Child abuse: information for teachers of young children

Linda Thomas
Edith Cowan University

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CHILD ABUSE

INFORMATION FOR TEACHERS OF YOUNG CHILDREN

by Linda Thomas
Gratitude is extended to the Rischbeith Memorial Award for the funding of this publication and to the Western Australian College of Advanced Education for its subsequent support.

Perth, Western Australia 1982
ACKNOWLEDGEMENTS

The author expresses her gratitude to the numerous people who gave their support and assistance to her project.

Thanks must go to –

Rita Kino, Lecturer in Early Childhood Education, Churchlands Campus; Western Australian College of Advanced Education;

Jean Harmory, Social Work Supervisor, Children’s Protection Service’s, Department Community Welfare;

Richard Williams, Supervising Social Worker, Children’s Protection Services, Department Community Welfare;

Dr. Des Gurry, Head Paediatrician, Princess Margaret Hospital;

Dale Cook, Senior Education Officer, Guidance Branch of the Education Department;

Dr. Roger Cole, Resident Psychiatrist in Charge, Child Guidance Clinic;

Andrew Marshall, Superintendent, Bridgewater, Child Care and Assessment Centre;

Nada Mills, Assistance Deputy Superintendent, Bridgewater, Child Care and Assessment Centre;

Dr. Trevor Parry, Paediatrician, Child Development Centre;

Margaret Donovan, Social Worker, Child Development Centre;

Parents Help Centre.
PREFACE

The subject of child abuse is enormous and important.

For the teacher, the problem presents with greater difficulties than to anyone else in the community. The teacher plays a very important part in the child’s life, since the classroom represents the first extension out into society from the point of view of the child. The teacher is representative of adult authority, someone who can and should be trusted.

Child abuse comes in many forms, but what really matters is that it is rarely straightforward. From the point of view of a Hospital professional, fractures and bruises represent the part of the child abuse spectrum which is the easiest to understand – and in fact, to manage. Even so, the traps are legion. Children as a race are subject to injuries. The appearance of injuries changes with the passage of hours or days and the most bizarre and frightening appearances can be gained with what are genuine accidents. Children can also display a genius for getting into mischief and not telling anyone about it, especially their genuinely concerned parent.

The other side of the coin is that some children are subject to abuse and violence from those who are supposed to be looking after them. This violence can be very dangerous. If nothing is done about it, it can escalate, so what starts as bruises can expand into severe injuries.

Caring professionals are concerned not to be making wrong accusations about innocent injuries; but of equal importance, not to be missing dangerous situations, where the price of missing can be disaster.

In the field of child abuse, there is only one thing that is almost certain, and that is the state of uncertainty. To get a clear story of what has been going on is almost unheard of. This is one of the things which makes things difficult for all professional people involved. The teacher, is neither a doctor, nor a social worker, yet has to face the problems which they face, when confronted with an injured child.
What should the teacher do? To ignore is wrong; to report to authority on what is invariably imperfect and uncertain evidence may lead into a very difficult situation, particularly if the suspicions of the teacher are well founded. This is to say that the relationship of the teacher with the family will be easier if the injury proves to be a genuine accident, than if she has found a genuinely abusing family. We know that this fear of a counterattacking family is what has prevented many teachers in the past from drawing attention to a worrying problem.

For this reason I would direct the teacher’s attention to the most valuable colleague he/she can have – the school nurse. The nurse is entitled to look at all children at school. The teacher cannot possibly be blamed or accused of anything, if she simply asks the school nurse to see a child. The school nurse can take the clothes off the child as part of the normal examination, which a teacher can hardly do.

Furthermore, the school nurse knows the system in the forthcoming pages, and is in a very strong position to assess that there is a situation that needs going into. She can contact colleagues such as those in the children’s hospital; in a severe situation can take the child to the children’s hospital. None of this is in any way exceeding her authority, and she can set in motion what will prove to be help for the family – time consuming, delicate, but usually effective.

Finally, the involvement of people at the children’s hospital can clarify the situation where the injuries turn out to have a perfectly innocent basis – with a minimum of fuss and of needless altercation.
CHILD ABUSE BOOKLET

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A

AT RISK INDICATIONS

The teacher of a young child has to be extremely aware that what may appear to be factors that contribute to an abuse situation may simply be symptoms of a 'bad period', which many normal families undergo at certain times. Such situations may be provoked by:

a) a sick parent;
b) temporary financial concerns;
c) the stress of a divorce;
d) loss of a job;
or a variety of situations producing stress.
FACTORS FOR RECOGNITION OF CHILD ABUSE

The reasons why child abuse occur are complex, and often reflect a number of causes. Some of these are easier to identify than others. More importantly, many should be considered to be warning signs representing a potential high risk situation. In order for abuse to occur, there are usually a number of separate, but related factors involved.

It should be remembered that most families undergo a crisis situation at some time. This in itself leads to a possibility for abuse to occur.

Other factors may include:

1. individuals living in isolation;
2. a low self-image;
3. immature relationships;
4. unrealistic expectations of children’s behaviour;
5. a child with special needs;
6. a crisis in the family.

(Benuzzi, 1980)

There are several clues indicating the possibility of child abuse. One sign does not necessarily mean abuse is occurring. If a number are present it is prudent to consider the possibility of the presence of child abuse.

The initial formation of a bond between the parents and the child is often crucial to the quality of the developing relationship. Predominantly negative attitudes to conception can have far reaching implications for the kind of relationships established with children. (Battered Child Research Department NSPCC, 1976).

The short period following birth is significant in forming a bond between parent and child. (McCaffrey, 1978).
Pregnancy is an important time in the formation of a good parent/child relationship. The way a woman feels while she is carrying a child will ultimately affect the way she reacts to the birth and subsequent care of the child.

Becoming a mother is an experience which involves a great deal of change, both physically and mentally. These changes add to the stress of day to day living. (Elmer, 1971). Adjusting to an additional member of a family can cause stress and pressure on the family. The likelihood of this is increased if the birth is not normal or the child is hard to handle. (McCaffrey, 1978).

As the saying goes, "We teach how we were taught", and this is true for parenting. If parents have experienced abuse in their own childhood, in times of stress they may revert to these experiences.

'The whole history and context of the parents’ lives must be viewed in order to discern the matrix of abuse'. (Battered Child Research Department NSPCC, 1976).

As McCaffrey states, many parents who have been abused or neglected as children grow up to use a similar pattern of abnormal child rearing when they have their own families.

It is often the case that what appear to be the obvious causes leading to abuse, may not necessarily be so. Often, an adult who inflicts injuries is not reacting to the specific behaviour of the child, but to his own feelings. (Boardman, 1962).

'It would therefore be misleading to seek in the behaviour of the child at the time of the incident, a simple cause and effect relationship or condition.'

Stress is a main factor in any life crisis and in particular child abuse. Problems which can usually be handled when they occur singly, cannot easily be managed when occurring in association with other difficulties.

The NSPCC states that when parents have talked fully about abuse, they mention a variety of pressures on them at the time of the incident. These pressures range from personal states or moods such as depression or toothache, to anxiety about relationships with neighbours, other children or the child himself.
Educators cannot expect an abused child to seek them out for help. We must therefore be sensitive to any changes in the child’s behaviour and/or appearance.

By observing a child’s relationship with other people such as friends, teachers, siblings and parents one can often tell how he is feeling and what is happening in his life.

There are certain groups of behaviours and circumstances which would occur that can lead the educator to refer the situation to a supporting network. These may include:

1. The child persisting in attention-seeking behaviours. These behaviours usually suggest a problem of some kind and often the cause can be traced to abuse. A child who often arrives at school late or misses a lot of school, may be indicating a need for help and is desiring a teacher to notice and investigate. He may come to school very early and leave very late. This may be because he does not want to go home. He feels that the longer he spends out of the situation, the better it will be. It is possible he sees himself as the cause of the problem due to the behaviour of his parents. While avoiding home, he may also seek attention from other adults to compensate for his home situation. The parents may also exhibit some attention-seeking behaviours. They may want constantly to discuss the child or the home situation or just talk, generally. They are crying for help and for someone to listen to them.

2. Any different behaviour from usual is often a sign of some change or disturbance in the child’s life. The abused child may be compliant, shy, withdrawn, passive and uncommunicative. This behaviour in itself indicates that all is not well. In the case of sexual abuse, for instance, the victim is usually distinctly passive and withdrawn or very hostile and aggressive. (Royna Cooper, 1981). A child often conveys that he is troubled. He may be desperately trying to find some solution, withdraws from the world and therefore the problem. He may, on the other hand, be nervous, hyperactive, aggressive, destructive or disruptive. He may be acting out his hurt by attention seeking behaviour. A child can be unusually fearful of others due to anxiety of what they might do, because of
his own negative thoughts. A child may have difficulty in going to the bathroom. This may either be due to a fear of his injuries being noticed or an inability to perform normal bodily functions due to stress and fear.

3. A child may have an inordinate number of unexplained injuries on his arms and legs over a period of time. A certain amount of injuries are expected in childhood, but a consistent series of bruises cannot be ignored. These unexplained injuries may include a patch of hair missing, a burn, a limp or bruises. A younger child will often not attempt to hide his injuries, while an older child is more likely to attempt to conceal them. Fear of the injury being noticed can be induced by potential threats to keep secret ‘the cause’ of the injury.

A parent who does not adequately explain an injury or gives different explanations for the same injury or suggests that the cause of an injury is attributed to a third party, may be avoiding the real explanation.

4. A child complaining about numerous beatings is one who requires listening to. Often a child will not mention a smack or a beating if he feels the smack is deserved. However a young child is more likely to talk about a series of undeserved beatings.

5. A parent who takes an unusual amount of time to seek health care for the child or has taken the child to different doctors, clinics or hospitals for past injuries, often called ‘doctor shopping’ or ‘hospital shopping’ needs help and is crying out for it. (Benuzzi, 1980).

6. A child whose needs are not catered for is ‘at risk’. Some indications might be that his clothing is soiled, tattered or too small. He may be dirty or may have bad teeth, hair falling out or lice. He may be thin, emaciated or constantly tired, showing evidence of malnutrition or dehydration. He may be given inappropriate food, drink or drugs, which shows little regard for his needs.

7. Parents who show little concern for their child’s problems and are reluctant to share information about the child, or
who respond inappropriately to the seriousness of the problem, sometimes may deny a problem exists. Parents who never appear at the school make it difficult for the teacher to seek help on their behalf from an agency, which may be able to assist the family in a practical way.

8. Parents with unrealistic expectations for the child or who are strict disciplinarians may be unable to fulfil the needs of the child.

One authority on child abuse, Brandt Steele, M.D., has explained that

‘most abusive parents believe babies should not be ‘given in to’ nor allowed to ‘get away with anything’ … they must periodically be shown ‘who is boss’ and (be taught) to respect authority so they will not become stubborn.’

(Steele, 1975)

It is evident that, although not limited to abusive families, the fear of ‘spoiling’ infants seems to be expressed in an extreme degree when child abuse exists.

9. Teachers should be aware that what may appear to be outward signs of child abuse may, in actual fact, be considered normal child rearing practices for some cultures.

Under these circumstances the teacher may regard it as her duty to help the parents come to terms with new methods of discipline or child rearing practices. She should offer reassurance and discreetly assist the parents by offering alternatives of action, or gain help from an appropriate support network.

10. Parents with many problems and a lack of support can be vulnerable.

‘Today’s variety of child abuse is overt, explosive, the product of neurotic isolation in modern society . . .’

(Ingles, 1978)
As Judianne Densen Gerber says, (1977) ‘Alcohol, drugs, lack of friends, neighbours or relatives to turn to in crisis may result in stress. This stress may be greater than they can tolerate, leading to a situation beyond their control.’

11. One only has to pick up a Dickens novel or a current newspaper to realize the widespread occurrence of abuse to children in institutions. It is as though society condones the use of violence as a method of discipline for children.

‘Cruelty is innate to human nature and its aggressive striving for power, and that cruelty to children is peculiar to urban, as opposed to primitive societies.’ (Chesser Eustase, 1951)
It must be remembered confidentiality must be maintained at all times by teachers who are entrusted with the details surrounding a child's at risk circumstances.

On the other hand, reportage to an appropriate Agency may be a moral obligation, which could save life and much damage to a child and his family.

There is immunity from legal proceedings for a teacher provided that reporting is done in good faith.

'Legal opinion holds that a communication made in good faith and without malice to welfare authorities by any person would enjoy qualified privilege under common law against criminal or civil action for defamation.'

(From Statement of Services currently available for the Abused Child in Western Australia).
C. SUPPORTIVE NETWORKS

Children’s Protection Services

Location: 91 Hensman Road, Subiaco

SERVICES: This unit is a section of the Department for Community Welfare and has recently shifted from St. George’s Terrace, Perth to Hensman Road, Subiaco.

The unit began in 1969 catering for the abused child under 6 years by providing a specialist service. The staff includes experienced social workers, clinical psychologists and some non-professional family helpers. The services are integrated with other supportive networks and can provide therapeutic intervention in the home situation.

The unit can use its statutory authority if the child needs legal protection but in most cases parental co-operation eliminates the need for this intervention.

In its casework the unit’s services range from marital counselling by experienced officers to family and group therapy, teaching of parenting skills and management and strengthening parent/child relationships.

The family support helpers assist in reducing social isolation and providing parents with resources and parental skills. Other practical assistance includes housing, financial, day-care and child minding facilities.

Each case is dealt with individually by the social workers who assess what course of action and range of services and assistance may be appropriate.

The unit’s main aim is to return a child to his home after (or during) remedying the situation which caused the abuse.

The unit also operates a sexual abuse service for young children who have experienced sexual assault.
Princess Margaret Hospital

Location: Cnr. Hay and Thomas Street, Subiaco

Telephone: 381 0222

Princess Margaret Hospital can admit a child in time of crisis with injuries present or threatened. It has a unit of child abuse experts who receive victims as well as children who are sick or have had accidents. Being a hospital, P.M.H. is initially concerned with the welfare and health of a child, but also helps families who need it. The staff understand the problems which families face in today's society and show concern for the whole family as well as the child.

Specialist paediatric care is available for children requiring admission to hospital and those needing an outpatient clinic service. It is important to realize the services of the hospital that are offered as a resource for parents before they reach crisis point so that at all times help is available.

Staff:

There are 3 teams dealing with child abuse, each comprising a physician and a social worker. The basic team can utilize other staff e.g., psychiatrists (especially in the case of sexual abuse), occupational therapists, speech therapists, physiotherapists, etc. Although personnel can visit the home as a visiting nurse service, it is more appropriate to call on the Children's Protection Services if required. In severe cases Princess Margaret Hospital works in conjunction with Children's Protection Services.
GUIDANCE BRANCH, EDUCATION DEPARTMENT

Location: 823 Wellington Street, Perth Phone 322 1677

**DESCRIPTION:** The Education Department employs 170 teacher trained psychologists in ten metropolitan district offices. They are employed 3-5 days per week in high schools and are allocated one day per week to primary and pre-primary schools, but can be contacted at any time between visits, if necessary.

**SERVICES:** It is beneficial to become familiar with your district officer’s name and location so you can seek advice for a family through him.

District officers are available to teachers for any assistance with a child abuse problem. They will often refer the family to Children’s Protection Services, but may also work with the family.

If you have a problem and wish to seek advice, contact your local guidance officer and he/she will advise you on the best course of action.

District Guidance Officers and location of office:

<table>
<thead>
<tr>
<th>Name</th>
<th>Office Details</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Mr. J. Ryall</td>
<td>Bentley District Guidance Office, C/- Bentley Primary School, Hedley Street, BENTLEY 6102</td>
<td>451 6003</td>
</tr>
<tr>
<td>Mr. R. Bauer</td>
<td>Balga District Guidance Office, Redcliffe Avenue, BALGA 6061</td>
<td>349 8845</td>
</tr>
<tr>
<td>Mr. D. Thornton</td>
<td>Coolbinia District Guidance Office, 90 Bradford St, COOLBINIA 6050</td>
<td>444 7497</td>
</tr>
<tr>
<td>Mr. R. Pow</td>
<td>Fremantle District Guidance Office, C/- Education Office, Metropolitan South West Region, Hampton Rd, BEACONSFIELD 6162</td>
<td>335 8933</td>
</tr>
<tr>
<td>Mr. J. Hughes</td>
<td>Hollywood District Guidance Office, Cnr. Leura &amp; Hardy Streets, NEDLANDS 6009</td>
<td>386 3095</td>
</tr>
<tr>
<td>Mr. R. Miller</td>
<td>Kewdale District Guidance Office, 94 Cohn Street, KEWDALE 6015</td>
<td>361 7544</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Mr. E. Sharpe</td>
<td>Maddington District Guidance Office, C/- Maddison Primary School, Albany Hwy, MADDINGTON 6109  Ph: 459 2667</td>
<td></td>
</tr>
<tr>
<td>Mr. B. Towler</td>
<td>Midland District Guidance Office, Stafford Court, 8 Stafford Street, MIDLAND, 6056 Ph: 274 4077</td>
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<tr>
<td>Mr. T. Moore</td>
<td>Rockingham District Guidance Office, C/- Rockingham Beach Primary School, Bayview Tce, ROCKINGHAM 6168 Ph: (095) 273 3343</td>
<td></td>
</tr>
<tr>
<td>Mr. J. Day</td>
<td>Scarborough District Guidance Office, 23 Morris Place, INNALOO 6018 Ph: 446 6422</td>
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PARENTS HELP CENTRE

Location: 15 Glendower Street, North Perth

Phone 328 3266

DESCRIPTION: The centre has been established to help families with difficulties involving young children. The centre provides a 24 hour telephone service and the drop-in centre operates 7 days a week in case parents need assistance during a crisis. They may sleep overnight, if they’ve had a bad night, relax and talk to someone who cares, discuss alternative ways of handling a situation and be in a friendly, relaxed, caring atmosphere.

STAFF: The Parents Help Centre aims to be a family to people with young children. Parent helpers are not professionals but are parents trained to listen to a life situation, provide information about children and their needs, redirect those requiring it to other community resources, offer alternatives for possible courses of action and if required give longer term friendship.

The atmosphere is informal, few records are kept, and parents are free to remain anonymous if they choose.

The centre offers both professional and lay staff. The social worker and psychologist act in a supportive and supervisory role. The parent helpers (who are parents themselves) discuss problems and experiences with the parents who visit the centre in order to help them overcome the major characteristics associated with ‘at risk’ situations.

Since families initiate the contact with the centre, parents are motivated to solve the problem or situation by seeking out the cause.
DESCRIPTION: The Child Development Centre provides a multi-disciplinary approach to the care of families where a suspected or actual problem may impede any area of a child’s development: physical, intellectual, social or emotional. The Centre offers assessment and, where appropriate, on-going management either individually or through small groups.

STAFF: The staff of the Centre includes paediatricians, psychologists, social workers, speech pathologists, audiologists, physiotherapists and occupational therapists.

REFERRALS: The Centre acts as a consultative and/or referral centre for the wider Child and Community Health Services. These include Child Health Sisters; School Health Teams; Health Teams visiting Day Care Centres, and the Community Health Teams. It also receives referrals from other professional people in the community such as general practitioners, teachers and guidance officers. Referrals are accepted from all over the state, although obviously there are some limitations to the service which can be offered to country families.

ROLE IN THE AREA OF CHILD ABUSE: It is often appropriate to refer a family to the centre where a concern is felt about the quality of parent/child relationships and if it is thought that a potentially abusive situation exists. Because of the diversity of the services offered by the centre, the family will often find this referral acceptable and helpful where they may refuse to avail themselves of help through other agencies. Centre staff are often able to work with the family to improve significantly the quality of relationships, to the point where concern is no longer felt for the child’s well-being. In other situations the role of the Centre may be to help the family to recognise that they need the help of an agency geared specifically to child abuse.
If an abuse crisis exists or if it is known that serious abuse has occurred, the Child Development Centre can redirect the family for extra help. In this situation Centre staff may act in a consultative role, helping the referee to reach an appropriate decision, and possibly assisting with referral procedures to the appropriate agency, such as Children's Protection Services.

Through the broad network of the Community and Child Health Services the Child Development Centre is primarily involved in prevention and early intervention in potentially abusive situations.
CHILD GUIDANCE CLINIC

Location: 590 Newcastle Street, Perth  Phone 328 5788

DESCRIPTION: The Child Guidance Clinic is a unit of the Child Psychiatry Division of the Mental Health Services of Western Australia. The Centre provides a team of caring professionals who use their skills in order to help solve a family’s problem.

The Clinic assists children, adolescents and families who have emotional and behavioural problems. The whole family situation is examined in order for assistance to be given in a practical and helpful way.

The Clinic is free to all children and families from anywhere within Western Australia. All services offered are confidential. The clinic sister is able to answer queries as well as make appointments for families to visit the Clinic.

An urgent problem can receive an early appointment in which a thorough assessment is made in a series of interviews. The team will discuss ways of coping with the problem with parents and child.

Since the clinic deals with a variety of problems the staff are sympathetic about the circumstances surrounding a problem. The sensitive way in which they deal with each family and problem is proof of their caring attitude towards the family as an important unit and the child as an integral part of that unit.

STAFF: The Clinic is staffed by clinical Psychologists, Child Psychiatrists and Social Workers. They work as an integrated team who pool their knowledge and resources in order to make a full assessment of each problem.
BRIDGEWATER
Child Care and Assessment Centre
Location: Duncraig Road, Applecross
Phone 364 7199

DESCRIPTION: Bridgewater is a centre run by the Department for Community Welfare catering for short term care and assessment of children between the age of 3-18 years, who are in need of such care as the result of family disruption, neglect or deprivation. The centre aims to provide an environment where children may feel safe and to simulate as much as possible a home setting in order that a child’s needs and potential can be assessed. Coping and other adjustment difficulties of the child seen at the centre are viewed as the expression or result of prejudicial circumstances (biological, psychological and or social).

Bridgewater comprises a small community of nine cottages accommodating 96 children in all. Each cottage catering for 10-12 children is designed to resemble any suburban home with several bedrooms. The cottages are staffed by “House Parents” who are trained child care workers who work eight hour shifts. Professional staff include psychologists, medical and teaching staff.

As well as the cottages, a kindergarten has been built in the Bridgewater grounds to provide for the youngest children and is staffed by kindergarten teachers who have particular awareness of the children’s circumstances.

School age children travel to their original schools whenever possible, or attend local schools. However, there are exceptions made for those who have particular educational problems who are then provided for at the small remedial primary school for which a cottage is used.
SEXUAL ASSAULT REFERRAL CENTRE

Location: Sir Charles Gairdner Hospital
Verdun Street, Nedlands

SERVICES: The Centre offers a very supportive and practical service to people who have experienced some form of sexual assault.

Staff offer understanding and assistance in a practical way. The Centre’s service is available to any person, male or female, 13 years or over, who has experienced any form of sexual assault whether it be recent or in the past.

Unless otherwise indicated, visits to the Centre are kept highly confidential. A person always has a choice about what help he prefers. These services include:

1. support and counselling for a person and his family: that is, someone to talk to who understands each person’s feelings. It is vital to realize that no condemnation or blame to any client using the service is present;

2. medical help for treatment of any injuries, pregnancy and venereal disease;

3. taking swabs and tests to use in evidence if the person decides to go to the police.

STAFF: The Centre is staffed by a specially trained team of female doctors and counsellors (there is a male doctor and counsellor available if preferred). A person is assisted by one doctor and one counsellor at the Centre.

Younger children who experience sexual abuse are referred to Princess Margaret Hospital or the Sexual Abuse Unit of the Children’s Protection Services in Subiaco.

If a person wants to use the services the Centre provides, it can be contacted by either ringing them or visiting the Hospital.
**RESOURCES**

Rating system for Resources

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<tr>
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<td>Good</td>
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<tr>
<td>P</td>
<td>Applicable for parents</td>
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<tr>
<td>T</td>
<td>Applicable for teachers</td>
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D. BOOK, FILM, SOFTWARE REVIEW

HR Benuzzi, C.
T "The Educator: The Abused Child's Best Friend"

This comprehensive article surveys all aspects of child abuse and focuses particularly on the role of the educator. A short history and definition of abuse is given by way of introduction and factors are considered giving rise to abuse by parents. The main role of the educator is to be sensitive to the child and therefore having an awareness of a child needing help within a destructive family setting. Some of these visible and also more subtle clues are described in the article. Parental behaviours, as well as child behaviours are presented in order to make educators aware of the possibility of abuse.

The article also describes the reporting procedure in America, since educators are not legally enforced to report under most state laws. (Mandatory reporting has not come to Medicine in Western Australia, let alone Education).

The article concludes by stressing the need for public awareness and education and gives information on the 1980 campaign theme against child abuse in America.

"Abused children are helpless, unless you help."

HR Bourne, R. D., Newberger, E. H.
T Critical Perspectives on Child Abuse
Lexington Books, U.S.A. 1979

This book contains 13 essays which the authors intend will 'promote intelligent analysis of a topic that usually stimulates outrage, despair and confusion'.

The essays are all important to the topic and cover aspects of child abuse ranging from the 'Myth of the Battered Child syndrome', to 'Violence towards Children in the United States'.

The essays follow a logical progression commencing with an overview, discussing 'Compassion vs. Control', and concluding with 'Controlling Child Abuse in America - An Effort Doomed To Failure'.
As well as outlining various aspects of the problem, the authors also suggest possible solutions, such as improving the social system (including education which incorporates parenting skills in high schools), behaviour modification and examining the circumstances surrounding the problem, (social, physical and emotional).

In the conclusion the authors take a rather pessimistic view of the future of child abuse, unless reform is implemented including systematic research, better family planning, increased parent education programmes, reducing the number of premature births and increasing home-maker services and immediate availability of childcare. These changes, it is envisaged, could evolve over a period of time.

R Burns, A., Goodnow, J.
T Children and Families in Australia
P George Allen and Unwin, Sydney, 1979

The relevant pages for child abuse are 154-185, 161-166, 175-176, 170. Chapter Six, Violence against Children’, is particularly helpful and useful. It leads in with seven quotes from abusing parents and concentrates on physical violence within the family. It gives some brief historical insights, defines types of abuse, poses pertinent questions and presents some useful concepts about violence. With the use of many headings and short paragraphs, this book provides an easy way to gain quickly and early, a profile of the problem.

R Carver, V. (Ed.)
T Child Abuse: A Study Text
The Open University Press, New York, 1978

This volume forms part of the planned programme of study. Together with the companion volume ‘Child Abuse – A Reader and Source Book’ it comprises a closely integrated course on child abuse. It lists objectives of the course and encourages development of certain personal attitudes to child abuse. The course described in the book appears to be comprehensive and thought-provoking. It asks many questions concerning the
problem and provides answers. With this understanding of the problem it is envisaged that the students would examine the solutions rather than just have an awareness of the problem.

R Coolsen, P.
T "Community Involvement in the Prevention of Child Abuse"

The author of this article poses the question 'Why can't we implement prevention on a community level?'

In outlining prevention (primary, secondary and tertiary) he identifies goals for a community prevention programme. The author also makes suggestions on the role of community volunteers, while at the same time acknowledges the need for professionals. He believes that untrained people can provide leadership, and with the assistance of professionals, devise a comprehensive prevention programme for each specific community.

R Copans, S., Krell, H., Grundy, J. H., Field, F.
T "The Stresses of Treating Child Abuse"
Children Today, U.S.A., Feb., 1979

This article documents an experimental child abuse training programme developed for a wide range of community workers involved in the care of high risk families. It also looks at the factors that frequently interfere with the delivery of effective care.

It provides a useful insight into the problems and stresses faced by workers in this field and their limitations.

R Dean, D.
T "Emotional Abuse of Children"
P Children Today, U.S.A., Aug., 1979

In this article, discussion centres on the problems associated with emotional abuse and, in outlining specific cases, assists the reader to compile a definition of this kind of abuse. It is well known that this is the most difficult type of abuse to define and diagnose.
As well as outlining the problems in the various cases, the author also specifies alternative behaviour appropriate to each case. She also offers a plan which incorporates various steps and makes suggestions referring to agencies which can offer help to emotionally abused children.

G Dribble, V., Straus, M. A.
T "Some Special Structure Determinants of Inconsistency between Attitudes and Behaviour: The Case of Family Violence"

This valuable article is concerned with the degree to which attitudes and behaviour are mutually consistent. Samples of adults and their children are used referring to incidence of violent and non-violent behaviour. Attitudes and behaviours are explained as well as structural factors. Relationships between attitudes and behaviours are brought to the fore. Roles within the family explain resultant contributors to child abuse.

G Duryea, P., Fontana, V. J., Alfaro, J. D.
P "Child Maltreatment: A New Approach in Educational Programmes"

This article outlines four discussed symposia by a panel of humanists and professionals. Questions posed include, should punishment be used to deter child abuse or neglect? Should intervention in the private life of the family be effected? When is it possible to perceive the likelihood of a child being harmed? Should an expectant mother be held responsible for the health of an unborn baby? Should child rearing values be imposed on others? It contains interesting comments which should provide thoughtful discussion.

HR Franklin, A. (Ed.)
P Concerning Child Abuse
T Churchill Livingstone, New York, 1975

This book comprises papers presented by the Tunbridge Wells Study Group on non-accidental injury to children. It covers
major aspects of the problem, including the medical, giving a view of the emergency and accident departments of hospitals.

Topics reviewed are: personality factors, aspects of handling failure, and the role of social services. The role of police is treated in addition to legal aspects which encompass mandatory reporting and court procedures. The section on education is concerned with the problems of communication and co-ordination. This book is highly recommended since it presents the problems and roles of the people involved in the child abuse scene. Those writing the papers are well qualified through other involvement in the Tunbridge Wells Group.

R Freeman, M.
P Violence in the Home
T Saxon House, England, 1979

In this book the author analyses violence and its meaning, history and incidence, then more specifically child abuse, wife abuse and other family violence. The author also carefully studies child abuse, the discovery of it, the size of the problem and the causes and effects of child abuse; it also includes legal responses, the appropriate Child Act and what actually happens, legally, to the victims. The management section includes social services, the problem of co-ordination, mandatory reporting and prevention of child abuse. This book is well written and documented covering the topic adequately.

R Gelles, R.
P The Violent Home
T Sage Library of Special Research, California, 1972

In this book violence is studied and its effect on the family. The author examines the incidence, methods and meaning of intra-family violence, the violent situation, social and family structure, the roles of victim and offender, basic training for violence and a social structure for violence. It does not focus on child abuse specifically but it is mentioned as part of the violence that occurs in a home or family situation.
This newspaper article was written in Melbourne and examines the government's attitude on child abuse. It discusses reports presented to the government by various committees which seemed to have little effect on the government's attitude towards the problem.

The article criticises the government's lack of positive action and asks the question 'How many more reports are necessary and how many more babies have to be battered before the government acts?'

The book commences with a history of parenthood through literature, examining early attitudes to discipline in the home and the school. It also surveys a selection of popular experts on baby and child care and the effect their ideas had on parents. It then examines the background to abuse surrounding the mother-child relationship followed by discussion on some parental characteristics leading to abuse and the effect this has on children.

It suggests social attitudes and prevention, documenting the extreme action which can be taken towards offenders. This is followed by a section dealing with emotional abuse. The reasons for abuse are outlined demonstrating that emotional abuse is the most difficult form of abuse to detect. The history and success of the family therapy is examined showing it to be of great value since the problem of abuse is not treated in isolation. This book is well compiled and concise paralleling history with present research. The book includes relevant studies and personal experience which adds emphasis to the points raised.
G Jeffrey, M.
P "Therapeutic Intervention for Children at Risk and Their Parents"
T Community Welfare, Perth, 1978

The author examines practical ways to change parent-child interaction in families of children at risk. These include the negative interaction between children and care given to the positive; these include, learning how to communicate, learning to play, learning to give positive attention, learning to make a house adapt to people, and drawing up the contracts and agreements and learning improved handling techniques. Intervention is seen to change attitudes of the parents towards the child. The programme outlined in the article assesses the problem and devises an appropriate course of action. The results of the success of the programme are encouraging.

HR Kempe, R. S. & C.
P Child Abuse

This is an excellent book concerning child abuse which should be read by all involved in parenting, care-giving and educating of young children. It is continually referred to and quoted by other experts concerned with the problem of child abuse. It deals with the nature of child abuse; the dimensions of the problem, the abusive parent, the abused child, incest and other forms of sexual abuse. A section deals specifically with child abuse aspects, such as 'prediction and prevention', followed by 'treating abusive parents', 'treating abused children', the un-treatable family', 'the future that abusing parents face', a community-wide approach', with a final section on the vindication of the rights of children.

G Lee, C.
T Child Abuse: A Reader and Sourcebook

This book covers concisely all aspects of child abuse with papers written by a child abuse team from two universities in Great
Britain. The authors discuss normal child rearing techniques which could be conceived as abusive practice in our society today, predicting and pre-disposing factors, psycho-therapeutic and psychiatric methods, legal aspects and therapeutic approaches and their long-term effects. They draw greatly on research conducted by N.S.P.C.C. Battered Child Research Team.

HR McCaffrey, M.  
"Abused and Neglected Children are Exceptional Children"  
Teaching Exceptional Children, U.S.A., 1978

The article takes a caring view that abused children are exceptional in that they have special needs just as an under achiever or a gifted child. When these needs are recognised a teacher is able to help the child more fully. She outlines the responsibilities of the teacher and emphasises the role by saying "children who do not receive help run the risk of becoming abusive parents". Part of the responsibility includes finding out what resources are available, getting organised and following through. The recognition of a high risk situation is seen to be very important in the recognition and treatment of child abuse.

HR Mildern, T.  
"Helping Parents: A Preventative Approach"  
Australian Child and Family Welfare, Australia, 1979

This article written by a West Australian, describes the Parent Help Centre. The centre which is in North Perth operates both as a drop-in centre and a 24 hour telephone service for parents who are having difficulty in controlling their behaviour towards their pre-school children.

This article acclaims the philosophy and presents the criteria that substantiate the existence of the centre and the services it provides.

It is a very informative article presenting both an overview of the centre and a favourable report on its services.
HR Milner, J. S., Ayoub, G.
“Evaluation of ‘At Risk’ Parents using the Child Abuse Potential Inventory”

This article includes an ‘at risk’ inventory during a two year period. The results indicated that the ‘at risk’ sample scored significantly higher than a norm group. The inventory includes criteria such as low infant birth weight, past abuse of siblings, teenage parents, poor social situation, a history of parent’s childhood abuse and 19 other factors. At risk inventories are useful as a guide for teachers to assist parents prior to a crisis situation.

G National Centre on Child Abuse and Neglect – A Special Report
T “Child Sexual Abuse: Incest, Assault and Sexual Exploitation”
National Centre on Child Abuse and Neglect, U.S.A., 1978

The report discusses sexual abuse in terms of the exploitation of the weak by the strong. Because the physical and emotional effects of sexual abuse are often not immediately evident, unlike battering or physical neglect, the problem may be overlooked or its effects under-estimated. The Report provides a short overview of recent research findings concerning the “nature, extent, dynamics and effects of child sexual abuse” as well as promising preventive and treatment techniques. The definitions and scope provide a valuable perspective on the problem which can lead to an understanding of the magnitude of sexual abuse on children.

R NSPCC Battered Child Research Team
T At Risk

The authors of this volume, all members of the NSPCC Battered Child Research Department, have, in a comprehensive way, presented results of their techniques for support to parents who abuse their children. The philosophy of a total family approach uses a variety of treatment modalities and very much includes
the needs of the child. The findings have broad implications for general adoption of these methods by local Child Protection Authorities, as well as by private agencies in the field of family care.

R Renvoize, J.
P Web of Violence: A Study of Family Violence

The author explores the theory that we are a violent society through looking at child abuse, wife abuse, grannie bashing, incest, refuge and the law. Actual case studies are used to great effect throughout the book. Current research is referred to constantly and a general picture of the nature and frequency of violence is given.

HR Richey, D.
T "Educators and the Primary Prevention of Child Abuse"
The Educational Forum, U.S.A., 1980

The author surveys the role of the educator in the prevention of child abuse and neglect. He suggests prevention activities for educators including awareness and referral, extra curricular activities, modelling, parent training, early intervention with prevention in the short term, effective education, family life education and a "child treatment curriculum" in the long term. The role of the teacher is to serve as the child's advocate willing to accept simultaneously the role of the parent supporter. The source of the problem, the family, must be helped in order to protect the child. The article concludes with the thought: our tendency to blame or ignore parents in need, and to view child maltreatment as a problem for other professionals, continues to limit our vast potential as educators for contributing to learning of the serious and growing social problem.

G Rosenfield, A. A., M.D., Newberger, E. H., M.D.
T "Compassion vs Control"

Beginning with a short historical background of child abuse, the article proceeds with a discussion on statutes and the social
workers' role, its problems and limitations. The use of compassionate intervention is explained as a helpful professional/parent relationship to understand and improve the functioning of families which are at risk. The control model refers to the aggressive use of intervention to limit and (if necessary) punish deviant behaviour. The authors opt for a method which includes both compassion and control and also devise a method for making a decision about the type of intervention necessary.

R Smith, S., Noble, S.
T "Battered Children and Their Parents"
New Society, United Kingdom, 1973

Beginning with a short history of childhood, the article cites a study completed in an English hospital of battered babies. They discuss personality factors of the parents and provide examples to emphasise the factors and circumstances surrounding the cases. They outline methods of treatment and problems which arise from these methods. The authors use their experience in research to offer ideas for better management of cases. This article is interesting to read and provides thought.

R Smith, S.
T The Battered Child Syndrome
Butterworths, London, 1976

A well written volume giving insight from the paediatric and social psychiatric side of the problem. The author cites from a great deal of research in current literature on the problem and the clinical illustrations add practical sympathy to professional knowledge, with relevant figures, graphs and conclusions. In this study the control group produced interesting results and the findings are well interpreted in the latter part of the book.

HR Swick, K.
T "Child Abuse Perspectives for Helping Professionals"

This article describes how child abuse has been a social problem experienced since early times.
The author outlines the questions researchers ask, such as: How severe is the problem?: What kind of abuse and/or neglect are most prevalent in society?: How can abuse and neglect be identified and then corrected?: Are there ways to prevent child abuse? Various studies reveal some of the answers, but, of course, some are left unanswered.

The author also suggests the role of helping professional by establishing a balance between family rights and the rights of the child. Many valid points are raised in the section he entitles “Toward a Better Understanding of Child Abuse”.

R Willich, R.
T The Troubled Ones: Sexually and Emotionally Abused Children
P Hill of Content, Melbourne, 1970.

The author combines a deep concern for maltreated children with his autobiographical study approach to provide an insightful but disturbing account of child victims of sexual and other forms of family abuse. In the three following composite case studies (Jenny, Anna and Bruce), his professional knowledge and personal experience are combined to give us an insight into the real problems and issues.
VIDEO, TAPE & FILM 17

R Child Abuse (Video)
This is a lecture by Margaret Jefferies on some causes of parental mistreatment of children. It is helpful from the point of view of showing how parents have unrealistic expectations of their children, believing that their children are wilfully deceiving them. This in turn sets up a pattern of violence.

R Fragile, Handle with Care (Film)
This film deals with the problem of child abuse in a very graphic and explicit way. It appears the intent is to disturb the viewer from complacence and indeed this is achieved. After discussing factors dealing with violence against children, three case studies are presented. The viewer becomes acquainted with the three separate situations which inevitably lead to abuse in differing degrees. Important aspects for discussion are raised in this film.

R Do I have to Kill My Child (Film)
An introspective account of how a mother, due to a series of factors promoting 'at risk' circumstances is driven to desperation. Her despair is reflected in the way she handles her children. Many parents could easily identify with this situation.

HR Young Children in Danger (Video)
This is a lecture by Jean Harmory on the problems associated with children who have problems and the services available. Emphasis is placed on the role of the school teacher. The group of Early Childhood students present ask some appropriate questions about their future roles as teachers.