

1. Introduction

In 1999, 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 National Audit is part of a strategy to reduce the incidence of child abuse and neglect throughout Australia and was funded by the Commonwealth Department of Family and Community Services, through the National Clearinghouse.

The intention was to provide an overview of child abuse prevention initiatives currently being undertaken nationally, to identify trends and any gaps in service provision, to identify programs from which service providers can learn, and thus avoid 'reinventing the wheel' with regard to program development, and to generate discussion of future directions in child abuse prevention. In this report an analysis of the results of the Audit is presented. Specifically, within a context of current government policies, the range and scope of child abuse prevention programs currently operating in Australia are identified and described, as are the types of groups or organisations involved in operating these programs. Finally, a number of trends in service provision are highlighted, with reference to previous Clearinghouse audits, and a number of recommendations are made with regard to future directions in the development of prevention programs.

2. The Audit process

The objective was to develop a comprehensive picture of the range of child abuse prevention programs currently operating across Australia. The target group for the Audit was comprised of researchers and practitioners in the government and non-government sectors from across the nation, who were directly involved in child abuse prevention, and/or those assumed to have an interest in child maltreatment and related areas.

Terminology

For the purposes of this report, 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.

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; Rayner 1994).

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 or neglect in families where children have already been maltreated. Tertiary prevention therefore incorporates State and Territory statutory child protection services.

Health promotion

Researchers investigating the risk factors that may heighten children's vulnerability to various social ills, such as child abuse and neglect, have consistently identified some children who are able to achieve positive outcomes in the face of adversity – children who are 'resilient' despite facing stressful, high risk situations (Kirby & Fraser 1997). Resilience appears to be determined by the presence of risk factors in combination or interaction with the positive forces (protective factors) that contribute to adaptive outcomes (Garmezy 1985; 1993). The enhancement of protective factors or 'strengths' has become a key facet of strategies to prevent a variety of social ills.

In order to prevent social ills like child maltreatment more effectively, strategies are required that focus on both reducing risk factors and strengthening protective factors that foster resiliency (LeGreca & Varni 1993; Tremblay and Craig 1995; Cox 1997). For example, Tremblay and Craig (1995:156-157) describe 'developmental prevention', a key component of crime prevention strategies, as 'interventions aiming to reduce risk factors and increase protective factors that are hypothesised to have a significant effect on an individual's adjustment at later points of . . . development.'

Prevention or promotion?

A developmental prevention approach has implications for not only the creation of future child abuse prevention strategies but, more specifically, the terminology employed. Many prevention initiatives have taken a problem-focused approach, where the objective is the prevention of a social ill and a reduction in risk rather than the promotion of positive, life-enhancing strategies (protective factors), such as good interpersonal relationships, appropriate parenting and pro-child policies (Tomison 1997a). Use of the term 'child abuse prevention' may also tend to focus attention on the problems of individual parents or families, without adequate recognition of the connection between individuals' problems and the influence of the wider social context (NSW Child Protection Council 1997). Thus, any models framed around *prevention* without *promotion* may be considered to offer a somewhat restrictive means to address social ills (NSW Child Protection Council 1995; Albee 1996; Zubrick, Silburn, Burton & Blair 2000).

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 broad-based, 'health promotion' or 'wellness'-type programs (Prilleltensky & Peirson 1999b), 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. Taking an example from an allied health field, the prevention of mental disorder in the community is generally described as mental health promotion (encouraging the development of positive mental health) rather than mental illness prevention (the prevention of a social ill). Competence building and mental health promotion efforts are perceived as being among the most promising strategies for preventing mental illness (Reppucci, Woolard & Fried 1999).

Overall, it appears that associated health fields and elements of the child welfare/family support system have moved to adopt a philosophy (and associated terminology) that promote universal health, wellbeing and the enhancement of individuals', families' or communities' ability to cope effectively with life's challenges and crises, rather than those which merely signify the minimisation of social ills (World Health Organisation 1986; Australian Health Ministers Conference 1995; NSW Child Protection Council 1997; National Crime Prevention 1999b). As Reppucci et al. (1999: 401) note: 'In the 1990s principles of community mobilisation and development have increasingly been used in health and wellness promotion efforts . . . concentration of effort on at-risk

populations has been de-emphasised, in favor of promoting healthy behaviors in all people within a community.'

Thus, the promotion of general health and wellbeing, or 'wellness' (Prilleltensky & Peirson 1999b) is best perceived as a broad, field of action focused on the development of child, family and community resiliency via the enhancement of a number of protective factors. Therefore, the range of prevention initiatives (public health model) developed to address specifically the variety of social ills, including child maltreatment, may best be thought of as nested within an overarching framework of health promotion activity. Given the current emphasis placed on the promotion of universal health and wellbeing in policy and practice, the decision was taken to therefore include health promotion programs in the Audit, provided the prevention of child abuse and neglect was an intended (or unintended) outcome.

Scope of the Audit

Primary and secondary prevention initiatives, that is, the prevention of maltreatment *before* it occurs, are commonly perceived as forming the major constituent elements of child abuse prevention. Consequently, most audits of child abuse prevention programs have focused on primary and secondary prevention (for example, James 1994; Tomison 1997b). For a number of reasons, however, the current Audit encompassed the full range of primary, secondary and tertiary initiatives, along with a programs that adopted a health promotion or 'wellness' focus.

First, although it can be useful for the purposes of research and government departmental administration, the public health classification has limitations. Many prevention programs cannot be neatly classified into the primary, secondary and tertiary categories (Calvert 1993; Tomison 1995a). For example, many family support and offender programs operate at both the secondary and tertiary levels.

Second, many practitioners feel the system creates artificial distinctions between types of prevention programs, and between 'at risk' and abusive or neglectful families (Tomison 1995a). Third, to develop as comprehensive a picture as possible of the 'state of the nation' with regard to child abuse prevention, it is important that tertiary prevention and health promotion initiatives are incorporated. In addition, the collection of the former was required to ensure that the Audit would meet the information needs of the various State/Territory departments who facilitated the Audit process.

Data collection

Prevention programs and ancillary information were collected via a snowball sampling technique. The information resources of the Clearinghouse, in conjunction with the assistance provided by the State and Territory government welfare departments and a number of non-government agencies and professional organisations, were used to develop as comprehensive a sample of prevention programs as possible. In addition to providing information about their own programs, these agencies actively promoted the Audit (internally and externally), identified and referred the Clearinghouse to programs being run by other service providers, and provided access to extensive, state-based service provider mailing lists¹.

¹ In some cases the agencies, professional groups or department wished to ensure the confidentiality of their mail list members. In such cases the Clearinghouse provided materials that could be distributed by the agency/department to their lists; in other cases the mail lists were released (with confidentiality guarantees) and the Clearinghouse conducted the entire mailout process.

The program information required for the Audit was collected mostly via a short questionnaire developed by the Clearinghouse which was sent out to service providers. The latter were asked to briefly describe their program(s) and to provide information on the sections of the population and the form(s) of maltreatment targeted, key descriptor terms, the programs' theoretical or practical basis and details of any program evaluations undertaken. Upon receipt, Clearinghouse staff also classified and coded the programs according to the type of program and level of prevention and created a program entry on the electronic Child Abuse Prevention Programs database (see Appendix 1 for a description of the database and details of how it can be accessed).

In order to facilitate responses, service providers were also given the choice of providing material via telephone interviews with Clearinghouse staff (based on the Audit questionnaire), or merely providing pre-existing documentation on the programs they were running which were then used by Clearinghouse staff to develop a program entry^{2,3}.

The questionnaire, or a Clearinghouse brochure promoting the Audit, was distributed to approximately 34,000 service providers nationally. This was achieved by the following means:

- the Director or Head of Department of each State/Territory welfare department (excluding NSW), as the Clearinghouse State partners in the Audit, nominated a departmental contact who would provide information on departmental policies and programs, assist with the identification of service providers, and facilitate Clearinghouse access to departmental service provider mailing lists. With regard to the latter, each departmental head also provided a cover letter that was sent out with the first major mailout of questionnaires in each State/Territory as a means of encouraging organisations to participate in the Audit. The bulk of the Audit questionnaires and promotional pamphlets were distributed using the extensive State/Territory departmental lists;
- the Audit brochure and/or Audit Questionnaire was also distributed via the Clearinghouse mail list (7000+ members), a number of other government and non-government agency mail lists, and during the meetings of a variety of professional bodies and local community networks;
- Audit material was distributed at a number of local and national conferences, including the Helping Families Change Conference 2000 and Beyond (Brisbane); Psychotherapy with Sexually Abused Children, (Melbourne and Sydney); and the 7th Australasian Conference on Child Abuse and Neglect (Perth);
- Questionnaires, promotional material and/or reminder notices were inserted in Clearinghouse and Institute of Family Studies publications, and a number of other professional journals and government and non-government newsletters;
- a further 300 program entries were produced via the updating of the child abuse prevention program data collected for the 1997 NSW State Audit (see below).

In addition, the Clearinghouse promoted the Audit via its web site and while responding to advisory networking and outreach tasks. Clearinghouse staff were also continually engaged in: following-up on programs identified through secondary data sources (such

² Any additional information or program publications that were provided were gratefully received. This detailed information was often useful during the Audit process and provides a useful addition to the Clearinghouse informational resources.

³ The quantity and quality of the material submitted varied widely. Although some editing was undertaken, programs appear basically in the form they were received, and have not been subject to substantial editing.

as program publications and program information supplied via State and Territory government departments) and through the information resources of the Clearinghouse; attempting to identify and access additional venues for distribution of Audit materials; responding to telephone queries relating to the suitability of programs for the Audit (over 700 queries were received); and collecting program information via telephone interviews.

Once received, programs were classified, coded and added to a National Audit Prevention Programs database, enabling Clearinghouse staff to efficiently search for and/or analyse programs across a number of dimensions. An important by-product of the Audit was the development of the Prevention Programs database, which supersedes previous Clearinghouse Prevention Programs databases and provides an improved resource for use in ongoing research, advisory and networking/outreach roles undertaken by the Clearinghouse.

New South Wales

Because the Clearinghouse had completed a detailed audit of New South Wales child abuse prevention programs for the NSW Child Protection Council (Tomison 1997b) in 1997, it was initially decided to focus predominantly on collecting information from the other Australian States and Territories. The Clearinghouse has a very strong NSW membership (4000+ members), many of whom contributed material to the 1997 State Audit. Thus, it was felt that the Clearinghouse already had access to most of the significant agencies/groups running prevention programs and that these groups would be likely to again submit material which, when combined with the 1997 Audit material, would enable an adequate picture of child abuse prevention in New South Wales to be formed.

During the Audit data collection process however, it became clear from the material submitted, that while many of the groups who had participated in the 1997 State Audit were still involved in child abuse prevention, many of the 1997 programs were no longer operating, or had changed significantly. It was therefore decided to revisit formally the 1997 NSW Audit data, and an attempt was made to update all NSW prevention program material. That is, Clearinghouse staff contacted virtually all agencies who contributed to the 1997 Audit and who had not already contributed to the National Audit in order to update the NSW programs via telephone interview and/or written questionnaire. Finally, the NSW Department of Community Services was also approached to ensure the Clearinghouse was aware of current policy and practice initiatives.

Classifying the programs

Prevention programs were categorised according to program type, prevention type, geographical location, age range of the children or young people targeted by the program and on a number of special descriptors⁴. The classifications were developed from typologies commonly used in the literature, the observation and assessment of current trends in prevention activity and pre-existing Clearinghouse classifications.

The types of prevention programs included in the Audit were: Community education, Personal safety or Protective Behaviours, Family support, Child-focused programs, Child

⁴ Respondents could select from a list of terms which best described their prevention program. The list included a number of descriptors targeted for further analysis (for example, home visits, gender issues, children's rights).

and Family Centres and/or Offender programs. These classifications are briefly described below.

Community education

Developed and run by a variety of government and non-government groups at national, state and local levels, these programs generally consist of media campaigns (for example, 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

Personal safety programs were originally designed to educate school-age children in order that they may more easily identify and therefore protect themselves from situations leading to possible 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). More recently, many of these programs have incorporated components dealing with a variety of potential dangers for children, including bullying and sexual harassment issues. One of the most popular personal safety programs currently operating in Australia is the *Protective Behaviours* program, originally developed in the US by Peg Flandreau West (Flandreau West 1989). It has been adopted extensively across Australia and in some parts of the United Kingdom (Briggs & Hawkins 1994).

Family support programs

Although these programs may be designed to offer counselling and support to all families, most are intended to provide support for families who are defined as 'at risk' of maltreating their child and who are socially isolated (James 1994), or for families where maltreatment has already occurred. Such programs generally have two major facets: to provide counselling and support, which may incorporate respite care or a home visiting service; and secondly, to enhance parenting skills (provide parent education) with the aim of minimising the likelihood of maltreatment by enhancing parenting skills, and increasing parental knowledge of appropriate child development.

Child-focused programs

Some prevention programs, particularly substitute care programs and individual child counselling programs, focus predominantly on children and young people, without the involvement of, or with a minimal focus on, their families. A 'child-focused' category has therefore been incorporated to classify programs where the focus is almost entirely on the maltreated or 'at risk' child.

Offender programs

Offender programs are designed primarily to prevent the recurrence of sexually or physically abusive behaviour, or the development of such behaviour⁵. Thus, they incorporate elements of tertiary prevention (the prevention of re-offending) and secondary prevention (targeting those people, especially young people, at risk of offending). Offender programs are a growing field of professional action in Australia which has led to a concomitant recognition that such programs should be incorporated into previous prevention program audits (Tomison 1995a; 1996a; 1997b) and their incorporation into this audit.

⁵ It should be noted that such programs typically focus on males.

Child and Family Centres

Child and Family Centres, frequently referred to as ‘one-stop shops’, are multiservice community centres that adopt a holistic approach to preventing child maltreatment and promoting healthy communities and provide support to families on a number of dimensions (Tomison 1997a; 1997b). Similar programs, known as Family Resource Centers in the United States or ‘multi-component community-based programs’ in Canada (Prilleltensky & Peirson 1999a), have been operating for some time (Tomison & Wise 1999). Designed to be non-stigmatising and easily accessible, the Centres offer highly integrated services that promote child and family wellbeing rather than allowing family problems to develop to the extent that secondary or tertiary prevention becomes the focus of centre activity.

Criteria for inclusion

The criteria for inclusion in the Audit were first, that any material submitted had to contain information with an explicit child abuse prevention focus (primary, secondary or tertiary levels), or have a health promotion focus where the prevention of child abuse and neglect was an outcome. Second, the material must describe a *program* of activity. Audit material that did not meet these criteria were kept for use as ancillary information. Overall, approximately 100 questionnaires were excluded from the Audit. These included:

- questionnaires that described programs that were not relevant for the Audit (such as anti-bullying programs or drug rehabilitation programs where there was no child abuse prevention component);
- questionnaires where insufficient information was provided (and where the service provider was not able to be contacted), and/or where the prevention activities that were described did not constitute a program of activity or were too minimal for inclusion. For example, a drug and alcohol service for parents was reported to indirectly benefit children by improving parental functioning, but incorporated no dedicated child abuse prevention component. In another case, children residing in a women’s refuge were provided with ad hoc protective behaviours information, however, there did not appear to be an actual program operating or any structure to the information provided;
- programs still in development, where the program was not (and was some time away from being) operational;
- material relating to the provision of statutory child protection services and the investigation of child abuse and neglect reports;
- general policy documents, which provided useful summaries of departmental prevention initiatives, but which did not explicitly describe particular programs in detail. The information contained in these documents was used in developing the State/Territory overviews, and as supplemental information.