

# Working with Sexual Abuse Perpetrators at the Gracewell Clinic

An interview with Suzanne Jenkins, Senior Therapist.

Joe Tucci



Suzanne Jenkins has had over fourteen years experience in the field of child abuse and perpetrator work. She was employed as Senior Therapist at the Gracewell Clinic in Birmingham, England. The Gracewell Clinic had a world-wide reputation for its successful and innovative approach to working with paedophiles and other perpetrators of sexual violence. Since the clinic's closure in late 1993, Suzanne has developed her own therapeutic and training model for working with sexual abuse based on an integrated approach.

The interview was conducted whilst I was on a study tour of Britain supported by a Creswick Foundation Fellowship in Family Relations and Child Development and the Department of Social Work, Monash University.

The interview took place during Suzanne's time with the Gracewell Clinic. In the interview, Suzanne discusses ideas that she has found useful in her experience of working with perpetrators of sexual abuse.

**Joe:** Suzanne, thank-you for agreeing to take part in the interview. Let us start with a brief overview of how you assess and work with perpetrators of sexual abuse.

**Suzanne:** Due to the enormous variety of offender behaviour, it is important to assess how the offender operates and examine the errors and distortions in the offender's thinking process leading to his offending behaviour.

In doing so, we make the following assumptions about our work. We have no doubt that the behaviour is planned and deliberate, that it is not an isolated incident and that it follows a certain pattern. I believe that Finkelhor's (1984) four pre-conditions are extremely helpful. In order for sexual abuse to occur, an abuser needs to want to abuse. He also must overcome any element within himself that would make that difficult for him to do. For example, knowledge of doing wrong, his conscience, religious beliefs, any internal inhibitors he may have. He then needs to be able to manipulate the environment of those close to him and those close to the children whom he abuses, in order to be able to have the freedom and the access to commit the abuse. Finally, he needs to overcome the victim's resistance.

I start with the belief that a pattern or cycle of offending behaviour exists. The pattern begins with an enormous pre-occupation with planning the abuse. In a sense, the

perpetrator will put more effort into thinking about how he will execute the abuse the more he is motivated to do it and the more negative consequences he perceives there to be. He needs to give himself reasons why he wants to do it and should be allowed to do it. He needs to believe that it could be somebody else's fault that he ends up abusing. He forms reasons why a child should be targeted. He offends usually after a great deal of meticulous planning.

After assaulting his victim, he needs to develop ways of dealing with his actions and possible feelings of guilt, anger and fear of being caught. For the behaviour to be repeated, the offender must have ways to overcome these negative emotions, so that he makes it okay for himself to offend again.

Our work involves sharing that process information with the perpetrator and in the course of therapy try to establish with him what his pattern of offending is and enable him to take responsibility for it. The basis of therapy is to enable him to learn control. There is no 'cure'. Our goal is to enable the offender, if he recognises the pattern of behaviour, to take responsibility for it, to learn what it is that enables him to behave in these ways and develop alternative ways of acting to control his arousal to children. But like other addictive behaviours, we would never talk about somebody being cured of alcoholism or cured of drug abuse. What we

talk about is perpetrators learning how to control their needs.

**Joe:** One of the interesting points you have raised is that you make the assumption that the perpetrator's abusive acts are not limited to an isolated incident. I understand that you have completed some research on this issue. What did the research show?

**Suzanne:** The research was based on the assumption that a criminal record should not form the sole description of the extent to which the perpetrator has abused. When a man comes in for treatment, inevitably at this stage he refuses to disclose the extent and frequency of his behaviour. Such minimisation may result from the legal, welfare and social systems' propensity to encourage denial and punish honesty when it comes to perpetrators being able to talk about their offending. It is our experience that the reason for a man's referral to the programme is only the tip of the iceberg.

We conducted a small piece of research over a period of one month in 1991. We found that the 29 men in the programme at the time had been convicted of a total of 271 offences. When they were prepared to describe the offences themselves, they recalled 14,971 acts of abuse which could be classified as criminal offences. Even more importantly, there were 178 victims that were known by the criminal system at the time of referral. However, during the course

of the treatment, the men admitted to abusing 1,082 victims.

We refer to ourselves as a child protection agency. We work to use offender information to try and ensure appropriate child protection. It is incredible that so many victims were not known to the professional involved and so did not receive any support whatsoever.

**Joe:** That is amazing. The number of victims admitted to by the men was over five times the number of victims that were known by the authorities.

**Suzanne:** I think this is where societal denial is partly accountable. Once you have abused for the first time, why wouldn't you do it again, particularly when no third party seems to have tried to stop you. Yet, in a court system we hear greater indignation when somebody says they have been abusing over a number of years. We have the tendency to say a one off or spontaneous offender is less dangerous than somebody who has created an abusive environment and abused a child over a number of years. The reality is that there is nobody more dangerous than a spontaneous offender because somebody that will go out and offend spontaneously can do it at any time and any place.

**Joe:** What would be some characteristics of how spontaneous offenders present to you as distinct from a repeat offender?

**Suzanne:** I think that spontaneous offenders are rare. The ones that try and present themselves as spontaneous offenders are most likely lying. They share with you whatever it is they want you to know. So when you have a tale like 'I just found myself in the children's bedroom with an erection', I want to know how often it is that they find themselves in places with spontaneous erections. What happened just before that? How did they come to be in the child's bedroom? What was the context? What was the time of day? Where were the children? What was the period leading up to it? Often you can retrace their footsteps to a point where the pattern of abusing behaviour begins to make some sense.

**Joe:** Do you believe that acts of abuse involve more planning than admitted to by perpetrators?

**Suzanne:** Initially, yes. They receive no reward for saying that it was planned, and that it was deliberate, and that they had thought or fantasised a lot about abusing. I think that it is a natural reaction to prefer to think that nobody plans to behave in a horrendous way. In terms of changing behaviour however, the fact that offenders have sat down and thought about it can provide an opportunity for them to learn to think about how to stop their behaviour.

**Joe:** One of the critical concepts that you have raised already is responsibility. How would you define what it is that a perpetrator would have had to accept if he had accepted responsibility for his abusive behaviour?

**Suzanne:** I believe that the basis of any change is the level of responsibility a perpetrator is willing to accept. We have men that immediately declare: 'Yes, I abuse children'. They then describe all the ways in which the child acted to 'force them' to abuse against him/her. For example, we had a man who came admitting that he was an abuser. However, when he was asked to describe what he felt made him abuse, he described the way the child walked, the way the child talked, the way the child dressed - everything was external to him. Of course, as far as he was concerned any change that was necessary needed to occur with the child. He did not see the changes to be in himself. In this particular case, he claimed to have abused a fifteen and half year old girl. When we started to look at some of the processes that led to what was the known abuse, he reported fantasising about this child from when she was eight years old. He was aroused by other children as well but had targeted this family. He already had the predisposition of a man who was aroused by children, who wanted to abuse children, and he brought himself into the vicinity that allowed him to have access to children.

Once he began to accept responsibility that the abuse only occurred when he wanted it to occur, he was able to start working on his thought processes, his control of his behaviour and the way he used the victim's response to justify his abusive actions.

**Joe:** So one aspect of responsibility is perpetrators coming to understand how it is that they use information to justify their actions?

**Suzanne:** Very much so. One dimension of responsibility is admission for perpetrating the act of abuse. Another dimension is the responsibility for creating the context in which the abuse happened. He needs to accept responsibility for how he made his victim available and how he was able to gain their compliance. He must accept responsibility for all the ways he chose not to hear his victim telling him that she did not want the abuse. He needs to accept responsibility for the ways he re-interpreted the victim's resistance, for the sense he makes of how he thinks, of how he views the world, of how he feels. He must accept responsibility for how he had set up an environment that encouraged him to build on his thinking.

**Joe:** Does responsibility also involve how he is going to stop his abusive behaviour?

**Suzanne:** Yes, and 'how' is the important word here. Some offenders will state that

they can stop abusing because they have worked out 'why' they abused. 'Why' is not a helpful question. We are talking about real behaviours that happened to real people in a real time and context. Because of the reality, we can pin point the 'how' in a way that reflects his experience of his behaviour and the victim's experience of the abuse. Once he has accepted how it is he is able to act in an abusive way, we can look at the alternatives that he had throughout the process which would have led him not to abuse. So the more responsibility he is able to accept about how he had planned it, what his rituals to offending were, how his feelings were affected, what his moods were, how he reacted to other people, how he isolated himself, how he dealt with everyday life whilst he was abusing his victim, the more resources he has to examine ways he can refrain from abusive actions.

I think that the main reason why men will engage in therapy is their experience of feeling 'enabled' to confront how they carried out their abusive behaviour whilst giving them meaningful alternatives to change it. We lock up abusers and we tell them that we abhor them, rarely is there a structure or sense of working with them to see how it is they operate in the first place, how it is that they can carry out the behaviour and how they can actually be helped to change and control that behaviour.

**Joe:** What makes an alternative to abusing meaningful for perpetrators?

**Suzanne:** I think that nobody will give up certain behaviours unless there is another way of doing things. In my mind, it is a common human process to develop certain habitual behaviours in response to some life situations. Unless we can reduce the need for them or can provide another way of meeting those needs, the behaviour is likely to continue.

Abusive behaviour will only change if a perpetrator sees that his current behaviour is a problem. If you have offenders coming in for treatment who accept that they are perpetrators but do not actually believe that their abusive behaviour is a problem, they are not going to change it. If they think that their offending is somehow separate to the rest of the way they live their life, then there is not going to be a real change in any of the patterns which inform their offending. If they feel that it is the child that is the problem or the non-offending partner or that life has given them a bad deal, again they are not going to change.

Another dimension to taking responsibility is the recognition of the existence of a problem. The thinking errors and distortions which permit offenders to perceive themselves as in a caring relationship with a child, rather than abusing the child, need to be

unravelling. When they come to see the reality of what it is like to be on the receiving end of their behaviour, then they may feel motivated to change.

We try to facilitate them to identify the needs that have been satisfied by the abuse. For example, was it easier to feel that their needs were answered by a child rather than negotiated with an adult. In this case, we look at issues that made it difficult in the past to negotiate relationships with adults. The goal is to examine all the needs, sexual and non-sexual, that have been met by offending and identify what can legitimately be put in their place.

**Joe:** You have already started to talk about the engagement process of perpetrators who do not really want to acknowledge that there is a problem. How do you try to encourage perpetrators to engage with the process of accepting that there is a problem?

**Suzanne:** I think one of the things that we do that offenders have said that they find useful is to ask them at the very start about their assumptions for their behaviour. Generally, perpetrators do not analyse themselves with respect to their behaviour. They tend to develop a whole lot of distorted thinking that includes justification, minimisation and rationalisation.

In addition, we discuss with them our beliefs about the patterns of perpetrator behaviour. In doing so, we begin to provide the opportunity for them to engage with ideas that may feel close to their own experience. Once they start to see patterns in their own behaviour and how that fits for them, they may also identify exceptions when they may have broken with those patterns of behaviour, and acted in a way that may be considered non-abusive. In a sense it becomes manageable.

Some of the men that we see have been offending over an incredibly long period of time. For them to look at the necessity for change is not an easy task. One of our first tasks in enabling them to engage is to try and make the change seem manageable. We try to give them the message that they can start to talk about how they abused. This is in the context in which all the men realise that Gracewell is a child protection agency. They understand from the beginning that any information that they give us which may be beneficial for a victim will be passed to the investigating authorities. When they become more involved in the program and their victim empathy increases, they may choose to engage even more actively in providing information that may be useful to the victims. They also give information out to agencies about how offenders should be dealt with.

Very often, other agencies and social norms act to prevent disclosure. For example, in the

legal system, perpetrators will immediately receive advice from solicitors to speak only under advisement. They will have been told that it is better for them to describe their abuse as spontaneous and totally out of character. When they come here, we explain to them that we understand how risky it seems to them to share information they have previously denied. But, if they do want to change, if they do perceive their behaviour as a problem, we offer hope, because we can provide structure and support to enable them to learn about themselves and make constructive changes. Although therapy is extremely painful, it is also in my experience a life giving process.

**Joe:** Another concept that seems integral in this work is how perpetrators come to feel remorse for what they have done. Would you see that as critical? Is there an emotional dimension in accepting responsibility?

**Suzanne:** I have some concerns with the notion of remorse and guilt. When men first arrive here, often they do not feel themselves to be abusers, they do not describe their actions as abusive. They have reinterpreted the victims' survival strategies as encouragement. The level of thinking errors are quite immense. Their perception of the world is fairly much the same as us - it is the interpretive process which is so different.

For example, if a perpetrator touches a child and the child stiffens, we may think that the child is showing us they do not like it or they are frightened. However, the perpetrator may say "that's the child's way of showing she or he is aroused and she or he wants me to do this".

One way for the perpetrator to develop a level of victim empathy is through reflecting on how he abused the child, being able and willing to examine all the signs that were there that the child did not want to be abused and which the perpetrator ignored. The perpetrator needs to understand the reality of the situation for the victim and perceive that the abuse was as a result of his thinking and the consequences of his actions.

Anyone can basically say that he feels remorseful and look apologetic. I have witnessed offenders give Oscar winning performances of remorse, but it has had no substance. It is more difficult to base their emotions in their understanding of the impact of their behaviour on the child.

A lot of these men have felt bad about themselves most of their lives and that has been a way into offending. Often a vast majority of the men that we deal with have had victim experience themselves. Part of the way they have survived that experience has become extremely helpful to them as offenders. They have often reframed their own victim experience from being a victim to being a powerful contributor to the

experience of somebody that liked being abused. One way that young victims will survive their abuse is by wanting to see themselves as more powerful and not as a victim. If perpetrators have built a life script from their own experience that it did not hurt them and they liked it, and that it has not done them any harm, they may find it difficult to believe and feel that they had harmed their child victim. Change occurs as they go through the process of unravelling that for themselves and getting back in touch with the pain that they had when they were victimised.

**Joe:** Do perpetrators give you any messages or any information about what could have helped them not to act abusively?

**Suzanne:** One of the benefits in terms of gaining information from working with perpetrators is that when they are engaged they will talk in detail about what is and is not useful to an offender. More importantly, they tell us what is helpful to somebody who is trying to stop offending.

For example, they are the ones who have told us that it is extremely difficult to disclose the full extent of their offending whilst they are in the process of criminal proceedings because the legal system is more concerned with the level of penetration than the reality of their total offending pattern. They have also told us that an abusive pattern begins at a young age. In the last year, I have worked with men who have been very obviously abusing from the ages of twelve and thirteen. When I say 'very obviously', it is because they have known what it is they are doing, they have fantasised about the behaviour. Sometimes, they are re-enacting scenes of their own process of sexual abuse but recasting themselves in the powerful role, as I have already mentioned.

If children are acting out inappropriate behaviours, what is it they are learning, what sense do they make of that behaviour? Quite often we think if we just leave the child alone, the behaviour will go away. I believe that is not the way children make sense of the world. They learn by acting out certain behaviours, experiences that have happened to them or scenarios that they have been told about. If there are some rewards attached to these behaviours, they will continue to enact them. If adults appear to know and not intervene then the message is that there is not a problem with this and the child will continue.

We hear a lot about adolescent offenders. For me, perpetrating sexual abuse is not a behaviour that adolescents grow out of, rather it is a pattern of behaviour that adolescents grow into. By the time they become adults, they have quite a legacy. They have experience of an entrenched pattern of behaviour which has evolved over a long

period of time and which has involved quite a number of victims.

**Joe:** Time is an important element in working with perpetrators given that you believe that some perpetrators start from such a young age. What time scales do you keep in mind when you are working with perpetrators?

**Suzanne:** I think that is an extremely important point because it concerns a wider resource issue. All our referrals come from agencies with limited budgets. They want to know whether success can be guaranteed if they spend this much money or wait for this number of months. Certainly there is no feasible answer to this question.

It is not, as one perpetrator once put it, '...there is only a part of me that enables me to sexually abuse children and only that part needs changing...'. It is the whole sense they make of the world and their place in it, and in the course of therapy we need to challenge all the attitudes, beliefs and ideas that inform their behaviour. We have men who have been incarcerated on more than one occasion and by putting them in prison we stopped the behaviour, but the attitudes, thoughts, behaviours, feelings, have not been challenged, have not been unravelled. As soon as they have left prison and had access to children, they have abused again.

If you want an effective relapse prevention plan or maintenance plan not to re-offend, you actually have to work very hard on detailing the sort of change which needs to occur. This does not happen overnight. It takes time for a man to see how he can live an abuse free life and to support him to achieve it over the long term. You can help perpetrators to develop coping skills for them to control their behaviour, but these coping skills have to grow strong. They have to have the opportunity to practise them in an environment where the perpetrators feel safe to experiment and others are safe from them.

In order to re-learn appropriate life skills, I think that it is only reasonable to talk about a twelve month period and longer. Now that does not have to be full-time intensive, but I think it is extremely important to include a period that is intensive, followed by re-call periods and check up periods, and support periods. When a person has life stresses, problems, when they come under pressure, they are going to want to refer to the behaviours that they have used in the past. The problem is that the old behaviours have informed and supported their offending behaviour. We need to enable them to have effective coping mechanisms that will work effectively when they are in a point of crisis. The problem with offenders occurs not when they do not want to offend - the problem

occurs when they do want to offend and are struggling to control their behaviour.

**Joe:** What issues do you consider in judging an effective period of time?

**Suzanne:** In such an assessment, I would want to consider how much of the man's life has actually been involved in developing this pattern of behaviour. Again in a sense we are talking about meaningful alternatives. I believe that a perpetrator who primarily is aroused by children only, will take longer to find and establish meaningful alternatives than a perpetrator who also is aroused by adults. A perpetrator who has primarily and always been aroused by children is usually also socially isolated from adults and has focused his life on developing a world around children. It will be much harder to enable him to develop life patterns that do not involve children in the future.

Part of the problem I think with any addictive behaviour is that the rewards to continue the behaviour in the short term are so powerful. The reasons not to continue the behaviour have their rewards in the long term. It is our goal to make those long term benefits strong enough that they can actually defeat the short term rewards for carrying out the behaviour.

**Joe:** One of the constraints on child protection work appears to be limited time to make decisions. How does working with the perpetrator over this sort of time-frame fit in with the child protection restraints on time?

**Suzanne:** One of the things that in a sense is a luxury for us currently here is that we do have the offenders in full time residential therapy, whereas non-offending parents and victims often do not have that luxury nor that facility. For the offender to actually make progress in therapy but for the therapy not to be offered at the same level to the non-offending partner and to the child seems to me to be extremely unfair.

The child must have been able to achieve a certain level in their therapy before you even reach the point of considering the feasibility of assessing family reconstruction. It needs to be recognised that there are different time scales for each person in the family. The most important time scale is that of the victim.

It is the philosophy of the Children Act 1989 that the wishes and requests of the child should be listened to and respected. This is an extremely commendable principle. However, the problem is that without a knowledge of the impact of sexual abuse on a child, it can also be extremely dangerous. For example, it is not unusual for a child who has had little therapeutic input to want the offender home and to want the relationship to continue. I think most

children will want decisions about the perpetrator to reflect that the problem will get better and have a happy ending. The alternative is just too frightening for them. They would need to begin to admit to themselves and understand that they were victims, that the perpetrator had abused them.

There is a lot of work that needs to be done with the child. We need to know what sort of thinking the child has picked up and what sort of an abusive bond exists between the child and the perpetrator. The non-offending parent also needs to consider the issues about how the perpetrator was able to manipulate her, how he was able to distance her from the child, how he was able to stop her from being an effective external control, how he was able to disempower her, how he was able to do all the things he needed to do to enable him to carry out the abusive behaviour that he wanted to carry out. Once you have that information, you may have some notion of how each of the family members are able to act differently in order to consider reconstruction.

Certainly, I acknowledge that preliminary assessments need to be done fairly quickly because there are big decisions to be made about the best way to proceed in terms of protecting the child. However, I believe that if this process was truly understood and respected, the child's time scale, and not an agency's interests, would inform the timelines for decision-making.

**Joe:** What ideas do you have for child protection workers around the time of a child's disclosure of sexual abuse that would promote perpetrators accepting responsibility and might lead us away from a system that discourages them from accepting responsibility?

**Suzanne:** I think it is extremely important that we start, as a professional community to use offender information appropriately. If we take this on board and understand Finklehor's (1984) four preconditions, then professionals can develop a set of effective questions which need to be asked. I think we would have made great progress in how we approach investigations, in terms of eliciting information about the experience of abuse from both the child and offender, if professionals have a clear idea of the pattern of perpetrator behaviour, of the responsibility of the perpetrator, accept that it happens because they have a perpetrator who wanted it to happen, that he was able to set up a situation so that it did happen and that the child's behaviours may have developed to help him/her to survive.

None of us would ever talk to anyone about a sensitive subject if we did not feel that they were first able to hear the information and deal with it effectively. We need to recognise

the denial in ourselves which prevents us from believing that the person sitting in front of us is capable of the kind of action that is being alleged.

**Joe:** Finally, I want to ask when you would be satisfied that a perpetrator is unlikely to abuse again? What are some of the things that you look for in a practical way?

**Suzanne:** I prefer to turn that question around. Can we know whether a man is a risk to children in the future if he has abused in the past? I want to respond to this with a very clear 'YES'. Anything that has enabled him to abuse in the first place will also enable him to repeat his behaviour. Instead of considering whether there is risk or not, it is more effective, I believe, to accept that the risk is always present and then consider how the risk can be managed.

You have a man who wants to offend but is motivated to control those behaviours. At this stage, we work with the man's network to share information about the man's past patterns of behaviour and their triggers. We call these 'alert lists'.

We share information with the victim about how we know the abuse situation was set up

because they may not know that. They know how they started to feel bad over things and about how they were subjected to behaviour, but they may not understand the whole picture. By sharing the whole picture sensitively and appropriately with the victim, it gives them a chance to put responsibility back totally where it belongs - with the perpetrator. Children can be encouraged to build up their social skills and self esteem to be able to assert themselves and say 'Wait a minute this is starting to happen again. I recognise this, I recognise that'. This can only occur if children are extremely clear about how the perpetrator was able to do it in the first place and identify what has changed. It is also critical for children to have people around who accept the true nature of how it happened, not a minimisation, and help to be alert to possible warning signs at the earliest possible moment.

I believe that we have been socialised as children and as adults to show we care for people by saying we trust them. One of the things I do when I work with families is to acknowledge the fact that they may care a great deal for the offender. I assure them I want them to continue to care for this

person, but I stress the need for them to show how they care in a different way. To care for an offender or an abuser who wants to live an abuse free life means that you cannot trust them and you should not trust them because that is not helpful to them. So care for them but in a non-trusting way. Demand explanations for behaviours or attitudes or thoughts that you feel are unhelpful.

What I am saying now about the family and network acting as external controls is not taking responsibility away from the offender. It is his decision whether or not he offends, but what we can do is to share the very real information that can be made available about how he offends so that other people, if the perpetrator does not, can start spotting thinking errors, distortions, behaviour patterns, before he acts abusively again.

**Joe:** It was extremely interesting talking to you, Suzanne. Thanks again.

#### REFERENCES

Finkelhor D. (1984) *Child Sexual Abuse: New Theory and Research*. New York: The Free Press.

### Victorian campaign raises awareness about the dangers of shaking babies

Ignorance about the dangers of shaking babies is well documented. In the US, studies found that the proportion of the populations studied who were not aware that shaking babies is dangerous ranged from 26% for parents taking their children to paediatricians (Showers, 1989) to 50% for high school students (Showers & Johnson, 1984). Here in Australia, an evaluation of a preliminary community awareness campaign undertaken by the National Association for the Prevention of Child Abuse and Neglect (NAPCAN 1994) found that 23% of new parents were not aware of the dangers of shaking babies.

Because their brains are very fragile, shaking a baby can cause serious, immediate and permanent injuries, including brain damage, blindness, learning problems, speech difficulties, poor coordination, epilepsy, fits or even death. Children under the age of one are particularly at risk.

A joint campaign developed by the Kiwanis Club of Victoria, the Royal Children's Hospital in Melbourne and the Victorian Department of Health and Community Services is currently raising awareness about the dangers of shaking babies. A \$25,000 grant from Health and Community Services has launched the campaign, providing for development and distribution of pamphlets and posters to maternity hospitals and maternal and child health centres.

The campaign is based on a highly successful model run in South Australia by the Kiwanis Club and the Adelaide Women's and Children's Hospital. In the first six months following that campaign, there were no admissions for shaken babies, whereas the preceding year had seen 28 admissions.

The pamphlets for parents explain about the dangers of shaking and provide parents with advice about what to do with a crying baby, including referral points for further information or support. A key message is that parenting is not easy, and crying babies can be a cause of frustration, even desperation but that whatever they do, parents must never shake their baby. One of the unfortunate misconceptions often held by parents is that shaking a crying baby is safer than smacking.

Another element of the Victorian campaign is the inclusion of full page advertisements during the finals series in the Football Record, the magazine sold at AFL football games. The object of these advertisements is to target a predominantly male readership, as statistically men are more likely to shake babies than women, though it is women who are most often exposed to child health information through primary care services.

The campaign hopes to attract corporate sponsorship to allow an expansion to include doctors, child care centres, pharmacies and other community services on the distribution list for campaign materials.

For further information about the campaign, contact John Cheshire, Victorian Coordinator of the Child Abuse Prevention Strategy at Health & Community Services on (03) 9616 7038 or Martin Davies, Lieutenant Governor, Australia District, Kiwanis International on (03) 9828 8466.

#### References:

National Association for the Prevention of Child Abuse and Neglect (1994) 'It's not OK to shake babies' Pilot Program Evaluation, NAPCAN, Sydney  
 Showers J. (1989) Behaviour management cards as a method of anticipatory guidance for parents *Child Care, Health & Development* 15: 401-415  
 Showers J. & Johnson C. (1984) Students knowledge of child health and development: effects on approaches to discipline *Journal of School Health* 54:122-125