Preventing Child Abuse in High Risk Families

The Benevolent Society of New South Wales Early Intervention Programme

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Child abuse continues to be a pervasive social problem. The number of abused children reported to the NSW Department of Community Service (DCS) over the past 10 years has steadily increased to 34 000 notifications in 1994. However, most efforts in child protection have concentrated on meeting the needs of children who have already been abused. "The DCS spends just five percent of its one billion budget on child abuse prevention measures ... the bulk of the Department's funds is spent in crisis management."[1] With the reporting rate still increasing, however, it is clear that without programs to prevent abuse from occurring in the first place available resources will be stretched to their limit. Gillian Calvert, in a report for the National Child Protection Council, notes that "although it is important to continue to help children who have been abused, it is also important to recognise that measures to stop the abuse from occurring are long overdue."[2]

The Director General of DCS, Des Semple, has also referred to recent changes in NSW child protection work as including "an increased emphasis on prevention and early identification of problems".[3]

The aim of this paper is to examine some of the issues surrounding prevention and the early identification of families at risk, within the context of the work of the Benevolent Society of New South Wales' Early Intervention Programme (EIP).

Prevention and early intervention

Preventing child abuse is obviously desirable; all children have a right to nurturance and safety. Research, however, indicates strong links between child abuse and later social problems. "Child abuse affects the abused child, his or her family and neighbourhood and the whole community in far reaching and often unexpected ways."[4] "Abused children have higher rates of delinquency and special health care needs than those who have not been abused." They have "problems with academic performance and social adjustment", and "studies link abuse to higher rates of psychosis, depression, developmental delays,

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1 Horin, A, *The Sydney Morning Herald* 27 September 1995.

2 Calvert, G, *Preventing Child Abuse: A national strategy* (1993) National Child Protection Council Booklet, Sydney, at 3.

3 Semple, D, *Can Do* (1995) Newsletter of the Community Services Commission at 3.

4 Above n2 at viii.

violence and social aggression."[5] Today's children are also tomorrow's parents, and their capacity to fulfil this role is greatly influenced by the parenting they receive. As Calvert points out, "a community which ignores its obligations to children invites costly social consequences."[6]

Prevention then, is cost-effective. Some studies in the United States have shown that prevention programs may pay for themselves over the long term. For example, a report to the Chairman of the Sub-Committee on Oversight of Government Management in the United States Senate, noted one study which showed "the costs of providing prevention for low income populations were nearly offset in four years".[7] The same report also cited the Michigan Children's Trust Fund Study, which compared the cost of preventing child abuse with the cost resulting from maltreatment. This study showed that offering a prevention program to every family having a first baby in the State would cost US$43 million per year, while the estimated total cost of dealing with the results of abuse would exceed US$823 million annually.[8]

Prevention in child abuse is usually talked about in terms of three levels: primary, secondary and tertiary. Primary prevention strategies are directed at the total population and aim to reduce the rate of new cases. Secondary prevention involves early identification of individuals who are at risk and aims to reduce the overall occurrence of abuse. Tertiary prevention targets families where abuse has already occurred and aims to prevent abuse from happening again and to reduce the consequences of the abuse. Prevention commonly means an intervention to prevent the development of a problem. In the context of child abuse, however, prevention can refer both to intervention to reduce the actual occurrence of abuse or the negative sequelae following it. While early intervention is often used to mean preventive intervention to reduce the actual occurrence of abuse, in the EIP it refers to intervening as early as possible in the parenting process. Targeting high risk groups antenatally and in the first three years of a child's life is felt to be important for a number of reasons.

First, infants in the first year of life are disproportionately represented in cases of severe and fatal abuse.[9] This is due in part to their size and developmental status, because of which they have greater vulnerability to physical injury and neglect. It may also relate to what Wright refers to as "an infant's profound and almost uncanny ability to evoke primitive non-verbal and deeply internalised relationships in his parents".[10] Selma Fraiberg is also referring to this ability of the infant to evoke such strong feelings in their parents when she describes them as "transference objects whose freedom can be gained only when the parent is able to experience rather than project repressed affect".[11]

Second, parenting infants under three is different from parenting older children, due to their increased developmental needs. Parents need to be able to facilitate a predictable environment and remain emotionally open and responsive to their child. Theories of attach-

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5 *Child Abuse — Prevention Programmes need greater emphasis* Report to the Chairman Subcommittee on Oversight of Government Management, Committee on Government Affairs, US Senate (August 1992) at 13.

6 Above n2 at viii.

7 Above n5 at 4.

8 Above n5 at 125.

9 Young, L and Brooks, R, *Child Abuse and Neglect Research Programme Paper No. 2, The Profile of Child Abuse and Neglect in New South Wales* (1988) Department of Family and Community Services, Sydney.

10 Wright, B M, "An approach to infant-parent psychotherapy" (1986) 7 *Infant Mental Health Journal* at 4.

11 Fraiberg, S, *Clinical Studies in Infant Mental Health — the First Year of Life* (1980).

ment[12] and object relations[13] suggest that the process of the parent-infant relationship operates as what Wright calls "a template upon which the affective, cognitive and social development of the infant is organised".[14] The importance of early support to facilitate stable, secure attachments can therefore not be overestimated.

Finally, pregnancy, birth and the months afterwards are among the most important transitional stages for families. How the family copes with these stages will serve as a base for the child's future development, as well as parental development and the development of the family as a whole.

This time is also a window of opportunity for preventive interventions to occur. Parents are motivated to make things better for their baby. Further, they are likely to come into contact with more professionals than at any other time. Because the birth of a child is often perceived by parents as a fresh start, prevention at this stage has more opportunities to focus and build upon positives, rather than deficits in the parent-infant relationship.

Alvy defined child abuse as the failure of the environment to meet the child's developmental needs.[15] To be effective in prevention then, a program working with infants and parents needs to understand the complex interrelationship between child abuse risk factors and integrate this understanding with current thought on child development, attachment theories and parent-infant psychotherapy.

The Benevolent Society of NSW's Early Intervention Programme (EIP)

The Benevolent Society's Early Intervention Programme is an innovative, secondary prevention program working with high risk families with a child under three (in practice, most families are referred in the two months antenatally or immediately postnatally). The EIP sees child abuse as a breakdown in the parent-infant relationship. It aims to strengthen and enhance this relationship so that all aspects of the infant's development are facilitated and distortions in the parent-infant interactions which put the infant at risk are prevented.

Cohn has argued that "preventing child abuse requires the handling of multiple problems simultaneously in ways that are tailored to the unique needs of individuals."[16] The EIP's multi-disciplinary team consists of social workers, psychologists, a nurse, an occupational therapist, a physiotherapist, a psychotherapist and an administrative officer. This team is able to offer a variety of services ranging from social support to therapy, depending on what each family needs or wants at any particular stage.

Given the complexity of child abuse aetiology and the limited effectiveness of screening instruments, "it is simply not statistically feasible to accurately predict a low base rate phenomenon like child abuse".[17] EIP therefore relies on informal screening by other professionals for referral. Referrals are then prioritised in terms of the child's age and various recognised high risk factors such as:

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12 Bowlby, J, *Attachment and Loss: Vol 1, Attachment* (2nd edn, 1982).

13 Klein, M, "Love, Guilt and Reparation and Other Works" in Khan, M (ed), *The Writings of Melanie Klein* (1961).

14 Above n10 at 249.

15 Alvy, K T, "Preventing Child Abuse" (1975) 30 *The American Psychologist* at 921–8.

16 Cohn, A, "An Approach to Preventing Child Abuse" in *Report by USA National Committee for Preventing Child Abuse* (1983) at 31.

17 Kaufman, J and Zigler, E, "The Prevention of Child Maltreatment: Programming, Research and Policy" in Wills, D J, Holden, E W and Rosenberg, M (eds), *Prevention of Child Maltreatment* (1992) at 272.

- mother aged under 20 when child born;
- history of abuse;
- maternal depression;
- poverty;
- social isolation;
- high mobility of family;
- psychiatric illness;
- domestic violence;
- drug and alcohol problems;
- premature/low birth weight; and
- birth defects/chronic illness.

Although some psychotherapeutic interventions and various groups happen on the EIP premises, the work of the EIP predominantly occurs in the clients' homes. Most sessions include the infant. In some high risk families "parents are often so emotionally and cognitively deprived that they cannot begin to tell their stories except through their infant".[18] The presence of the infant also seems to make the parent more able to tolerate the initial relationship with the worker. By testing out how the worker responds to the needy infant, parents are more likely to feel able to take the risk to show their own neediness.

The EIP view on prevention is based on a social-ecological model of child abuse. Ecological models "assume multivariate causality and assume the interactional effects across different levels of the social, ecological context influence the incidence and prevalence of child maltreatment".[19] Work in the parent-infant relationship therefore looks for causal factors of breakdowns in the individuals involved (that is, the infant and parents) as well as in the social and cultural environment in which the relationship is embedded (family, community and culture). Intervention then potentially includes work at the level of society, family, family dyads and triads, as well as the individual child and individual adult.

Stern-Brushweiler and Stern suggest that effective interventions in the parent-infant relationship always involve "both a change in the overt interactive behaviours and a change in the mother's representation of her infant and herself in the mothering role".[20] The EIP approach is to intervene along a continuum from behavioural to psychodynamic approaches, to change both the interactions in the parent-infant relationship, and the parents' understanding of their infant and themselves as parents. Experience has shown that making changes in any of the elements involved in the parent-infant relationship impacts on the other elements. From a therapeutic point of view this means that "one can theoretically change the whole system, that is, have an effect anywhere or everywhere regardless of where one initially acts upon the system."[21]

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18 Above 14.

19 Above n17.

20 Stern-Bruschweiler, N and Stern, D, "A model for conceptualising the role of the mother's representational world in various mother-infant therapies" (1989) 10 *Infant Mental Health Journal* at 3.

21 Id at 147.

A parent who is not ready to work on how their personal history (for example, of abuse) is affecting their relationship with their infant may be able to tolerate a more behavioural approach, where the interactions between the parent and infant are used as a way of thinking about the relationship. The point of intervention is determined by clinical criteria ascertained in initial assessment and during ongoing contact with families.

Often initial work with a family will involve a range of practical interventions, usually related to the impact the infant and society have on the parent-infant relationship. If workers can develop trust and rapport, ongoing contact may move into more psychodynamic work, particularly on the parents' own contribution to the relationship. Parents who feel understood are more likely to be able to enter into this further phase of intervention, but more importantly, are able to begin to empathise with their infant.

For the EIP the development of empathy is a basic tenet of the work we can do. Empathy involves the ability to immerse oneself in the world of the other. For a parent it involves being able to enter imaginatively into the infant's world. As Winnicott would describe it, the parents must be able to take the baby's primitive experience into themselves, hold it, contain it and make sense of the experience for the baby.[22]

In working to develop parent's empathy for their infants, the EIP makes use of a variety of approaches.

Providing a secure structure or "frame"

The EIP sees the majority of clients in their own homes. This has several advantages. For many clients, getting organised to go out and keeping appointments, while managing a new baby, can present enormous difficulties. Even without a baby, many of the EIP parents would be unlikely to come into an office.

Setting up the "frame" is an important aspect of the work, as it can create the safe space in which empathy may occur. The frame requires workers arranging to see families regularly, preferably on the same day and at the same time each week. This ensures a secure, reliable and predictable routine for the family. For some parents, whose histories have only been chaotic, this may be their first experience of something reliable. This can therefore model to a mother the need for a secure, reliable and predictable routine for her baby. Of course, breaks in the frame occur from time to time because of workers' unavoidable lateness, illness, holidays, et cetera. These breaks are acknowledged, allowing a space for the mother's feelings of hostility or abandonment to be expressed. In the same way, the baby, in a predictable, reliable environment with "good enough"[23] parenting, learns slowly to tolerate small amounts of frustration over time.

Listening

Listening to parents' concerns is the beginning of the process of facilitating empathy. EIP workers are all too familiar with the difficulties and vulnerability inherent in the transition to parenthood. It may be important to go through the details of the pregnancy and birth, to allow the mother, in effect, to debrief, particularly if the experience has been disappointing or distressing. Parents are given permission to discuss their fears, hopes and joys around having a child, to tell their history, their struggles to establish a routine, their perceptions of the relationship with the baby and others around them. In being listened to, it

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22 Winnicott, D W, *The Maturational Processes and the Facilitating Environment* (1965).
23 Ibid.

allows the parent a space to listen to themselves and to begin to process what they hear. The worker is then able to reflect back and normalise some of these thoughts and feelings.

Holding and processing

Like parents with the baby, the worker's role is to contain the parents' anxieties. They must allow themselves to be open and willing to be "stirred up emotionally" by parents' chaotic feelings, which are often expressed in fragments and don't appear to make a great deal of sense. By taking the parents' anxieties into themselves and being able to hold and contain conflicting emotions, workers are able to hold the family in their minds. Just as parents have to be able to separate their feelings from their child, "holding" also requires the workers to be able to differentiate between their own emotions and those of their clients. Slowly workers are able to digest and feed back the parents' anxieties in a more palatable form. This holding and processing by the worker facilitates the beginning of a similar process in the parents.

Linking

Making links between what is happening in the present and events from the parents' past may also facilitate empathy. Helping parents to understand what it was like for them as a child, and asking how things may be the same or different for their baby can lead to a shift in the way they perceive their infant.

Cognitive information

Often workers use a more basic cognitive approach by giving parents information about their baby and themselves. Such simple interventions can be very powerful in facilitating empathy. This information may also be used to gently challenge misperceptions or unrealistic expectations by explaining the baby's behaviour as appropriate when viewed in terms of development.

Just as the parents' role is to allow the baby to feel less vulnerable, the worker's role (in EIP) is to help the parent to feel less vulnerable. This is achieved by providing a regular, reliable presence, by listening, holding and helping to process the primitive experience engendered, by making links to the parents' own history and issues and by providing cognitive information. With this help parents are able to see their infants as individuals in their own right and become part of their infant's subjective experience so that empathy becomes a natural and flowing part of the parent-infant relationship.

Conclusion

Total prevention of child abuse will not be possible until we, as a society, cease to tolerate certain values and conditions which undervalue children and undermine the relationship between parents and children. These include poverty, sexism, media violence and corporal punishment. The Benevolent Society has been able to develop a comprehensive model that permits an eclectic approach to the prevention of child abuse in high risk families with infants. Because the EIP team has been able to develop a unique understanding of how relationships experienced in infancy impact on adult ways of relating, it is able not only to prevent abuse, but also to facilitate the development of infants and their families.