the wider community on ways of improving the community's physical environment for children and their carers (Duncombe 1996). A major facet of the Village concept is the Bangalow Parenting Support Project, an integrated community program funded by the NSW Child Protection Council and based on networking, sustainability and community participation. The Project is a primary prevention strategy designed to raise community awareness of parenting as a difficult but important job, and the need to support parents in raising their children. The community awareness facet of the program is run in conjunction with parenting skills programs which adopt a 'positive parenting' approach to parent education.

- *SOS Children's Villages – Adelaide*

SOS Children's Villages is an international, non-governmental and non-denominational organisation entirely funded by private donations. The purpose of SOS Children's Villages is to help, through National SOS Children's Villages Associations, orphaned and abandoned children regardless of their ethnic roots, nationality and religion, by giving them a family, a permanent home and a sound basis for an independent life. The first Australian SOS Village was established in Adelaide in 1996.

A secondary or tertiary prevention program, the principles behind SOS Children's Villages have influenced the way people work with orphaned and abandoned children around the world. The strong educational and psychological principles underlying these Villages encourage the free development of every child's personality and talents by providing love, security and continuity of care; sound schooling and training in local schools/training workshops/colleges; and a wide variety of facilities for extra-curricular and recreational activities and hobbies (SOS Kinderdorf International, no date).

Children in these Villages grow up in what is considered to be the next best setting to a 'natural' family. The children live with their biological siblings and Village 'mother', 'brothers' and 'sisters' (between six to eight boys and girls of various ages) in a one-family home.

An SOS Children's Village comprises 10–15 houses. It is run by a trained Village Director who, together with additional educational staff, advises and supports the 'mothers' in caring for the emotional and educational wellbeing of the children entrusted to their care. The children remain in the Village until they are self-sufficient. During their apprentice or student years, they may live in the SOS Youth Houses operated by the Villages.

• *Poatina Village – Fusion Australia*

Poatina Village (Fusion Australia, no date) is a Tasmanian residential pre-vocational centre for young people needing housing, employment and other kinds of assistance.

The Poatina Village concept is based on being able to take ‘at risk’ young people from their ‘normal’ surroundings, where established patterns of behaviour may be destructive and unhelpful, to an environment where they can participate as independent people in a caring, child-focused, adult community. Young people are provided with: an opportunity for gainful employment; long-term supported residence in a supportive environment; creative leisure pursuits; and individually designed programs of support from youth workers skilled in assisting young people to achieve personal goals. It is envisaged that a number of Village cottages will be made available in the future to low-income families, including single parents with children.

A major priority for the Village is coming to terms with ‘familylessness’ and the encouragement of the process of ‘retribalisation’, where surrogate extended families can be brought into being through considered neighbourhood and community development. To this end Fusion Australia has encouraged older people to join the Poatina Village; in particular, people over 50 who wish to contribute to a young community through passing on their employment skills and life experiences (Fusion Australia, no date).

## **Social forces**

Children's social and economic rights to housing, education and a decent standard of living are central to the realisation of children's rights (Rayner 1995) and the prevention of child maltreatment. Families without adequate support, particularly in harsh economic times, cannot fulfil the requirement of the UN Convention on the Rights of the Child of providing 'an atmosphere of love and understanding' (Rayner 1995). Child maltreatment may therefore be a particularly sensitive marker of the strength of the social fabric. That is, a high rate of child maltreatment may reflect negative social momentum, persistent economic decline and community disintegration (Melton & Flood 1994).

The socio-economic situation in most western countries can best be described as one of economic polarisation and redistribution of wealth (Dallaire et al. 1995). Rising levels of violence, poverty and unemployment are occurring in a society increasingly divided into the 'haves' and the 'have nots', with an increasing number of its members being marginalised and excluded; child protection and child welfare policies have been criticised for failing to adequately address such issues (Parton 1991). With specific regard to child abuse prevention, researchers, policy makers and practitioners often see such structural inequalities as being beyond the scope of prevention; the tendency is to tailor prevention activities to run within the constraints of the socially toxic environment (Garbarino 1995).

For example, in a discussion paper entitled *Preventing Child Abuse*, prepared for the South Australian Department of Family and Community Services, Tomison and McGurk noted, that while they 'support the position that the structural forces which may enhance the potential for child maltreatment need to be addressed in conjunction with any analysis of prevention initiatives, it is beyond the scope of this paper to assess the societal factors which impinge on families' (1996:8).

There has also been significant change in the structure of Australian families, their experiences and the level of family support in recent years. The changes include: an increasing number of sole parent families; an increasing number of ethnically mixed marriages; an increasing divorce rate; an increasing number of families with dependant children where both parents are participating in the workforce; and an increasing number of children in child care (Goddard 1996a).

The following sections look at a number of social forces which act as barriers to the effective prevention of child maltreatment and the type of key initiatives needed to overcome them.

### **Economic rationalism**

With the end of World War II, the majority of countries which together had constituted the Allies embraced the collectivist values and extensive

provision of health and welfare services commensurate with a Keynesian economic perspective (McGurk 1997). However, by the end of the 1970s such principles had been abandoned in favour of the economic rationalist approach espoused by the 18th century Scottish academic, Adam Smith (McGurk 1997).

Smith advocated a system based on the concept of the 'rational man', who participates in economic life in a spirit of enlightened self interest, and who operates best in a free market environment (Dalton, Draper & Weeks 1996; McGurk 1997). Under Smith's approach the 'perfect competition that would result in a society of rational persons, each pursuing their own enlightened self interest in a market untrammelled by artificial controls operated by governments, would be such as to ensure an efficient, equitable balance between supply and demand' (McGurk 1997:6).

The practice of economic rationalism in the United States, United Kingdom and Australia, which has been adopted by governments of supposedly different political orientations and dominated economic and social policy agendas in these countries for much of the last 15 years, has resulted in a cult of individualism; that is, the pursuit of individual interest and the associated promotion of individual autonomy at the expense of social values and commitment to the broader community (Dalton, Draper & Weeks 1996; McGurk 1997). Social issues have been discussed in economic terms and economic indicators have replaced social indicators. There has been a concomitant lack of publicity for dissenting voices intent on assessing the effects of economic rationalism and the promotion of individual autonomy on the social fabric (Cox 1996, as cited in Michaux 1996).

Rees (1994) argues that economic rationalism has underpinned a number of simplistic solutions to a wide spectrum of social problems such that '[economic] policy was to take priority over social policy. Big business and the power of money would provide more benefits than intellectual inquiry or the influence of political debate' (Rees 1994:171). Thus, complex social problems previously addressed by a broad range of interests are now seen as best able to be addressed by the 'market' rather than by governments or other interest groups (Michaux 1996).

Economic rationalism has resulted in three main areas of change. First, the development of the user pays system, which has led to an increasing expectation on the part of governments for families and communities to look after and manage their own needs with minimal government intervention (McGurk 1997). Second, the scapegoating of welfare recipients for the existence of social ills (Rees 1994). Here, the welfare system is perceived as providing a buffer for those who have not achieved or developed self-reliance, thus encouraging dependence. A consequence of such a view is that welfare funding is reduced as public support for the welfare system dissipates (Michaux 1996). Third, a framing of the welfare system in terms of cost-effectiveness and efficiency criteria.

Thus, the 'free market' economy of the economic rationalist approach has led to the framing of social policy within a context of cost-effectiveness and efficiency criteria, a particularly difficult task when applied to the prevention of child maltreatment. It has also resulted in the privatisation of government services and the introduction of compulsory competitive tendering, although this appears to be less successful than first thought (Michaux 1996). An economic rationalist approach ensures that individualism will continue to dominate over any collective concerns for a more balanced pattern of economic and social development (Michaux 1996).

## **Poverty**

Pilger (1989) contended that one in five Australian children born in 1988 faced the prospect of long-term poverty, and that a higher proportion of Australian children live in poverty than do their counterparts in Britain, Germany, Canada, Sweden, Norway and Switzerland (Pilger 1989). Discussions of the relationship between poverty and child maltreatment began in the 1960s (Steele & Pollack 1968), gaining impetus with the development of models of child maltreatment based on the interaction of multiple factors (the interactionist approach).

Child maltreatment is disproportionately reported among poor families and, particularly in the case of neglect, is concentrated among the poorest of the poor (Wolock & Horowitz 1984). The professional debate as to 'whether this association results from poverty-related conditions that precipitate abuse or from greater scrutiny by public agencies that results in over-reporting' (National Research Council 1993:133) continues without resolution.

## **Family structure**

Marital status and/or family structure have frequently been investigated as social factors that may have a bearing on child maltreatment (Daro 1988), particularly in the context of a common finding that non-nuclear families are overrepresented in child maltreatment cases (Tomison 1994).

Children are now significantly more likely to be raised by de facto couples, single parenthood is on the increase, and large numbers of children live in reconstituted or blended families (Corby 1993). These changes to family structure have taken place at a time when there are increasing pressures on families with governments looking to families to reassume responsibility for the wellbeing of family members (McGurk 1997). Yet the transition process compromises the ability of some families to take on increased burdens of care, making society's expectations of adequate family functioning even more difficult to achieve (Tower 1989).

## **Linking poverty and family structure**

Gil (1970) considered socio-economic problems to be a major cause of maltreatment. Unemployment, in particular, was reported to be a significant influence on family violence in the United States (Krugman 1986), though in the United Kingdom this may be true for the long-term unemployed only (Taitz 1987, as cited in Browne & Saqi 1988).

Using United States National Center for Health Statistics data for 1976, Bachrach (1983) investigated differences in the socio-economic characteristics of biological, step- and adopted children. She concluded that families headed by single mothers (those who were never married and those with absent spouses) were the most economically disadvantaged group. She reported that two-thirds of mothers who were never married had incomes below the poverty line. In contrast, there were no significant differences between stepfamilies (stepfather present) and traditional nuclear families with respect to family income.

In another United States study investigating the effects of community influences on child maltreatment, Coulton et al. (1995) noted that poverty, unemployment, racial segregation, abandoned housing, population loss (significant decreases in an area's population over a decade), and female-headed households were all associated with neighbourhoods with a higher incidence of maltreatment. However, '[family] structure did not emerge as a separate dimension ... largely because of the extremely strong relation between an area's poverty status and its proportion of female-headed families' (Coulton et al. 1995:1273).

The inextricable links between single-parent families, especially those headed by a single mother, and poverty make it difficult to determine the separate contributions of sole parenthood and poverty to child maltreatment (National Research Council 1993; Tomison 1994; Coulton et al. 1995).

Gelles' (1989) investigation of violence and family structure suggest that the high rate of physical abuse committed by single mothers appeared to be a function of the 'poverty that characterizes mother-only families' (Gelles 1989:499). Gelles contends that poverty and the stresses associated with it clearly placed children at greater risk of physical violence by their single mothers. Regretfully, his cross-sectional methodology does not allow for a determination of whether low income preceded or followed a person becoming a single mother. Thus, it is not possible to conclude whether or not income mediates or moderates the relationship between family structure and violence.

The analysis of social factors has not revealed the processes through which poverty, family instability and high concentrations of impoverished families combine to produce high rates of maltreatment. Further research is needed to explore the interrelationship between these variables (Cicchetti & Lynch 1993, as cited in Coulton et al. 1995), with a particular

emphasis on determining the protective or resiliency factors that prevent or minimise the occurrence of child maltreatment in such families (National Research Council 1993).

### ***A policy response***

Given that single mothers in low socio-economic groups have been the main target for the investigation of the relationship between child maltreatment and family structure (Ammerman & Hersen 1990), and the subsequent identification of an association between single-mother families and poverty, there is a need for the development of policy programs that explicitly support single parents and protect children (Tomison 1996a).

Such programs should be targeted at reducing the negative consequences of impoverishment among single parents of both sexes at the societal level (Gelles 1989). Improving the economic wellbeing of single parents may then lead to a significant reduction in the incidence of violence and maltreatment in such households (Gelles 1989).

In a cross-cultural comparison of policies designed to address the needs of single-parent families, a clear difference emerges between policies which appear to merely sustain single mothers on income support and those which actively assist mothers to achieve financial independence, mainly via a return to employment.

A recent Canadian study compared the role and impact of public policies on the income of sole-parent families in Australia, Canada, Denmark, France, Germany, Netherlands, Norway, Sweden, the United Kingdom and the United States (Forster 1994, as cited in McHugh 1995).

Each of the 13 countries appeared to subsidise essentially the same cost items (e.g. tax subsidies, housing allowances, child support, subsidised education and training programs), but in different ways. Scandinavian countries rely more on standardised cash benefits while other countries use more complex combinations of benefits, tax relief and service subsidies (McHugh 1995). Sweden appeared to offer the best treatment of single-mother families, while Australia and the United States were perceived as least supportive. Swedish policies also appeared to be more successful than Australian social policies in redistributing income both to single parents with children, and to all families with children (Cass & O'Loughlin 1984).

Sweden provides high levels of government support to families with children via access to child care and non-means tested benefits. It is expected that mothers will return to work 18–24 months after the birth of a child and the structure of financial assistance is such that both single and married mothers are able to work part time if necessary, in order to balance family responsibilities and paid employment (Perry 1993). Not surprisingly, a 1993 OECD survey of Sweden, United States, Canada, United Kingdom, The Netherlands and Australia (Perry 1993, as cited in

McHugh 1995) indicated that Sweden had the highest proportion of single mothers in employment (55 per cent full time, 30 per cent part time), compared with Australia (24 per cent full time, 23 per cent part time), which was ranked fourth behind the United States and Canada.

In Australia in the late 1980s, there was a major shift in policy from simply sustaining single mothers on income support to actively helping them towards financial independence. This resulted in new policies in income support, child support, child care and education and training (Colledge 1991). However, in comparison with Scandinavian countries, it would appear that Australia has not yet developed a system that truly supports single mothers and encourages their participation in the workforce, thus reducing the relationship between poverty and single parenthood.

### **Work and families**

Much of Australian social policy is still implicitly based on the traditional notions of family: the male breadwinner, female home maker and their biological children (McGurk 1997). There is a failure to recognise changing family structure, part-time work for women, and the increased number of female-headed households (Michaux 1996). Certainly, the workplace in Australia is not a family-friendly environment (Kilmartin 1996).

Much literature has been written about the position of women in the paid workforce, and how the nature of women's work as casual, low paid and non-technical continues to leave women in poverty and to reinforce patriarchal gender relations in society (Jensen 1989, as cited in Michaux 1996).

In the previous section the social support system in Sweden was highlighted as an example of a culture which explicitly works to empower and support families, and single-parent families in particular (McHugh 1995). Such a system is vitally important in times of high unemployment where the lower availability of work may particularly disadvantage women as a consequence of the casual and part-time nature of their work, and their inability to access a career structure (Kilmartin 1996).

However, '[unemployment] is not an inevitable "natural" economic phenomenon, and unconditional rights to work and income are essential steps in the transition toward eventually solving many social problems of structurally violent societies, such as poverty, hunger, homelessness and discrimination' (Gil 1996:83).

Franklin Roosevelt developed an Economic Bill of Rights (Burns 1970, as cited in Gil 1996), which was intended to complement civil and political rights with social and economic rights. His proposal guaranteed useful, paid employment, adequate income, decent housing, good education, access to adequate medical care, the opportunity to achieve and enjoy good health, protection from the economic fears of old age, sickness, accident or unemployment, and freedom from unfair economic competition and the

domination of business by international or national monopolies (Burns 1970, as cited in Gil 1996). Though the United States Congress failed to adopt the Bill, most of its basic tenets have been incorporated into the UN Universal Declaration of Human Rights, which is gradually being perceived as customary, international law (Gil 1996).

One option to achieve full employment, a concomitant reduction in poverty and the indirect enhancement of the prevention of child maltreatment, would be to adjust the length of work time in order to match the number of workers with the number of positions and changes in production requirements (Gil 1996).

One such alternative, based on the redefinition of the length of work time, could be 'recognition of parental child care and similar caretaker tasks as necessary components of society's work system' (Gil 1996:84). In such a system, carers would be adequately compensated, that is, paid a salary, for the community service they perform. Such alternatives are consistent with the European work ethic which is still the predominant influence on Australian and most other western societies, where people are believed to have obligations and corresponding rights to be self-reliant through work. Adequate financial support would also reduce the risks of child maltreatment.

## **Gender**

The relationship between gender, poverty and work has been discussed previously. As part of a coordinated approach to the prevention of violence it is also necessary to develop an education campaign which challenges gender stereotypes and promotes positive social interactions across all strata of society. Given that recent research has identified a link between child sexual abuse, child physical abuse and spousal violence (e.g. Tomison 1995b), such campaigns need to address male physical and sexual violence against both women and children. A number of mass media campaigns addressing community violence have been developed in Australia, including one which featured prominent Australian men making anti-violence statements (Michaux 1996). Other community education strategies are discussed below (see Violence section).

## **School education**

Another approach currently advocated by professional and community groups is the enhancement of life skills components of educational programs in primary and secondary schools. Such an approach reflects a growing perception that education should not be limited to purely academic subjects (Cohn 1990, as cited in Oates 1990), and that the education system should take more responsibility for the production of capable, functioning members of society. In preventative terms, this would involve the inclusion of compulsory protective behaviours programs in schools and the uniform teaching of life skills (Tomison 1996a). The latter should address the following issues: non-violent conflict resolution; gender issues and socialisation; and interpersonal relationships.

In New South Wales a number of programs have been developed to assist children to become better citizens, predominantly under the Personal Development, Health and Physical Education key learning area. These include the teaching of conflict resolution skills and the National Health Promoting Schools Strategy, which aims to develop interpersonal relationship skills (Michaux 1996). At the same time the 'Human Rights Classroom' project aims to change teachers' behaviour such that they show more respect for children (Neilson 1996). Under this approach, education is strongly involved in preparing young people to function in society, rather than working to educate on a purely academic agenda (Tomison 1996a).

### ***Family context***

Finally, child protection, child welfare practice has traditionally tended to focus interventions on the mother figure, as assumed prime caregiver, with less effort spent in engaging other caregivers or close family members. Similarly, research to date has been overly focused on mothers without an in-depth investigation of the roles of other adult family figures (Tomison 1996d). This has implications for effective protection and also the prevention of maltreatment, particularly in that the father figure is often abusive. The failure to engage male caregivers in addressing or preventing child maltreatment or other family violence concerns may, in itself, constitute a form of systems abuse of both mother and child (Tomison 1996a). It is therefore contended that greater attention needs to be paid to the broader family context within which maltreatment may occur (e.g. father figures, grandparents, parents, siblings) (Langeland & Dijkstra 1995).

### **Cultural difference**

'Culture' is a broad, ill-defined term which includes the set of beliefs, customs and/or way of life of a particular group (Abercrombie & Warde 1988, as cited in Boushel 1994). Race, gender and social class all affect the development and the shaping of dominant and minority groups' cultures (Boushel 1994).

Child abuse occurs in different forms and at different rates in different cultures; every culture has defined some form of behaviour as abusive, and has had instances where people have deviated from acceptable standards of behaviour (Korbin 1991). The cultural context of child maltreatment is very important in a multicultural society like Australia (NSW Child Protection Council 1992). Cross-cultural factors can impinge upon the social context in which child maltreatment occurs, as well as on individual families (Goddard 1996a). However, surprisingly little work has been carried out to determine these effects in Australia or overseas (NSW Child Protection Council 1992; Goddard 1996a).

What is clear is that culture may increase the likelihood of child maltreatment in immigrant populations as a consequence of the disrupted

social networks and cultural changes migrants experience in a new country (Korbin 1980, as cited in Goddard 1996a). Some migrant families will not only have left behind family and friends, but will have moved from rural to urban environments, often requiring a substantial adjustment. Refugees, in particular, may have experienced extreme trauma, separation and death of loved ones. The absence of support networks and/or a sense of community may exacerbate family problems, while a fear of discriminatory responses from the child protection and criminal justice systems may deter people from migrant backgrounds from disclosing child maltreatment to official sources or from seeking assistance to redress family problems, thus reducing their access to family support resources.

### ***Culturally appropriate strategies***

The NSW Child Protection Council (1992) has released a report on the issues of child protection in non-English-speaking background communities, and has subsequently been a strong advocate for the development of prevention programs which cater for the cultural diversity of New South Wales. To that end the Council has funded a number of prevention initiatives under the Child Abuse Prevention Resource Grants Program. These have included the 'Like Engraving in Stone' resource kit, which incorporates a series of radio tapes recorded in Arabic and a 25-minute video (in English) developed by the Australian-Arabic Welfare Council for use in the Arabic community, and a Khmer community education pamphlet promoting local community involvement and support networks.

The Council's 1992 report highlights a need for the following strategies for the effective prevention of child maltreatment in non-English-speaking background populations:

- *Community Education*: To educate migrant populations as to what constitutes culturally acceptable behaviour in Australian society and to provide information on the availability of generalist family support resources along with services that target particular communities. Such education should be undertaken in a way that is non-threatening and does not promote a sense of failure or distrust of the child welfare system (NSW Child Protection Council 1992).
- *Professional Education*: To train workers to be culturally aware and to distinguish between cultural practices and family practices (NSW Child Protection Council 1992). In the United Kingdom, for example, social workers are legally and professionally mandated to pay attention to discriminatory practices and to take into account cultural and racial diversity in child care tasks (Boushel 1994).
- *Family Support*: The development of culturally appropriate family support services and social networks to assist recent immigrants in their adjustment to Australian society, and to provide support in

times of family stress. It should be recognised that the western concept of professional or formal counselling is unfamiliar to many cultures. There is thus a need to provide acceptable forms of community-based support (NSW Child Protection Council 1992).

In a preliminary audit of New South Wales child abuse prevention programs (Tomison 1997), it was found that one-third of all programs (79 of 218) submitted to the audit reported catering for the needs of clients from non-English-speaking backgrounds. However, comparatively few services were running prevention programs specifically tailored for these communities (14 of 79 programs). Of those which were, the programs were mainly targeted at the Arabic and Vietnamese communities and consisted primarily of information pamphlets, migrant or multicultural family support services, and the development of peer support groups.

Despite the dearth of programs, New South Wales appears to be at the forefront of developing culturally relevant prevention programs in Australia (Tomison 1997). It is likely that the development of culturally relevant programs will result in greater access to child abuse prevention initiatives for families of non-English-speaking backgrounds.

### ***Aboriginal and Torres Strait Islander peoples***

There has been a general historical reluctance in western societies to learn from or to value Indigenous cultures. The Secretariat of the National Aboriginal and Islander Child Care (SNAICC 1996) contends that the traditional response to child maltreatment in Indigenous communities has been one of child protection (and the removal of children) rather than one of prevention.

Attempts to enforce western standards of childrearing and parenting in Australia culminated in the organised, State-sanctioned removal of Indigenous children from their families and their placement with white families as part of a cultural genocide. These children were subsequently called the 'Stolen Children' (de Souza 1996). Despite the recent Human Rights and Equal Opportunity Commission's National Inquiry into the Stolen Children, it is debatable as to whether the practice of removing Aboriginal and Islander children from their families has actually ceased (de Souza 1996).

As a consequence of their experiences, Aboriginal people take an 'holistic view of child abuse and neglect [that] includes the historical (personal and general), the immediate factors surrounding the abuse or neglect, the environmental factors and the systemic factors that contribute to that abuse and neglect and perpetuate the syndrome' (SNAICC 1996:11). Under the Aboriginal view of child maltreatment, the responsibility for the creation of dysfunctional families or child abuse situations is attributed to governments, societal factors and the actions of the abuser or carer. Those who deny the cultural needs of Aboriginal children are also perceived to be abusing or neglecting them (SNAICC 1996).

While the formal cessation of assimilation policies began in the late 1960s (Goddard & Carew 1993), the unofficial fostering and adoption of Aboriginal children in white families continued. The Senate Standing Committee on Social Welfare noted that a 'major problem has been the reluctance of welfare authorities to accept the basic differences between Aboriginal and non-Aboriginal societies in terms of family concepts and child care practices, particularly the concept of the extended Aboriginal family and the complex system of kinship relationships and obligations that are of fundamental importance in the Aboriginal childrearing process' (1985:17, as cited in Goddard & Carew 1993).

Despite an obvious need to develop a culturally appropriate approach to child protection and child abuse prevention, there have been very few systematic attempts to document the components of a Child Abuse Prevention Strategy for Aboriginal or Torres Strait Islander peoples. As a consequence, the parameters of 'culturally appropriate' practice remain ill-defined (Litwin & I'Anson 1996).

In 1996, however, under the National Strategy for the Prevention of Child Abuse and Neglect, the National Child Protection Council released two proposed Plans of Action for the Aboriginal and Torres Strait Islander communities. These plans, developed by the Secretariat of the National Aboriginal and Islander Child Care (SNAICC) and IINA Torres Strait Islander Corporation Research and Resource Centre, respectively, have been produced after extensive consultation with Indigenous communities.

The Aboriginal Strategy highlights a number of issues which mirror some of the structural barriers inhibiting effective child abuse prevention in the broader Australian community. Issues such as: poor coordination between government and Indigenous services and peoples; the lack of a cohesive multidisciplinary response to child maltreatment and child abuse prevention; a general focus on child protection to the detriment of child abuse prevention; and difficulties in gaining access to appropriate services and resources (SNAICC 1996).

In many ways effective child abuse prevention for Aboriginal and Torres Strait Islander communities is a microcosm for the prevention of child abuse and neglect in the wider Australian population. Many of the strategies suggested by the Indigenous communities are innovations which may be of benefit to the broader community in addressing child maltreatment issues.

For example, Australia and other western countries have only recently recognised the benefits of developing holistic, whole-of-community approaches to the prevention of social ills. In contrast, Aboriginal and Torres Strait Islander peoples have long recognised the need for comprehensive strategies to deal with social problems (e.g. substance abuse and family violence, Tomison 1996b), albeit in ways that are socially and

culturally relevant (Wilson 1995). The non-Indigenous response to the prevention of child maltreatment has generally been the development of prevention programs operating within 'socially toxic' environments (Garbarino 1995). Aboriginal people clearly incorporate the need to address the structural factors which impinge on child maltreatment into any attempt to effectively prevent child maltreatment. SNAICC advocates that prevention programs must target all Aboriginal families and communities, and that prevention must focus on the mobilisation of the whole community to address family problems in an holistic manner (SNAICC 1996).

Second, while western societies have adopted a narrow view of caregiving, with the biological parents deemed primarily responsible for childrearing, Aboriginal children are not isolated from the larger community. The children are seen as belonging to the whole community, with many adults and children involved in both their lives and childrearing (e.g. extended family, older siblings, cousins and elders) (SNAICC 1996), thus offering a model of community development and the development of social links. A substantial body of evidence testifies to the extent to which families who become clients of child protection or child welfare services are socially isolated (Tomison 1996d), with research indicating the benefits of being strongly linked to local community networks for family functioning (McGurk 1997).

However, despite the potential for the Australian community as a whole to benefit from prevention strategies devised by Indigenous communities, the reality for Indigenous peoples is that there is currently only a fragmented approach to addressing their child maltreatment problems. This response is resource-limited, with restricted access for Indigenous peoples to culturally appropriate services staffed and run by their community. Given that Indigenous peoples prefer to attend services offering culturally relevant programs and managed by their own communities (Tomison 1996b), this is a significant issue.

In the preliminary audit of New South Wales child abuse prevention programs, for example (Tomison 1997), approximately one-third of all programs (73 of 218) reported specifically targeting Indigenous peoples; these were predominantly family support and community education programs. Further, only 8 of the 73 programs appeared to have been specifically tailored for the Aboriginal population. That is, the bulk of the programs were generalist, with agencies taking clients from a number of populations, for example, people from non-English-speaking backgrounds, people with disabilities and Indigenous peoples. The result may be that Indigenous peoples do not attend these services and/or fail to seek assistance.

The NSW Child Protection Council's Training and Development Program, through its provision of training workshops in child

maltreatment issues and case management for Aboriginal workers, is one positive attempt to address this issue.

## **Violence**

Gil wrote that violence in families is an inevitable by-product of the 'selfish, competitive and inegalitarian values and of dehumanising, authoritarian, and exploitative social structures and dynamics which permeate many contemporary societies' (1979:1).

### ***Breaking the cycle***

Societal violence involves the domination of some individuals and groups by others for the purpose of social and economic gain. Not surprisingly, dominated and exploited people or social groups generate chain reactions of violent feelings, attitudes and actions. This, in turn, is often countered and repressed by the dominant groups in order for them to keep social control (Gil 1996).

To truly transform society such that the current culture of violence which pervades most western societies is replaced by a culture of non-violence, primary prevention initiatives, whether targeting violence as a whole or child abuse in particular, must involve the identification and eradication of the causes of violence, rather than the mere neutralisation of the symptoms (Harrington & Dubowitz 1993; Rayner 1994). The prevention of violence ought to begin with unraveling the sources of violence in human nature and in 'the values and modes of human societies' (Gil 1996:77).

A successful societal transformation would require attention to be directed to areas where there are significant power imbalances, such as wealth, family structure, race, gender and personal power (Gough 1994). Achieving such changes would take time and involve transformational social movements firmly based on counter-cultural education and activism (Gil 1996).

Taking a cross-cultural perspective, Fry (1993) advocates the promotion of attitudes and beliefs that run counter to the use of physical force. The Scandinavian countries have already begun this process, having outlawed corporal punishment by adults some years ago (Cashmore & de Haas 1995). However, Australia, like most of the western world, is a country where attitudes and beliefs favouring physical chastisement are pervasive (Cashmore & de Haas 1995).

Fry (1993) proposes a two-level approach to effectively stop violence and the intergenerational transmission of violence. First, taking a cultural perspective, Fry advocates the promotion of attitudes and beliefs that run counter to the use of physical force: all violence in the community, from corporal punishment to domestic violence, needs to be portrayed as unacceptable (Fry 1993).

Second, explicit training on non-violent conflict resolution, problem-solving and childrearing techniques needs to be widely available. This would have two benefits: a reduction in corporal punishment and abuse; and the disruption of the intergenerational cycle of violence (as children would acquire problem-solving and conflict resolution techniques not involving violence) (Fry 1993). Such training could be incorporated into existing life-skills programs in schools and counselling agencies, indicating the ineffectiveness of corporal punishment (Fry 1993; Cashmore & de Haas 1995), and providing instruction in alternative childrearing and conflict resolution strategies.

Sweden provides a working example of Fry's proposal. With the introduction of the 'Code of Parenthood' law in 1979, which banned corporal punishment and other humiliating treatment of children, the Swedish Government launched an education campaign targeting the whole population (Kahn 1990). Booklets describing the law, its background and its provisions were sent to all households and translated into various other languages in order to access migrant populations. More detailed information packages were also developed, including an educational package for use in schools. The initiative has resulted in an increase in the community's awareness of effective alternatives to physical punishment for the education and disciplining of children (Kahn 1990).

In 1979 the Swedish government also passed further legislation covering the development of a national, voluntary, ante-/post-natal parent education program. Designed to reach all expectant parents, parents of infants and all children, it involved practical training available in child health centres for mothers. The program, which remains operative, involves up to 20 sessions on child care and parenting issues, ideally with half the sessions completed ante-natally. Such a program indicates the rejection of the commonly held assumption that parenting is an innate skill.

### ***Taking responsibility***

Any revolution to change the current culture of violence can only be successful if the broader community acknowledges the level of violence in society and takes responsibility for the problem.

Society tends to use denial as a means of avoiding the unwanted, unpleasant parts of human existence (Preston-Shoot & Agass 1990). For example, despite the growing acknowledgment of child maltreatment as a societal problem, it is often difficult to convince those in the broader community that they, themselves, may be part of the problem. It is easier to think of maltreaters in stereotypical ways, pathologising them as mentally ill, abnormal or evil, enabling non-offenders to distance themselves from the problem rather than to address the true causes of maltreatment, such as poverty, or a lack of social support (Wilczynski & Sinclair 1996).

This denial also operates at the societal level. Preston-Shoot and Agass (1990) contend that the child protection system has been given the responsibility of stopping child abuse and neglect, in part, to relieve and protect society as a whole from having to deal with the unpleasant realities of child maltreatment, thus enabling society to assuage its conscience. When the system fails and the public is confronted by the reality of child maltreatment, the common societal reaction is then to scapegoat the child protection system for failing to protect children. At the same time, the child protection system appears unable to influence the dominant power groups which apply the pressures and make the system unrealistic in the first place (Preston-Shoot & Agass 1990).

If child maltreatment and other societal violence is ultimately the responsibility of every citizen, then any attempt to redress child maltreatment at the structural level must first ensure that the community claims ownership of the problem. This may be achieved via community education (Tomison 1995b).

### ***Educating the community***

It has been contended that the public does not have a balanced view of child maltreatment (Oates 1990), and that there is a need for community education campaigns to enhance people's knowledge and understanding of this area. McGurk (1995) contended that the media has an important role to play in this process of education, and should be better used to target perpetrators, victims, parents and educators with more detailed information about obtaining assistance. He also suggested the use of actors to role-play realistic scenarios on television, referring to the success of hard-hitting advertising campaigns which discourage drunk driving and driving without seatbelts. These advertisements graphically illustrate the unacceptable nature of such behaviour and present the consequences explicitly.

McGurk believes that such an approach would be useful for the secondary and tertiary prevention of family violence. He advocated a trial media campaign explicitly portraying family violence, with the intention of confronting 'perpetrators with the grossness, grotesqueness and total unacceptability of their behaviour. For victims, the campaign would be directed at encouraging them to come out of the cupboard' (McGurk 1995:11).

### ***A positive approach***

McGurk's approach is based around traditional notions of prevention, where the focus is on the prevention of negative behaviour. Alternatively, a strategy could be developed which promotes positive family relationships.

One example is the 'Grow Together Campaign' (Department for Community Development 1992). In the early 1990s the West Australian Department for Community Development launched a community education campaign which encouraged positive attitudes towards the care of children, an understanding of the developmental stages of childhood, and an appreciation of a child's view of the world. The campaign sought to provide information on practical help and support to families who care for children, and an early intervention focus in relation to children's services and link programs across government.

Similarly, scenarios demonstrating 'positive relating' and/or child empowering stories and messages could be developed for inclusion in the mainstream media.

## Systems issues

Effective child abuse prevention has also been hampered by structural aspects of the current child protection, child welfare and family support systems. These 'systems' issues need to be addressed.

### Coordinating prevention

In the absence of a comprehensive children's policy, Rayner (1994) concludes that there are three main areas of Commonwealth policy which are particularly pertinent to the prevention of child maltreatment: policies for children; policies for women; and policies for families. Unfortunately, these three policy and program areas appear to operate largely independently of one another. Compounding difficulties in policy coordination, the policies and programs within each of the three overarching policies were described as 'fragmented over a range of Commonwealth, State and Territory Departments which have little knowledge of and reference to each other' (Rayner 1994:2).

Signalling Commonwealth and State and Territory government acknowledgment of the need for a national, coordinated approach to prevention, in 1993 the Commonwealth Government developed a National Strategy for the Prevention of Child Abuse and Neglect (Calvert 1993), taking an approach that went beyond the prevention of maltreatment in individual families to incorporate an assessment of changes necessary in policy, research and societal attitudes.

Until recently, the National Child Protection Council has been the national, mandated body given the responsibility for overseeing child abuse prevention by the Federal Government. The Council was particularly concerned with developing primary and secondary child abuse prevention strategies to reduce the incidence of child maltreatment, recognising that:

*'... the protection of children is closely linked to the concept of strengthening families. This in turn, is associated with the need for a general change in community attitudes to reflect the value and importance of children, as well as the need for improvements in income, health and housing so that parents' ability to care for children can be enhanced...'* (James 1994a:6).

With the recent change in the Commonwealth Government, however, the National Child Protection Council has been disbanded in favour of the recently announced National Council for the Prevention of Child Abuse. The new Council is comprised of representatives from various non-government health and welfare agencies and representatives of the health and community services departments of New South Wales, Victoria and Western Australia.

The Commonwealth also reviewed the National Prevention Strategy after the change of government, resulting in the decision to focus Commonwealth funding for the prevention of child maltreatment mainly on parenting education. The national community education campaign that was originally part of the Strategy has been put on hold, while there has been a continuation of funding for the National Child Protection Clearing House and a child abuse prevention research program (currently focused on aspects of parenting).

It is too early to determine how changes in the National Prevention Strategy and the establishment of the National Council for the Prevention of Child Abuse will affect the Commonwealth's coordination of a national approach to prevention.

### ***Interagency cooperation***

Another major finding from Rayner's (1994) assessment of the Commonwealth Government's role in the prevention of child abuse was the frequent failure in communication, coordination and cooperation within and between levels of government and between government departments, between the government and non-government sectors, and within the multitude of non-government agencies that have adopted a prevention role.

Overall, Rayner found that the prevention of child maltreatment was a very fragmented exercise, with many institutional structures not geared towards perceiving or identifying aspects of their work which had a preventative role. A number of strategies have been put forward as a possible means of improving the level of coordination and communication between agencies and departments with a role in preventing child maltreatment.

#### *• Office for Children and Children's Commissioners*

Following the recommendations laid down in the UN Convention on the Rights of the Child, a number of reports in the last few years have advocated for the development of Offices for the Children and Children's Commissioners at the State and Commonwealth levels (e.g. Rayner 1994), the most recent being the Australian Law Reform Commission (1997) report, *A Matter of Priority: Children and the Legal Process*.

The Offices for Children are proposed to provide the coordination of all child-related policies and programs at the State or Federal levels. Often such Offices are given a role in the promotion of child rights and thus the empowerment of children in society. Children's Commissioners fulfil similar roles, but generally focus on the promotion of child rights, acting as an advocate for children and determining the extent to which the UN Convention has been implemented within her/his sphere of influence. Queensland recently appointed a Commissioner for Children, albeit with a reduced role, while New South Wales recently established an Office of Children and Young People.

- *Action Plans*

Another commonly mooted option to enhance government response to the prevention of maltreatment relates to the development of mandatory Action Plans across all levels of government. Such Plans will force governments to develop and implement cohesive strategies to address the needs of children and families, with particular reference in child abuse prevention.

As part of ongoing policy development under the auspices of the National Prevention Strategy, for example, the Commonwealth Department of Health and Family Services has developed Action Plans for specific 'at risk' populations, such as the Action Plan for Children with Disabilities (The Wallis Group 1996), based around a comprehensive, collaborative framework for action.

This Plan notes the need for the development of policies and protocols for the investigation and reporting of suspected maltreatment of children with disabilities. The importance of regular cross-program policy development and coordination between protective services and disability services, with a focus on prevention, is highlighted. Ensuring effective interagency cooperation between disability services and child protection units is seen as one way forward in effectively preventing the maltreatment of children in 'at risk' or abusing families, and/or protecting maltreated children from further harm (Authier 1987; The Wallis Group 1996).

The Action Plan recommends expanding communication and collaboration with mental health, education and other services which also have a role in the support of children and families where a child has a disability. It would seem a natural progression to expand this plan to incorporate services dealing with families where a parent has a disability. The Plan also recognises the need for the adequate training of child protection workers and other professionals involved in child and family support, to ensure they have the requisite knowledge and skills to work effectively with families where a parent and/or child has a disability.

- *Child Impact Statements*

The implementation of mandatory Child Impact Statements has also been discussed. At present, government departments are required to produce environmental impact statements which outline the effects of particular actions on the environment. It is argued that Child Impact Statements would fulfil a similar function, forcing government departments or non-government agencies to consider the effect of particular actions on children, thus keeping child rights and role of the child in society at the forefront of debate around social issues.

Professional education should be incorporated into any program aimed at enhancing the coordination of prevention activity. As mentioned

previously, workers and departments are often not aware of their role in child abuse prevention, or their position in an overall network of agencies and departments which contribute to prevention (Rayner 1994).

Therefore, it may be useful to educate staff and institutions as to the role they play in child abuse prevention, clarifying their achievements, helping them to develop links with other sectors working in child abuse prevention, and assisting them to set up a structure such that prevention initiatives can be monitored over time (Rayner 1994). It has been suggested that senior departmental officers' performance agreements include a requirement to demonstrate the strategies implemented to prevent maltreatment and/or collaborative projects which contribute to an enhanced existence for children.

One of the economic benefits of Action Plans and/or Impact Statements for governments may be that taking the needs of children into account as part of the development of all policies may actually reduce the need for specific child-focused programs over time as many childhood needs will subsequently be met under general program policies.

### **Effective resourcing**

In 1992, Donovan Research noted that prevention programs may initially increase the number of reported child maltreatment cases, highlighting the need for an effective prevention program to include adequate tertiary child protection services: 'Unless support is given to both government and non-government agencies to handle what could become greater caseloads, little cooperation may be given for the preventative project.' (Donovan Research 1992:35)

Daro (1988) noted that the joint expansion of treatment and prevention efforts is a more cost-effective practice and policy path to pursue than simply dealing with growing numbers of victims. However, it is contended that there is ample evidence that Donovan Research's prediction has come to pass. The substantial increase in the number of reports to child protection services experienced across the nation in the past few years has seen the bulk of the resources allocated for child abuse and child welfare allocated to the child protection system at the expense of child abuse prevention.

In a review of efforts in the United States to prevent physical abuse and neglect, Werkele and Wolfe (1993) noted that most preventative efforts are still based around tertiary prevention. That is, the majority of resources are provided to children and their families after they have been identified as having been involved in a substantive incident of maltreatment. A similar trend is occurring in Australia, where families must present with a significant problem in order to be prioritised for assistance.

Werkele and Wolfe (1993) state that North American family support/welfare agencies have increasingly less resources to conduct

preventative initiatives with families who have not yet breached societal standards of child rearing. In a comment that is equally applicable for Australian welfare systems, they state that the 'present child welfare system is designed primarily for protection rather than assistance, which leaves inadequate services available to a significant number of parents who are at risk of losing control with their children and who could benefit from early intervention' (Werkele & Wolfe 1993:502).

Wolfe (1991) asserted that it is only by changing child welfare systems' priorities and protocols to encourage families to seek assistance without the threat of protective intervention, that the welfare system will become more client-focused and better able to identify and remedy potentially abusive situations.

### ***A new approach to protection***

The difficulty of effectively dealing with large numbers of child maltreatment reports, and the recognition that many of the families in unsubstantiated maltreatment cases require support in order to deal with other social and financial problems, has led some Australian State and Territory governments to adopt a new approach to child protection (Tomison 1996c).

Under the new approach, cases are no longer seen in purely child protection terms but in the overall context in which the alleged abuse has occurred, informed by a comprehensive assessment of the family. Thus, the balance between child protection and the role of family support is altered such that the forensic child protection investigation no longer drives the system, but becomes merely one important facet in an overall welfare assessment. Good practice and adequate protection thus both emerge from adopting a wider perspective on child protection by means of which underlying problems in the family that may put a child at risk or have a detrimental effect on the child's long-term welfare are addressed (Tomison 1996c).

The overall intention of the new approach is to prevent maltreatment and protect children by addressing family problems holistically. This is to be done in a way that promotes cooperation between workers and families, achieving greater levels of parental cooperation and, subsequently, a better outcome for children and families.

The benefits of such a system are that, ideally, families are not unduly stigmatised or traumatised by inappropriate or unnecessary protective investigations, and are therefore more likely to accept assistance. In addition, family problems can be comprehensively assessed and appropriate services put in place to address them. Such an approach can help prevent the development of maltreating behaviour or ameliorate conditions detrimental to a child's long-term development.

## **Holistic approaches to prevention**

Child maltreatment is a complex phenomenon that may reflect the degree of underlying social problems in a family, community or society (Melton & Flood 1994). It is clear that child maltreatment is associated with the occurrence of other individual, family and societal problems (e.g. mental illness, substance abuse, domestic violence, unemployment, lack of social support). To adequately prevent child maltreatment a holistic approach must therefore be adopted to address what are often multi-problem, disadvantaged, dysfunctional families.

The United States Advisory Board on Child Abuse and Neglect concluded that in order to effectively prevent child abuse and neglect, a new strategy is required: one that is 'comprehensive, child-centered, family-focused and neighbourhood-based' (1993:16, as cited in Melton & Flood 1994); one which takes 'children seriously as individuals' (1993:17, as cited in Melton & Flood 1994).

Under such an approach, effective child abuse prevention requires:

- the coordination and integration of the roles of child protection, child and family welfare, law, health, mental health and education sectors;
- the development of a partnership between professionals and the local community based on a 'whole of community' approach that *child maltreatment is everybody's problem*;
- recognition of the role of neighbours, both geographical and psychological, in helping one another as the foundation for successful child abuse prevention (Melton & Flood 1994:25);
- the adoption of client-empowering philosophies that encourage families to proactively seek assistance prior to the development of serious family dysfunction;
- the development of a 'strengths-based' approach to child and family welfare as a more fruitful means to address issues and achieve positive change.

## **Multidisciplinary approaches to prevention**

Given the occurrence of child maltreatment in what are often multi-problem families, effective prevention can only be achieved by a partnership between the various professions and agencies involved in child protection, child welfare, family support and community health (Tomison 1996b). The association between child maltreatment and substance abuse, and child maltreatment and domestic violence, provide useful demonstrations of multidisciplinary, cross-sectoral approaches to prevention.

### ***Child maltreatment and substance abuse***

Hayes and Emshoff note that, in attempts to prevent child maltreatment and/or substance abuse, 'multidisciplinary collaborative approaches to these issues are developing in response to the understanding that violence may lead to substance abuse, substance abuse may lead to violence, and environmental pathologies may result in either or both behaviors' (1993:281).

Ensuring effective interagency cooperation between alcohol and drug services and child protection units is seen as one way forward in effectively preventing the maltreatment of children in 'at risk' substance abusing families, and/or protecting maltreated children from further harm.

In New South Wales, interdepartmental guidelines have been operating since the 1980s that require Department of Health workers to report suspected child maltreatment to the Department of Community Services (Major 1995). Thus, while drug and alcohol workers are expected to report children at risk of maltreatment, protective services have been made equally responsible for consulting with drug and alcohol workers when substance abuse has been identified and specialist information is required, or in circumstances where the drug and alcohol worker may assist in developing a caseplan to protect the child.

However, such agreements must be supported with adequate training for both drug and alcohol workers and child protection workers. In 1992, the NSW Child Protection Council established a Drug-Using Parents and Child Protection Steering Committee, an interagency group which investigates the training needs of both groups to ensure efficient interagency collaboration and communication (Major 1995).

### ***Child maltreatment and domestic violence***

While no cross-sectoral policies have been developed between child maltreatment and domestic violence agencies, it is clear that both sectors have recognised a need to collaborate on the prevention of family violence.

In general, programs aimed at the prevention of child maltreatment in the context of marital violence have been relatively rare. Until recently, research into family violence has been fragmented, with the various types of violence investigated independently of one another (Stanley & Goddard 1993; Tomison 1995b).

As Finkelhor (1983:170) noted: 'There are actually very few professionals and researchers whose work reflects an interest in family violence as a whole. If one looks around the country one can see separate groups of people talking about, writing about, lobbying for, and intervening in each

of these separate areas. Each problem has its separate set of agencies, separate set of theories, and separate history of how it was “discovered”.’

For the most part, programs have either focused on preventing child maltreatment or preventing marital violence (Straus & Smith 1990, as cited in Rosenberg & Sonkin 1992), however this appears to be changing.

In Tomison’s (1997) preliminary audit of New South Wales child abuse prevention programs it was apparent that a large number of programs submitted for audit had taken an holistic approach to family violence, in particular, linking domestic violence and child maltreatment. Approximately 44 per cent of family support programs incorporated prevention strategies targeting both domestic violence and child maltreatment. These programs were being run by domestic violence groups and sexual assault services, as well as by generalist family support services.

Clearly this is evidence that agencies from both adult assault and family support (including groups focusing on child maltreatment) have recognised the need to develop programs that address the spectrum of family violence, rather than focusing on only one particular facet.

#### **A ‘whole of community’ approach**

*‘In today’s western lifestyle we are expecting the nuclear family to do things that the tribe and clan have done in times past.’ (Fusion Australia, no date)*

While individual government departments may not be able to remedy poverty, inadequate housing or other significant structural factors that contribute to the toxicity of environments and thus impinge negatively upon children, families and communities (McGurk 1997), departments can work to strengthen families, increasing family resiliency at the community and individual levels.

McGurk (1997) outlines a possible role for child protection departments: to act as a catalyst for the enhancement of the capacity of communities to manage a socially toxic environment, focusing on the development and delivery of a truly coordinated inter-departmental, cross-sectoral, family and community support system. The focus is on ‘resolving or reducing the social problems of a neighborhood, locality, region or group, and on promoting living environments that foster the development of individual and collective potentials as well as the establishment of resource and power-sharing policies’ (Dallaire et al. 1995:125).

#### **Social networks and support**

There is a substantial body of evidence testifying to the extent to which families who become clients of child protection or child welfare services are socially isolated (Tomison 1996d). Similarly, research evidence

indicates significant improvements in family functioning when their integration into local community networks is facilitated (McGurk 1997).

In comparison with maltreating mothers, non-abusing mothers in prospective studies conducted by Hunter and Kilstrom (1979) and Egeland, Jacobvitz and Papatola (1987, as cited in Egeland 1993) reported having extensive social supports, were less likely to have been maltreated by both of their parents, and were more likely to report a supportive relationship with one parent while growing up.

Vinson, Baldry and Hargreaves (1996) conducted a study of two adjoining neighbourhoods in Western Sydney, both economically depressed but with contrasting rates of child maltreatment. Their intention was to determine why the difference in the rate of child maltreatment existed and whether this could be attributed to differences in the characteristics of the neighbourhoods as social entities.

The neighbourhoods were matched in terms of population, size and measures of social disadvantage. Based on analysis of demographic data and parents'/carers' ratings of their social environment, the locality as a place to raise children, transport and communication patterns, and specific aspects of each carer's support network, it was apparent that the one outstanding difference between the neighbourhoods was the structure of the social networks. The area with the higher rate of abuse suffered from a relative lack of connection between more immediate parts (familial) and more distant parts (usually peers) of the social network. These parents had a quite insular existence, with much less contact with the wider community.

Vinson, Baldry and Hargreaves concluded that the degree of network connectedness enabled them to distinguish between not just clinical and non-clinical populations (high abuse–low abuse), but also high and low risk localities. This has implications for the effective prevention of child maltreatment in that it indicates the importance of social support and social networks. They also suggested that the prevention of child maltreatment may be enhanced by programs which attempt to simulate some of the 'helpful child-rearing functions attributed to naturally occurring networks' (Vinson, Baldry & Hargreaves 1996:540).

These *devised social networks* are organised to fulfil functional roles, such as parent education, child care, parent enrichment courses and mutual support groups, and act as the means to improve the social connectedness of participants. Vinson, Baldry and Hargreaves (1996) describe the Child and Neighborhood Program (Powell 1987, as cited in Vinson, Baldry & Hargreaves 1996), which fulfils the role of the devised social network. This program provides parent education, emotional support, role models and information and referral services.

The values underlying this approach are incorporated into a relatively new development which has begun operating in Australia. Child and Family Centres, frequently referred to as 'one stop shops', adopt an holistic approach to preventing child maltreatment and the promotion of a healthy community.

### ***Child and Family Centres – the 'one stop shop'***

Child and Family Centres are multi-service community centres which provide support to families on a number of dimensions. Such centres may offer services to address the following needs: mental health, child health, dental services, family support services, women's services, financial aid, legal advice and client advocacy. They often run drop-in centres, self-help courses, social groups and other community activities to enable those who are socially isolated to develop improved social networks.

The Centres aim to provide a local, non-stigmatising family support service that encourages families to proactively seek assistance. While most child and family centres support 'at risk' or maltreated children and their families, an objective of these centres is to promote child and family wellbeing rather than allow family problems to develop to the extent that the focus of Centre activity becomes secondary or tertiary prevention. Thus, these Centres endeavour to offer practical support (e.g. child care, self help groups, legal advice), in addition to traditional family support, with agency staff available to assist clients in clarifying their wants and needs.

A number of child and family centres exist in New South Wales, mainly operated by the larger child and family welfare agencies such as Centacare, Burnside and Barnardos.

### ***A role for schools***

Until recently, there has been a general reliance on the school system to provide the prime access for child abuse prevention purposes to children, young people and their families. Clearly the time demands on the school curriculum are increasing. In addition, there is a growing recognition that child abuse and child abuse prevention are too complex for schools, or any one sector, to manage alone.

Many schools currently teach courses on a number of social problems, such as substance abuse, child maltreatment, AIDS and suicide. However, there is only a limited level of support available to resource such programs. One possible solution advocated by Conte and Fogarty (1990) is based on the premise that many of the different health/life-skills programs share some basic goals: the encouragement of independent thinking; the resistance of peer pressure; the development of decision making; assertiveness and effective communication skills.

Conte and Fogarty perceive some benefit in developing a general prevention curriculum, primarily promoting mental health and empowering individuals, but with a secondary focus on applying the generic skills to specific problems and situations. In theory, the adoption of such an holistic approach to prevention would encourage cooperative ventures between a number of professional fields, such as drug and alcohol services and child protection services.

Another approach has been to re-focus efforts to involve the community as a whole in the prevention of child maltreatment and other social ills. One interdepartmental child maltreatment program, which recognises the need for a 'whole of community' response but takes advantage of schools as venues to access children and families, is the NSW Inter-agency School Community Centres Pilot Project.

- *Inter-Agency School Community Centres Pilot Project*

In a cross-sectoral collaboration, the NSW departments of School Education and Community Services and Health have worked together to fund a two-year pilot program to establish four interagency school community centres. Administered by the NSW Department of School Education and located at public schools, the aim of the program is to develop and trial models of interagency coordination, and to support families with children of five years and under with a view to preventing disadvantage at school entry.

The project objectives are to: encourage and support families in their parenting role; to identify needs, knowledge gaps and issues in the local community; to promote community involvement in the provision and coordination of services for children and families; and to promote the school as a community centre.

Managed by an interagency management committee, a full-time facilitator appointed to each site works closely with a community advisory group to identify needs and issues for families. The types of local initiatives developed under the project include: play groups; parenting groups; before school screening; literacy programs; transition to school programs; home visiting; and nutrition programs.

Social Systems and Evaluation (1996) recently produced an interim evaluation report based on interviews with parents, community members, organisations involved in the local projects, school personnel and various management staff. It was concluded that each of the four pilot centres had met its objectives. In particular:

- parents whose children attended transition or preschool programs identified benefits to their children in terms of readiness for school and general socialisation. Such benefits were also noted by principals and preschool staff;

- parents reported the benefits of the project in lessening their own social isolation and providing them with opportunities for self-development;
- health professionals perceived the projects as contributing to the health and wellbeing of children, particularly at two centres which had introduced Before School Screening Programs;
- interagency cooperation between government departments and with local community agencies appeared to have been enhanced.

The report indicated a high level of community support for the continuation of the project, and a strong level of community involvement. Community representatives noted the positive impact of the local centres on the communities' perceptions of themselves: 'People have begun to feel good about their community and to take action to improve amenities.' (Social Systems & Evaluation 1996:2)

These interagency school community centres epitomise an holistic, 'health promoting' approach to child abuse prevention.

### ***Universal services***

Some countries of Western Europe have followed a different path to prevention, focusing on the whole of the population (primary prevention). This involves the development of a series of universal public health services, in combination with a capacity to intervene with individual cases of child maltreatment (Clark 1997).

The cornerstone of this approach, using Sweden as an example, is: ante-/post-natal parent education and health checks at maternity health centres; maternal and child health services, which play a significant role in the protection of infants and preschool children; and the provision of a universal day care service for preschool children. The long-term needs of children are taken care of via the education system (Kahn 1990).

Finland and Denmark have similar national family support programs; together with Sweden they demonstrate significantly better outcomes for families on a number of indicators (Clark 1997):

- 95 per cent of pregnant mothers begin prenatal care before the end of the fourth month, compared with 85 per cent in the United States;
- less than 4 per cent of mothers are under the age of 20, compared with 10 per cent in the United States;
- infant mortality and birth rates are among the lowest in the world;
- infant death from respiratory disease is 22–67 per 100,000, compared with 107 per 100,000 in the United States;

- the prevalence of mild intellectual disability is 8–10 times lower than in the United States;
- rates of child abuse notifications are eight times lower than the United States and four times lower than in Australia.

Pransky notes the social and political appeal of such Scandinavian family support programs which strengthen and promote 'well functioning, independent, self supporting families that produce children who, in turn, will become independent, self supporting adults' (1991:59).

While it is difficult to establish a causal relationship between a family support system and improved child and family wellbeing, such a population-based assessment produces compelling results (Clark 1997).

Some may contend that the findings result not as a consequence of the support system, but because of underlying differences in the socio-economic status of countries (Clark 1997). However, Bronfenbrenner (1979) argues that the relationship between socio-economic status and child development may be altered when appropriate social policies are in place to ease the impact of social class on families. Miller (1987) supports this contention in a comparative study using the low infant mortality rates of some of the poorer European countries, such as Ireland and Spain, where the mortality rates were found to be lower than those among the poor communities in the United States.

Universal services are often closely linked with early intervention strategies, which are one of the most effective ways to ameliorate the effects of maltreatment (Widom 1992). The prenatal/perinatal period, in particular, is a period of developmental transition which provides an ideal opportunity to enhance parental competencies and to reduce risks that may have implications for the lifelong developmental processes of both children and parents (Holden, Willis & Corcoran 1992). Widom (1992) highlights the need to specifically target children exhibiting behavioural problems. She found that these children had the highest risk of later juvenile and adult arrest, and for engaging in violent criminal behaviour.

### ***Home visiting programs***

Home visiting services have been found to be very effective in detecting and identifying maltreating families, and/or the alleviation of concerns once the cases are 'known' (Nelson, Saunders & Landsman 1993). Home visiting services, whether they be similar to the Home Visitor service operating in the United Kingdom child protection system, to infant welfare nurses, or to family aides or volunteer family support personnel, are well placed to monitor the family over time. Where resources allow, they are also able to support and educate parents *in situ*, and are much more likely to detect problematic changes in family functioning (Drotar 1992; Tomison 1994).

Family support services carrying out an 'early detection' role have also had some success in identifying families at risk before family dysfunction reaches a level requiring protective intervention (Olds et al. 1986a; Olds et al. 1986b). Such services are able to divert/refer families to the most appropriate support and can often alleviate the family situation without the necessity of child protection services involvement (National Research Council 1993; Tomison 1994).

As a consequence of the economic depression of the 1980s, the approach of many governments to child protection and child welfare was the abolition or cutting back of many of the services which had been conducting home visits, offering in place respite care or other forms of family support (Goddard & Carew 1993).

The recent Australia-wide trend of redressing the balance between child protection and the role of family support (discussed above), in conjunction with a greater recognition of the benefits of home visiting programs (e.g. Vimpani et al. 1996), should lead to a resurgence of interest in the development of home visiting programs. Certainly home visiting programs are an important facet of a cohesive child abuse prevention strategy, ideally offering a universal, primary preventative service with the flexibility to cater for the needs of 'at risk' or maltreating families (Vimpani et al. 1996).

### **Working with clients – a strengths-based approach**

A final innovation which has implications for child abuse prevention relates to case management practice in child and family support services, as exemplified by the strengths-based approach. Such practice epitomises many of the underlying themes outlined in this paper: the adoption of a 'promotion' rather than 'prevention' focus; the development of an effective collaborative relationship with children and their families; and the adoption of a 'whole of community' approach to prevention.

The 'strengths perspective' provides an alternative to the traditional emphasis of the helping professions on family problems and pathologies and the difficulties such an approach creates for practice (De Jong & Miller 1995). Although it was pioneered in the early 1960s by Otto (1963, as cited in DePanfilis & Wilson 1997), the 'strengths perspective' is only now gaining credence in the child welfare and family support system (De Jong & Miller 1995).

The underlying tenet of this perspective is that all families have strengths and capabilities. If practitioners take the time to identify these qualities and build on them, rather than focusing on the correction of skills deficits or weaknesses, families are more likely to respond favourably to interventions and thus the likelihood of making a positive impact on the family unit is considerably enhanced (Dunst, Trivette & Deal 1988).

The practice philosophy of a strength-based approach, particularly as it is applied to 'at risk' and abusive populations (Saleebey 1992, as cited in De Jong & Miller 1995) can be summarised as follows:

- all people and environments possess strengths that can be marshalled to improve the quality of clients' lives; these strengths and the ways in which clients choose to apply them should be respected by workers;
- client motivation is fostered by a continued emphasis on client-defined strengths;
- discovering strengths requires a cooperative exploration between clients and workers;
- a focus on strengths reduces the worker temptation to 'blame the victim', redirecting the focus towards the discovery of how clients have survived in the most inhospitable of circumstances;
- all environments, even the most bleak, contain resources.

Such competency-based, family-centred practice is not a denial of a family's problems or shortcomings, but a focus on client strengths as a more fruitful means to address issues and achieve positive change. The objective is to develop a true partnership between family members and workers, involving the family as much as possible in case management decision making, and encouraging families to set their own goals and to take responsibility for achieving those goals.

Giving more credence to clients as participants in the helping process not only enhances a worker's ability to assist a family, but helps to ensure the safety of the child via better engagement with the family and the greater likelihood of making positive changes in their lives.

## Conclusion

This paper has provided an overview of some of the significant structural barriers which currently hamper effective child abuse prevention. It has also been an attempt to identify some innovative approaches which appear to offer a way forward. The paper is by no means an exhaustive assessment of the area, but highlights both the complexity of the child maltreatment and family violence field, and the complexity and size of the response needed to effectively prevent child maltreatment at the societal level (Gil 1975).

There have been a number of themes running throughout this paper. First, that effective child abuse prevention depends on the adoption of holistic, cross-sectoral approaches based on effective coordination, cooperation and communication between all levels of government and between the government and wider community. Just as no single factor model can adequately explain why child maltreatment occurs, it is contended that no prevention program that focuses on only one aspect of family dysfunction in isolation, such as child maltreatment, can expect to make significant change in families (Tomison & McGurk 1996).

Second, children do not currently have access to the means of exerting power, or of protecting their own vulnerability. They are restricted in the extent to which they can make decisions about their own lives (Rayner 1991). The basis for any community-level action should therefore be the promotion of child rights and the empowerment of children and young people.

Third, there is a need to address the current lack of knowledge about the causes of maltreatment and the failure to determine which prevention programs work, caused by the relative dearth of methodologically sound program evaluation research. Melton and Flood (1994) argue that the current substantial increases in child protection reports are due, in part, to the lack of commitment to learn what needs to be known in order to protect children. They contend that the current minimal investment in research, and barriers to research, may reflect the broader avoidance of inserting reality into children's policy.

Fourth, attention must be paid to the deleterious effects of economic rationalism, which has dominated economic and social policy agendas over the last 15 years. Economic rationalism has led to the promotion of individual autonomy at the expense of social values and commitment to the broader community. As a consequence, economic policy has taken priority over social policy, with social policy framed predominantly in terms of cost-effectiveness. This, in turn, has resulted in a number of simplistic solutions being proposed to ameliorate a number of social problems (for example, work and the family, where the needs of families are minimised in the drive for greater profit). Economic rationalism

ensures that individualism dominates over any collective concerns for a more balanced pattern of economic and social development.

Fifth, effective child abuse prevention requires changing societal perceptions of children, gender and attitudes to violence. Any attempt to change the current culture of violence will only be successful if the broader community acknowledges the level of violence in society and takes responsibility for the problem. Societal transformation will require the development of primary prevention initiatives, whether targeting violence as a whole or child abuse in particular. Any such programs should attempt to identify and eradicate the causes of violence, rather than merely neutralise symptoms. Central to such programs should be the promotion of respect for children and young people and the acknowledgment of child rights. Such strategies should also incorporate education campaigns which challenge gender stereotypes and promote positive social interactions across all strata of society.

Sixth, a focus on the promotion of children's health and wellbeing is required. It has been argued that there is a need to move beyond traditional child abuse prevention, which reflects a 'negative', problem-focused approach. A number of programs have adopted a 'health promotion' approach, focusing on the promotion of 'positive', life-enhancing strategies. Serious consideration must therefore be given by professionals working in the child welfare and child protection communities to the adoption of terminology and a focus which reflect the promotion of health and wellbeing rather than the prevention of social ills.

In conclusion, placing structural barriers at the centre of any analysis of child abuse prevention is crucial for understanding the constraints on prevention. At the very least, identifying such barriers in conjunction with a discussion of various innovations in practice, raises community awareness of the relationship between child maltreatment and other social forces and provides the professional and wider communities with issues for further consideration when developing prevention programs.

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