

CONFERENCE NOTES

RE: The Third International Congress on Child Abuse & Neglect

From: Miss J. Barbour, Social Worker, Adelaide Children's Hospital

International concern about child maltreatment has been reflected in the establishment of an international society for the prevention of abuse and neglect which now has over 470 members and many national societies around the world.

The Third International conference on child abuse and neglect was sponsored by the International Society for the Prevention of Abuse and Neglect and the Dutch Society for the Prevention of Cruelty to Children. The Conference was held in Amsterdam in April 1981 at the Free University, where 600 participants gathered. It involved professional and lay persons from 33 major countries. The Netherlands and U.S.A. sent 100 delegates each and Australia, 32, 14 of whom were social workers and 4 were medical representatives. Two hundred and fifty papers were presented of which 12 were delivered by Australians.

The aim of the conference was to provide an exchange of information in an effort to define a multi-dimensional approach to the identification, treatment and prevention of child abuse and neglect. A mixture of more traditional topics was combined with topics dealing with violence within the family (15% of the papers) and sexual abuse as well as the enormity of the Third World countries' problems and our cultural differences in diagnosis and management.

Programme Topics

It was felt that effective response to abuse and neglect within families requires national policy priorities — advocacy groups in communication with legislators in charge of budgetary allocation. Discussion served to introduce participants to some of the environmental, psychological and cultural realities of potential abuse. Improved administrative policies, resources, education and legislation are urgently required.

In industrial societies there is every indication that children are perceived more and more as obstacles to the achievement of socially ascribed values

— such as material possessions, ability to travel, and as having a negative impact in housing agreements. The socialization of children is ambiguous, preparing children to be assertive, aggressive and competitive, encouraging putting the self first.

Differences in values and disciplinary techniques were acknowledged between developed and undeveloped countries and even within cultures.

The Concept of "rights" has influenced not only behaviour but decisions in many industrialised countries.

There is an enormous spectrum of abuse — violence within the family has always existed.

Although it is usually an out of control reaction to stress, the child's behaviour, (this includes both temperament and capacity) is a contribution stimulus and as well as an effect of the parents' reaction. Crises are a part of life and some families are more vulnerable than others, but the traditional extended family offers modelling opportunities and exchange of services between family members. Universally however, there are a cluster of features distinguishing child abusers. These involve a dangerous set of 'candidates' or contributing factors including past experiences, present circumstances and future fears. Life's realities fall short of romance and disappointments and frustrations, rigid and negative parental attitudes, low self esteem and feeling of failure, interpersonal stresses and lack of mutual reciprocal satisfaction are all evident as casual factors.

Causes and Contributing Factors of Child Abuse

The contribution of demographic, economic and cultural factors to the quality of life for the parents and families related to the frequency of child abuse and neglect were considered. Environmental and parental behaviours may be innocuous at one stage of life and disastrous at another. This presents difficulties in the assessment of immediate and long term effects on the child.

Not all people who are on Unemployment Benefits, having marital or financial problems, with poor housing, abuse! Neither does having a job, money and an education prevent abuse. Abusers are usually anxious unhappy people wanting desperately to succeed and they gain no pleasure in abusing the child to whom they turn for life's satisfactions. However, they store resentment and know well the ghastly feeling of being capable of wanting to hurt their child in order to assuage their own pain. It is a dead search for love and acceptance for many — they are fearful of close relationships and yet hostile in their dependence.

Diagnosis and Identification of Child Abuse

Individuality is dependent on both heredity and environment and its capacity for fulfilment is dictated by background. Any attempt to cope with the consequences of abuse and neglect on children and their developmental progress requires interventions, strategies and treatment models geared to the needs of the child, both as an individual and as a family member. The roles of the professional and the state monitoring the occurrence of child abuse and neglect are equally important. The role of the multidisciplinary assessment and treatment health team was accepted as essential.

A programme from Santa Clara in California encompassed the pros and cons of treatment. Dr. H. Giarretto and his wife have seen some 3000 families in the last 10 years who have been sexually abused. Through self-help groups similar to that of the Adelaide Children's Hospital mutual support and self-help drop-in centre they have provided support for these families, in conjunction with individual psychotherapy. However, suicide is not uncommon for the victims of sexual abuse. Another paper from Denver on 287 sexually abused children showed that 50% of the children were under the age of 12 and 15% of the children were

under the age of 6. It seems that the self-help model as used in Santa Clara of "Parents United" or "Daughters and Sons United" is of great benefit to these victims.

In proportion to the reports and prevalence of sexual abuse, the adolescent has been sadly neglected by service deliveries — they frequently find that the only way out of a home in which they are abused is to suicide or to run away and often end up by prostituting themselves in order to survive.

Treatment

We cannot be all things to all abusive and neglectful families nor can any one agency. The needs and the skills vary and necessary qualifications and administrative support and ongoing training of child protection service workers are key areas that were explored at the Congress. As we are aware funds are limited and an increased denial of resources was acknowledged by such countries as the United States and the United Kingdom. Therefore, a critical need to urgently co-ordinate services of the private and the public sectors is obvious. Workshops looked at the effectiveness of increasing service delivery through case management strategies, information tackling systems, cultural awareness and group support. Innovative experimental training models for sensitising case workers, community based treatment programmes, outreach and public awareness programmes were also explored. Culturally appropriate treatment interventions are needed as separation is not enough.

There was a growing concern expressed in the field for services available to children removed from the home and direct services related to training of foster parents, and their role in family treatment and reunification. Research perspectives of the sequelae of foster care were also addressed. There was discussion of the potential for conflict between the rights of parents and the right of children as the termination of parental rights in order to free a child of permanent placement becomes an issue. Resolution of conflicts are difficult enough when people are married but are harder when they are not. We need to appreciate lay support commonly used for families. One question was: "Why do we not have professional foster parents?" Families are made safer if they have a trusting lifeline with a worker or a caring person.

Legal Aspects of Child Abuse

The roles of the Court and law-enforcement professionals was presented, focusing on various community network support schemes as a better option if possible. However, there is a growing consensus that earlier prevention through permanent removal of abused children may in fact be necessary.

Models for child advocacy and the role of guardian were addressed. Referrals for treatment by the courts are becoming an accepted law-enforcement function. The general tone of these discussions indicated an active search for alternatives.

An independent international agency called Defence for Children was established two years ago to act as an advocacy for the child. It is a body defining child abuse as:

1. a desire to harm the child and
2. the subordination of the child's interests.

Compulsory notification of child abuse to an authoritarian agent places a legal obligation to recognize the plight of the family and assist. It also allows the extent of the problem to determine the need for service at least in some measure.

In the Netherlands, they have a unique scheme called the Confidential Doctor who undertakes the identification and notification of child abuse cases.

Definitions differ considerably but the infliction of wilful harm upon a child under 18, which threatens serious physical abuse or emotional damage, allows flexibility in decision making.

The United Nations Charter states: (Section 9) "That a child shall be protected from all faces of neglect, cruelty and exploitation. He shall not be the subject of trafficking in any form".

However, it is extremely difficult to arrive at an internationally accepted definition — all decisions should be made in the child's best interests and they should be informed decisions providing the maximum continuity of relationships possible.

Prevention of Child Abuse

This is essential. Although the workshop in which I was involved considered mainly the legal and ethical issues of prevention, evaluation strategies, prevention programmes, social and cultural values and programmes were discussed. Early detection, parent-infant bonding and the role of crisis care drop-in centres were

also discussed. Services must be accessible, available and as informal as possible. It is a difficult thing to admit that you are not coping. A growing body of evidence suggests an interface between failure to thrive and child abuse. This emerging relationship was highlighted at the Tel Aviv At Risk Infant Conference. However we acknowledge the fragility of the theory basis.

Workshops were geared towards reduction of the incidence of abuse through staff training, improved administrative policies and the development of review committees, such as the SA Community Welfare Non-Accidental Injury Panels in order to monitor the family situation and to encourage citizens to report incidents of possible child abuse. However, the multi-disciplinary assessment team who offer treatment to the families involved is most necessary. In prevention not sufficient attention is given to the child. Most services are addressed to the needs of the parent, and in fact the needs of the mother. It is a grave failure not to address the total family.

Home birth is encouraged in the Netherlands as a deliberate family event and as a preventive measure siblings are also allowed to join the family in this event and to adjust appropriately.

It is important to recognise that the referrer chooses the assessor, and therefore the service the family receives. Prevention can be seen as violation of parental rights. Sweden, in fact, is feeling this to a considerable degree. However, the preparation for labour, parenthood and the family's orientation towards the new birth must not be overlooked. The importance of peer support groups, community based life skill programmes and local people working together at a neighbourhood level, should be recognised. In South Australia social workers work very closely with the police and such co-operation is deeply appreciated.

I was grateful for an excellent opportunity to exchange ideas with colleagues from other countries facing the same problems in service delivery.