

Relief daycare: A role in preventing child abuse The case emerging from the literature

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This article examines the assumptions linking stress and the lack of social support to the need for relief child daycare. The literature reviewed finds support for the view that such daycare can be a useful preventative intervention. It is a valid option to consider among the range of family supports, given accelerating rates of child abuse reports.

Stress

Stress can be connected to the need for respite daycare through the following steps. Firstly that parenting is stressful; secondly that stress in families can have negative outcomes and thirdly that relief daycare can assist stressed parents with preschool children

WHAT IS STRESS?

Some writers define stress as life changes which require adjustment (Justice & Justice, 1982) while others see stress only as negative (Straus, 1980).

Farrington (1980) identified six components - the stressor stimulus, the objective demands of the situation, the subjective demands felt by the person(s), their response capabilities, the choices of responses open to them, and the stress level.

OUTCOMES OF STRESS

Stress is known to be associated with physical health problems such as 'asthma, ulcers, colitis, tuberculosis, migraines, chronic colds, arthritis, recurring pneumonia, high blood pressure, alcoholism and obesity...' (Makosky, 1982:44)

Makosky also links stress to poor mental health, as indicated by anxiety, low levels of mastery (the feeling of being in control of one's life), low self esteem and depression. Stress during pregnancy or

childbirth predisposes some new mothers to postnatal depression (Dennerstein, 1991), which affects about one in four mothers (Howard, 1993). Richman reported depression occurring at rates between 26 and 40 per cent in mothers of young children in England (1976). Such stress and depression in mothers makes parenting difficult (Belle, 1982).

STRESS IN FAMILIES

Elmer (1979) documented sources of stress within the family. She saw infants as a potent source of stress because of their physical vulnerability and the unrealistic expectations of many parents.

Recent work by Cowan and Cowan, reviewed by Letich (1993), has confirmed the long held view that the transition to parenthood is stressful for a majority of couples. They found marital disenchantment, loss of intimacy, loss of self esteem and conflicts about the division of labour in household tasks and child care to be commonplace in their sample of 72 normal couples with their first baby. These problems persisted for the eighteen months studied.

Pearlin and Turner (1987) regarded the family both as a source of stress and a channel for stress coming in via members' outside interactions. At the same time, families can be a mediating force, providing resources in the form of support and coping repertoires to deal with stress. According to Pearlin and Turner, 'normative' or scheduled change events, such as the birth of a child or retirement, typically do not result in any more than minimal, episodic stress; but the unscheduled, 'eruptive' events, like

separation, premature death or serious injury, are more damaging.

Pearlin and Turner differentiated between strains as the components and stress as the end result. They identified four types of strain occurring within the family structure. Firstly, strains emerging out of the roles played within the family - they cited as an example the '... relentless burdens ...' (1987:148) of the homemaker. Secondly, they saw interpersonal conflict as a common strain; both within the marital dyad and between parents and children. Parent-child strains vary with the ages of the children and form a significant source of family stress. The third type of strain was 'role captivity' - where a person is unable to move to a more desired role, and is captive in the unwanted role. Home-making women and unemployed people were cited as examples of this. The last source of strain happens when the established family role sets must be restructured over time, as when parents age and reverse roles, becoming dependent on their now adult children. Occupational stress in the workplace suffered by family members can contribute to chronic strain at home, particularly when there is competition or incompatibility between the home role and the work role (Milburn, 1993). Pearlin and Turner discussed these roles, and also listed emotional distress generated outside the family and direct threats to family well-being, such as unemployment, as exacerbating existing tensions within families.

PARENTING STRESS

Mash and Johnston (1990) looked deeper into the determinants of parent-child stress in the literature, as well as in their

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own research project comparing families with hyperactive and physically abused children. They concluded that abusive mothers often had exaggerated perceptions of their children's 'difficult' behaviour, and that these perceptions contributed directly to parent-child interactive stress. As well, abusive parents were more likely to attribute negative causes, such as stubbornness, to their children's behaviour and consequently interpret it as malicious. The authors suggested that these negative attributions functioned as a cognitive link mediating between child characteristics and parent-child interactive stress.

A third determinant of parent-child stress put forward by Mash and Johnston was that of parenting efficacy - the extent to which the parent feels competent in that role. Both the abusive mothers and the mothers of hyperactive children in their research study reported lower levels of such efficacy than the parents of non-problem children who were the controls. These authors consequently postulated that there was an interplay between the situational context and the level of parenting efficacy, which resulted in parent-child stress.

There is a growing literature on respite care for families with handicapped members, either young (as in the study cited above) or elderly. The necessity for relief for these individuals and their carers is now well recognised. Less well acknowledged are the needs of 'normal' families for respite.

The 'Stress and Families' Project which took place in Boston, Massachusetts during 1978, studied, in great detail, the lives of 43 low income women and their families. One quarter of the women said they had no regular periods of time away from their children and had no one who could provide non-emergency, or relief child care, to allow themselves time out. Discretionary time, free of the responsibility for children, was found to be associated with the total measure of stress across all areas of life, ie, women with more free time felt less stress. Conversely, the women who were dissatisfied with the amount of free time available were '... more likely to exhibit depressive symptoms ...' (Belle 1982: 62). Both stress and depression have been demonstrated above to be damaging to family life and the parent-child relationship.

In a recent Australian study of 104 mothers of toddlers aged 2 to 3½ years, Esdaile and Greenwood (1993) found the majority to be both stressed and fatigued on the clinical measures used.

Ill health can be both a stressor affecting families and an outcome of stress. It has been linked to child maltreatment by such writers as Elmer (1975), Howells (1975) and Lynch (1976).

Why then do some parents respond to stress with physical violence towards their children?

The literature illuminates this question through the idea of 'mediating variables' - factors which must be present to skew the response towards violence. Straus and Kantor (1987) give four such variables - their large American study validated their theoretical position that:

1. social scripting legitimised violence as a response to stress and frustration;
2. that family norms condoned violence in the form of physical-punishment of children by parents, which in turn made for a learned association between love and violence and established the moral rightness of hitting other family members;
3. given that family membership is involuntary for children, leaving is not an option; so
4. there are barriers to avoiding the violence.

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In similar vein, Howze and Kotch (1984) gave four 'predisposing factors' in answer to the question why some parents respond to stress with physical violence towards their children. At the individual level, these parents were seen as frequently having been abused as children themselves, having unmet dependency needs, low self-esteem and impaired impulse control. Also there were characteristics in the children that predisposed them to greater risk of abuse, particularly low birth weight and prematurity, congenital defects and chronic illness. At the familial level, factors such as marital instability and domestic violence indicated risk of child abuse. The social level of pre-

disposing factors included lack of social networks, low family income, poor quality housing and unemployment. The cultural level of this analysis parallels Straus and Kantor's variable of social scripting.

Recent work in Victoria by Stanley and Goddard (1993) confirms the association of multiple forms of violence in families with child abuse. Their small, exploratory study concurred with the stance of Howze and Kotch (1984) and concluded that a number of forms of violence may occur simultaneously in the same family, perpetrated by more than one of the adults. Stanley and Goddard also found that the abused children showed a great deal of violence toward themselves, other children and care-givers - strong evidence of the pervasive nature of violence in some families.

STRESS AND CHILD ABUSE

Before exploring the connections between stress and child abuse, it is necessary to define what is meant by that term. The Victorian government department responsible for child protection uses the following definition:

... Child abuse is an act by parents or caregivers which endangers a child or young person's physical or emotional health or development. Child abuse is not usually a single incident, but takes place over time. (Health & Community Services, 1993)

This way of interpreting child abuse includes physical, sexual and emotional abuse as well as neglect. This discussion will concentrate on physical abuse.

Much research effort has been channelled into child abuse causation, and it is apparent that stress, either as a basic cause or as a precipitating event, or both, has been connected with physical abuse by most writers. For example, in psychodynamic theory, stress is viewed as a key event (the 'stressor'), which, while not necessarily significant in itself, is the crisis which precipitates the abusive act. Helfer and Kempe (1974) held that there were three necessary pre-conditions for child abuse to occur: firstly the parent had to have the potential to abuse because of 'inadequate mothering' in his/her own childhood; secondly the abused child had to be seen as different or special in some way by the parent; and lastly there had to be the stressor. A colleague of theirs, Steele (1980), added a fourth factor, that of the lack of social supports.

Psychosocial theorists such as Gil (1970), Gelles (1979) and Garbarino (1976) see stress as a basic, but not necessarily the sole, cause of child abuse. These writers include consideration of socioeconomic deprivation, unemployment, marital disharmony, unwanted pregnancies resulting

in too many children, and social norms as factors precipitating child maltreatment.

The term 'life crisis' was coined by Justice and Duncan (1976) to describe the excessive level of stress which they linked to physical child abuse. In their study of thirty-five abusing and thirty-five non-abusing parents, the abusing parents scored significantly higher for life change as measured by the Social Readjustment Rating Scale of Holmes and Rahe. There was, however, another statistically significant area of difference - that of symbiosis, which Justice and Duncan saw as the destructive attachment of the parent to the child in order to fulfil the parent's needs be taken care of (the reverse of the healthy, nurturing relationship of a parent to a young child). Justice and Duncan concluded that the combination of life crisis and symbiosis predisposed individuals to abuse their children.

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Smith and Adler (1991) in an Australian study, found a highly significant difference between the stress scores of the forty-five abusing families and their non-abusing controls.

The notion that stress results from an imbalance between situational demands and available resources, whether personal capabilities or social supports, is behind Ostbloom and Crase's (1980) use of the 'see-saw' to illustrate their model of conceptualising child abuse causation.

Likewise, Garbarino stated that it was the 'unmanageability' of the stress which was the most crucial factor - and that this was '... a product of the mismatch between the level of stress and the availability and potency of support systems.' (1977:727)

Social support

Most writers agree that social supports of varying kinds are necessary for individuals, and particularly for families at some time in the life-cycle.

Gottlieb (1980) provides a useful description of social support using concentric circles. He saw the nuclear family as encircled by 'primary group helpers', including their extended family and close associates. Outside this ring were the informal caregivers and community gatekeepers in the neighbourhood who, as well as other components of social support, could provide necessary information to encourage or inhibit contact with professionals whom Gottlieb envisaged as occupying the outermost ring of social support. He defined social support as having four components: emotional sustenance, problem-solving, direct assistance and advocacy. Some impediments listed by Gottlieb to the formation of supportive social ties included lack of affiliative skills, the norm of self-reliance and lack of time and energy caused by an overload of daily strains.

SOCIAL NETWORKS

Cochran and Brassard (1979) concentrated on personal social networks, which they defined as:

... those people outside the household who engage in activities and exchanges of an affective and/or material nature with the members of the immediate family.' (p601)

Thus they differentiated between 'family' and 'social group' and placed 'personal social networks' part-way between, describing them as 'idiosyncratic'. While parents and children may have different personal networks, Cochran and Brassard saw the parents' networks as influencing both parents and children in ways that were potentially both prosocial and antisocial.

Networks influenced firstly by the exchange of emotional and material assistance - eg, the sharing of informal child care, leisure time, information and experiences. However, they recognised the potentially counter-productive effects of conflicting advice and information received from within networks, stating that the confusion thus created '... could well undermine the parent's own confidence ...' (p603). A second influence of social networks is the direct sanctioning of behaviours - for example the encouragement or discouragement of particular parent-child interactions, like the overt expression of affection or anger. When parents adopt or modify some child-rearing practices as a result of observing the actions of other network members, then according to Cochran and Brassard, the third method of influence is operating - that of role modelling. Such models can be either facilitating or inhibiting. Seagull's (1987) review sounds a similar warning.

BENEFITS OF SOCIAL SUPPORT

Unger and Powell reviewed 67 studies concerned with the benefits of social networks and concluded that '... families utilise different social network members for different needs.' (1980:568) Neighbourhood contacts were called on for help in immediate emergencies, whereas members of a kinship network were approached to handle long term commitments.

In a review emphasising Australian material, d'Abbs (1982) found evidence supporting the view that life-cycle changes affect both the need for, and the capacity to form and maintain social relationships. Local ties were found to be especially important for young children and their mothers. For example, Richards (1978) found that the transition to motherhood typically reduced both mobility and opportunities to maintain non-local supportive friendships. Bryson and Thompson (1972) concluded that families with pre-school children were more likely to interact with and help their neighbours than were families with school aged children or no dependent children. Richard's later study in 1990 confirmed the supportive nature of neighbouring '... especially where there was a common family life stage with young children ...' (p223).

Social support encompasses the concepts of social bonds, networks, the availability of confidants and personally nurturing relationships. In their research comparing two samples of mothers, Turner and Avison (1985) concluded that women who did not experience supportive, nurturant environments had difficulty in providing such circumstances for their children.

In 1983, Weinraub and Wolf questioned a sample of 28 matched married and single parents and observed their interactions with their pre-school children. They found that the single parents tended to be more socially isolated than the married parents, receiving less emotional and parenting support. They concluded that their data corroborated Cochran and Brassard's (1979) hypothesis regarding the role of social supports in indirectly affecting child development via direct effects on mother-child interaction. Their work supports Turner and Avison's (1985) findings (above) regarding maternal experience of a supportive environment. Crnic and his colleagues (1984) also found, somewhat predictably, that unmarried mothers of infants reported low levels of intimate support; but additionally, that younger mothers reported less intimate support, less community support and greater stress. This prompted their conclusion that mothers who are both young and single are vulnerable to maternal stress and at a higher risk of difficulties in parenting.

Crnic and Greenberg collaborated in 1990 to look at social support in relation to daily hassles. They surveyed 74 mothers of five year old children, questioning them about their emotional support at three ecological levels - intimate relationships, friendships and community support. Both availability and satisfaction were rated by the participating mothers. The results of hierarchical regression analyses indicated that both friendship and community support acted to moderate the mothers' experience of daily hassles. In contrast to previous work by Crnic and his colleagues in 1984 on the infancy period, it was apparent that emotional support from friends, more than from husbands/partners, buffered mothers from the adverse effects of daily hassles with their five year olds.

Adamakos and his colleagues in 1986 attempted to predict maternal parenting stress by the availability of social supports. They studied 38 low socio-economic status mothers who were interviewed prenatally and again when their children were two years old. Using several different measures, including the Maternal Social Support Index (Pascoe & Earp, 1984) and the Parenting Stress Index (Abidin, 1986), it was found that as maternal social support increased, the level of mother-child stress decreased.

Adler and his Australian co-authors in 1991 completed a longitudinal study of 143 pregnant women expecting their first child. The women were interviewed during pregnancy and followed up twice, at three months and one year after the birth.

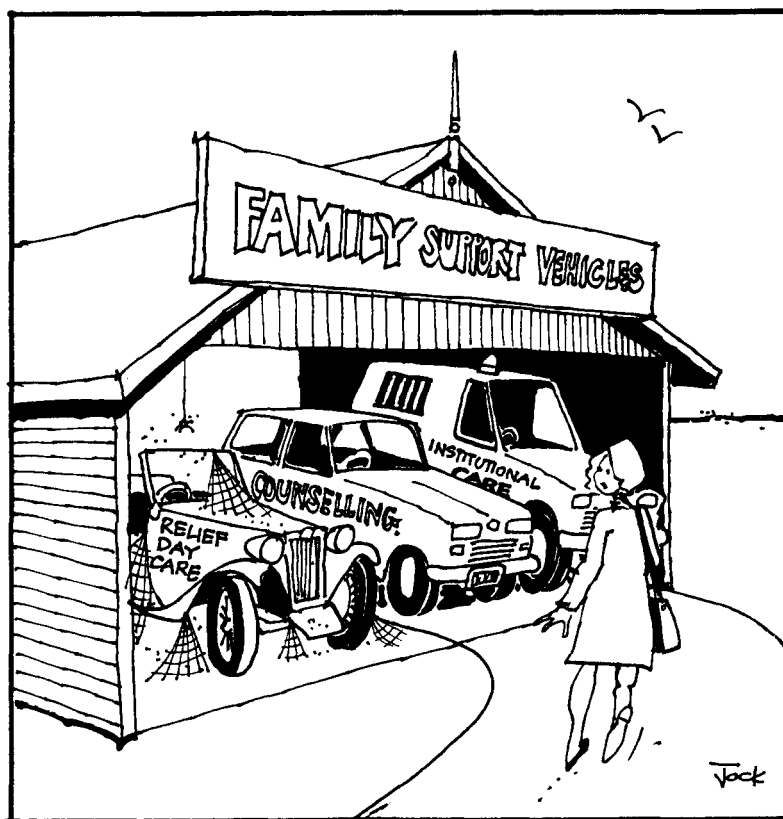
... Women who felt they had better social networks were likely to compare their infants more favourably to the average infant ... (Adler et al 1991:359)

The writers concluded that a woman's social network served a protective function in her relationship with her new infant by providing emotional support and such practical help as relief from child care tasks.

Koeske and Koeske (1990) defined social support in terms of the resources made available through interrelationships with significant others:

...a sense of meaning, of belonging and of acceptance, plus information, transportation, and help with child care. (p442)

As part of their research, the subjects (125 mothers) rated their satisfaction with available social supports. The results indicated that higher levels of such social support were directly associated with higher parent role satisfaction, fewer illness symptoms and higher maternal self-esteem. Social support was also found to have a buffering effect on the stress



levels of the subject mothers. Illness symptoms (headaches, back pain, feeling tense or keyed up) emerged under conditions of higher stress when social support was perceived as inadequate, but interestingly, only if the woman possessed a lower level of education - suggesting that social support may be less critical to mothers who have other resources, like education, available to them. This buffering effect of education would seem predictable when parenting stress is linked, at least partially, with concerns about child development. The woman with more education could be expected to make greater use of written resources (for example, books and magazines) on normal child development and so experience less anxiety over her child's relative progress.

RECIPROCITY AND COSTS IN SOCIAL SUPPORT

In a landmark study of 117 Melbourne families, carried out between 1970 and 1977, McCaughey and Chew were strongly impressed by the importance to the majority of those families of their personal networks of relatives, neighbours and friends. The help provided by these networks was acceptable '... because it was based on reciprocity ...' (1977:128). Ten years later, in a study of 64 families in the Geelong area, McCaughey repeated this finding with the rider that there was great variation in the families' capacities to both create and maintain these informal

networks. Again the conclusion was that '... those families who could reciprocate were more likely to have supportive networks.' (McCaughey 1987:217) Great value is placed on reciprocity in social relationships (d'Abbs 1991; Brownlee, 1993), or as Allan termed it, the '... equivalency of exchange ...' (1983:427). Perhaps parents who use formal daycare facilities for relief care do so because of limited access to informal child care through their social networks.

Intervention

There are many interventive programs, both in Australia and overseas, which attempt to enhance family life: to increase parenting skills; ameliorate family stress; counsel and treat parents and/or children; prevent family dysfunction and child maltreatment in predicted 'high-risk' populations; and in severe cases, provide alternative care for children either temporarily or permanently.

Changes in children's and families' social functioning have been shown to be positively correlated (Wolock et al, 1979), so family agencies offer services to either parents or children, or both, in the knowledge that improvement on the part of one benefits the other.

Cooper (1988) wrote that interventions should not only modify outcomes, but prevent some socially undesirable behav-

hours, specifically child abuse. She affirmed the concept of prevention, which is borrowed from the field of public health and can be seen as operating at three levels:

1. primary prevention, where the objective is to prevent the undesirable behaviour from happening;
2. secondary prevention, where the objective is to interrupt the behaviour and limit its duration in a specific family, or its incidence in a community;
3. tertiary prevention where efforts are directed at curing and rehabilitating.

Primary prevention, according to Bloom (1968), can be further divided into three subtypes according to the target. He differentiated between community-wide, high risk group and 'milestone' programs - those aimed at a general population at particular life stages.

DAYCARE - A SOCIAL SUPPORT AND PREVENTIVE INTERVENTION

Several writers have seen the benefits of child daycare in supporting both 'normal' and 'at risk' families - for example, as far back as 1970, Gil declared:

... no mother should be expected to care for her children around the clock, 365 days a year. Substitute care mechanisms should be routinely available to offer mothers opportunities for carefree rest and recreation ... (p146)

More recently, Australian writers Brennan and O'Donnell asserted that 'child care services are essential for people who are experiencing stresses ...' (1986:10). In their view, targeting such services only to families 'at risk' of maltreating their children is not only futile, but counter-productive, so they called for universal availability. This plea repeated that made by Community Child Care in their 1982 Policy Paper on Children and Violence.

As early as 1975 in Victoria, staff at a major metropolitan council recognised that access to adequate daycare for young children could relieve parental stress and prevent destructive patterns of behaviour. In response, a Children's Centre was created, to offer a flexible range of:

'... inter-related and inter-changeable services aimed at relieving family stress and promoting ... development of young children ... (Brodrick, 1975:135)

This centre is still in operation today; its well-used facilities include regular and occasional daycare, a kindergarten and a small residential unit (Melbourne City Council, 1992). This milestone program recognises that many families with preschool children need such support.

Child daycare as respite for parents was included by Kempe (1987) in a list of possible family support mechanisms which she urged for families to prevent family breakdown and child maltreatment. Interestingly, 49% of the 'at risk' mothers of preschoolers who were assisted by the Good Start Service in Massachusetts, USA, reported having '... little relief from continual child care ...' (Kowal et al, 1989:534).

Australian research adds weight to the case. Deagan, in an evaluation of Occasional Care Centres in New South Wales, found that '... families appear to be using these services far more regularly than was ever anticipated ...' with 60% using the care once a week (Deagan, 1981:6). The most common reasons given for use of such daycare were: 'for the child's benefit; convenient for appointments; gives parent time for shopping, study, hobbies, further education; time for self/a break'. While this last reason accounted for only 4.6% of users over the three year period, the researchers commented that '... the ideology of the "good" mother ...' meant that a majority of responses were couched in terms of the child's benefit (23.1%) rather than the mother's (p17). All of the other reasons given above potentially conceal the parent's need for a break from the stresses of childrearing.

In a small ethnographic study of regular users of two occasional care facilities in Melbourne, all eight mothers interviewed enthusiastically endorsed the benefits they perceived for both themselves and their children. Three used the occasional care for respite ('... a few hours off ... I'm tired ... need to catch up on some sleep ...'), two used it for casual employment, and one each for the purposes of study, shopping and recreation (Nailon, 1988:55-59).

Another Melbourne family agency describes its occasional care facility as '... a place where both parents' and children's needs are listened to and met ...'. Its facilities are well used by families in its local area and beyond. The agency's objectives in providing quality occasional care are:

... to allow both mother and child time away from each other ... [and] to provide time out for mothers who are feeling stressed ...

(Wheelers Hill Family Centre, 1993)

This centre provided half of the families for a recent study which concluded that relief daycare assists families with preschool children (Yandell, 1993). Based on the combination of responses from parents, maternal & child health nurses, and referring agents and caregivers, it confirmed that the daycare did provide respite and act as a circuit-breaker for parents who were 'more relaxed and patient, less stressed and tense' as a result.

This paper, in presenting the case for relief daycare as a useful preventative intervention, has reviewed the literature connecting parenting stress and the lack of social supports to negative outcomes, including family disruption and child maltreatment. The following statement, by way of conclusion, sums up well:

... Quality day care is an understated and under-utilized vehicle for primary prevention activities ... (McKenzie, 1989:18)

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