

**INQUIRY INTO HANDLING OF CHILD ABUSE BY  
RELIGIOUS AND OTHER NON-GOVERNMENT  
ORGANISATIONS**

**A Submission by the Children's Protection Society**

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## INTRODUCING THE CHILDREN'S PROTECTION SOCIETY

*The Children's Protection Society (CPS)* is a Victorian not-for-profit organisation. Our mission is "to break the cycle of abuse and neglect in families and to improve the life chances and choices for all children". Consistent with this child centred mission we provide services to children and their families, which aim to protect children from harm, and to remedy harm done to children as a result of neglect and abuse.

Founded in 1896 as the Victorian Society for the Prevention of Cruelty to Children, CPS is one of the oldest independent child welfare organisations in Victoria and holds a unique place in the history of both Victorian and Australian child protection.

Throughout its history, CPS has accumulated a distinguished record of leadership and innovation in the design and provision of integrated child protection services. CPS is unrelenting in its dedication to provide early intervention and effective support to Victoria's most vulnerable children. We provide counselling and support to children and families experiencing child maltreatment. CPS is also funded to provide counselling for children exhibiting sexually abusive behaviours, support services for first-time mothers, and men's programs specifically designed to generate better fathering within at-risk Victorian families.

CPS is well connected to other local organisations which provide services to vulnerable children and their families. We are the lead agency for the Victorian Government's *ChildFIRST* program in the north east region of Melbourne. We are building a continuum of care with the *Transitions Clinic* at the *Mercy Hospital for Women* through early interventions such as the *I'm an Aboriginal Dad* program and the *Mentoring Mums* project. Furthermore, through our *Child & Family Centre* we provide direct early childhood care and education to children at risk of developmental delays because of abuse and neglect.

CPS also has a focus on community practice with relationships and partnerships with *Banyule Community Health*, the *Northern Hospital*, *Noah's Arc Northern*, *Neighbourhood Renewal Projects*, and local governments, along with having a broad range of networks with groups concerned with breaking the cycle of abuse and improving opportunities for children.

In 2010-2011, CPS had an annual operating budget of \$5.54m. We are governed by a board of management and have a staff of 79 comprised mainly of specialised professionals including social workers, child and family therapists, and counsellors.

### **CURRENT SERVICES PROVIDED BY THE CHILDREN'S PROTECTION SOCIETY**

We provide ongoing services at two levels – (i) direct services to children and their families and (ii) leading the regional coordinated entry and referral service (viz., ChildFIRST North East).

#### ***(i) Direct services to children and their families:***

Since 1896, CPS has provided services directly to children and families. These services currently include:

**Community & Family Support Services:** These services include in-home supports programs, parenting support programs and specialised fatherhood support programs. Together they are designed to offer a universal protection platform for the identification and support of vulnerable children, while striving to prevent the unnecessary progression of these children into the statutory child protection system. In 2010-2011, the achievements of Community & Family Support Services included:

- Providing 20,013 hours of support to 346 families;
- CPS intake responded 253 referrals, coordinating integrated assessments for 208 families;
- In the *Mentoring Mums* project, 23 mentors provided up to 92 hours of friendship and support to new mothers each week;
- CPS provided early parenting services to 133 Indigenous men and women. This includes running *I'm a Dad* and *I'm an Aboriginal Dad* programs, each of which aims to strengthen the role of men in family life;
- CPS helped 33 African families access services such as housing and counselling; and

**Early Childhood Education and Care:** Children and infants who are at-risk of maltreatment are also at-risk of developmental deficits that will compromise their life trajectories. These children are generally absent from early childhood care and education services. Despite Victoria's high rate of state-funded pre-school enrolment (94%), many of the children involved in CPS's support programs (≥5 years of age) do not participate in any pre-school or early childcare services. This suggests that most of the 6% of Victorian children

currently not enrolled in pre-school are children who suffer a significant risk for maltreatment. Consequently, the children most in need of high-quality early education and care services are those children least likely to participate in them.

The reason that at-risk children are absent from early childcare and education is complex, involving various circumstantial, systemic and structural barriers. Moreover, the problem is exacerbated by there being no model of care that is specifically devised to meet the needs of at-risk children. In response to this problem, CPS has worked with the Commonwealth Government, Victorian Government and philanthropic partners to establish an early childhood care and education pilot program at our *Child & Family Centre* in West Heidelberg. The pilot program targets at-risk children and their families and is designed to provide early childcare and education services within a wraparound model of family support.

In 2010-2011, the achievements of the Early Childhood Education and Care project included:

- CPS opened the Child & Family Centre in February 2010; by the end of 2010-2011 it had provided 32,500 hours of childcare for 26 children.

Committed to best practice standards and evidence-based practice, CPS has also established an *Early Years Education Research Project*, which aims to evaluate the Child & Family Centre. The research project consists of a randomised controlled trial that will test the effectiveness of the Centre's model of care. It will conduct a rigorous social and cost benefit analysis of providing a centre-base childcare early intervention program aimed at breaking intergenerational cycles of abuse and neglect.

**Counselling Services:** Our team of psychologists and social workers provide an internationally recognised specialist therapeutic counselling service for children and young people who have been sexually abused. In addition, the service provides expert therapeutic interventions for children with sexualised behaviours and young people who have exhibited sexually abusive behaviours.

In 2010-2011, the achievements of the Counselling Service included:

- The provision of 5,950 hours of counselling for 192 sexually abused children and young people;
- The provision of 3,533 hours of treatment to 83 young people engaging in sexually abusive behaviours; and

**Training and Community Education:** We offer professional training and community education services in order to promote protective behaviours within in the family, raise community awareness about child maltreatment, and mobilise community action. We also offer specialised training and education programs that can be tailored to meet the needs of organisations charged with the care of children such as schools, residential care services, and foster care.

In 2010-2011, our Training and Community Education achievements included:

- The provision of 72 hours of training and community education to 443 to health and educational professionals in order to assist them to respond to children with family problems.

***(ii) ChildFIRST North East:***

Since 2007, CPS has been the agency responsible for operating ChildFIRST North East,<sup>1</sup> which provides a centralised intake service in the north-east metropolitan area. ChildFIRST North East assesses and refers at-risk children and their families onto nine regional family support services: Anglicare, Berry Street, Brotherhood of St Laurence, Children's Protection Society, City of Darebin, City of Yarra, North Yarra Community Health Centre, Kildonan Uniting Care and the Victorian Aboriginal Child Care Association. In 2010-2011, Child FIRST responded to 574 referrals and provided over 5786 hours of service to families, community referrers and Child Protection.

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<sup>1</sup> Child and Family Information Referral and Support Team

## INTRODUCING THE CURRENT SUBMISSION

CPS welcomes the opportunity to comment on the issues raised by the *Inquiry into the Handling of Child Abuse by Religious and other Non-Government Organisations*.<sup>2</sup> We believe that the issues before the Inquiry are vital for securing the safety, health and wellbeing of all Victorian children.

The current submission will focus on areas where CPS believes our knowledge and experience enable us to make a valuable contribution to the Inquiry's deliberations. Accordingly, our comments will be largely restricted to issues relating to the handling of claims of child abuse by non-religious Non-Government Organisations (NGOs).

Protecting children and fostering their healthy development are amongst the most basic and infeasible duties of any state. These duties arise from the unique developmental dependence of children, along with their inalienable possession of universal and child-specific human rights.<sup>3</sup> Furthermore, it is widely accepted that child development is an environmentally embedded process in which children, as protagonists in their own maturation, engage in increasingly complex interactions with their physical and social environment.<sup>4</sup> These interactions between a child and her environment are essential for the child's physical, cognitive and social development. As such, it is incumbent upon the state to do all it can to create physical and social environments that are conducive to healthy child development. Only by creating such environments can the state claim to have fulfilled its duty toward children.

A child's social environment includes a variety of relationships (e.g., family, childcare centre, school, peers, neighbourhood, society, culture, etc.) whose

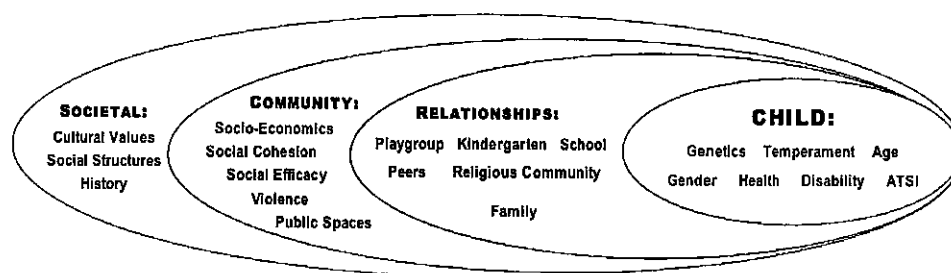
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<sup>2</sup> Hereinafter referred to as the *Inquiry*.

<sup>3</sup> See United Nations, "Convention on the Rights of the Child," *Office of the United Nations High Commissioner for Human Rights*, 1989, <http://www2.ohchr.org/english/law/crc.htm> and the *Charter of Human Rights and Responsibilities Act 2006 (Vic)*, s.17.

<sup>4</sup> "The development of children is a highly complex process that is influenced by the interplay of nature and nurture. The influence of nurture consists of the multiple nested contexts in which children are reared, which include their home, extended family, child care settings, community, and society, each of which is embedded in the values, beliefs, and practices of a given culture. The influence of nature is deeply affected by these environments and, in turn, shapes how children respond to their experiences." See Jack P. Shonkoff and Deborah Phillips, *From Neurons to Neighborhoods: The Science of Early Child Development* (Washington, D.C.: National Academy Press, 2000), 23f. See also Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, Mass.: Harvard University Press, 1979); Urie Bronfenbrenner and Pamela A. Morris, "The Bioecological Model of Human Development," in *Theoretical Models of Human Development, Vol. 1, Handbook of Child Psychology*, ed. Richard Lerner, (New Jersey: John Wiley & Sons, Inc., 2006), 814ff;

developmental influence can be mapped according to their proximity to the child (*Figure 1*). Current research into the epidemiology of child maltreatment has established that each level of a child's environment may contain risk factors that increase the likelihood of abuse and neglect, as well as protective factors that can decrease the chances of maltreatment.<sup>5</sup> Moreover, these factors interact across the levels of a child's environment, exacerbating or mitigating risk according to the preponderance of risk versus protective factors.<sup>6</sup> Accordingly, research strongly indicates that population-wide child maltreatment prevention effects, along with sustainable post-maltreatment intervention results, can only be ensured if protective factors are promoted and risk factors minimised at every level of child's developmental environment.



**Figure 1 - Ecological model describing the risk factors for child maltreatment<sup>7</sup>**

For many Victorian children, religious institutions and NGOs are important influences in their developmental environment. This is especially true of Victoria's at-risk children. Given that many religious organisations and NGOs provide assistance to vulnerable Victorian families, it follows that these organisations are very likely to be active in the lives of at-risk children. Accordingly, CPS believes that the Victorian government's duty to create safe and developmentally friendly environments entails an additional governmental obligation, namely, a duty to provide proper scrutiny and appropriate regulation over all organisations influencing, supporting and working with children and their families. As such, CPS encourages government to strengthen the various regulatory frameworks that apply to all religious organisations and NGOs working in the child and family service sector.

<sup>5</sup> *Appendix A* provides a summary arranged according to ecological level of the risk factors and protective factors involved in child maltreatment.

<sup>6</sup> Belsky, "Etiology of Child Maltreatment: A Developmental-Ecological Analysis", 420.

<sup>7</sup> *Figure 1* is contrived from a model appearing in World Health Organisation, "Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence," (2006), [http://www.who.int/violence\\_injury\\_prevention/publications/violence/child\\_maltreatment/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/child_maltreatment/en/index.html) (20 July, 2012), 13.



## **LAW AND LEGAL PROCESSES (13)**

### ***Mandatory Reporting***

While CPS encourages the Inquiry to consider whether mandatory reporting should be extended to ministers of religion, CPS does not currently wish to express any particular position on this issue. However, CPS does believe that it is incumbent upon all religious organisations to have clear guidelines regarding claims of child maltreatment and to provide administrators and ministers of religion with appropriate training on how to handle such claims. The guidelines and training should have regard to situations in which (i) a minister of religion is informed by the alleged victim (whether a child or an adult) that they were maltreated as a child, (ii) a minister of religion is informed by a third party that a child has been, or currently is being, abused or neglected, (iii) a minister of religion is informed by a perpetrator that they have maltreated a child and (iv) there are allegations of child maltreatment against a minister of religion or some other employee of the religious organisation. Having drawn up such guidelines and having embarked upon such training, religious organisations should be encouraged to make public their internal processes, including guidelines for confessors.

Many people in our society have been, and continue to be, brought up to trust ministers of religion; just as they have been brought up to implicitly trust teachers, health practitioners, the police, etc. This trust is accorded to the status or role that a minister of religion holds within his or her religious community, rather than on the basis of any personal attributes that a particular minister of religion may possess. As such, a person brought up to trust ministers of religion might grant such persons a level of trust that they would otherwise reserve to their family and friends. This places the trusting person in a highly vulnerable position. Consequently, in light of having instilled such an attitude of trust, religious organisations owe their constituents a duty of care that extends to putting in place rigorous recruitment and supervisory processes. These processes should have regard to best practice standards, which aim to prevent the abuse and exploitation of all vulnerable persons (including children), while reducing harm where such abuse and exploitation has taken place. Government may have a role in articulating such best practice standards.

### ***Working with Children Check***

CPS suggests that the Inquiry investigate the merits of transforming the current *Working with Children Check* (WCC) into a *Working with Vulnerable Persons Check* (WVPC). A WVPC would cover all volunteers or paid employees engaged in working with children, persons with disabilities, and the elderly. Along with those crimes currently used to exclude a person from obtaining a WCC, the proposed WVPC would include non-violent property crimes that demonstrate a propensity to financially victimise vulnerable persons. This is especially important in the case of disabled and elderly person who are more likely than children to be vulnerable to fraud and theft.

### ***Vicarious Criminal Liability***

CPS notes that the legal and moral issues surrounding vicarious criminal liability are complex. The idea of extending criminal responsibility to persons who have neither performed the relevant criminal act nor contemplated its performance is rightly met with caution and concern. However, CPS encourages the Inquiry to consider the merits of extending vicarious criminal liability to administrators of religious organisations and NGOs where it can be shown that such administrators (i) knew that an employee (including ministers of religion) had maltreated a child and, either (ii) failed to take adequate protective action, which failure was followed by subsequent acts of maltreatment by the same minister of religion or employee, or (iii) had actively covered up the abuse. Before making such a recommendation, CPS suggests that the Inquiry consider whether the governance capacity and expertise of many religious organisations and NGOs (especially those that are relatively small in size) can be reasonably expected to be of a standard consistent with the demands of vicarious criminal liability. Furthermore, CPS suggests that the Inquiry have regard to whether the extension of vicarious criminal liability is likely to have a deterrent effect significant enough to warrant its imposition. Finally, if the Inquiry recommends extending vicarious criminal liability to administrators of religious organisations and NGOs, then CPS suggests that it be restricted to those cases that are characterised by the highest duty of care and that amount to the most egregious failures to protect.

## RESPONDING TO OFFENDERS AND ALLEGED OFFENDERS (14)

CPS is very concerned about cases in which an employee of a community-based child and family service organisation<sup>8</sup> is suspected of child abuse or some other form of serious misconduct (e.g., sexual misconduct against an adult members of the child's family) but where criminal proceedings cannot succeed because there is insufficient evidence to establish the case beyond reasonable doubt.<sup>9</sup> Currently, when a community-based child and family service organisation is presented with such a case, their only recourse is to an internal investigation and its resulting disciplinary action. Obviously, where such an investigation results in the organisation formulating a reasonable belief that its employee has abused a child or has engaged in some other form of serious misconduct, then that employee will necessarily face dismissal. However, such dismissal does not affect an employee's status as a holder of a *Working with Children Check* and so they are free to find other employment within the child and family services sector.<sup>10</sup> Having been dismissed, such an employee need only gain a single position (either inside or outside the sector) to put sufficient distance between them and the original complaint. With many organisations restricting reference checks to an applicant's most recent employer, past misconduct can soon become invisible to the sector. Consequently, CPS believes that a regulatory gap exists between the level of the employer and the criminal justice system.

In order to overcome this gap, CPS encourages the Inquiry to consider the merits of applying to the community-based child and family service sector a regulatory framework akin to that which currently applies to health practitioners.<sup>11</sup> Under national health practitioner laws, the *Australian Health Practitioner Regulation Agency* (AHPRA) receives and investigates complaints of misconduct against health practitioners. Using a balance of probabilities standard,<sup>12</sup> AHPRA seeks to establish the merits of each complaint. If AHPRA investigators conclude that a health practitioner has engaged in misconduct, then the Agency may pursue the matter in one of

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<sup>8</sup> See the *Children, Youth and Families Act 2005 (Vic)*, s.43.

<sup>9</sup> Some form of serious misconduct, while not amounting to crimes, should still attract a regulatory response (e.g., consensual sex with an adult client). This already occurs in the health sector, see below.

<sup>10</sup> See the *Working with Children Act 2005 (Vic)*, ss.12-14.

<sup>11</sup> See the *Health Practitioner Regulation National Law Act 2009* and the *Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic)*, .

<sup>12</sup> See Australian Health Practitioner Regulation Agency, "Information on Panel Hearings," (2012), <http://www.ahpra.gov.au> (25 August, 2012), 4.

three ways.<sup>13</sup> Depending on the nature and gravity of the misconduct, AHPRA can issue a caution, accept undertakings, impose conditions, or refer all or part of the notification to another body. In more serious cases, AHPRA may convene a *Panel Hearing*. These hearings apply a balance of probabilities evidentiary standard. Upon concluding its deliberations, the relevant panel may then decide to take no further action, issue a caution or reprimand, impose conditions, refer to another body, or suspend the practitioner's registration. Finally, in the most serious cases, AHPRA may refer the matter to the relevant tribunal, which in the case of Victoria is the *Victorian Civil and Administrative Tribunal (VCAT)*.<sup>14</sup> VCAT's evidentiary standard is one of fairness.<sup>15</sup> Upon hearing the matter, VCAT may then decide to take no further action, issue a caution or reprimand, impose conditions, fine the registrant, suspend registration or cancel registration.

Currently, decisions taken under the *Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic)* to suspend or cancel a health practitioner's registration may be considered by the Secretary of the Department of Human Services when they determine whether a person should be granted a *Working with Children Check*.<sup>16</sup> As such, any complaint of serious misconduct against a health practitioner, which has undergone a rigorous and professional investigation by AHPRA and has been found proven by either a Panel Hearing or VCAT, may result in the exclusion of that health practitioner from the community-based child and family service sector. This process has the clear advantages of (i) protecting vulnerable persons from those who have engaged in serious misconduct, even when this conduct cannot be proven beyond reasonable doubt,<sup>17</sup> and (ii) providing a process that provides adequate protections to the subjects of the complaint. The rights of the subject of a complaint are protected by providing a properly resourced and professional investigative process (AHPRA), rules of procedural fairness and avenues of appeal.<sup>18</sup>

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<sup>13</sup> For information regarding AHPRA's notification processes, see their website <http://www.ahpra.gov.au/Notifications-and-Outcomes/Notification-Process.aspx>.

<sup>14</sup> *Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic)*, s.6.

<sup>15</sup> *Victorian Civil and Administrative Tribunal Act 1998 (Vic)*, ss.97-98.

<sup>16</sup> *Working with Children Act 2005 (Vic)*, ss.14(1)(a)(iii); 14(2) & 14(3).

<sup>17</sup> Criminal law's evidentiary standard of 'beyond reasonable doubt' is appropriately high given that criminal prosecutions may result in the accused being deprived of their liberty. However, outside criminal law, a lower evidentiary standard (e.g., fairness or balance of probabilities) is often acceptable in order to protect community interests, especially the interests of the most vulnerable members of that community.

<sup>18</sup> A health practitioner penalized by a Panel Hearing may appeal to VCAT [*Health Practitioner Regulation National Law Act 2009*, s.199] and a VCAT findings may be appealed

However, no such processes exist for non-health practitioners working in the community-based child and family service sector. For non-health practitioners whose misconduct cannot be subjected to successful criminal prosecution, there are no enduring sanctions beyond immediate dismissal. Yet, surely there can be no distinction between health practitioners and non-health practitioners that justifies their different levels of accountability. Surely, each professional group poses the same level of threat to the wellbeing of Victorian children and their families. As such, CPS encourages the Inquiry to consider removing this double standard and make non-health practitioners as accountable for their actions as their health practitioner colleagues.

Currently all health practitioners are registered health professionals and as such are required to subscribe to a clear set of professional conduct standards.<sup>19</sup> When a serious breach in these standards occurs, a health practitioner can be deregistered, thereby, preventing them from continuing to act as a health professional. Such action can be taken even where the alleged misconduct does not constitute a crime or where the alleged misconduct does constitute a crime but there is insufficient evidence to convict. However, non-health practitioners operating in the community-based child and family service sector are neither registered like their health colleagues nor obliged to subscribe to a uniform set of professional conduct standards. CPS suggests that the Inquiry consider the merits of creating a system in which all non-health practitioners working in the community-based child and family service sector would, upon their employment by a community-based child and family service organisation, be required to register as a child and family professional and acknowledge a uniform set of professional conduct standards. Complaints of misconduct could then go through AHPRA (or some similar independent government agency) and serious misconduct could result in deregistration. Deregistration could then affect the Secretary of the Department of Human Services decision to continue to grant the deregistered non-health practitioner a *Working with Children Check*. Moreover, a person's deregistered status would become obvious to any prospective employer in the community-based child and family service sector. Therefore, registration would rectify the current situation in which past misconduct can quickly become invisible to prospective sector employers.

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to the Victorian Court of Appeals [*Victorian Civil and Administrative Tribunal Act 1998 (Vic)*, s.148].

<sup>19</sup> See *Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic)* s.1.

## CONCLUSION

CPS wishes to thank the Committee for this opportunity to comment on the issues raised in the *Inquiry into the Handling of Child Abuse by Religious and other Non-Government Organisations*. CPS values the work of the Committee and we wish you well in your efforts to strengthen Victoria's regulatory framework for religious organisations and NGOs working with children and their families. We hope that your recommendations will support the creation of a safe and developmentally friendly environment for all Victorian children.

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## APPENDIX

RISK AND PROTECTIVE FACTORS FOR CHILD MALTREATMENT <sup>20</sup>		
Ecological Level	Risk Factors	Protective Factors
Child	<ul style="list-style-type: none"> <li>▪ Age</li> <li>▪ Gender</li> <li>▪ Premature birth, birth abnormalities low birth weight, toxic exposure <i>in utero</i></li> <li>▪ Poor health or disability</li> <li>▪ Antisocial peer group</li> <li>▪ Difficult temperament or behaviour</li> <li>▪ Indigenous identity</li> <li>▪ LGBT identity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Birth order – first born</li> <li>▪ Good health</li> <li>▪ Highly active – multiple interests &amp; hobbies</li> <li>▪ Good temperament – positive, precocious, inquisitive, willing to take risks, optimistic, altruistic, independent, etc.</li> <li>▪ Meets developmental milestones</li> <li>▪ Self-concept – high self-esteem, internal locus of control, ability to give and receive love and affection</li> <li>▪ Perceptive – adeptly assesses dangers &amp; avoids harm</li> <li>▪ Interpersonal skills – able create &amp; maintain meaningful relationships, assertive, social competent, able to relate to both children and adults, articulate</li> <li>▪ Cognitive skills – ability to focus on positive attributes &amp; ignore negative ones</li> <li>▪ Intellectual abilities – high intelligence and excellent academic achievement</li> </ul>
Caregiver/Family	<ul style="list-style-type: none"> <li>▪ Poverty &amp; low income</li> <li>▪ Sole parent or blended family</li> <li>▪ High number of children</li> <li>▪ Unrealistic expectations and inaccurate beliefs regarding child development &amp; behaviour</li> <li>▪ Impulsivity, anxiety, depression, or tendency toward anger</li> <li>▪ Low tolerance for frustration</li> <li>▪ Feelings of insecurity or parental incompetence</li> <li>▪ Prior history of child maltreatment</li> <li>▪ Adolescent/Inexperienced mother</li> <li>▪ Mental illness</li> <li>▪ Substance misuse</li> <li>▪ History of committing intimate partner abuse</li> <li>▪ Caregiver stress</li> <li>▪ Social isolation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Structure – rules &amp; household responsibilities for all members</li> <li>▪ Family relationships – coherence &amp; attachments, feelings expressed openly</li> <li>▪ Caregiver factors – supervision of children, strong attachment to at least one caregiver, warm and supportive relationship, abundant attention during the 1<sup>st</sup> year of life, agreement between caregivers on family values &amp; morals, emotional availability</li> <li>▪ Social support &amp; nurturing relationship with alloparents (e.g., grandparents, aunts, uncles, family friends, etc.)</li> <li>▪ A positive relationship with at least one non-parental adult</li> <li>▪ Reciprocity in relationships</li> <li>▪ Family size – four or fewer children spaced at least two years apart</li> <li>▪ Middle to high socio-economic status</li> </ul>
Child-Caregiver (Goodness of Fit)	<ul style="list-style-type: none"> <li>▪ Poor fit between child traits/behaviour and caregiver traits/behaviour</li> </ul>	<ul style="list-style-type: none"> <li>▪ Good fit between child traits/behaviour and caregiver traits/behaviour</li> </ul>

<sup>20</sup> Table 1 is an edited and expanded form of the work of Peter J. Pecora, "Child Welfare Policies and Programs," in *Children and Families: A Risk and Resilience Perspective*, ed. Jeffrey M. Jenson and Mark W. Fraser, (Thousand Oaks, London, & New Delhi: SAGE Publications, 2006), 31f.



<b>Cultural/Societal</b>	<ul style="list-style-type: none"><li>▪ Social &amp; cultural norms that promote or tolerate corporal punishment</li><li>▪ Social &amp; cultural norms that promote or tolerate violence</li><li>▪ Social &amp; cultural norms that promote or tolerate gender discrimination and inequality</li><li>▪ Social &amp; cultural norms that promote or tolerate racial discrimination and inequality</li><li>▪ Social &amp; cultural norms that are disrespectful of child and caregivers</li><li>▪ Lack of adequate laws protecting the rights of children</li></ul>	<ul style="list-style-type: none"><li>▪ Social &amp; cultural norms that are intolerant of corporal punishment</li><li>▪ Social &amp; cultural norms that are intolerant of violence</li><li>▪ Social &amp; cultural norms that promote gender equality</li><li>▪ Social &amp; cultural norms that promote racial equality</li><li>▪ Social &amp; cultural norms that are respectful of child and caregivers</li><li>▪ Adequate laws protecting the rights of children</li></ul>
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