



BOOK REVIEWS

Reporting Child Abuse (19pp - August 1993)

Child Sexual Abuse: Understanding and Responding (25pp November 1993)

Child Physical Abuse: Understanding and Responding

by Elizabeth Armitage with the assistance of Alistair Lever (37pp - September 1994)

You and Your Child: For Parents of Children who have been sexually abused

by Beth Parker (50pp - July 1993)

It Happened To Me: Survivors of Child Sexual Abuse Speak Out (43p - November 1992)

All booklets published by Child Protection Victoria, Victorian Government Department of Health and Community Services.

On 2 March 1993, the State Minister for Health & Community Services, Michael John, announced that the Victorian Government would introduce mandatory reporting of child sexual abuse and child physical abuse. The stated rationale behind this decision was that there were fewer reports of sexual abuse in Victoria than in other Australian states where mandatory reporting was in existence. For example, in Victoria there were 15 reports of child sexual abuse per 10,000 children in 1990-91 compared to 38 reports per 10,000 children in NSW.

Professions mandated to report child abuse were medical practitioners (including psychiatrists); nurses; school teachers and principals of schools; the operators, owners and professional employees of children's services centres (including kindergartens); psychologists; police officers, probation officers, youth parole officers; persons working as youth and child care workers for the Health & Community Services Department; qualified social workers, welfare workers and youth workers who are working in the health, education or community or welfare services field.

The Minister announced that professional education would be provided to each of the mandated groups in the following ways:

1. Seminars/education sessions conducted by experienced child protection workers to enable professionals to understand how to identify and report suspected child abuse;
2. Distribution of printed material to individual mandated professionals to inform them about their legal responsibility to notify suspected child abuse; when and how to notify suspected child abuse; and indicators of physical and sexual abuse.

Five booklets have now been published and are reviewed here.

Reporting Child Abuse provides mandated groups with information about mandatory reporting legislation. The booklet emphasises that professionals have a legal responsibility to report if they have a belief based on reasonable grounds that physical or sexual abuse is taking place. Reasonable grounds to notify include a child saying they have been physically or sexually abused; a relative of the child stating that they believe the child has been physically or sexually abused; or observable signs of physical or sexual abuse.

Notifiers do not need to prove that the abuse has occurred, nor do they need permission from parents or caregivers to notify. Their identity is kept confidential. Failure to notify child abuse is an offence under the Mandatory Reporting amendment to the Children and Young Persons Act, and can result in a fine of \$1000.

Potential reporters are provided with a definition of child abuse as

an act by parents or caregivers which endangers a child or young person's physical or emotional health or development.

Types of child abuse include physical abuse which involves:

any non-accidental injury to a child by a parent or caregiver;

sexual abuse which involves:

an adult or someone bigger and/or older than the child using power or authority over the child to involve the child in sexual activity;

emotional abuse which occurs:

when a child is repeatedly rejected or frightened by threats

and neglect which is:

the failure to provide the child with the basic necessities of life, such as food, clothing, shelter and supervision, to the

extent that the child's health and development are placed at risk.

Particularly valuable information is also provided relating to possible physical and behavioural indicators of abuse. These are stated to include bruises, burns and fractured bones; advanced sexual knowledge; low self-esteem and withdrawn behaviour; and frequent hunger, poor hygiene, and inadequate clothing.

Child Sexual Abuse: Understanding and Responding outlines the nature, frequency, indicators and effects of child sexual abuse.

Child sexual abuse is described as involving a wide range of sexual activity from fondling of the child's genitals; voyeurism or exhibitionism; masturbation; oral sex; and vaginal or anal penetration. The initial effects of sexual abuse may include medical problems such as sexually transmitted illnesses, pregnancy and physical injury; emotional problems such as guilt, anger, shame and lowered self-esteem; and behavioural problems such as aggression, delinquency, nightmares and eating and sleeping disorders. Longer-term effects can include sexual dysfunction, promiscuity, prostitution, discomfort in intimate relationships, marital problems, depression, drug or alcohol abuse, and suicide.

Research suggests that twenty eight per cent of Australian girls and nine per cent of Australian boys have been involved in some form of sexual activity with an older person. As already noted, reporting rates for sexual abuse are lower than for other types of abuse. According to Health & Community Services, this reflects the fact that child sexual abuse is often difficult to detect due to the secrecy that surrounds it. Children are frequently reluctant to disclose sexual abuse due to threats from the perpetrators, and equally, adults are reluctant to openly discuss sexual matters with children. So it is important for

professionals to be able to identify and help children who have been sexually abused.

The most valuable section of this booklet discusses and refutes common myths relating to child sexual abuse. These myths include:

1. Children fantasise and lie about sexual abuse;
2. The stranger is the danger;
3. The perpetrator is a 'dirty old man' who is sick, insane or drunk;
4. Child sexual abuse is harmless to children;
5. It is outside intervention that causes the trauma for children who have been sexually abused;
6. Children are seductive and provoke men to abuse them;
7. Mothers are responsible for sexual abuse in families.

Child Physical Abuse: Understanding and Responding, the most recently published booklet, examines the nature, indicators and effects of child physical abuse. Physically abusive behaviour is stated to include hitting, biting, shaking, punching, burning, administering poison, suffocating, and drowning. Physical abuse can produce bruises, cuts, welts, burns, fractures, internal injuries, or poisoning. In the most extreme cases, physical abuse may result in the death of a child.

The booklet carefully explains the difference between traditional physical discipline of children and physical abuse. According to the law, parents are allowed to physically discipline their children provided it falls within the bounds of 'reasonable chastisement'; is seen as moderate; and is administered for the purpose of correcting behaviour. However, physical discipline becomes abuse when it results, intentionally or unintentionally, in injury or tissue damage to the child or young person. As with sexual abuse, child physical abuse is a criminal offence.

Health & Community Services provide valuable information as to the dynamics of child physical abuse. Research suggests that parents who abuse their children were often abused themselves as children; that there are strong links between domestic violence and child abuse; and that abusive parents are often substance abusers, have low impulse control, little knowledge of child development, and a poor self image.

The booklet suggests that physical abuse of children is closely linked to inequitable social and economic structures. Environmental stressors that may provoke physical abuse are stated to include poverty; financial problems; isolation and lack of extended family or social supports; unemployment; housing problems; and health problems. On reading this section, I wondered whether the economic rationalist policies of the Kennett Government might reasonably be viewed as contributing to an increase in child physical abuse in Victoria.

The effects of child physical abuse can be extremely traumatic. Immediate effects can include medical problems; emotional problems such as anger and fear; behaviour problems such as aggression and poor social skills; and poorer cognitive and language skills than non-abused children. Longer-term consequences can include physical disabilities; poor interpersonal relationships; low self-esteem; depression; and drug or alcohol abuse.

As with the booklet on child sexual abuse, this publication includes a particularly valuable section that refutes common misconceptions about child physical abuse. These beliefs include:

1. It didn't do me any harm;
2. Physical abuse is not as bad as emotional abuse;
3. Physical abuse is acceptable in some cultures;
4. Physical abuse only happens in poor families;
5. Parents who abuse their children are abnormal;
6. Parents who abuse their children are all young people who had children too early;
7. Parents who abuse their children don't want or love them. They don't deserve to have children;
8. Everyone knows that children lie or fantasise about being abused.

The final two booklets are aimed at survivors of child sexual abuse and their parents as well as at mandated groups.

You and Your Child, for example, provides information for non-offending parents of children who have been sexually abused. An important component of this booklet is the refutation of myths about child sexual abuse that place the blame for

the abuse on the child or the mother, or which take away the responsibility from the abuser.

The booklet discusses the feelings of grief and responsibility that the non-offending parent may be experiencing. Attention is also drawn to important issues such as the possible long-term effects of the abuse on the child, and on the parent's relationship with the child. Further useful practical information is provided regarding potential sources of support such as counselling centres, the availability of intervention orders and so on.

The final booklet *It Happened To Me* presents the views of 40 female survivors of child sexual abuse on how the community can most effectively protect and help children who are being abused.

Issues discussed include the family context of the abuse; the secrecy and silence often associated with sexual abuse; the public tendency to blame the victim; the importance of encouraging children to disclose the abuse; the need to educate adults about sexual abuse; the importance of supporting and believing children when they disclose abuse, and of taking action to prevent further abuse; the fact that disclosure alone does not always stop the abuse; the commonality of repressed memory amongst adult survivors; the value of effective counselling and survivor support groups; the need for effective treatment of abusers; and the ineffectiveness of the criminal justice system in prosecuting child sexual abusers.

Overall, these booklets are attractively presented, written in clear, simple language, and likely to play an important educational role for mandated professions and the general public. The fact that notifications of child abuse have increased by 52 per cent since the introduction of mandatory reporting would suggest that they are fulfilling their intended purpose.

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