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Child Abuse and Neglect: Part II— Practical Intervention and Prevention Activities

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Children who are abused suffer greatly, and a society in which abuse takes place is considerably diminished. Child abuse prevention programs play an important role in crime prevention, because not only is abuse a criminal activity, children who are abused are at greater risk of engaging in antisocial and criminal behaviour later in life.

Child abuse prevention is a complex and sensitive policy area involving all three levels of government as well as many different community organisations. Early intervention which results in more positive parent-child interaction has been demonstrated to have significant benefits for vulnerable children and for society as a whole. Benefits may continue as the child matures, and can lead to improved health and better employment opportunities.

This paper describes a number of programs that have been shown to work. They range from parenting and anger management programs to multifaceted in-house services.

This paper complements Trends and Issues No 146 Child Abuse and Neglect: Part 1—Redefining the Issues which was published in February 2000.

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Defining Child Abuse Prevention

Prevention of child abuse and neglect involves taking action to stop abuse before it occurs, or intervening after the abuse has occurred to stop the abuse continuing and to help those who have been abused. The prevention of child abuse and neglect has traditionally been approached on three levels.

Primary prevention refers to programs targeted at the whole community (both children and adults) with the aim of preventing abuse before it starts. These programs include mass media campaigns or personal safety/protective behaviour programs. Examples include media campaigns such as those conducted in Child Protection Week each year by the National Association for the Prevention of Child Abuse and Neglect (NAPCAN) as well as the distribution of information materials and training programs for professionals and community groups.

Primary prevention includes programs which target the entire community via universal health and welfare programs. Home visiting programs which provide antenatal care for whole populations are an example.

Secondary Prevention also refers to programs designed to prevent abuse, but in this case the programs target specific sections of the child population considered to be more “at risk” of being abused, and specific sections of the adult population considered to be more “at risk” of abusing. Examples of such programs are: home

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visitation for “at risk” groups, young parent support services, isolated single parent support services and respite services including crisis care. Many of these programs also accept clients referred by statutory child protection services. However, such referrals plus an overall lack of resources in the child welfare systems have led to a reduction in secondary prevention programs (Tomison 1997).

Tertiary prevention programs refer to prevention initiatives aimed at preventing the recurrence of abuse in those families where children have already been abused. These range from in-depth parental education (some compulsory) to the protection of children by the provision of out-of-home care for parental respite or the removal of the children from the families.

Reconceptualising Child Abuse Prevention

It is, however, becoming increasingly difficult to separate child abuse prevention into separate categories. While the classification of programs into primary, secondary and tertiary prevention may be useful for the purpose of research and government administration, artificial distinctions between programs are not reflected in the realities of case management (Rayner 1995; Tomison 1997). As suggested by Calvert (1993, p. 14):

If child abuse is viewed as a continuum, the classification of a particular type of intervention as primary, secondary or tertiary prevention depends largely on its timing—on the point along the continuum at which that intervention occurs. Primary and secondary prevention are interventions which take place before abuse has occurred: tertiary prevention is intervention which takes place before abuse has occurred. The definitions are not, however, always so clear-cut. For example the main aim of tertiary prevention is to help children who have been abused. But this help often includes the subsidiary aim of ensuring that abused

children do not grow up to be abusers—an object which could equally appropriately be defined as primary prevention.

In addition, primary prevention must be implemented at many levels before it can be successful. These contain overlaps with both secondary and tertiary prevention. For instance, strategies on the societal level include increasing the “value” of children, increasing the economic self-sufficiency of families, discouraging corporal punishment and other forms of violence, making health care more accessible and affordable, expanding and improving coordination of social services, improving the identification and treatment of psychological problems and alcohol and drug abuse, providing more affordable child care and preventing the birth of unwanted children. Strategies on the familial level include helping parents meet their basic needs, identifying problems of substance abuse and domestic violence, and educating parents about child behaviour, discipline, safety and development (Betha 1999).

When child abuse and neglect prevention is viewed as a continuum, the preventive strategies are directed at family dysfunction generally (see James 2000). This approach has been included in two recent national initiatives. The first of these is the National Initiative for the Early Years (NIFTEY) which arose from a recommendation of the NSW Drug Summit in May 1999. NIFTEY promotes recent research findings that show early brain development is strongly influenced by the nurturing environment and the security of relationships surrounding the young child, and that these environments set a base for development throughout life (McCain and Mustard 1999). Violence inflicted on the child as well as violence witnessed by the child has long-term and detrimental effects on neuro-development (Perry 1997). Instability of family relationships means that there is a greater need for support of both parents and

children outside the traditional inter-generation family support system (Choi 1999).

The second of these initiatives is the National Families Strategy announced by the Federal Minister for Family and Community Services in 1999. This is part of a Commonwealth Government strategy developed by the National Council for the Prevention of Child Abuse to fund research and to support state activities in child protection. This strategy brings together those programs which exist across all levels of government that focus on the different life stages of families and their particular needs at these points in time. These programs incorporate the following services:

- Relationship skills, including those targeted at men
- Child abuse prevention and better parenting strategies
- Domestic violence prevention
- Youth homelessness prevention
- Family law dispute resolution
- Key income support payments for families.

Cost

Very little analysis has been done to estimate the total cost of preventing child abuse and neglect or the long-term social costs of *not* preventing it. In the United States, it has been suggested that although prevention can be costly, it can pay for itself in the long run (United States General Accounting Office 1992). For instance, it was estimated that the cost in future lost productivity of severely abused children was between US\$658 million and US\$1.3 billion annually, based on the assumption that the children’s impairments caused by the abuse would limit their potential earnings by just 5 to 10 per cent (United States General Accounting Office 1992). Another study by the Michigan Children’s Trust Fund compared the costs of an early intervention program which started prenatally and worked intensively with

parents for the first year of a child's life, with the costs incurred when a child is abused. The study showed that, offering early intervention to every family in the state was approximately one-twentieth of the costs associated with abuse.

The financial cost of child abuse and neglect can be just as daunting. For instance in Australia, even in 1991-92 the total expenditure on services relating to the notification and substantiation of child abuse and neglect provided by Departments of Community Services was estimated to be approximately A\$90 million (Calvert 1993). This figure did not include the cost of the additional services provided by health workers, police and community organisations. In the United States the estimated figure of the cost of child abuse and neglect for the same period was more than US\$1.8 billion (General Accounting Office 1992). The United Kingdom National Commission of Inquiry into the Prevention of Child Abuse (1996) estimated that the cost of child protection services and additional mental health and correctional services associated with child abuse and neglect was over £1 billion per year in England and Wales.

Evaluation

Although in Australia there is now a greater recognition of the need to adequately evaluate child abuse prevention programs with some degree of methodological rigour (Tomison 1997), there is still relatively little known about the effectiveness of current child abuse prevention initiatives. This is also the case in the United States where the failure to conduct evaluations of prevention programs has been observed (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 to fund only short-term demonstration or

pilot projects (Melton & Flood 1994).

Evaluation studies have been hampered by a lack of uniform definitions of child abuse and neglect and of what constitutes an "at-risk" child or family. The studies have not fully measured the impact of programs on the incidence of child abuse and neglect, and they have failed to collect data on some of the indicators that were targeted for special attention in the prevention programs. Therefore, it is not possible to determine whether specific aspects of family function had improved as a result of participation in the project (Fink and McCloskey 1990).

Without the construction of uniform definitions and accurate measures of the incidence of child abuse and neglect, it is difficult to build on other child abuse prevention evaluation research (Fink and McCloskey 1990, James 1994). Furthermore, difficulties arise in attempting to apply a scientific approach to the appraisal of *in situ* prevention programs (Tomison 1997). Evaluators 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). And, as Vimpani et al. (1996, p. 36) note, "the stark realities of providing services to families conflict with the ideals of experimental realities".

In Australia, particularly, there has been a distinct lack of attention paid to the evaluation of family support/parenting programs and no effective evaluations of these programs exist, although more attempts are being made to incorporate evaluation into program design.

Despite this, however, developing effective outcome measurement is crucial to developing rigorous program evaluation (James 1994; Fink and McCloskey 1990). In the United States, it was identified by Fink and McCloskey (1990) that rigorous evaluation is that which is designed as a "true experiment"

involving pre- and post-test models, and/or matched control and experimental samples. The following programs, have paid attention to methodological detail.

Best Practice

Boston Community Intervention to Reduce the Risk of Child Abuse, United States

Program. Building on an ecological approach to child abuse, the National Center on Child Abuse and Neglect has supported a number of community-based child abuse prevention initiatives. The Boston program was designed to build a caring community through the introduction of social support networks so that families could be empowered to break patterns of abusive and neglectful behaviour. These support networks included home health visiting, a family nurturing program, respite care and parent aides, self-help groups, family literacy programs, advocacy services and coordinated community intervention programs. Boston was targeted because it had been identified by social workers as having a particularly high rate of substantiated cases of child abuse and neglect (Earls et al. 1994).

Evaluation. Independent evaluation was central to the program. It included a multi-level strategy which incorporated information from the census and other databases, from random household surveys and from families participating directly in services. The second level of the evaluation assessed the ways in which community social support, attitudes about parenting and perceptions about the neighbourhood related to child abuse. Over a period of six months, two surveys were conducted in the neighbourhood. The first was a random door-to-door interview and the second was a follow-up of the same people. Seventy-one people participated (n=71). The results showed that the specific variables investigated (neigh-

bourhood characteristics, family characteristics, country of origin, disciplinary approaches, physical and verbal conflict) were important in characterising families and indexing parent management practices that were specific risk factors for child abuse and neglect. It also ascertained that it is just as important to target individuals as it is to aim at improving the overall quality of life in a carefully demarcated neighbourhood, and that the support of both health and welfare services is crucial in strengthening both families and communities (Earls et al. 1994).

Colorado Rethink Parenting and Anger Management Program, United States

Program. This program is a six-week series of parenting classes which teaches parents anger management skills to assist in the reduction of child physical abuse (Fetsch et al. 1999).

Evaluation. An evaluation of this program using a pre-test and post-test design with a sample of seventy-five parents was carried out (n=75). Using a repeated measures analysis of variance, participants' anger management was documented. It was found that the levels of family conflict, overall anger, and violence fell, and that verbal and physical aggression levels fell quite substantially. It was also found that parents decreased their unrealistic expectations of their children (Fetsch et al. 1999).

Child Abuse Prevention Unit in Health Classes in Schools in Birmingham, Alabama, Program

This child abuse prevention unit which is taught in a required health class in high schools in Alabama, aims to change parenting attitudes. It is a primary prevention approach targeting students before they become parents. The unit consists of an overview of child abuse, normal developmental expectations of children, anger management, and positive parenting techniques (Marshall et al. 1996).

Evaluation. The attitudes were measured using the Adult-

Adolescent Parenting Inventory (API) which was administered as a pre-test, post-test. Students from four schools participated in the study, and most students in the sample (n=585) demonstrated healthy parenting attitudes. Low scores on multiple scales at pretest were recorded for 3.6 per cent of the sample. Effect of intervention was measured using paired *t* tests, and a positive and statistically significant effect of intervention was noted, especially in two of four schools. Low-scoring students increased scores significantly although not up to mean pretest levels for the whole sample. Recommendations for further community health nursing research and educational initiatives are supported by these findings (Marshall et al. 1996).

*"Don't Shake the Baby",
Ohio, United States*

Program. The goal of the "Don't Shake the Baby" project is to increase the knowledge of parents of newborns about the dangers of shaking babies, and subsequently, to decrease the practice of shaking babies and the resulting incidence of blindness, disability and death. A concomitant objective was to educate parents that crying infants, a behaviour which frequently precipitates shaking, is normal, and to provide positive information about how to cope with a colicky baby (Showers 1992).

Evaluation. The target population consisted of all parents (15 708) of newborn babies in Franklin County, Ohio, from August 1989 through July 1990 who were all given an information package kit with a questionnaire to fill in. This was returned by 3292 (21%) parents. More than three-quarters of the respondents said the information was helpful to them and almost one-half indicated that subsequent to reading the materials, they were less likely to shake their babies. Ninety-one per cent of the respondents said they thought other parents of newborns should read the material (Showers 1992).

Early Intervention

There is now a move to situate child abuse and neglect within the continuum of intervention which addresses multiple aspects of family behaviours. (This is also identified in the above program evaluations). And, indeed, it was suggested (Fink and McCloskey 1990) that as child abuse is a relatively low incidence variable, an evaluation of change in the rate of occurrence requires large study samples and extensive data collection which is a costly exercise. The efficacy of tackling portions of the problem of child abuse apart from broader societal needs is not known. And, perhaps prevention can only come in tandem with efforts to reduce poverty, improve health care and make children's issues a national priority. However, despite these constraints, evaluations of prevention programs can be improved by coming to terms with definitions of key variables such as abuse and neglect, developing valid measures of these variables, and expanding study concerns to include appraisals of impact on health and costs. It does appear that high-risk families, as defined by individual evaluators, appear to benefit most from programs (Karoly 1998), but impact on lower risk groups is rarely studied (Fink and McCloskey 1990). It is not known if programs that "fail" could work with lower-risk families and if early intervention might prevent low-risk families from becoming high-risk families.

Three examples of early intervention programs, one from Australia and two from the United States, which also address the issue of child abuse and neglect and which have been subject to rigorous evaluation are described below.

Elmira Prenatal/Early Infancy Project, United States

Program. This program is designed to provide prenatal and postnatal visits by qualified and specifically trained paediatric nurses to rural homes in the vicinity of Elmira, New York. The

home visits centre on three major activities: providing parent education, enhancing social support by family and friends, and linking the family with other health and human services. The program aims to:

- address the interaction of a variety of factors (for example social, economic, psychological) that influence maternal and child behaviour;
- intervene during pregnancy and early childbearing years with qualified and specially trained nurse home visitors who visit often and develop a professional rapport with the families, and
- target families at greater risk for problems due to poverty and lack of personal and social resources (Olds, Kitzman et al. 1997; Olds 1990; Olds and Korfmacher 1998).

Evaluation. This project has been cited as one of the most rigorous and persuasive studies of the effects of a prevention strategy, and provides particularly strong empirical evidence that child abuse prevention works. The study design consisted of a clinical trial in which participants were assigned at random to one of four treatment groups. The most intensive service group received nurse home visits until children were two-years-old. One group received home visits only before the child's birth, and the other two groups received no home visits. The project reported that families who received home visiting had an abuse rate 50 per cent lower than those who did not receive the services. Among the high-risk group of unmarried, low-income, teen mothers who received home-visiting until their children were two-years-old, the abuse rate was nearly 80 per cent lower than among those in a similar high-risk group that did not receive services. The abuse rate for this group was 4 per cent compared to a rate of 19 per cent for those who did not receive visiting services. In addition to reducing child abuse, the project reported improvements in the lives of the poor single mothers who received home visits. These

included an 82 per cent increase in the number of months they were employed and a 43 per cent reduction in subsequent pregnancies within the first four years after the birth of the first child (Olds, Kitzman et al. 1997; Olds 1990; Olds and Korfmacher 1998).

Project 12-Ways, Illinois, United States

Program. The aim of Project 12-Ways is to reduce repeated and recidivistic child abuse and neglect. Project 12-Ways is a large service project employing an ecobehavioural approach to the treatment and prevention of child abuse and neglect. By ecobehavioural it is meant that multifaceted in-home services are provided to clients.

Ecobehavioural service is provided with the understanding that child abuse and neglect is neither seen nor treated as being as simplistic as parental disciplining deficits or as molecular as parental deficiencies in handling stress. Rather, in-home services (treatment and training) are provided in several areas such as parent-child training, stress reduction, self-control, social support, assertiveness training, basic skills, leisure time, health maintenance and nutrition, home safety, job placement, marital discord counselling, alcoholism, referral, money management, and a variety of pre- and postnatal prevention services for young and unmarried mothers (Lutzker and Rice 1984).

Evaluation. The particular focus of the evaluation, which included four levels of research, data collection and assessment, was to compare incidents of abuse and neglect during and after treatment between 50 randomly selected families serviced by Project 12-Ways (n=50) and 47 comparison protective service families in a 12-month period (n=47). The results showed that if a family received services from Project 12-Ways, there was less likelihood of repeated abuse or neglect during treatment or incidents after treatment (Lutzker and Rice 1984).

Family CARE. Project, Australia

Program. This project, conducted by the Children Community Health Services in Brisbane, commenced in 1996. It consists of supported home-based nursing services being provided to identified vulnerable families. The target population includes those families in which there is partnership violence, parental drug or alcohol use, sole parenthood, parental psychiatric condition, ambivalence towards the child, parental history of abuse in their own childhood, poverty, social isolation or financial stress, all of which significantly increase the risk of a range of poor health outcomes. When any one, or combination, of these factors are present the child is at significantly increased risk of suffering child abuse or neglect, accidental injury, sudden infant death syndrome, under and over nutrition, insecure attachment, developmental delay, excessive infectious disease occurrence and inadequate immunisation (Armstrong et al. 1999).

Evaluation. Women in the immediate postpartum period were recruited to a randomised double-blind controlled trial on the basis of self-reported vulnerability factors and were randomly assigned to receive either a structured program of nurse home visiting support by a social worker and paediatrician (n=90), or assigned to a comparison group receiving standard community health services (n=91). Parenting stress and maternal depression were measured at enrolment and at 6 weeks, 4 months, 7 months and two years. These showed significant differences between the two groups and included:

- Improved quality of parents' partnerships
- Less child abuse potential
- Better maternal mood—particularly for mothers having their first baby
- Less parental depression
- Better parental attachment to their infant
- Greater sense of parental competency

- Better emotional and verbal response of mother to infant
- Better maternal involvement with the child
- Better immunisation rate
- Less infant bruising
- Less illicit drugs used by parents.

The program has identified that partnership violence at the time of an infant's birth is the single best predictor of child abuse and neglect in infancy (Armstrong et al. 1999). This program won second place in the Australian Violence Prevention Awards in 1998.

Conclusion

Child abuse prevention is a complex and sensitive issue, involving all three levels of government as well as many different community organisations. While the traditional approach to prevention incorporating primary, secondary and tertiary strategies is useful for the purpose of research and government departmental administration, the realities of practical case management mean that child abuse prevention is often situated within a continuum of interventions which address multiple aspects of family behaviours. This includes domestic violence prevention, parenting skills, relationship skills and family law dispute resolution as well as child abuse prevention. The current trend is therefore to incorporate the prevention of child abuse and neglect within a broad range of early intervention strategies as part of a coordinated agency network to address family dysfunction generally. However, in Australia particularly, the measurement outcomes of early intervention programs which aim to prevent child abuse and neglect and enhance child and family welfare, are not rigorous enough and often rely on descriptive data for analysis. There is increasing recognition of the need for longitudinal data in cohorts of Australian children, both within the general population (to provide population benchmarks) and

within those groups of children at increased risk.

References

- Armstrong, K., Fraser, J.A., Dadds, M.R. and Morris, J. 1999, "A Randomised, Controlled Trial of Nurse Home Visiting to Vulnerable Families with Newborns", *Journal of Paediatric Child Health*, vol. 35, pp. 237–44.
- Bethea, L. 1999, "Primary Prevention of Child Abuse", *American Family Physician*, vol. 59, no. 6, pp. ??.
- Calvert, G. 1993, *Preventing Child Abuse and Neglect: The National Strategy*, National Child Protection Council, Canberra.
- Choi, C. 1999, "Contribution of Welfare Services to Violence Prevention and Health Development: An Australian Experience—Looking Forward", paper presented to the Global Symposium on Violence and Health, WHO Centre for Health Development, 12–15 October, Kobe, Japan.
- Earls, F., McGuire, J. and Shay, S. 1994, "Evaluating a Community Intervention to Reduce the Risk of Child Abuse: Methodological Strategies", *Conducting Neighborhood Surveys in Child Abuse and Neglect*, vol. 18, no. 5, pp. 473–85.
- Fetsch, R., Schultz, C. and Wahler, J. 1999, "A Preliminary Evaluation of the Colorado Rethink Parenting and Anger Management Program", *Child Abuse and Neglect*, vol. 23, no. 4, pp. 353–60.
- Fink, A. and McCloskey, L. 1990, "Moving Child Abuse and Neglect Prevention Programs Forward: Improving Program Evaluations", *Child Abuse and Neglect*, vol. 14, pp. 187–206.
- James, M. 1994, "Analysis of the Programs Database", *Child Abuse Prevention*, National Child Protection Clearing House Newsletter, vol. 2, no. 1, National Child Protection Clearing House, Canberra.
- James, M. 2000, "Child Abuse and Neglect: Part 1—Redefining the Issues", *Trends and Issues in Crime and Criminal Justice*, no. 146, Australian Institute of Criminology, Canberra.
- Karoly, L.A. 1998, "Investing in Our Children: What We Know and Don't Know about the Costs and Benefits of Early Childhood Interventions", Rand Corporation, California.
- Lutzker, J.R. and Rice, J.M. 1984, "Project 12—Ways: Measuring Outcomes of a Large In-home Service for Treatment and Prevention of Child Abuse and Neglect", *Child Abuse and Neglect*, vol. 8, no. 4, pp. 519–24.
- Marshall, E., Buckner, E., Perkins, J., Lowry, J., Hyatt, C., Campbell, C. and Helms, D. 1996, "Effects of a Child Abuse Prevention Unit in Health Classes in Four Schools", *Journal of Community Health Nursing*, vol. 13, no. 2, pp. 107–22.
- McCain, M.N. and Mustard, J.F. 1999, *Reversing the real brain drain—Early Years Study. Report to the Government of Ontario*, Ontario, Canada.
- Melton, G.B. and Flood, M.F. 1994, "Research Policy and Child Maltreatment: Developing the Scientific foundation for Effective Protection of Children", *Child Abuse and Neglect*, vol. 18, suppl. 1, pp. 1–28.
- National Commission of Inquiry into the Prevention of Child Abuse 1996, *Childhood Matters*, The Stationery Office, London, United Kingdom.
- New South Wales Child Protection Council 1997, *A Framework for Building a Child-friendly Society: Strategies for Preventing Child Abuse and Neglect*, New South Wales Child Protection Council, Sydney.
- Olds, D. 1990, "Can Home Visitation Improve the Health of Women and Children at Risk?", D.L. Rogers and E. Ginzberg (eds), *Improving the Life Chance of Children at Risk*, pp. 79–103, Westview Press, Boulder.
- Olds, D., Kitzman, H., Cole, R. and Robinson, J. 1997, "Theoretical and Empirical Foundations of a Program of Home Visitation for Pregnant Women and Parents of Young Children", *Journal of Community Psychology*, vol. 25, pp. 9–25.
- Olds, D. and Korfmacher, J. 1998, "Maternal Psychological Characteristics as Influences on Home Visitation Contact", *Journal of Community Psychology*, vol. 26, pp. 23–36.
- Perry, B. 1997, "The Impact of Abuse and Neglect on the Developing Brain", *Colleagues for Children*, Missouri Chapter of the National Committee to Prevent Child Abuse, United States.
- Rayner, M. 1995, *The Commonwealth's Role in Preventing Child Abuse. A Report to the Minister for Family Services*, Australian Institute of Family Studies, Melbourne.
- Showers, J. 1992, "Don't Shake the Baby, The Effectiveness of a Prevention Program", *Child Abuse and Neglect*, vol. 16, pp. 11–18.
- Tomison, A. 1997, *Preventing Child Abuse and Neglect in NSW: Findings from a State Audit*, New South Wales Child Protection Council, Sydney.
- Vimpani, G., Frederico, M., Barclay, L. and Davis, C. 1996, *An Audit of Home Visitor Programs and the Development of an Evaluation Framework*, AGPS, Canberra.
- United States General Accounting Office 1992, *Child Abuse Prevention Programs need greater Emphasis*, Report to the Chairman, Subcommittee on Oversight of Government Management, Committee on Government Affairs, US Senate, Washington DC.

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