Violence Today

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No. 3 Violence Against Children

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Child abuse is a topic which has variously elicited outrage and disbelief in our community. Violent behaviour of this kind has only relatively recently been seriously dealt with, although children have been the object of violence and exploitation for centuries.

This report discusses violence against children as it is manifested in contemporary Australia, both in the form of physical and emotional abuse and neglect, and in the form of sexual abuse, which is now seen by clinicians and researchers as a problem of very serious proportions. It also reviews what has been accomplished in dealing with the problem and what more can be done in the future.

Violence Against Children is the third in the series Violence Today which is being produced by the National Committee on Violence and published by the Australian Institute of Criminology. The Committee hopes that the publication of this report will encourage community discussion of this important subject, and that this in turn will assist in tackling a particularly disturbing phenomenon in our community.

Duncan Chappell Chair National Committee on Violence iolence in society has its roots in childhood. Exploitation, abuse and acceptance of violence against children has long been sanctioned by religious, legal, political, societal and cultural structures (Korbin 1983).

The sanctioning of the abuse of children has been based on a number of social conditions and beliefs, some of which have been challenged only in recent years. These included a widespread belief that children were inherently evil and required harsh discipline to ensure they learned the restrictions required of them. Ritual sacrifice and infanticide by drowning, exposure or burning were based on early religious superstition and demonstrate the extremes to which children were violated in accord with beliefs of the time. In Roman law a father had the right to sell, abandon, offer as sacrifice, devour, kill or otherwise dispose of his offspring. The belief that women and children were the property of men was, until the last century, enshrined in British law (Gil 1970; Steele 1976).

The belief that the privacy of the home was inviolate to outside interference created an environment in which children were often unsafe and unable to protect themselves or seek help from others. Ignorance of the physical and emotional needs of children and the economic demands of survival frequently contributed to a situation where children were ill-treated, ignored or exploited.

In modern history the issue of child abuse was brought into focus after the Industrial Revolution through the crusade of the Earl of Shaftesbury in the 1830s to reform working conditions for children. The writings of Charles Dickens also brought to public attention the plight of children working long hours in dangerous situations, as well as the terrors of schooling where canings and whippings were common.

The case of Mary-Ellen in New York in 1874, which led to the Courts ordering her removal from her guardians under the *Cruelty to Animals Act*, established a precedent for community intervention when a child is being abused in the home (Fontana 1964). Child welfare laws were introduced in Australia during this period.

The Society for the Prevention of Cruelty to Children was established in 1884 in Britain, in 1889 in the United States, and in 1894 in Australia. In 1976 the International Society for the Prevention of Child Abuse and Neglect was formed.

During the 1920s, recognition grew that some families needed the support of social services to assist them in child-rearing and to cope with other pressures. This move from a strictly criminal framework to a strategy based primarily on social work intervention began, and has continued, in all but the most severe child neglect and abuse cases.

In the 1940s the use of radiology resulted in the discovery of unexplained fractures in young children being brought to hospital. In 1953 in the United States Silverman (cited in Helfer & Kempe 1976) proposed that the injuries may have been inflicted by the child's parents or other care-givers. However, it was not until Kempe and colleagues used the term "The Battered Child Syndrome" in an article in the *Journal of the American* Medical Association in 1962 that medical practitioners were challenged to recognise the physical abuse of children. The controversy surrounding the Kempe et al. proposition brought the issue of physical abuse and neglect once again to the notice of the public. As a consequence, legislative reform and professional concern were revived and it was acknowledged that widespread damage was being caused to children by society's denial of the problem (Helfer & Kempe 1976).

In 1959 the United Nations issued the Declaration of the Rights of the Child. This codified the concept that children as individuals had certain rights separate from adults. The rights of children to protection from abuse ran parallel to the increasing demands by the women's movement for recognition of women's rights.

Sexual abuse and exploitation of children, whilst infrequently recognised in the arena of child protection, became a focus of child welfare agencies when physically abused and neglected children began revealing they were often sexual abuse victims as well. Alongside this, surveys by rape crisis centres and sexual assault centres showed that many adult women had been sexually abused as children. Increasingly it has been reported to statutory agencies that young boys also are often victims of sexual abuse by people they know and trust (Finklehor 1984). A survey of Australian tertiary students found that 1 in 4 girls and 1 in 11 boys had been the victim of child sexual abuse by a male more than five years their senior. In the case of the girls the average age of the victim was 10 years and the perpetrator 31 years; in the case of the boys, the average age of the victim was again 10 years and the perpetrator 22 years (Goldman & Goldman 1988).

During the 1970s in Australia a number of seminars, workshops and conferences on child abuse were held and the results of hospital-based surveys were published confirming the Kempe proposition. The first Australasian Conference on Child Abuse and Neglect was held in Perth in 1975, and subsequently a number of government inquiries in various states were established. The Australian Institute of Criminology convened a national conference on child abuse in 1986.

South Australia had by 1977 introduced mandatory reporting by nominated professionals of suspected abuse, and since then all states and territories with the exception of Western Australia and Victoria have also introduced mandatory reporting legislation (Boss 1987). The Royal Commission on Human Relationships in 1977 reported to the Federal Government that the abuse of children was chronic and a number of recommendations were made relating to the issue (Evatt 1977). Since the late 1970s the challenge of identifying and providing services for children and their families has been high on the agenda of both government and non-government agencies across the Commonwealth.

WHAT IS OTHED ADOOL

here are many legal and operational variations in the definition of child abuse in Australia, which makes it currently impossible to provide reliable, consistent national data on incidence. However, all definitions refer to the physical or psychological damage caused to the child by the abusive behaviour of others, or the failure of others to protect a child from such damage. Most commonly, the categories of abuse cover physical, sexual and emotional abuse and neglect. The controversy and arguments surrounding child abuse are beginning to move away from disbelief that it occurs, to the debate, both legal and academic, as to what parameters it includes (Boss 1987).

Many arguments centre around disciplinary and other child-rearing practices which can sometimes be abusive. Some researchers believe that the physical abuse of children should be seen in the context of prevailing values in our society, where there is a degree of acceptance of violence as a legitimate means of attaining ends. This element of violence is represented in child-rearing practices where physical force is condoned and in some cases encouraged as a disciplinary measure. However, child abuse is more often characterised by the deliberate infliction of physical or emotional harm on the child in circumstances where the child has no power or ability to prevent the abuse or neglect. Often it is unpredictable and confusing. For those working in the field the following brief definitions of the

South Australian Child Protection Council are often used as criteria for intervention.

Physical abuse

Any non-accidental physical injury inflicted on a child. This may include beatings, burns and scalds, fractures, poisoning, bruises or welts, internal injuries, shaking injuries or strangulation.

Sexual abuse

Any sexual behaviour imposed on a child.

The child is considered to be unable to alter and/or understand the perpetrator's behaviour due to his or her early stage of development and/or powerlessness in the situation. The perpetrator's position of authority and/or trust enables him or her implicitly or directly to coerce the child into sexual compliance.

Child sexual abuse involves a range of activities, including the fondling of the genital area, masturbation, oral sex, vaginal or anal penetration by a finger, penis or any other object. It includes exhibitionism and suggestive behaviour or comments.

Emotional abuse

A constant attitude or behaviour towards a child which is detrimental to or impairs the child's emotional and/or physical development. This may take the form of scapegoating, emotional rejection, isolation, or continuing verbal abuse.

Neglect

Any serious omission or commission by a person which jeopardises or impairs the child's physical, intellectual, or emotional development.

A child who is neglected may be consistently dirty and unwashed, without appropriate supervision for extended periods of time and, therefore, may be at risk of injury or harm, constantly tired, hungry, listless, and with medical conditions related to poor hygiene (South Australian Child Protection Council 1989).

The courts, in the end, have the important role of defining what constitutes child abuse: whether it is the Children's Court which most often deals with children who are alleged to be in need of care and protection, the Criminal Court whose task it is to determine the guilt or innocence of alleged abusers and, increasingly, the Family Court whose task it is to make decisions in the child's best interest when custody and access proceedings are initiated.

THE PROBLEM OF CHILD ABUSE?

he Australian Bureau of Statistics through its Welfare Statistics Branch (WELSTAT) has been attempting for many years to ensure that all states and territories collect data which conform to uniform standards. In the case of child abuse, despite agreement in general, national figures are not available. However, given the variety of legislation, definitions, reporting procedures, interpretation of existing data and the lack of research this is not surprising. Unlike the United States, there is no federal law or government department with responsibility for the protection of children, and recommendations to establish a National Research Centre have been unsuccessful (Second Australian Conference on Child Abuse and Neglect 1981; Evatt 1977; Boss 1987).

Even if each state and territory had uniform requirements, it is unlikely that all cases of child abuse would come to the notice of statutory agencies, as many would remain unreported or undetected. What we do know is that since statistics have been kept by welfare departments, the numbers of children reported and confirmed as having been abused have increased. This may be due to a number of factors. Growing community awareness, media reports, TV programs, professional education, legislative requirements and a change in attitude by society towards breaking the silence surrounding family violence may account for more reports being made.

An example of the response required to investigate and make decisions in notified cases is outlined below in an analysis of data collected during 1987 by the NSW Department of Family and

TABLE 1 Notified Cases of Child Abuse New South Wales—1987

, 114 , 387 (7914 substantiated)
521

Total of notified children 19,022

(NB-12,549 cases overall were substantiated.)

Community Services Research Branch (Young & Brookes 1989).

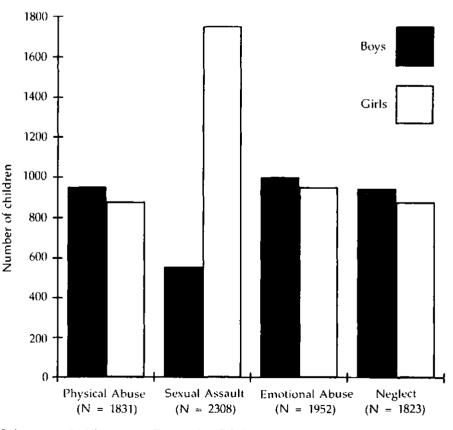
The analysis focusses on the 7,914 children notified for the first time who were assessed as having been abused. Some important facts emerge which have implications for service delivery and prevention programs. The research shows that except in sexual abuse, boys are more often the victims of abuse than girls. Based on the data it is predicted that 9 per cent of children born during 1987 will be reported and confirmed as abused children before they reach 16 years of age. Children under one year of age of both sexes and girls aged 13-15 show the highest reported incidence of abuse.

Overseas research suggests that the extent of sexual abuse is much higher than other forms of abuse and this conclusion appears to be supported by the NSW figures. However, this may be the result of recent public education programs and the frequent involvement of the criminal justice system with this form of abuse.

Figure 1 shows the categories of abuse and sex differentiations.

Figure 2 shows that whilst a similar percentage of boys and girls were abused by strangers, 40 percent of boys were assaulted by a family member and 56 per cent by a known person. For girls the pattern is reversed, where 56 per cent are assaulted by a family member and 40 per cent by a known person. However, the numbers reported show girls to be three times more likely than boys to be victims of sexual assault. These figures demonstrate, amongst other things, the problem faced by welfare authorities in substantiating allegations of abuse, particularly sexual abuse. The Department of

FIGURE 1 Children (aged <1-<16 years) subject to substantiated child maltreatment: NSW 1987 By sex and maltreatment type



Substantiated Maltreatment Type (N = 7,914)

Source: Young, L. & Brooks, R. 1989, *The profile of child abuse and neglect in NSW*, NSW Department of Family & Community Services.

Health and Social Security in Britain has advised doctors that

serious suspicion of child sexual abuse should be aroused when the child makes a clear, unambiguous, verbal allegation of abuse. If this is a spontaneous allegation, it would be most unusual for this to be a fabrication. Exceptions to this might be where a spontaneous allegation is made following access visits to which the child is known to be antagonistic for other reasons, or if allegations are made by an adolescent caught up in a parental dispute such as divorce or custody proceedings. This could reduce suspicion to a moderate level (Department of Health and Social Security 1988).

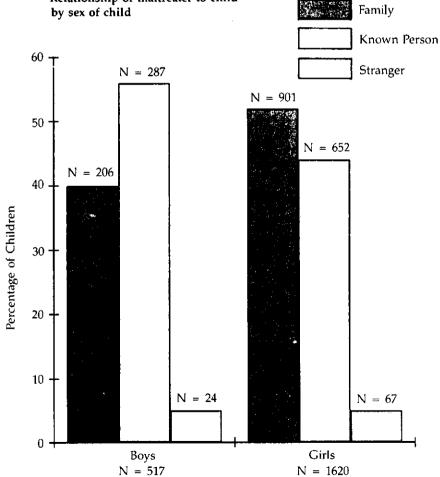
Because an allegation of child sexual abuse provokes such strong emotions, and because of the serious consequences both to the family and to the alleged offender, it is particularly important to ensure that a balanced appraisal is made.

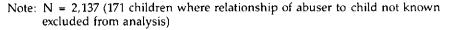
EFFECTS OF CHILD ABUSE?

I never felt my mother loved me as she loved the others. Perhaps she didn't even like me. Certainly there were times when I felt she hated me . . . what makes one go on striving for attention, affection, recognition, acceptance and even that nebulous commodity, love, when the rewards are so very small and so very seldom forthcoming? I know why I kept going. When you have been conditioned to believe that you're not worth much, that you're inferior in some way, then your own standards and expectations are not very high . . . a few crumbs keep you going.

There's not very much of the little boy left in me now: very little of

FIGURE 2 Children (aged <1-<16 years) subject to substantiated sexual assault: NSW 1987 Relationship of maltreater to child





Source: Young, L. & Brooks, R. 1989, The profile of child abuse and neglect in NSW, NSW Department of Family & Community Services.

the frustrated, hurt little boy. But what there is of him still seeks attention, still seeks approval and probably always will. My old physical injuries have healed well, but many emotional traumas are proving extremely slow to mend. Some appear to develop healthy scar tissue, then it sloughs off unexpectedly, once more exposing the original, raw, sensitive wound inflicted many, many years ago. I accept now that a few will never heal completely.

(Willich 1978)

n a study to determine invulnerability in abused and neglected children, Farber and Egeland (1987, p. 286) concluded that "we . . . do not believe that many children can develop coping skills AND be emotionally healthy in a chronically abusive or neglectful environment".

There is, evidence that the immediate effects of abuse can be catastrophic for children, resulting in mental retardation, brain damage or death. The long-term consequences can also be devastating and leave physical and emotional scars which result in psychiatric illness, inability to form meaningful relationships, and unusual aggressiveness which may be turned inward-youth suicide has doubled in the last twenty years (Kosky 1987)-or outward as assaultive behaviour replicating the abuse inflicted upon them. Eckersley (1988) and the Burdekin Report (1989) both refer to disenfranchised and disillusioned adolescents who are victims of child abuse and family fragmentation.

Drug addiction, prostitution, homelessness, alcohol abuse, and violent crime have persistently been linked to the damaging environments which the "junkie", the "hooker", the "drunk" and "crim" experienced as children (Women's Co-ordination Unit, Premiers Department NSW 1987). In a study of sexual offenders, for example, (Abel et al. 1983) it was found that nearly half of them had been child victims of abuse. Finkelhor (1984 and 1986) proposes that early experiences have a powerful outcome on adult behaviour for the victim to become the powerful aggressor in attempting to banish the hurt, powerless child victim inside.

Studies of parents who physically abuse or neglect their children have found that they frequently report extreme violence in their own childhood, and an abusive childhood has been documented as the most consistent factor in the histories of these parents. They rarely experienced nurturing, trusting relationships with their own care-givers and report a feeling of intense pervasive continuous demands, criticism and resentment from them (Steele & Pollock 1968; Spinetta & Rigler 1972; Ounsted & Lynch 1976; Sullivan 1978).

Recent Australian studies (Oates 1985; Lynch 1986) confirm that the long-term consequences of abusive childhoods leave lasting damage in the way in which those adults relate to their own children.

ABUSE AND WHO ARE THE ABUSERS?

here is no consensus amongst researchers about the causes of physical abuse and neglect of children. It occurs in all cultural, occupational and socioeconomic groups and there is little evidence to support the idea of a characteristic personality pattern in abusive parents. As we have stated, there is evidence that the experiences of one's own childhood, including parental rejection and emotional deprivation, as well as physical maltreatment, play an important role in determining parental capacity, as does the adequacy of social supports, such as extended family connections (Adler 1986). We must be aware, though, that there is nothing irrevocable about childhood experiences, for the majority of victims of abuse overcome their background to become perfectly adequate parents.

Generally speaking, evidence suggests that abusive parents have difficulty controlling their impulses, have low self esteem, poor capacity for empathy and are socially isolated. Environmental factors, such as poverty, poor housing and chronic illness, are not sufficient causes, but such stresses combined with poor parenting skills and a sense of having little control over one's life are all contributing factors (Friedrich & Wheeler 1982). These findings help to explain the high frequency of single mothers among high-risk groups, and the fact that a non-abusive spouse and good living conditions have powerful ameliorating effects.

It is important to bear in mind that physical abuse is an interactive phenomenon and there is evidence to suggest that there may be factors in the child as well as the parent which may result in the abusive behaviour. There seems to be a higher than expected number of premature babies among the victims of abuse, although it is impossible to separate out the developmental and neurological problems associated with prematurity from problems arising from mother-infant separation and consequent difficulties in bonding. There is also a higher than expected frequency of mental retardation predating the abuse, while physical handicap and infant temperament may also play a role (Friedrich & Boriskin cited in Adler 1986).

In the case of sexual abuse, completely different factors seem to be operating. Perpetrators have been studied very little because they are so seldom identified and brought to account, but there is some indication that many of them were themselves victims of child sexual abuse. It is, therefore, all the more imperative that ways must be found to help them acknowledge their behaviour in a therapeutic context and to provide suitable therapy in order to break the cycle of abuse.

WIRI HAS DEEN DONE

n the past ten years major strides have been taken in responding to the problem of child abuse. Government agencies have established specialist police, education, health and welfare services to provide assistance to victims and their families. A number of states have produced task force reports, established multi-disciplinary committees and held inquiries. Protective behaviour programs have been introduced into schools, policies have been formulated and assessment, investigation and other procedures have been updated. Legal reforms have been implemented in many states and the training of field workers has been a priority. Financial assistance to self-help groups, strategies to work with abusers and a growing awareness of the problem in the broader community is helping to change attitudes towards child victims and those who hurt them.

Non-government and voluntary agencies have worked hard to provide support services to families, the press has drawn attention to specific cases, and films, television and radio have been instrumental in raising the concern of the public. Precedent decisions in the courts have focussed the attention of the legal profession on the complexity of individual cases, and conferences such as the recent National Conference on Child Abuse (Snashall 1986) and the Children as Witnesses Conference (Vernon forthcoming), convened by the Australian Institute of Criminology, have drawn together a cross-section of professional, academic and grassroots practitioners to share their knowledge and debate the current dilemmas.

However, because of the focus on responding to children who have already been abused, research and academic attention to the subject in Australia has been inadequate. Universities and other tertiary institutions have only very recently included child abuse in their curriculums.

The sense of urgency as reported cases increased so rapidly has meant resources and energy have been directed to dealing with children who have already been abused. The emphasis has been on response to crisis situations. Recently there has been a move away from a medical model of service delivery towards a more integrated multi-disciplinary approach, as it is acknowledged that no one discipline should or can resolve the problem. Overall this has led to a huge "catch up" situation for workers in the field whose responsibilities frequently involve making decisions which are criticised by others (Lawrence 1982; Cooper 1988), and which involve the protective agencies in conflict with groups who promote parental rights.

DONE IN THE FUTURE?

he greatest chance we have to prevent violence in society is to raise children who reject violence as a method of problem-solving, who believe in the right of the individual to grow in a safe environment and who strive to value the unique contribution all our citizens and especially children can make to our future.

Prevention of child abuse must be tackled on a number of levels:

Primary Prevention is everyone's responsibility and the goal is to stop abuse before it happens. Part of this strategy is changing societal attitudes towards violence, protecting children's rights and encouraging the community to debate concerns about social issues including the role of the media, films, censorship, videos, gun laws, domestic violence, legal decisions and so on which influence the way we behave as a society.

Secondary Prevention includes the recognition that parenting is difficult and that stress on families is a combination of personal and environmental factors. Family support, respite care, personal safety programs, self esteem groups, the elimination of child poverty, community awareness programs, parenting skills courses, non-violent conflict resolution courses in schools and self-help groups all can assist in preventing abuse. This is the responsibility of government and non-government agencies, volunteer groups and others who must offer parents and other care-givers support rather than judgmental criticisms.

Tertiary Prevention is the responsibility of agencies which must intervene to protect a child who has already been abused. They must provide the best services available and share decision-making to ensure the child is safe from future harm.

ACHIEVED?

n order to make a co-ordinated preventive response to the complex problem of child abuse, good research information is essential. Whilst there have been a number of research projects in this area in Australia, these have generally taken the form of hospital surveys, sexual assault service surveys and task force papers which primarily concentrate on incidence and specific effects of the abuse, (NSW [1985], SA [1986], WA [1988] Child Sexual Abuse Task Force Reports).

However, useful work on prediction has been carried out by Lynch and Roberts (cited in Oates

1982), who looked at families in the maternity hospital and found five factors which distinguished a control group from the abusive group: more abusive mothers were under the age of 20 when their first child was born; they were more likely to have signs of emotional disturbance recorded in the maternity notes; they were more likely to have been referred to a hospital social worker; the babies were more likely to have been admitted to the special care nursery; and the mothers were more likely to have caused concern amongst the hospital staff over their mothering capacity.

Overseas research indicates that predictive factors found in pregnancy, the neonatal period and infancy can be used successfully to identify families in which abuse is likely to occur (Geddes et al. cited in Oates 1982). It has also been shown that health visitors who visit parents in the first year, are able, with reasonable reliability, to predict which families are at risk (Dean et al. cited in Oates 1982). An important limitation to this form of prediction, however, is the risk of labelling, and thereby the creating of self-fulfilling prophecies in high-risk groups.

Oates (1982) has carried out a study in Australia in which he compared characteristics of families of abused children with a matched group where abuse had not occurred. His findings reveal that there were marked differences between the two groups in a number of areas: these included the mother's childhood, her experiences during pregnancy and the peri-natal period, the families' expectations for the child, child-rearing techniques, family and community support, health of the parents and development of the child. Oates observes that although all of the factors which are more common in abusive families may occur in non-abusive families, it is possible that many of the abusing families within the community will be located within the larger group identified by these factors. As resources to deal with the problem are always limited, Oates recommends that they should be directed towards providing support for the group which could be identified by the risk factors described in this study.

Research carried out for the Western Australian Department for Community Services (Donovan Research 1987) shows amongst many other findings, that attitudes by Australians to children and child-rearing are crucial if child abuse is to be prevented. They found, for example, that 52.4 per cent of parents believe they legally "own" their children and 64.7 per cent believe that "what happens inside the family home is nobody's business but the family's".

However, the need for assistance through parent education is demonstrated in the findings of Donovan (1987) that most parents hold negative beliefs about the use of physical force against their children but continue to use it out of frustration or because they do not know of or cannot take the time to adopt other less damaging methods of controlling behaviour. Information like this is extremely useful in targeting prevention programs to change attitudes and give care-givers information about alternative strategies to raise their children.

The establishment of NAPCAN (National Association for the Prevention of Child Abuse and Neglect), the Queensland Centre for the Prevention of Child Abuse, Western Australia's proposed multi-faceted Child Value Campaign, South Australia's Child Protection Week (soon to be national under the auspices of NAPCAN) demonstrate the willingness of government and non-government agencies to tackle the problem at all levels.

CONCLUSION

Ithough a variety of child abuse intervention strategies have been introduced around Australia, few have been subject to rigorous independent evaluation. A substantial gap exists in the area of research on intervention outcomes, and the work being done in the field by various agencies needs to be assessed so others can benefit from their experiences. We know little if anything about the relative effectiveness and efficiency of child abuse programs in Australia.

Child abuse needs to be tackled on all fronts and if we want to prevent it, we need to provide support for parents, research information for professionals and a community which refuses to condone violence against its most vulnerable members. NELEVEN

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Declaration of the Rights of the Child (1959)

Adopted in Australia by the *Human Rights Commission Act* 1981 (Cth) Schedule 2

Principle 1

The child shall enjoy all the rights set forth in this Declaration. Every child, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, ridicule or any other opinion, national or social origin, property, birth or other status whether of himself or of his family.

Principle 2

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy normal manner adding conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.

Principle 3

The child shall be entitled from his birth to a name and a nationality.

Principle 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

Principle 5

The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

Principle 6

The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and those without adequate means of support. Payment of State and other assistance towards the maintenance of children of large families is desirable.

Principle 7

The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which shall promote his general culture and enable him, on a basis of equal opportunity, to develop his abilities, his individual judgement and his sense of moral and social responsibility, and to become a useful member of society.

The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents. The child shall have full opportunity for play and recreation, which should be directed to the same purpose as education; society and the public authorities shall endeavour to promote the enjoyment of this right.

Principle 8

The child shall in all circumstances be among the first to receive protection and relief.

Principle 9

The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form.

The child shall not be admitted into employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

Principle 10

The child shall be protected from practices which may foster racial, religious or any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow man.

Extract from United Nations Declaration of 20 November 1959.



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