

# **Preventing child abuse in Australia: Some preliminary findings from a National Audit of prevention programs**

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In 1999 and 2000 the National Child Protection Clearinghouse, with the support of the National Council for the Prevention of Child Abuse and Neglect, and the State and Territory government departments, undertook a *National Audit of Child Abuse Prevention Programs* operating across Australia. The intention of the Audit was to provide an overview of prevention initiatives currently being undertaken nationally, to identify trends and any gaps in service provision, and to generate discussion of future directions in child abuse prevention.

The aim of this paper is to present a preliminary analysis of the results of the Audit, describing the range and scope of prevention programs identified, the types of groups or organisations involved in operating these programs, and to highlight some trends in service provision.

## **OVERVIEW**

The Audit data suggested a trend towards a more 'holistic' approach to child abuse prevention. In particular there was an increasing awareness of the full range of factors that contribute to child abuse along with a theoretical shift towards strengths based practice with families. The trend towards a more holistic approach was evident in programs taking account of and addressing a wider range of issues that contribute to child abuse (such as mental illness, isolation and lack of support networks and domestic violence).

Programs were also more 'holistic' in terms of drawing links between different forms of violence. For example, 66 per cent of family support programs currently on the Prevention Programs database were designed to prevent both child maltreatment and domestic violence. Similarly, it was apparent that there has been a broadening of the scope and nature of personal safety programs, such that they incorporate a broader spectrum of violence prevention, including relationship violence, sexual abuse and bullying.

One of the main trends evident in professionals' working with families was a shift in focus to strength-based or solution focused work (Tomison & Wise 1999). This shift was evident also in the health promotion programs (where the focus was generally on building self-esteem and resiliency). Health promotion which has traditionally concentrated its' efforts at the primary prevention level are increasingly utilising the strengths/health promotion approach with secondary and tertiary clients.

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For example confidence building and healthy relationship education that is provided at the primary level (all students at a school) is also now part of programs at the tertiary level (child survivors of sexual abuse). The data also reveals that the sector is responding to the latest issues emerging in the community. For example the Audit documents the relatively new programs for children of parents with a mental illness, groups for parents of children with ADHD and support for grandparents with the main care for their grand children.

On a less promising note, the Audit data indicated that while there were a number of programs who reported offering services for Aboriginal and Torres Strait Islander peoples, far fewer were providing programs specifically tailored for the needs of this population. It has previously been noted (Wilson 1995) that in order for programs to be successful and to attract clients, they need to be culturally relevant. Thus, the Audit data would suggest that there is a need to address the relative lack of culturally relevant services provided for Aboriginal and Torres Strait Islander peoples. A similar trend was evident for programs targeting Non-English Speaking Background groups.

Finally as part of the search for better ways to support families, it is apparent that there has been a growth in interagency partnerships. Within the Audit, interagency partnerships often involved a relationship between a family support agency and another specialist agency. For example the Bankstown Mental Health Rehabilitation Service and Centacare: Canterbury Family Support service collaborated to provide a family mental health program (Gaining Ground Project). Interagency partnerships and collaborative projects between agencies can have a range of benefits including creating an opportunity for strengthening and expanding professional networks. Although the Audit indicated that a number of agencies were working together collaboratively, it was apparent that agencies have not yet fully realised the potential benefits of working together in partnership.

### **SCOPE OF THE AUDIT**

The Audit was based upon the 1240 entries collected and developed into a Prevention Programs database; it included updated entries from the 1997 NSW State Audit. The target group consisted of government and non-government service providers who are involved in child abuse prevention, and/or those who were assumed to have an interest in child maltreatment and related areas. The primary means of data collection for the Audit was via a self-completed questionnaire, although Clearinghouse staff would complete the questionnaire as a telephone interview, if requested.

Because the Audit was dependant upon voluntary responses submitted by the wider community, it is not possible to determine precisely how representative the database is of the current state of child abuse prevention. It is evident however, that the current collection of prevention programs does not reflect all prevention programs being conducted nationally.

## **DEFINING CHILD ABUSE PREVENTION**

*Child abuse prevention* is commonly classified into three main levels: primary, secondary and tertiary prevention (Rayner 1994). The terms *child abuse and neglect* and *child maltreatment* are used interchangeably throughout this paper and, unless otherwise stated, the term *child abuse prevention* encompasses the prevention of all forms of child abuse and neglect.

*Primary prevention* is targeted at the community as a whole; primary prevention 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 prevent the occurrence of situations leading to maltreatment.

*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 disabilities, and Indigenous 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.

*Tertiary prevention* refers to prevention initiatives aimed at preventing the recurrence of abuse in families where children have already been maltreated. Tertiary prevention therefore incorporates State and Territory child protection services.

Recently however, a ‘revolution’ has begun among professionals working in the child protection and child welfare arenas, such that there has been considerable focus on the development of ‘health promotion’ –type programs, where the objective is the promotion of positive, life-enhancing strategies, such as good interpersonal relationships, appropriate parenting and pro-child policies, rather than the prevention of child maltreatment per se. Although the promotion of health and wellbeing, and child, family and community resiliency, may prevent the development of a range of social ills, including child maltreatment. A decision was taken therefore, to include *health promotion* programs in the Audit.

## **CLASSIFYING PREVENTION PROGRAMS**

The main program types used in the Audit were:

*Community education* - media campaigns, (e.g. Australians Against Child Abuse (AACA) ‘Every Child is Important’), information materials, and training programs for professionals and community groups.

*Personal safety or Protective Behaviours programs* have the aim of educating school-age children to protect themselves from sexual abuse. The programs attempt to involve the children’s parents in the program in order to raise community awareness of sexual abuse and to teach parenting skills related to protecting children and detecting signs of abuse (Plummer 1993).

*Family support programs* generally have two major facets: to provide counselling and support, which may incorporate respite care or a home visiting service, to families who are defined as ‘at-risk’ of maltreating their child and who are socially isolated (James, 1994); and secondly to enhance parenting skills (provide parent education) which aims to minimise the likelihood of maltreatment by enhancing parenting skills, and increasing parental knowledge of appropriate child development.

*Child focused programs.* It was apparent in previous Clearinghouse Audits (Tomison 1996a) that some prevention programs, particularly substitute care programs and individual child counselling programs, focused predominantly on children and young people, without the involvement of, or minimal focus on, their families. It was therefore decided to include a ‘child focused’ category to incorporate programs where the focus was almost entirely on the maltreated or ‘at-risk’ child.

*Offender programs,* are primarily designed to prevent the recurrence of sexually or physically abusive behaviour, or the development of such behaviour, and usually focus on males. Thus, the programs incorporate elements of tertiary prevention (the prevention of re-offending) and secondary prevention (targeting young males at risk of offending).

*Child and Family Centres,* frequently referred to as ‘one-stop shops’, adopt a holistic approach to preventing child maltreatment and promoting healthy communities. Similar programs, known as *Family Resource Centers*, have been operating in the United States for some time (Tomison & Wise 1999). Designed to be non-stigmatising and easily accessible, the centres offer highly integrated services that can promote parental competence, meet the diverse needs of children and families, and facilitate a sense of community and the development of social support networks within neighbourhoods. Child and Family Centres are a relatively new initiative, which is reflected, in their small numbers. Many of the Centres are run by the large non-government agencies, such as Barnardos and Burnside.

## **ANALYSIS OF THE DATABASE**

For audit purposes, the 1240 individual program entries on the Clearinghouse Prevention Programs database that were able to be classified by more than one program category, for example, as *community education* and as a *family support* program, were counted as separate items, giving a total of 1770 items which are presented in Table 1.

The database generally reflected the pattern found in previous audits of Clearinghouse Prevention Programs databases (James 1994; Tomison 1995; Tomison, 1997). There was a predominance of family support and community education programs; the majority of counselling/support programs adopting an holistic or systemic approach to prevention, focusing on the family as clients, rather than the child alone, as evidenced by the much greater numbers of family support programs in comparison with the child focused programs. The low number of offender programs was as expected, given that interest in this field is still developing.

**Table 1: Breakdown of prevention programs by program type**

<b>Prevention type</b>	<b>Number</b>	<b>Proportion (%)</b>
Community Education	402	23
Personal Safety or Protective Behaviours	178	10
Family Support	767	44
Child Focused	325	18
Child and Family Centres	46	2.5
Offender	48	2.5
<b>TOTAL</b>	<b>1770</b>	<b>100</b>

### **State and Territory Responses**

In an assessment of programs by State/Territory of origin, it was apparent that family support consistently made up around 40% of programs and community education accounted for 25 % of programs, across the nation (see Table 2). Only Victoria stood out as having a lesser proportion of community education programs, but a higher proportion of family support and offender programs than the national average.

That the proportion of the different programs were similar across the nation would suggest that the Audit has been able to successfully capture a picture of the general trends in the area of child abuse prevention programs. It may also suggest that the State and Territories were adopting globally similar approaches to child abuse prevention initiatives.

**Table 2: Breakdown of the Audit by State/Territory and program type**

Program type	ACT		NSW		NT		QLD		SA		TAS		VIC		WA	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Community Education	19	<b>28</b>	158	<b>27</b>	16	<b>25</b>	71	<b>25</b>	34	<b>25</b>	10	<b>19</b>	66	<b>15</b>	28	<b>20</b>
Personal Safety or Protective Behaviours	3	<b>5</b>	41	<b>7</b>	8	<b>12</b>	37	<b>13</b>	23	<b>17</b>	4	<b>8</b>	47	<b>10</b>	15	<b>10</b>
Family Support	24	<b>35</b>	244	<b>43</b>	24	<b>37</b>	119	<b>42</b>	58	<b>43</b>	24	<b>45</b>	212	<b>47</b>	62	<b>45</b>
Child Focused	18	<b>26</b>	88	<b>15</b>	15	<b>23</b>	50	<b>18</b>	17	<b>13</b>	10	<b>19</b>	101	<b>23</b>	26	<b>19</b>
Child and Family Centres	1	<b>1</b>	27	<b>5</b>	2	<b>3</b>	4	<b>1</b>	0	<b>0</b>	2	<b>4</b>	3	<b>1</b>	7	<b>5</b>
Offender	3	<b>5</b>	13	<b>2</b>	0	<b>0</b>	3	<b>1</b>	3	<b>2</b>	3	<b>6</b>	19	<b>4</b>	2	<b>1</b>
<b>TOTAL (N=1764)</b>	<b>68</b>	<b>100</b>	<b>571</b>	<b>100</b>	<b>65</b>	<b>100</b>	<b>284</b>	<b>100</b>	<b>135</b>	<b>100</b>	<b>53</b>	<b>100</b>	<b>448</b>	<b>100</b>	<b>140</b>	<b>100</b>

The remainder of the paper is devoted to a description of a number of interesting trends evident in this preliminary analysis, including a discussion of data relating to special programs.

### **FAMILY SUPPORT**

*Family support programs* made up the largest category of programs (44%). From the Audit it was apparent that parent education ((84% of programs) and home visiting (37%) were key components of family support programs. Most family support was provided at the secondary and tertiary level.

This trend for family support services to accept clients from the tertiary sector has resulted in a scarcity of resources being available for secondary prevention initiatives, such as early detection or preventative services for voluntary (non-statutory) clients, and/or those 'at risk' families who actively seek help prior to the development of abusive or neglectful concerns (Tomison & McGurk 1996). The current resource squeeze in the child welfare system, as evidenced in the Audit, would thus appear to have led to an erosion in secondary prevention, with resources moved to cope with the demand for services by tertiary clients. More recently, however, there has been greater recognition of the need to provide early intervention and greater access to services for 'at risk' families, resulting in a general increase in resourcing.

### **COMMUNITY EDUCATION**

*Community education programs* constituted the second largest proportion of programs (23%). A third of programs were directed at professionals - the training of mandated notifiers was a major area of education. The remaining two thirds of community education was in the form of parent education, education to children in schools about relationship violence, material resources about child abuse and a smaller number to the public at large in the form of large campaigns.

The Jannawi Family Centre provides an excellent example of a community education initiative. The Centre has produced a resource kit 'Creating the Future' addressing the effects of domestic violence on children. The kit includes a video with puppets and used indigenous actors. The kit covers not only the abuse as such but examines the effects on kids and extends the definition and dynamics of domestic violence to a range of bullying and controlling behaviours. The kit is also a good example of the more holistic approach to violence prevention.

### **PERSONAL SAFETY OR PROTECTIVE BEHAVIOURS**

*Personal safety or Protective Behaviours programs*, the major school-based prevention initiatives, made up 10% of all programs in the Audit. Personal safety programs have the aim of educating school-age children to protect themselves from sexual abuse. The programs attempt to involve the children's parents in order to raise community awareness of sexual abuse and to teach parenting skills related to protecting children and detecting signs of abuse (Plummer 1993). Protective Behaviours programs focus on teaching children to avoid a wide range of potentially unsafe situations, only some of which involve child maltreatment.

The intention of Protective Behaviours and personal safety programs is to *educate* children, not to make them solely responsible for their own safety (Plummer 1993). The most common and consistent positive outcomes of such programs have been children's heightened knowledge of sexual abuse, increased child disclosures of abuse (Plummer 1993; Reppucci & Haugaard 1993) and, in personal safety programs, an improvement in parents' awareness and ability to protect their children (Plummer 1993). From the Audit, 72% of these school-based programs were provided in the context of a broader service (typically a general health education program in schools). This finding would suggest that services are generally aware of the limitations of running personal safety programs for children in isolation from other measures to protect children and promote health and wellbeing.

Finally, a major criticism of school-based programs has been that they are too generalist and need to be tailored for specific audiences (Plummer 1993) allowing, for example, for children's different developmental stages, gender and capabilities, and for those identified as being at greater risk of maltreatment, such as children with disabilities. It was also apparent from the Audit that these traditionally, primary prevention programs, had been widely adapted for Australian conditions and for use as secondary and tertiary level prevention initiatives. For example most of the programs for children who have witnessed domestic violence (secondary/tertiary) incorporated personal safety programs; there were also Protective Behaviours programs designed specifically for children with disabilities.

### **CHILD FOCUSED**

*Child Focused programs* accounted for 18 % of all programs in the analysis. Child focused programs included services for young parents (mainly mothers); Health promotion/education and resiliency building in schools; Substitute care and services for young people at risk of homelessness; and Survivor services (tertiary).

Almost half of the child-focused programs were combined with family support. Combining family support was generally done by programs that necessarily needed to involve the child's family in order to provide effective support to the child, such as programs for child witnesses of domestic violence (who also provide support to the mother).

### **THE ROLE OF SCHOOLS**

Overall, 20% of programs in the Audit, covering a wide range of issues, were run in the schools or in association with schools. Some schools provided an annual Protective Behaviours program to year 6 children, while others included prevention as an integrated part of the school 'health education' curriculum taking in the full range of maltreatment issues and backed up with other family and student supports.

The Health Education approach is strongly involved in preparing young people to function in society, rather than only working to educate on an academic agenda (Tomison 1996a). Besides the personal safety programs most focused on building skills for healthy relationships (self esteem and conflict resolution), programs also appeared to be influenced by State and Territory Education Department jurisdictions. Victoria and Queensland stood out as having a large number of well-developed 'Health Education' programs.

However (as stated earlier) the current collection of prevention programs does not account for all prevention programs being conducted nationally, so there may well be program developments in other education departments that were not fully reflected in the Audit data.

Most of the programs had commenced in the last five years and many have their origins in initiatives including the National Health Promoting Schools Strategy, which aimed to develop interpersonal relationship skills (Michaux, 1996) and the 'Human Rights Classroom' project which aimed to change teachers' behaviour such that they show more respect for children (Neilson 1996).

A typical program example is the Croydon Secondary College in Victoria, which provides

- Peer support programs
- Access to counselling
- Anger management targeted to at risk students
- Healthy relationships education and
- A Personal safety program

### **OFFENDER PROGRAMS**

*Offender programs* incorporate elements of tertiary prevention (the prevention of re-offending) and secondary prevention (targeting young males at risk of offending). Two thirds of the programs addressed male perpetrators of domestic violence, with most of those programs included parent education to inform fathers of the effect witnessing domestic violence has on children. The remaining third focused on sex offenders (convicted, and non-convicted, but referred by child protection services) and those at risk of sex offending. As part of the move to target those at risk of offending at least one fifth of both the domestic violence and sexual abuse programs targeted young offenders or youth at risk of offending.

### **ABORIGINAL AND TORRES STRAIT ISLANDERS**

Overall, Aboriginal and Torres Strait Islanders were identified as being a specifically targeted population in 184 programs, which represents approximately 15% of programs collected for the audit. The breakdown of program types appears to reflect the pattern of the current database as a whole, with family support and community education programs predominating.

**Table 3: Breakdown of programs targeting Aboriginal and Torres Strait Islanders by program type**

<b>Type of Program</b>	<b>Number (N=265)</b>	<b>Proportion (%)</b>
Community Education	60	23
Personal Safety or Protective Behaviours	22	8
Family Support	125	47
Child Focused	54	20
Offender	4	2

While nearly 15% of programs (184 of 1238) reported targeting Aboriginal and Torres Strait Islanders, only 42 of the 184 programs appeared to have been specifically tailored for the indigenous population. That is, the bulk of the programs were generalist, with agencies taking clients from a number of populations. This would appear to be an area that needs to be addressed, given that it was reported in the Clearinghouse Discussion Paper *Child Maltreatment and Substance Abuse* (Tomison 1996b) that indigenous peoples were substantially under-represented as clients of mainstream drug and alcohol services. Indigenous peoples had a preference to attend services run by their own community and which offered culturally relevant programs. Thus, while many programs report that they can cater for indigenous families, it may be that indigenous peoples are less likely to attend such services, preferring to work with services run by indigenous peoples, or if there have inadequate access to indigenous services, to fail to seek assistance.

A similar trend was evident for programs that targeted at people from NESB backgrounds. There were 168 programs that reported targeting people from non-English speaking backgrounds (NESB) however it appears that only 20% specifically tailored their program to one or more NESB communities.

## **CONCLUSION**

This paper has been developed in order to present some preliminary findings from the National Audit of Child Abuse Prevention Activity. There was a clear trend towards a more holistic violence prevention approach, and service provision that is increasingly focused on client strengths in combination with client problems, rather than problems alone. As has been identified in previous audits (James 1994; Tomison 1995; Tomison 1997), family support programs and community development continue to make up the bulk of programs and this pattern was reflected nationally.

The Audit also identified a number of agencies whose programs were clearly aimed at preventing child abuse and neglect (for example they ran a parent education program), but where the agency did not view their work as child abuse prevention. This finding may be a reflection of how services define their work and the multiple aims and functions of many services (that is, child abuse prevention may be an accidental benefit of a program with another focus, such as substance abuse prevention). This has implications for the development of child abuse prevention programs and the sector as a whole. If child abuse prevention is not an articulated or acknowledged aim within services, this will likely impact on the extent to which services access interagency support and contribute to the development of the child abuse prevention field as a whole. Determining the extent to which child abuse prevention is formally acknowledged as an objective of relevant services across the health, welfare, education and criminal justice sectors, clearly warrants further investigation.

In the last decade, societal awareness of child maltreatment and the developmental needs of children has, perhaps, been at the highest it has ever been. Audits conducted by the Clearinghouse over the past six years have highlighted how community awareness about the damage done to children through maltreatment has increased, with a subsequent expansion of child abuse prevention programs. Gordon (1988; as cited in Edleson 1999) has suggested that levels of family violence have remained relatively constant over time, and that it is not so much the incidence of violence that has changed, rather that its level of visibility has shifted with the 'ebb-and-flow pattern of concern about family violence' (Gordon 1988:2; as cited in Edleson 1999:839) and the ever-expanding definitions of what constitutes 'child maltreatment' and other family violence. A recent example in the Audit of the ever-expanding recognition of the forms of violence, was the increased number of agencies that had become aware of the effects of witnessing domestic violence on children and that had developed programs to address this need. This awareness has been facilitated by high profile cases of child abuse, public education campaigns and the ratification of the UN Convention on the Rights of the Child.

Overall, these preliminary findings indicate the development of a strong, national base of child abuse prevention activity. Importantly, prevention initiatives are associated not only with large government departments or non-government agencies, but have been developed at the 'grass roots' level by community groups or small agencies. It is also clear that substantial progress has been made in modifying for Australian conditions, concepts and programs developed overseas, resulting in the creation of a range of innovative programs. It is hoped that the findings of this National Audit will facilitate the further development and refinement of child abuse prevention programs, and facilitate the development of a stronger interagency network of organisations providing prevention programs within regions, states and across the nation. The Clearinghouse is currently analysing the Audit database in preparation for the release of a national 'state of the nation' report in late 2000. This report will be distributed to all the agencies that participated in the Audit, and will then be available through the Clearinghouse. Finally, the resultant National Prevention Programs database will be developed as a community resource and made accessible to the public on the Clearinghouse and Institute of Family Studies website ([www.aifs.org.au](http://www.aifs.org.au)).

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