Preventing child abuse and neglect: what do we know (service priorities), what do we need to know (research priorities)?

Overview
- Acknowledgements
- Introduction
- What do we know? And what don’t we know?
- Prevention of child abuse and neglect
- Integrated models
- Strategies and targets for support
- Translational research
- Implications

Child Protection Research Program
- Is part of the new Centre for Child Development and Education at Menzies School of Health Research
- Initially funded through a partnership between Menzies and the NT Department of Health and Families (now Children and Families)
- Aims to strengthen capacity of the government, NGO and community sector to develop and implement evidence based interventions with ‘at risk’ children and families
- Applied research for the specific needs of the NT, but with potential national application

What do we know? And not know?
- Classification
  - diagnosis, prevalence and incidence
- Aetiology
  - risk and protective factors, causal mechanisms, and outcomes
- Intervention and evaluation
  - what will work for whom in what settings and for how much? (practice based evidence, evidence based practice)
- Implementation and policy research
  - what helps and what hinders the implementation of what works

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Prevention of child abuse and neglect
- Increasing demand on child protection systems: the need for an approach other than a Child Protection Response.
  - It has been estimated that approximately 15 percent of Aboriginal children in the Northern Territory were notified to child protection services in 2009-10 (Northern Territory Government, 2010, p.164)
- NT: Estimated 77% of notifications require support other than child protection response.
  - A number of inquiries and policy developments indicate a need for culturally appropriate early intervention.

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The underlying feeling of Aboriginal people toward the Child Protection System is one of fear and mistrust. The history of the Stolen Generation and protectionist systems are still present in the living history of our people. These traumas are experienced across generations. In many ways the contemporary 'child protection' system reflects the very system that traumatised many people and was in no way protective. Understanding this history is critical to creating a system that will work to protect our children and support our families.

(Tangentyere Submission to the NT Inquiry into the Child Protection System, p.83 )

Impacts on children

• Can impact every domain of functioning for children
• Shorter term trauma reactions
• Fight, flight or fright responses
• Internalising and externalising behaviour problems
• Long term health, mental health, physical and identity problems
• Impact on the developing brain, executive functioning and impulse control
• Relationship with suicide, cancer and cardiovascular disease

Target groups

1. Families who are currently referred to their children's needs and capacities and the changes in the emotional or intellectual development in their children. These children are open to seeking support and concerned about their children's needs of being emotionally supported.
2. Families who are not meeting all of their children's needs but are open to seeking support and concerned about their children's needs of being emotionally supported.
3. Families who are meeting their children's needs but are unable to help them. They are open to seeking support and concerned about their children's needs of being emotionally supported.
4. Families who are meeting their children's needs but are unable to help them. They are open to seeking support and concerned about their children's needs of being emotionally supported.
5. Families who are not meeting all of their children's needs but are open to seeking support and concerned about their children's needs of being emotionally supported.

Ecological models
Aetiology

Ecological approaches recognise that child abuse and neglect arise from a complex interaction of factors at the level of the child, the parent and the environment which impact on parent functioning. That is, child maltreatment has multiple determinants at multiple ecological levels. These factors impact upon a caregiver’s ability to be warm, responsive, and to set limits on children’s behaviour. Child physical abuse and neglect have been described as ‘extreme manifestations of parenting problems, expressing severe problems in the relationship between the parent and the child’.

Geeraert, p. 86

Integrating models

Community risk factors

- Communities influence child development through their impact on the norms, values and beliefs of the residents. Negative social norms contribute to problem behaviours and parenting stress, whereas positive social norms in disadvantaged communities can act as deterrents to antisocial, violent or neglectful behaviour.
- Neighbourhood disadvantage has been characterised as the absence of settings that provide opportunities for healthy child development (e.g., libraries, parks, child care, quality schools, health care services and employment opportunities. Income security, stable and secure housing in safe neighbourhoods, accessible and affordable health care, food security, and opportunities for social care are a fundamental basis for a preventive approach to child protection.

Parental risk factors

- Risk factors such as family violence, gambling, substance misuse, mental illness, disability, learning difficulties and early pregnancy are frequently interrelated and are commonly found within a broader context of disadvantage – for example, unemployment, poor educational opportunities, homelessness, crime, community violence, victimisation and lack of social capital.
- Grief and loss
- Parental substance abuse is associated with children having a greater likelihood of abuse and neglect and poorer trajectories within the child protection system (renotification and entry to care).
- Family violence
- Early pregnancy with young people navigating adolescence and parenthood.
- Stability of relationships

Child-related factors

- Certain stages of child development are associated with increased rates of reports of child abuse and neglect. In the Northern Territory, the highest rate of substantiations of child abuse and neglect are for infants less than one year old – a rate of 31.6 per 1000 children compared with rates of 16.4 and lower for other age groups.
- However South Australian data emphasises the need to provide support across the life-course for children, young people and their families as each developmental stage presents new challenges.
- Lack of connection to culture and an inability for children and young people to participate in ceremonies and rituals together with a lack of access to cultural practices, beliefs and values are additional risk factors for Aboriginal children and young people and have significant impact on achieving a successful transition to adolescence.
- Another area of concern regarding children’s wellbeing relates to children with complex medical needs and children with disabilities.
Protective factors

- Positive child characteristics and behaviours – for example, child warmth and affection, ‘easy’ temperament – strength in culture including strong connections and strong identity;
- Positive family belief systems – for example, making meaning of adversity, positive outlook, transcendence and spirituality – flexible and connected family organisational patterns; clear family communication that is open to emotional sharing and which promotes collaborative problem solving; positive marital (relationship) quality; and access to social and emotional resources such as supportive social networks and good housing.
- Income security, stable and secure housing in safe neighbourhoods, accessible and affordable health care, food security, and opportunities for social care are a fundamental basis for a preventive approach to child protection.

Child protection frameworks are dominated by policy, norms, structures and services operating from a western family model...The absolute focus and love of children is a huge cultural strength. The strong sense of obligation and responsibility that is shared within Aboriginal communities is also a strength. These social norms and structures provide a remarkable foundation for the development of a child protection system. Working within a cultural context, issues of child risk, child safety, care and responsibility can be strengthened... By valuing these strengths, the system can build stronger communities - refocusing emphasis and responsibility onto the care and protection of children and young people...

(Vediveloo submission to the NT Inquiry, p.85)

Impacts on caregiving

- Impact on parenting adaptability - being able to pick up and accurately interpret a child or young person’s signals, responsiveness to be able to continually change and adjust parenting in response to children’s behaviour and, flexibility in having a broad range of parenting responses to choose from.
- Lack of exposure to and supports for effective models of nurturance and care and highly stressful and chaotic environments

Impacts on caregiving

- Attributing hostile intent to children’s behaviour,
- Unreasonable expectations of children given developmental stage,
- Expectations of comfort and care from children rather than parents, and having a low sense of parental efficacy and control
- Poor impulse control, for example, reacting to children’s behaviour without adequate reflection on the purposes and potential consequences of the response; coupled with parental anger this may result in escalation of physical discipline to abuse
- Parenting skills, for example, limited repertoire in the day to day care, discipline and monitoring of children; may include harsh or coercive techniques or overly permissive responses to children
- Social skills, for example, limited and poor communication with others, inability to read social cues, insensitivity to the needs of others
- Stress management, for example, elevated levels of emotional arousal in response to stressful situations and ineffective coping strategies.

Services and supports

- Services and supports
**Parent and family focused approaches**

- Parenting and family focused approaches - ensuring families are strong in culture, connected to other families, and free from substance abuse, mental illness and violence (this includes providing support to families to strengthen parenting skills and provide respite; social networks and services attuned to child development and connected to specialty care; intensive family support services; building strong attachment through improved parent-child relationships and communication; addressing parental mental health, wellbeing and safety through providing child-sensitive adult-focused services)
- Progressively intensive supports from parenting information to family support and intensive family support services

**Intensive Family Supports**

- Multi-component programs which include practical supports such as feeding malnourished children, improving home safety and parents' ability to respond to health concerns, and providing support for parenting skills and attachment-focused therapies to address child neglect, failure to thrive and in preventing stress, family breakdown and supporting the reunification of families.
- Needs to include active case management for families as they may have multiple problems to be addressed by a range of service providers where these are available.
- Enhancing parent-child interactions through parent skills training
- Providing vulnerable families with tangible supports for parenting and childcare, for example, housing, transport, help with bills, food and clothing

**Community activation and development strategies**

- Community activation and development strategies help to identify people who can be involved in the lives of children as advocates, mentors and role models, thereby increasing the ability and possibility for informal supports and strategies for children and their families.
- These strategies also recognise the skills, abilities and training that people in many communities already have. Community activation builds the capacity of community members to offer assistance to families (bonding), for families to link with local resources – bridges to participation in services and community – and to encourage community members to become advocates for change within their community and within broader political systems – links to civic participation.
- The experience of emotional trauma for adults and their ongoing trauma histories impairs all facets of their life, both publicly and privately. For this reason, there needs to be community-based and individualised approaches to healing for adults and children. Building hope and optimism, re-asserting cultural norms, rebuilding proud traditions and community structures

**Parenting support programs**

- Home-visiting services which recognise the expertise that parents, including young parents, bring to their parenting roles are particularly good at engaging Aboriginal mothers.
- Aboriginal and non-Aboriginal partnerships.
- Because of the number of risk factors experienced by families in which child abuse is likely to occur, they are unlikely to engage with or benefit from interventions which will benefit families with fewer risk factors unless strategies such as active outreach, preparation and potentially one on one therapy are involved. Incorporating cognitive elements in standard home visiting programs may enhance the prevention of child abuse and neglect.
- Considering parents who have had their children removed from their care, or who were removed as children
- Healing and trauma-informed approaches, transforming identities

**Community level interventions**

- As Deborah Daro points out, ‘child abuse is indeed a public issue which means the problem and its solution are not simply a matter of parents doing a better job but rather creating a context in which “doing better” is easier’.
- ‘Not only do parents in distressed communities lack resources that parents in other communities may take for granted but parents in weaker communities simply have a harder job to do.’
- Help and healing flow in many ways and it is important to recognise that this is not necessarily, and in fact it may be unlikely to be, through formal channels. Parents and caregivers will often seek support from other family members and friends before seeking professional help. It is necessary to boost and support informal networks of support whilst also making professional help widely available to those in need.

**Child focused interventions**

- Child focused approaches - ensuring children and youth are nurtured, safe and engaged (early detection of and response to health, mental health and developmental concerns; high quality child care and schools support social and cognitive development; opportunities for youth to engage in civic and community life).
- Developing children’s sense of self esteem, social skills, and self-regulatory, problem solving behaviour and empathy might be both protective and therapeutic in experiences of child abuse and neglect.
- A strong sense of culture and identity are protective for young people. Providing leadership development activities for young people that includes identifying their roles and responsibilities within their communities can enhance self-esteem and emotional wellbeing.
### Key considerations

- In the human services, the practitioner and the family are the intervention
- The central importance of relationships – within and between families, staff, organisations, researchers and those providing support
- High quality implementation and support can lead to increased benefits for children and families (as much as 2-3 times the effects), and to lower rates of staff turnover (Aarons et al, 2009; Durlak & Du Pre, 2008)
- Evaluations often take place during early phases of implementation, and could be guided by implementation frameworks

### Knowledge–practice-policy gap

- What we know isn’t necessarily reflected in what we do
- It takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice. McGlynn et al. reported that Americans only receive 50% of the recommended preventive, acute, and long-term health care. (Westfall et al, 2007, p.403)
- In the US, between 80-90% of child-serving systems do not use evidence-based interventions, and if they are implemented, they are often quickly adapted or changed, which may result in the intervention losing the key ingredients that were critical for effectiveness (Arney et al, p.253)

### What do we need to know?

- Poor systems for dissemination (usually passive) – knowledge needs are often identified rather than research gaps per se
- Limitations of traditional research methodologies in child welfare – evidence gaps/ poor quality
- Available evidence doesn’t necessarily provide answers for the complex questions at the frontline of service delivery
- Practice based evidence
- Need for “fit” between evidence and practitioner needs, values and beliefs
- Good intentions are not good enough – the inverse care law
- Evidence can counter conventional wisdom/intuition

### National Research Agenda

- Developed as part of the National Framework for Protecting Australia’s Children
- Input from the Australian Government, State and Territory Governments and the Coalition of Organisations Committed to the Safety and Wellbeing of Australia’s Children
- Based on reviews from other countries, a survey of the knowledge needs of practitioners, managers, policy makers and researchers
- Broad in scope
- Applied and translational research

### Research themes

- 1. Prevention
  - Community attitudes and engagement
  - Identifying and addressing risk factors for entry to statutory system
  - Cost-benefits of early intervention
- 2. Protection and Therapeutic Responses
  - Tiered responses
  - Evaluations
  - Strategies for Aboriginal and Torres Strait Islander children
  - Family perspectives

### National Research Agenda

- 3. Care
  - Decision making
  - Kinship care and other types of placement
  - Contact with birth families and Reunification
  - Outcomes and Leaving care
- 4. Systems
  - Cross-agency collaboration
  - Workforce
  - Organisational structures
- 5. Maltreatment Types
  - Prevalence
  - Neglect
  - Responding to child sexual abuse
We do not forgo preventive efforts for physical illness because the available strategies are imperfect. The high costs and often incurable nature of the illnesses that result from risks such as smoking ensure the utility of even highly flawed prevention efforts. From a cost-benefit perspective, prevention is still crucial. The high costs and often incurable nature of the problems associated with child maltreatment make prevention equally crucial. Indeed one can argue that the tendency of child maltreatment to repeat itself inter-generationally makes prevention efforts even more important than they are in the arena of physical illness.

Garrison, 2005, p.620

Key Implications

- Limitations of child protection services
- Identified risk and protective factors for child abuse and neglect
- Strategies for prevention of child abuse and neglect rely on an understanding of the determinants and outcomes
- Illustrated a range of activities that can be incorporated into an integrated support framework for child development.
- Need for translational and evaluative research

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Child Protection Research Program

CPRP has three distinct functions:

- **Research** to shape new models of service delivery to improve outcomes for vulnerable children and their families
- **Evaluation** of existing programs, services and practices
- **Implementation Support and Research** to assist agencies to successfully install and sustain evidence-informed programs and practices

Service system pressures

- Expected outcomes do not necessarily reflect activities
- Activities may be unclear, but high pressure to be doing ‘something’
- Timelines short/expectations for service delivery high
- Fitting in with the existing service and community landscape
- New agencies and organisations needing time to build relationships
- Reliance on training as a means of implementation
- Sustainability is not always the goal

Scared Straight

- Developed in the 1970s
- Targeted at young people in juvenile justice settings
- Based on deterrence and assumptions about rational choices
- Organised visits to the prison and exposure to the more violent aspects of prison life
- Initial claims of a 94% success rate
- Rapid replication across the US
- Subsequently evaluated through research trials
Effects of Scared Straight

Petrosino et al, 2003, p.59

Impacts on turnover

Aarons et al, 2009, p.276

References