



# Child abuse: what role does poverty play?

A Child Poverty Action Group Monograph  
Donna Wynd

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### **Child abuse: what role does poverty play?**

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## Summary

Child abuse (maltreatment and neglect) has received a great deal of public attention since the release of the government's *Green Paper for Vulnerable Children* (New Zealand Government, 2011). There is reason to be concerned: New Zealand children's mortality rates from intentional injury almost doubled over the 1980s, and have improved little since then (Craig & et al, 2011, p. 59; 2012, p. 56). In 2003 UNICEF reported that New Zealand ranked third highest amongst rich nations for its child maltreatment death rates (UNICEF, 2003).

There is now a substantial body of research, including New Zealand research, showing the association between poverty and deprivation, and child maltreatment and neglect. Much of this work emphasises the complexity and multiplicity of risk factors in child abuse, and the equally complex mix of protective factors that can change outcomes for children. However current policy responses to the tragedy of New Zealand's child abuse are focused not on dealing with the causes of abuse but on reporting and monitoring, and risk assessment.

The maltreatment and neglect of children matter because they cause harm to children at the time of the abuse and long afterwards. There is now a substantial body of research linking child abuse with poor outcomes in childhood and/or into adolescence and later life. Consequences of maltreatment, including psychological abuse and neglect, can be physical and/or psychological and these effects cannot always be separated from each other (for example brain damage can lead to behavioural problems). Other consequences for victims may include an increased likelihood of smoking, obesity, high-risk sexual behaviours, unintended pregnancy, alcohol and drug use, fear, isolation, an inability to trust others, low self-esteem, depression and difficulties forming and maintaining relationships. In addition, It is estimated approximately one-third of abused and neglected children will eventually victimise their own children (Child Welfare Information Gateway, 2008a). Yet the paramount reason that child abuse is unacceptable is because it *violates their human rights as children*. Present and future social and economic costs are not the only – nor even the main – reason child maltreatment and neglect should be of concern to the government and public. As a signatory to the United Nations Convention on the Rights of the Child (UNCROC), New Zealand has a legal obligation to protect and promote children's rights to provision, protection and participation.

A great deal of research has gone into determining the risk factors for child maltreatment and neglect, and a broad range of factors is recognized including the child him/herself, caregivers, the family, neighbourhoods and social settings, social and economic policy settings, and the dynamics and relationships between these actors.

A consistent theme in the formal research is the role of poverty in child maltreatment and neglect. The association between child abuse and poverty is reflected in New Zealand data. Rates of hospital admissions for assault, neglect and maltreatment were significantly higher for the most deprived two deciles of New Zealand's population. Rates of poverty for Māori and Pacific people are consistently double that of European/Pakeha people, regardless of which measure is used (Perry, 2012, p. 118), and Māori and Pacific children were 3.24 and 2.26 times respectively more likely to be admitted to hospital for intentional injuries than European children between 2000-2011 (Craig & et al, 2012, pp. 56-60). A 2000 literature review published by the then Ministry of Social Policy on the physical abuse and neglect of children by family members noted the role of poverty and the role of individuals' and families' ability to cope with economic and other stress (Angus & Pilott, 2000).

Improving incomes is unlikely on its own to stop the maltreatment and neglect of children in New Zealand but the evidence strongly suggests it needs to be an integral part of any policy package aimed at reducing child abuse. Other factors that would improve outcomes for children and whānau are improved access to affordable, stable housing, and better access to primary healthcare and early childhood care and education. These all form part of the protective environment that could be established and maintained for children in New Zealand.

However, much of this research has been ignored. The Green and White Paper, and other recent government-sponsored publications, offer scant economic or historic context for the current state of New Zealand's vulnerable children. They say little about the impact of poverty, labour market changes, health inequalities or the colonial context of Māori. Instead of attempting to prevent child abuse by addressing the causes of abuse, the government has chosen to focus on responses to child abuse including identifying 'vulnerable' children through a 'risk assessment' algorithm. The risk factors identified are mostly sociodemographic factors which are hard to change, and it remains almost impossible to identify the probability of individuals (which may include household members other than parents/caregivers) abusing children. More importantly, monitoring, responding to and assessing the risk of child abuse fails to address the deep and persistent poverty of many New Zealand children and their families. The threadbare analysis provided by the Green Paper and the follow-up White paper combined with government policies to cut back social security and family assistance will not improve New Zealand's statistics of child maltreatment and neglect. Punitive social assistance reforms are counter to all the research reviewed here which finds poverty and family and neighbourhood deprivation to be key risk factors in child maltreatment. Reducing child maltreatment and neglect to a meaningful extent will require child-focused policies that directly address deprivation and other causal factors. One way forward would be to think about the care and protection of all children, with an emphasis on reducing inequalities and providing adequate resourcing for services to assist children and families with the greatest need and creating environments which are safe for all children. This would also be consistent with New Zealand's obligations under UNCROC and the Treaty of Waitangi.

# 1. Introduction

There is reason to be concerned about child abuse (mistreatment and neglect) in New Zealand: children's mortality rates from intentional injury almost doubled over the 1980s, and have improved little since then (Craig & et al, 2011, p. 59; 2012, p. 56). In 2003 UNICEF reported that New Zealand ranked third highest amongst rich nations for its child maltreatment death rates (UNICEF, 2003). The public is understandably anxious following a number of highly publicised cases of intentional child maltreatment and death. Official reports including the *Green Paper for Vulnerable Children* (New Zealand Government, 2011), the ensuing *White Paper* (New Zealand Government, 2012b) and the final report of the Welfare Working Group (WWG) (Welfare Working Group, 2011), which highlight the plight of 'vulnerable' New Zealand children, have also fed the public's concern.

Halting the maltreatment and neglect of children matters because abuse causes harm to the victim both at the time of the abuse and in the long term: that harm may be "substantial and long-lasting"; many victims "follow a path to crime and violence" and may never become "productive" members of society (Child Youth and Family, 2010, pp. 2-3). Physical, mental and emotional development may be affected. The state sees the protection of children as important in part because abuse imposes social and economic costs:

"protecting children and keeping them safe will always be a Government priority [because] we know those children who are abused and neglected are the same adults we see years later filling New Zealand courts and prisons. Many of those who live ruined lives will ruin the lives of others - the victims of their crimes and also their own children" (Child Youth and Family, 2010, pp. 2-3).

While there is temptation to grasp at simple explanations for child abuse and correspondingly simple, one-size-fits-all solutions, the evidence suggests that the issue is complex, with no reliable means to predict which families will maltreat children and which will not. Children are abused across the socio-economic spectrum, but child abuse is more commonly reported in socioeconomically disadvantaged families. What tips abusive adults over the edge, and how is this related to disadvantage?

The literature on child abuse is vast, and this short review will not attempt to cover in depth all aspects of the maltreatment and neglect of children. Many of these aspects have their own body of research literature, including many articles and reports available free of charge. What follows is an overview of the main conclusions of relevant research and literature on the role of poverty and deprivation in child abuse.

This review begins by looking at the international and national rights of children as defined by the UN Convention on the Rights of the Child (UNCROC) and the Treaty of Waitangi. It then reviews the categories of child abuse and the available New Zealand data. It then considers the factors relevant to the risk of child abuse, and the protective factors that can mitigate that risk. It finishes with a discussion and conclusion about recent New Zealand policy responses to child abuse and reducing the risk of New Zealand children being neglected and maltreated by their caregivers.

## 1.1 Children's rights

The paramount reason that the maltreatment and neglect of children are unacceptable is because they *violate the children's human rights*. Present and future social and economic costs are not the only – nor even the main – reason child abuse should be of concern to the government and public. As a signatory to the United Nations Convention on the Rights of the Child (UNCROC), New Zealand has a legal obligation to protect and promote children's rights to provision, protection and participation. Article 3(2) and (3) of the UNCROC states:

“States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures [and]

States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.”

Reading et al (2009) note: “Children's rights as laid out in the UN convention on the rights of the child provide a framework for understanding child maltreatment as part of a range of violence, harm, and exploitation of children at the individual, institutional, and societal levels.” This explicitly acknowledges that children can be mistreated or experience violence through the workings of institutions, for example government departments. They may also experience structural violence, that is economic and policy settings that disproportionately disadvantage some children and their families (Farmer, 2003).

In their most recent report on New Zealand, the UN Committee on the Rights of the Child expressed concerns about minimal progress on addressing the disparities experienced by Māori children and children in poverty and vulnerable situations; the failure of the government to harmonise its domestic laws with UNCROC; and the Committee “remains alarmed” at the high prevalence of abuse and neglect of children in the family (UN Committee on the Rights of the Child, 2011).

The Crown has an obligation pursuant to the Treaty of Waitangi to nurture and protect Māori children. As noted in *The Agenda for Children*, “together, the Treaty and UNCROC work to reinforce Māori children's rights” (Ministry of Social Development, 2002, p. 13). A disproportionate number of Māori children are living in poverty, have parents on a benefit, and have adverse outcomes (Craig, Jackson, Han, & NZCYES Steering Committee, 2007; Henare, Puckey, & Nicholson, 2011), some of which are worsening (Craig & et al, 2011, 2012).

The *Green Paper* mentions the Treaty once (p. 3) while the *White Paper* does not mention it at all, which is very surprising given UNCROC and the large disparities between ethnicities evident in children's health and other outcomes. The extraordinary efforts required to rectify these disparities are largely unapparent.

## 2. What is meant by child abuse?

'Child abuse' is a term used for maltreatment and neglect of children. Child maltreatment may be formally described as:

...all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; World Health Organization, 1999)

Childhood maltreatment and neglect is often divided into four types:

- Physical abuse
- Sexual abuse
- Emotional/psychological abuse
- Neglect is added as a fourth category of child abuse (Krug et al., 2002, p. 60; World Health Organization, 2006, p. 7).

These divisions are somewhat artificial, and it is often the case that multiple forms of maltreatment may co-exist (Angus & Pilott, 2000). Difficulties in separating types of abuse and key concepts is problematic for research and evaluation of programmes (Angus & Pilott, 2000, p. 11). Examples include the level of physical harm that warrants the term 'abuse', whether intent is a necessary factor, and whether legal definitions ought to include failure to act,<sup>1</sup> or parental substance abuse (see Child Welfare Information Gateway, 2008b, p. 2). These issues, combined with others such as the multiplicity of potential perpetrators (household members, other family members, strangers), make strategies for protection and prevention, and appropriate interventions difficult. In addition "there is surprisingly little research about exactly which children are at risk and what works to reduce that risk" (Finkelhor, 2008, p. 47). These two key issues – reliable identification of at-risk children, and designing programmes that work to reduce that risk in the long-term – are recurring themes in the research on child maltreatment.

For the purposes of this literature review, and at the risk of "obscur[ing] the similarities or dissimilarities between the determinants of child abuse and child neglect" (Angus & Pilott, 2000, p. 11), the term **child maltreatment** will be used here to describe the physical, emotional and sexual abuse, or any combination of these, of a child or young person by any individual or organisation.

**Child neglect** is generally seen as a different phenomenon from maltreatment. Child neglect is difficult to define but may be defined as: "Any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm" (Child Welfare Information Gateway, 2006, pp. 9-10). Neglect is in many ways the more insidious harm against a child, with long-term effects at least as damaging as physical abuse (if not more so) but often going unnoticed (Gilbert et al., 2009; Hildyard & Wolfe, 2002; Mardani, 2010, p. viii).

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<sup>1</sup> The debate around the mandatory reporting of child maltreatment and neglect is essentially one of whether the public and/or professionals have a legal duty to act to bring maltreatment and neglect to the attention of authorities.

In 2010 the Office of the Children’s Commissioner published an extensive report on child neglect in New Zealand. It noted neglect has the greatest impact on children under four, and in severe cases can lead to stunted brain development which may be irreversible if the neglect continues. This in turn leads to lower IQ, difficulty learning, and poor cognitive development. Neglect, like physical abuse, can also lead to emotional and psychological disorders, greater likelihood of alcohol and drug abuse and risk-taking behaviours in later life, increased aggression including victim’s abuse of their own children, and, in the most extreme cases, death (Mardani, 2010, p. 14).

The question of what defines neglect is important because it defines how neglect is recognised, managed and prevented (Mardani, 2010, p. 7). Authors such as Farmer (2003) argue public institutions and policy settings can play a role in the neglect experienced by children. Thus, “limiting consideration of responsible parties to primary caregivers will not lead to recognition of collective harm caused by institutions, harmful laws or policies, failure of governance etc” (Reading et al., 2009).

There are often few outward signs of neglect, and the lack of injuries or other physical markers makes detection and substantiation difficult. Similarly, there is little evidence of effectiveness of long-term solutions to deal with and prevent neglect (Mardani, 2010, pp. ix-xi). However, the profound damage suffered by neglected children demands that greater efforts are made to identify possible neglect and intervene when it has been established: invisibility does not mean there are no effects, but rather may result in “less visible negative outcomes that may emerge at different stages of children’s lives” (Chalk, Gibbons, & Scarupa, 2002).

Problematically, Child Youth and Family (CYF) states that over time it has “only been able to attend to those families with immediate safety concerns, as opposed to families where we could become involved to address the early signs of neglectful but not necessarily abusive behaviour” (Child Youth and Family, 2010, p. 6). It is unclear if this is due to resource constraints or is due to the fact that there are few tools that effectively identify neglect or children at risk of neglect. Nevertheless, CYF data show that from 2007-2012 an average 25% (approximately) of substantiated child abuse notifications were for neglect.

Discussion hereafter covers both maltreatment and neglect. This is consistent with Child Youth and Family statistics and hospital data recording admissions for intentional injury which includes both of these categories.

### 3. Impact of child maltreatment and neglect

There is now a substantial body of research linking child abuse and poor outcomes in childhood and/or into adolescence and later life. A range of factors impact on the effect of maltreatment and neglect. These include:

- The child's age and developmental status when the abuse occurred;
- The type of abuse (physical abuse, neglect, sexual abuse, etc.);
- The frequency, duration, and severity of abuse;
- The relationship between the victim and his or her abuser (Child Welfare Information Gateway, 2008a, p. 3).<sup>2</sup>

A 2006 report published by the World Health Organisation (WHO) outlines some of the physiological consequences of maltreatment, with a specific focus on brain development of children under 3 years old. The report notes:

“The effects of experiences during infancy and early childhood on brain development create the basis for the expression of intelligence, emotions and personality. When these early experiences are primarily negative, children may develop emotional, behavioural and learning problems that persist throughout their lifetime, especially if targeted interventions are lacking. For instance, children who have experienced chronic abuse and neglect during their first few years may live in a persistent state of hyper-arousal or dissociation, anticipating a threat from every direction...To learn and incorporate new information, whether from the classroom or a new social experience, the child's brain must be in a state of “attentive calm” – one that the traumatized child rarely achieves. Children who have not been able to develop healthy attachments with their caregivers, and whose early emotional experiences, through their impact on the brain, have not laid the necessary groundwork for positive emotional development, may have a limited capacity for empathy...In the extreme case, if a child feels no emotional attachment to any human being, that child cannot be expected to feel remorse for hurting or even killing someone” (World Health Organization, 2006, p. 8).

The WHO report notes that deaths represent only a very small fraction of child abuse – an observation supported by the New Zealand data.

The U.S. Department of Health and Human Services identifies consequences of maltreatment including psychological abuse and neglect as being physical, psychological, behavioural and societal, but notes these effects cannot be separated (for example brain damage leading to behavioural problems). Physical abuse is the most likely form of maltreatment to lead to death or serious injury. Other consequences include an increased likelihood of smoking, obesity, high-risk sexual behaviours, unintended pregnancy, alcohol and drug use, fear, isolation, an inability to trust others, low self-esteem, depression and difficulties forming and maintaining relationships (Gilbert et al., 2009; Hyucksun Shin & Miller, 2012; World Health Organization, 2006, p. 11). Long term physical effects of neglect include allergies, arthritis, asthma, bronchitis, high blood pressure, and ulcers (Springer, Sheridan, Kuo, & Carnes, 2007, cited in Child Welfare Information Gateway, 2008a, p. 4).

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<sup>2</sup> This refers to whether a relationship of trust has been violated rather than whether the child and the abuser are necessarily related. See for example Finauer (1989).

Abused and neglected children are 11 times more likely to be arrested for youth offending, and 2.7 times more likely to be arrested for violent and criminal behaviours as an adult (Child Welfare Information Gateway, 2008a, p. 5). Eighty percent of young adults who had been abused as children met the diagnostic criteria for at least one psychiatric disorder at age 21, while children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement (Child Welfare Information Gateway, 2008a, p. 4; Mills et al., 2011).

As well as consequences for the child arising from maltreatment and neglect, there are also costs for wider society. These are primarily the short-term and long-term direct and indirect costs of dealing with physically and emotionally damaged children. These include (but are not limited to) the costs of maintaining a system of child welfare along with associated systems such as juvenile and adult criminal justice administration, and physical and mental health services. Other costs include medical costs, costs associated with substance abuse, and wider economic costs including lack of productivity, and psychological and welfare services (Child Welfare Information Gateway, 2008a, pp. 5-6; Fang, Brown, Florence, & Mercy, 2012; Hussey, Chang, & Kotch, 2006; World Health Organization, 2006, p. 11 & 13).

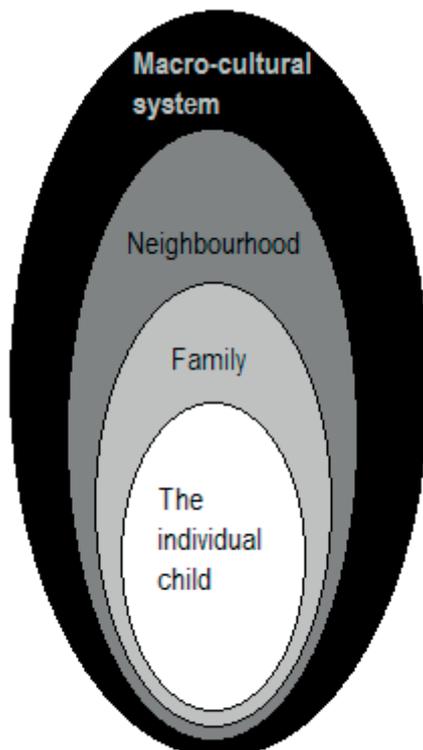
The New Zealand Christchurch and Dunedin longitudinal studies looked at the longer term impact of maltreatment and neglect by focusing on outcomes for adolescents and adults. Researchers found those reporting harsh or abusive treatment in childhood had an increased risk of violent teen offending, depression, age-related disease risks (diabetes, cardio-vascular disease), alcohol abuse and mental health problems (Danese et al., 2009; Fergusson & Lynskey, 1997). Children who had suffered sexual abuse were found to have significantly higher rates of early onset consensual sexual activity, teenage pregnancy, multiple sexual partners, unprotected intercourse, sexually transmitted disease, and to be victims of sexual assault after the age of 16 (Fergusson, Horwood, & Lynskey, 1997). The authors note that risk seems to arise through exposure to family factors such as social disadvantage, family instability, impaired child/parent relationships, and difficulties of parents themselves (Fergusson et al., 1997). Later work by the Christchurch longitudinal study considered the link between childhood sexual and physical abuse and adult mental health. It found sexual abuse was associated with increased risk of mental health problems in adulthood, although the link between mental health problems and abuse was less clear and consistent for childhood physical abuse (Fergusson, Boden, & Horwood, 2008).

Socioeconomic disadvantage, itself a possible outcome of family instability, may in turn, contribute to family instability. This suggests the possibility of a cycle of disadvantage and maltreatment and neglect. Indeed, the abused child who grows up to become a criminal who abuses and mistreats others is a well-established stereotype, although only a small percentage of abused children go on to become abusers themselves.

## 4. Factors which are associated with child abuse

A great deal of research has gone into determining the risk factors for child maltreatment and neglect: the germane factors; why some families are more vulnerable to those risk factors; why some families are more resilient; how authorities can identify at-risk children and respond in a way that is best for the child. While current government publications such as the *White Paper* attempt to minimise the factors in child maltreatment, formal research now acknowledges a broad range of factors may be involved. This 'ecological approach' (Figure 1) places the child at the centre of the family, neighbourhoods, and wider structural and cultural circumstances such as government policies and prevailing social and cultural norms (Angus & Pilott, 2000; Finkelhor, 2008; Frederick & Goddard, 2007; Jack, 2000; World Health Organization, 2006, p. 13). This wider approach acknowledges the complexity of protecting children, but, importantly, also puts children at the centre of policies to protect them and respect their rights as children.

**Figure 1: The environment within which child maltreatment and neglect occur (adapted from Angus and Pilott (2000, p. 32)<sup>3</sup>**



<sup>3</sup> The original diagram included responses to child abuse. These were normative change; social and economic policy settings for macro and neighbourhood factors; community programmes for neighbourhood and family factors; social services and assistance for families and individuals; and investment and prevention services for individual children.

There are a range of factors that might contribute to the maltreatment and neglect of children. They include:

- Individual factors including the child him/herself and the parents/caregivers
- Family factors including socioeconomic status, marital status and partner arrangements, wider family/whānau support, and health status of caregivers and other family members. Stressors which families sometimes face include family disruptions, health and emotional difficulties, substance abuse and financial difficulties.
- Neighbourhood and local conditions including prevailing norms about the treatment and status of children, and economic and social circumstances including access to employment.
- Macro-cultural system, in particular social and economic policy settings including poverty.

Each of these will be dealt with in turn.

## 4.1 Individual factors

### **4.1.1 The child**

It is certain that no child is ever to blame for abuse inflicted on him or her by an adult. There may be no 'child' factors present at all when a child is abused. However the risk of abuse of a child may be increased if the child has attributes that make parenting more difficult or has high needs. Relevant factors might include being a premature baby, persistently crying, being one of a multiple birth, and/or having behavioural or mental health problems (Gilbert et al., 2009, p. 71; World Health Organization, 2006, pp. 14-15).

Some children may be vulnerable because of emotional difficulties they have that both reflect and exacerbate social isolation. The resulting cognitive and emotional deficits serve as signals of vulnerability and/or interfere with their self-protective skills outside the home (Finkelhor, 2008, pp. 51-54). Thus, some children are victimised again and again. Cognitive and emotional deficits resulting from sustained abuse (including family violence) or neglect at home may increase the risk of a vicious circle of victimisation outside the home as well. Thus, for example, experiences such as loss, conflict, deprivation or turmoil within the home may undermine a child's ability to protect themselves, making them a potential target for bullies or sexual predators (Cyr, Euser, Bakermans-Kraneburg, & Van IJzendoorn, 2010; Finkelhor, 2008).

#### 4.1.2 Parents and caregivers

The WHO report (2006, p. 14) lists a large number of factors that increase the risk of maltreatment and neglect for children. They can be grouped under broader headings, as per Table 1 below.

**Table 1: Factors that impact on caregivers' risk of maltreating or neglecting children**

<b>Factors relating to the caregiver/child relationship</b>	<b>Caregiver's background, beliefs and circumstances</b>	<b>Caregiver's personal qualities</b>
<ul style="list-style-type: none"> <li>• Being an unplanned child</li> <li>• Difficulty bonding</li> <li>• Lack of nurturing</li> <li>• Caregiver involvement in criminal activity</li> <li>• Lack of respect and violence within the household</li> </ul>	<ul style="list-style-type: none"> <li>• Was maltreated as a child</li> <li>• Lack of awareness of child's development and misinterpretation of child's behaviours</li> <li>• Believes in and uses physical punishment or responds to misbehaviour with inappropriate or violent punishment</li> <li>• Social isolation and/or lack of family support network</li> <li>• Poor parenting skills as a result of young age or lack of education</li> <li>• Financial difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• Suffers mental or physical impairment that makes it difficult to parent</li> <li>• Lack of self-control when angry/lack of impulse control</li> <li>• Substance abuse impairing ability to parent</li> <li>• Depressed or exhibits feelings of low self-esteem or inadequacy – feelings that may be reinforced by being unable to fully meet the needs of the child or family</li> </ul>

Nearly all parents experience some of these but are not a risk to their children. It remains unclear why these factors are a risk in some families but not others. There may be questions of degree. For example, many parents may have financial difficulties and for some proportion these may be relatively minor and passing, while for others they are entrenched or severe. In addition, there may be interdependencies such that one risk factor increases the likelihood of others (for example unemployment exacerbating mental health problems). Family disruptions have also been shown to increase risk (Finkelhor, 2008, pp. 50-52). Researchers note that different levels of resilience, that is the ability to cope with stress, makes identifying and dealing appropriately with at-risk families and children very difficult.

## 4.2 Family factors and household stress

All families experience stress, whether economic, social or resulting from unforeseen disruptions. A 2010 meta-analysis of risks of maltreatment in families noted that socioeconomic risks are pervasive, tending to characterise a family for a prolonged amount of time (e.g. poverty, adolescent parenting), and also having a propensity to co-occur and cluster in the same families and individuals (Cyr et al., 2010).

A key stressor for families is lack of income. Yet clearly low income does not *cause* child maltreatment. The vast majority of low-income families do not neglect or maltreat their children. Nor are child neglect, maltreatment and other forms of domestic violence confined to poor households – they are found across the socioeconomic spectrum, although not at the same rate (Craig & et al, 2011, p. 61; Ministry of Social Development, 2006a; National Society for the Prevention of Cruelty to Children, 2008).

Some parents are able to deal with financial stress but others feel keenly that poverty compromises their ability to be good parents (Garbarino & Ganzel, 2000; Russell, Harris, & Gockel, 2008). Poverty can “sap parental energy, undermine parental sense of competence, and reduce parental sense of control” (Edin and Lein (1997) cited in Russell et al., 2008). Parents may feel unable to meet the basic needs of their children, often blaming themselves for this. Stress undermines parents’ mental health and can increase feelings of depression and lack of support (Russell et al., 2008, p. 87). The cycle of poor mental health and poverty has been identified in New Zealand research (Baker & Tippen, 2004). Parents describe poverty as being a constant struggle, and trying to make ends meet and dealing with finances as the hardest part of their daily existence (Russell et al., 2008, p. 88). Parents may also withdraw from attending to their children if they are trying to secure an income or are dealing with employment or housing issues (Cyr et al., 2010).

Parents reliant on welfare or who are dealing with official agencies also talk of the “fight” of dealing with bureaucratic agencies, and being “at the end of my rope” and being “scared to death” (Russell et al., 2008). This stress increases the risk for children as parents themselves struggle with lack of income and lack of control over their lives. Poverty may also play a more subtle role in that it may make setbacks more difficult to deal with by limiting options for action. This is especially the case where poverty is entrenched and persistent.

Overlapping poverty are other stressors including unemployment, parents working long hours (Ministry of Social Development, 2006b, p. 30), and family disruptions (G. W. Evans & English, 2002). Researchers point to the presence of multiple stressors within the household as being predictive of child maltreatment and neglect, with stress being both a function of and a contributor to household and family disorganisation and other disruptions (Cyr et al., 2010; Finkelhor, 2008; Rodriguez & Green, 1997). Attempting to isolate and consider stressors individually is unrealistic (Webster-Stratton (1990) cited in Rodriguez & Green, 1997). Individual stressors may act as an immediate catalyst for maltreatment or accumulate until a tipping point is reached.

This wide set of variables means it is still not obvious which stressors or set of stressors precipitate the maltreatment of children (Angus & Pilott, 2000, p. 18). We briefly consider three key stressors below.

- *Employment.* Unemployment and underemployment are significant household stressors. In nearly all cases, being unemployed means a loss of income and financial stress, feelings of loss of control over one’s own circumstances, anxiety, depression, and impaired physical

health in the longer term. The general public apathy or even antipathy towards the unemployed also contributes. The longer someone is unemployed, the more pronounced these effects become, in some cases making it difficult to re-enter the work force (Baum, Fleming, & Reddy, 1986; Haynes, 2009; Linn, Sandifer, & Stein, 1985; Singley, 2004; Wanberg, 2012). Some parents are better able than others to cope with unemployment, and most unemployed parents do not maltreat their children. But children in households with an unemployed breadwinner are at greater risk if other factors combine to disrupt the family, impair a parent's mental health or set off pre-existing tendencies towards violence. In households that already experience domestic violence, unemployment, especially when combined with substance and alcohol abuse, can increase a parent's emotional volatility, creating a significant risk for children.

A 2005 meta-analysis found that the mental and physical health of the unemployed was lower than that of employed people in part because of the centrality of work in people's lives and their coping resources (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). Other research has highlighted the physiological effect of stress, with chronic stress being known to increase the risk of adverse physical and mental medical outcomes (Miller, Chen, & Zhou, 2007), possibly setting up a cycle of unemployment and poor health, further reducing an individual's ability to cope.

- Education: Low educational attainment of caregivers has been identified as a risk factor for child maltreatment and neglect (Begle, Dumas, & Hanson, 2010; Martin, Williams, Bor, Gorton, & Alati, 2011; Murphey & Braner, 2000; World Health Organization, 2006), and is also associated with poverty. Hence poverty (especially when compounded with other risks such as sole parenthood), low educational attainment and maltreatment can set up a cycle whereby one perpetuates the other (Fergusson, Horwood, & Gibb, 2011; Paxson & Waldfogel, 1999; Wood, 2003). As with other risk factors, the strength of the relationship between low educational attainment and neglect and maltreatment is unclear, as are the causal pathways. Low educational attainment can both reflect and contribute to disadvantage including precarious employment and low income (Cyr et al., 2010). Lack of education may also mean a parent has less understanding of issues associated with parenting, or has limited ability to learn themselves.
- Sole parenthood: A further widely recognised stressor is sole parenthood (Angus & Pilott, 2000; Cyr et al., 2010; Paxson & Waldfogel, 1999, see p. 2; Wood, 2003). Two factors appear to contribute to sole parenthood as a stressor and risk factor for children: the first is the strong link between sole parent households and poverty, especially reliance on benefit income (National Society for the Prevention of Cruelty to Children, 2008, p. 4; Perry, 2007; Tanner, Cheyne, Freeman, Rooney, & Lambie, 1998) although, due to the loss of the absent parent's wage-earning power, "the majority of single-parent, female-headed families [are driven] into poverty, *regardless of whether the mother works.*" [emphasis added] (Wood, 2003, p. 708)); the other is that sole parenthood may be associated with lack of family or community-based support networks (World Health Organization, 2006, p. 15). And a sole parent is doing the work of two people. While support provided to mothers is significantly associated with them being able to provide support for their children ( Taylor, 2010, p. 345), there is no evidence that lack of support and/or wider family dysfunction necessarily leads to maltreatment (Tucker, 2011).

### 4.3 Neighbourhoods

Research into neighbourhood and wider factors is based on the idea that humans and human behaviour are part of a wider ecology, and there is a mutual adaptation between individuals and their environment (Garbariano (1981), cited in Angus & Pilott, 2000, p. 8; Jack, 2000). While research suggests that the overall influence of this broader context is small to moderate (Begle et al., 2010; Coulton, Crampton, Irwin, Spilsbury, & J, 2007; Gilbert et al., 2009, p. 72), there is little doubt that the wider social environment can increase or mitigate the risk of violence towards or neglect of children. However, if identifying risks in the context of the family is difficult, assessing risks within a child's neighbourhood, and social and cultural environment is more so, especially when individuals and families can exhibit different responses to the same or similar circumstances.

Nevertheless, research in the nurture/neighbourhood area is ongoing, and researchers have made progress identifying factors that contribute to the risk for children within neighbourhoods, although some of these are hard to quantify, and may simply reflect socioeconomic deprivation. Neighbourhood factors impacting on child abuse include community tolerance of violence; racial/gender/socioeconomic inequality; lack of family or neighbour support and welfare services; lack of programmes that might ameliorate the likelihood of children being maltreated; inadequate/poor quality housing; transience; high levels of unemployment and associated reliance on benefit income; poverty; access to alcohol; and a local drug trade (Jack, 2000; World Health Organization, 2006).

### 4.4 Institutions, policy settings and the role of poverty

Child abuse occurs in every country in the world, and despite considerable efforts and resources, rates of maltreatment and neglect in developed countries have not markedly diminished, nor are researchers much closer to being able to assess which children are at risk, and what programmes effectively change long-term behaviour so as to prevent maltreatment (Council of Australian Governments, 2009; Finkelhor, 2008; Gilbert et al., 2009).

National policy settings play a crucial role, largely through their impact on incomes, families and neighbourhoods. This includes health, education, early childhood education, housing and macroeconomic policies (Angus & Pilott, 2000; World Health Organization, 2006).<sup>4</sup> New Zealand experienced one of the most rapid changes in income inequality in the OECD from the mid-1980s to the early-1990s, largely due to government policy changes. Country income inequality is inversely associated with the UNICEF index of child wellbeing in rich countries (Wilkinson & Pickett, 2010 (Rev ed.)). New Zealand has one of the highest levels of income inequality as measured by the Gini coefficient, with the highest rate to date being reported in 2011 (Perry, 2012, p. 82) and one of the lowest levels of child wellbeing. This data suggests that the deterioration in, and the severity of, New Zealand's income inequality may be putting children at risk.

Children may also be subject to institutional violence, although this is more likely to be symbolic than physical maltreatment. Institutional violence "seldom involves physical violence; rather it involves the overt or insidious (and hence invisible) violation of their integrity, dignity and personal attributes including ethnicity, culture and gender" (O'Brien, 2011). Bullying by teachers, inability to access social housing, discriminatory family support policies (see for example St John, 2011), and restricted

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<sup>4</sup> Loïc Wacquant has an extensive discussion on the role of state services and internal economic activity within neighbourhoods and their effect on children and families. See Wacquant, L (2007). *Urban Outcasts: A Comparative Sociology of Advanced Marginality*. Berkeley, CA: University of California

access to emergency food grants are all examples of the violence of poverty and the state (O'Brien, 2011). Institutions such as schools and social assistance programmes may operate in ways that deny children the right to be free from maltreatment and violence.

There is also evidence that lower levels of welfare payments are associated with higher levels of child neglect (Paxson & Waldfogel, 1999) which is an important consideration as New Zealand continues to reform its welfare support system.

#### **4.4.1 The role of poverty**

Researchers have been aware of the link between poverty and child abuse for many years (Angus & Pilott, 2000; Besharov & Laumann, 1997; Gilbert et al., 2009; Halpern, 1990; National Society for the Prevention of Cruelty to Children, 2008), although the causal mechanisms remain uncertain. The link between poverty and neglect appears to be stronger than that between poverty and other forms of abuse (Angus & Pilott, 2000, p. 23; National Society for the Prevention of Cruelty to Children, 2008, p. 3; Nikulina, Spatz Widom, & Czaja, 2010; Paxson & Waldfogel, 1999). In developed countries, it is largely relative rather than absolute poverty that is the issue, although absolute poverty is increasing as developed economies flounder in the wake of the global financial crisis.

While the association between poverty and child maltreatment and neglect is well established, less clear is the strength of that relationship. Recorded higher rates of child maltreatment in low-income households may be partly accounted for by the fact that such households are more likely to already be under the purview of child welfare agencies, for instance for housing or social welfare assistance (National Society for the Prevention of Cruelty to Children, 2008, pp. 4-5), and thus be more likely to be noticed and reported. In addition, there can be bias in the reporting of children's injuries. This can take the form of sample bias (eg surveys among disadvantaged social groups), bias in the recording of data (under-recording or inaccuracy), changes in reporting and recording policies, or differing community attitudes to the treatment of children (Lievore & Mayhew, 2007).

Nevertheless, the fact remains that the common thread in the research literature is that higher than average rates of child maltreatment and neglect are associated with poverty (Angus & Pilott, 2000; Council of Australian Governments, 2009; Fergusson & Lynskey, 1997; Gilbert et al., 2009, p. 72; Lievore & Mayhew, 2007; Ministry of Social Development, 2006a, p. 3; Paxson & Waldfogel, 1999; Pelton, 1994; World Health Organization, 2006). Poverty impacts on families and neighbourhoods, and is the product not only of national economic and social policies, but how those policies are implemented and administered. Thus, while it can be argued individuals choose to maltreat or neglect their children, the environmental factors that contribute to family stress cannot be ignored. Focusing on individual behaviour will continue to put children at risk of abuse.

## 5. Potentially protective factors for children

Protective factors are those that reduce a child's exposure to maltreatment and neglect. Not all neglected and maltreated children suffer adverse consequences, and one currently active area of research is trying to ascertain why some children appear to be more resilient than others. Key among these protective factors is secure attachment to an adult family member (not necessarily a parent), a supportive relationship with the non-offending parent, and reduced exposure to stress (World Health Organization, 2006, p. 16). Resilience can be thought of as an individual's capacity for "successful adaptation despite challenging or threatening circumstances" (Masten, Best, & Garmezy, 1990, p. 426).

The greatest protective factors for children are good parenting, strong bonds between children and parents, and a stable family unit. The crucial years include early childhood and adolescence, with secure infant attachment to an adult family member, especially the non-abusive family member (assuming there is one), and high levels of paternal care being important for young children (Angus & Pilott, 2000; Child Welfare Information Gateway, 2008b; Cyr et al., 2010; World Health Organization, 2006).

Cohesive neighbourhoods can operate as an independent protective factor and protect from violence, even when risk factors are present in the family (Vanderbilt-Adriance & Shaw, 2008; World Health Organization, 2006, p. 16), although it is not clear how this operates in practice. Thus, policies to protect children must consider and operate at not only the individual and family level, but also account for neighbourhood, environmental and cultural factors (Lievore & Mayhew, 2007, p. 65).

There is a further protective factor for children as it pertains to developed economies, and that is the protection afforded to children by central and local government policies around income, housing, education and health. Income policies such as the level of the minimum wage, the level of welfare payments for parents, family support policies and the structure of the tax system all help determine the level of household income. Housing policies have an impact on whether children live in affordable housing, whether they live in overcrowded housing, and whether their family or neighbourhood experiences high levels of transience. Likewise, education and health policies can contribute to protecting children from abuse, in part because they operate to alleviate the stress experienced by parents, particularly sole parents with little support. Where services such as child health services are provided on a universal basis they can act as early warning systems that a child may be at risk (for example possible cases of maltreatment or neglect being picked up and reported by teachers) (Council of Australian Governments, 2009; Krug et al., 2002; Lievore & Mayhew, 2007; The Marmot Review, 2010; World Health Organization, 1999, 2006).

Governments have a direct role in provision for and protection of children. While the violence towards children arising from poverty and inequality is acknowledged in research relating to developing countries (Farmer, 2003; Kinkelhor & Korbin, 1998; Krug et al., 2002; Waters et al., 2004),<sup>5</sup> it is far less remarked upon in respect of high-income countries such as New Zealand. As a country, New Zealand has been slow to respond to the threat to children from recent policy settings that further disadvantage already vulnerable and at-risk children (New Zealand Council of Christian Social Services, 2012).

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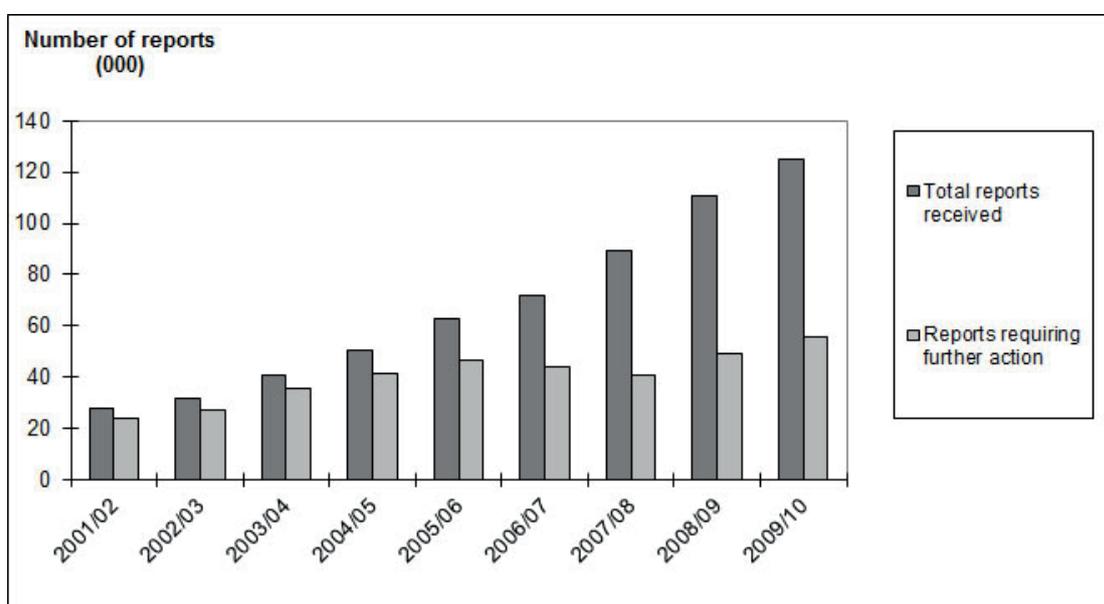
<sup>5</sup> A note of caution is in order here: issues such as forced child labour, mass dislocations from war or environmental devastation, and chronic malnutrition are problems over and above those normally experienced in high-income countries.

## 6. Child abuse statistics in New Zealand

New Zealand data on children's maltreatment including neglect, assaults and deaths come from a variety of sources including hospital admissions for intentional injury, CYF notifications, Family Court proceedings, and police statistics. While each provides a partial picture, in total they allow us to get some measure of the extent of child neglect and maltreatment. The following data is from the dataset compiled in May 2012 by the Family Violence Clearing House.<sup>6</sup>

The CYF dataset is the most numerically significant.<sup>7</sup> CYF receives notifications about suspected cases of maltreatment and neglect, investigates them and decides whether the claims are substantiated and if further action needs to be taken. Figure 2 shows the number of notifications and reports requiring further action received by CYF from 2001 to financial year ending 2010.

**Figure 2: Number of CYF reports received (LH axis) and requiring further action (RH axis) 2001/2 – 2009-10**



Source: Child, Youth and Family national dataset. [www.cyf.govt.nz](http://www.cyf.govt.nz)

Total reports rose from 27,000 in 2001/02 to 125,000 in 2009/10, less than 10 years later, a 4.5-fold increase. However, the number of actionable cases increased by a much smaller factor of 2.3. These figures require some dissembling before concluding that New Zealand parents have become more violent in the short space of 9 years. There may be multiple reports of the same child or young person, and accounting for this may reduce the frequency of notifications by about a third (New Zealand Family Violence Clearinghouse, 2012, p. 6). More important is the role of increased public awareness and an increased willingness by the community to contact CYF when there are concerns about a child's wellbeing. Thus, for example, the *It's Not OK* campaign (led by the Ministry of Social Development) not only highlighted the problem of domestic violence but encouraged members of the public to take action if they were concerned about or witnessed domestic violence. A 2008 study by the Ministry of Social Development found 22% of respondents to a telephone survey reported taking some action as a result of the campaign.<sup>8</sup> Changes have also occurred in the way the police

6 <http://www.nzfvc.org.nz/?q=node/122>

7 CYF has the largest national database which goes back some years, and can be broken down by region and ethnicity.

8 See <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/campaign-action-violence-tv/index.html>.

deal with and report incidents (for example between 2001 and 2005, reports of concern from Police Family Violence teams, whereby a call to a domestic violence incident where children were in the house automatically led to a CYF referral, increased from 915 to 13,916), and finally there have also been improvements to data collection, recording and storage (New Zealand Family Violence Clearinghouse, 2012). Thus, while there may have been an increase in CYF reports requiring further action it is likely much of the increase was due to an increased likelihood of incidents being recorded.

Other sources of data include the Family Court; District Court convictions for assault on a child or young person; police homicide statistics; Child and Youth Mortality Review Committee mortality statistics; and hospital admissions and mortality from injuries arising from the assault, neglect or maltreatment of children aged 0–14 years using information from the Ministry of Health's National Minimum Dataset and the National Mortality Collection (Craig & et al, 2011; New Zealand Family Violence Clearinghouse, 2012).

The Child and Youth Mortality Review Committee notes "child fatality caused by those other than family members (biological, adoptive, foster or de facto) are extremely rare in New Zealand" (New Zealand Family Violence Clearinghouse, 2012, p. 4). Consistent with police statistics, they note children under 5 years and youth over 15 years are most at risk. The mortality statistics are broadly consistent with those from the hospitalization data, although they note different data sources may record incidents differently, and some data is changed after the fact if the cause of death is revised (New Zealand Family Violence Clearinghouse, 2012, pp. 4-5). The lack of consistency in data collection is highlighted in a recent paper by Everitt et al (2012) which found there is no relationship between substantiated CYF notifications for sexual abuse, and medical assessment and ACC claims for sexual abuse. Moreover the authors found considerable regional variation in child protection practice (Everitt et al., 2012).

This suggests that any evidence-based efforts to address child maltreatment and neglect in New Zealand will need to overcome significant issues of data collection and collation (Kelly, MacCormick, & Strange, 2009; see Ch. 2, World Health Organization, 2006; Wulczyn, 2009).

Focusing on hospitalization data, Craig et al (2012) note a recent study published in the *Lancet* "found no clear evidence of a decrease in child maltreatment in New Zealand over the past two decades." During 2000–2011, hospital admissions for injuries arising from the assault, neglect or maltreatment of children declined gradually, while mortality during 2000–2009 remained relatively static (Gilbert et al., 2012).

## 7. Māori and Pacific peoples

This section considers child maltreatment and neglect among Māori and Pacific peoples. New Zealand data shows the number of Māori and Pakeha children maltreated and neglected is about the same, but the *rates* of maltreatment and non-accidental death for Māori children are disproportionately high (Cooper & Wharewera-Mika, 2011; Craig & et al, 2011, pp. 59-64; 2012, pp. 56-60; RadioLive, 2011). We consider the data on the socioeconomic status of Māori and Pacific before turning to the historical and socioeconomic context for the disproportionately high rates of Māori child abuse.

The figures presented here come with the caveats that data on Pacific peoples' incomes and living standards is limited (Perry, 2012, p. 125), and the Pacific population is comprised of many ethnic and socioeconomic groups. Thus, while when we discuss 'Pacific peoples', we are not referring to a single, homogeneous group. A great deal more research needs to be done in order to provide a more complete picture of Pacific people in New Zealand, and reflect the complexity and diversity of this group. Here the term 'Pacific' refers to children of Pacific Island descent.

### 7.1 Māori and Pacific socioeconomic data

In New Zealand, there are currently large disparities in child health status, with Māori and Pacific children and those living in more deprived areas experiencing a disproportionate burden of morbidity and mortality, including injury and death from abuse. Rates of hospital admissions during 2000-2011 for assault, neglect and maltreatment were significantly higher for the most deprived two deciles, while Māori and Pacific children were 3.24 and 2.26 times respectively more likely to be admitted to hospital for intentional injuries than European children (Craig & et al, 2012, pp. 56-60).

The Ministry of Social Development's 2012 *Household Incomes* report notes that rates of poverty for Māori and Pacific are consistently double that of European/Pakeha, regardless of which measure is used (Perry, 2012, p. 118). Similarly, the 2009 *Living Standards Report* found Māori and Pacific children (aged 0-17 years) were over-represented among those living in hardship (Perry, 2009, pp. 24, 52). This reflects incomes which are consistently below that of Europeans. This may be partly accounted for by higher rates of reliance on benefit income, with benefit dependent households being much more likely to be in hardship (Perry, 2009, p. 51) While Māori incomes gain relative to European incomes during periods of good economic growth, they fall much more sharply during downturns (see Gould, 2008; Perry, 2012, pp. 75-76), possibly reflecting the dependence of Māori on employment in the service sector and unskilled occupations. Both Perry (2012, p. 75) and the New Zealand Council of Christian Social Services (2012) show incomes for Māori households declining more rapidly than that of other groups since 2010. This is consistent with data from the *Household Labour Force Survey* showing that labour force participation rates for Māori and Pacific people have declined, raising questions about how families are obtaining sufficient income to meet their basic needs (Wynd, 2013). It also suggests socioeconomic inequality is increasing, with Māori and Pacific families falling further behind. This is concerning given the much younger age structure of Māori and Pacific people, with poverty rates for Māori and Pacific children "consistently higher" than that of Europeans, whatever measure is used (Perry, 2012, p. 125).

## 7.2 Traditional Māori parenting

Māori have not always been over-represented in child neglect and maltreatment statistics. In the period 1978-1987, prior to the economic restructuring during which many Māori lost their jobs, child homicide rates for Māori and Pakeha were similar. Following this, in the period 1991-2000, rates of Māori child homicide more than doubled to 2.4 deaths per 100,000, while rates for non-Māori fell (Doolan, 2004). Although limiting his discussion to homicide, Doolan (2004, p. 9) expressed concern that “there is a danger that race will be unfairly identified as a risk factor in child homicide.” He argues (2004, p. 9):

“Had more extensive demographic data been collected, such as social class and income levels, family composition and social support, housing and environmental factors, stress and mental health issues, or family criminality, other variables indicating an association with risk of homicide may have emerged.”

Cooper and Wharewera-Mika (2011, pp. 170-171) and Jenkins and Harte (2011) cite historical sources clearly showing Māori children were not maltreated in pre-European times. Rather, they “were more likely to have been indulged”. Salmond (1991, pp. 279, 422) quotes Cook and Banks who found “these people [Māori] were healthy in the highest degree...compared with Europe [of the time] children were rarely hit...The women seemed to be good mothers ...The men were also very fond and kind to their children....” Early missionaries’ accounts described “kind and generous parenting”, and an environment “where Māori children were not punished by way of physical discipline, and violence within whānau was not well tolerated” (Cooper & Wharewera-Mika, 2011, p. 170). Children were the shared responsibility of the community and the wider whānau, where “each adult had a responsibility to care for all children” (Jenkins & Harte, 2011, p. 23).

This ‘indulgence’ reflected the spiritual and cultural basis of Māori childrearing practices. According to Jenkins and Harte (2011, p. x):

“The fundamental principle for raising children was the underlying belief that children were favoured as gifts from the atua (spiritual beings), from the tipuna (ancestors) and preceded those unborn, which meant that they were tapu (under special rules and restrictions). Any negativity expressed to them was breaking the tapu by offending the atua and the tipuna gone before. Because of their intrinsic relationship to these spiritual worlds, the children inherited their mana (power, prestige). They were treated with loving care (aroha) and indulgence. Punitive discipline in whatever degree, as a method of socializing children, was an anathema to the tipuna.”

Even now children are often regarded as a gift (Reynolds & Smith, 2012), while grandparents and other whānau members are more likely to be involved in bringing up children (Ministry of Social Development (2004), cited in Ritchie, 2007).

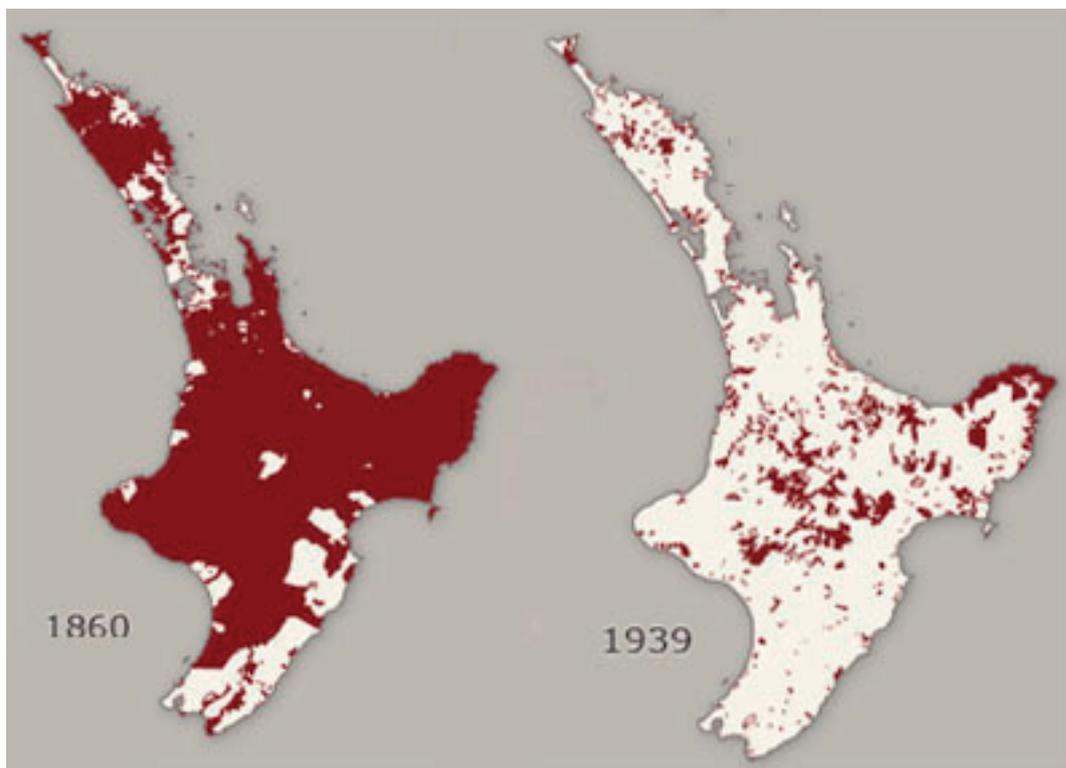
## 7.3 Colonisation and land loss

Little reliable information is available on Māori health and life expectancy prior to the early 20<sup>th</sup> century, and before 1840 records are “often second hand and of limited reliability” (Pool, 1977, pp. 106-107). Pool (1977, p. 117) records epidemics of influenza, dysentery and measles – introduced diseases – from 1769 to 1820. While pre-European Māori probably had life expectancies above 30 years, introduced diseases such as measles, mumps and whooping cough contributed to a decline in

the Māori population from 1840, falling from about 100,000 in 1769 to a low of 42,000 in 1896 (Pool, undated-a). Many of the epidemics among Māori were localised, with few being national epidemics (Pool, 1977, pp. 120-121). Nevertheless, the impact on the Māori population was devastating, with some contemporary observers believing Māori were ‘a dying race’.<sup>9</sup> Pool notes that “[s]ubstandard housing contributed to illness and premature death for many Māori from the 19th century on” (Pool, undated-b). Substandard housing continues to be detrimental to the health of many Māori.

Mason Durie finds that deteriorations in Māori health closely paralleled loss of land and the division of land in the latter years of the 19th century (Durie, 1986), and maps (see Figure 3) clearly show Māori land holdings in the North Island shrinking from almost all the island to a few disconnected vestigial holdings, largely in the centre of the island, by the outbreak of the war in 1939. Loss of land occurred through sale, confiscation/raupatu, war, or through confiscation pursuant to public works requirements. Arable land was seized first (for example Tuhoē coastal land) leaving only inhospitable, steep land that is difficult to farm or live on (Binney, 2009).

However, despite these predictions of the imminent demise of Māori and this loss of all but some small pockets of land, the Māori population recovered from its low of 42,000 in the 1890s to some 600,000, 15% of the New Zealand population, in the 2006 census.<sup>10</sup>



**Source: Adapted from Te Ara (<http://www.teara.govt.nz/en/death-rates-and-life-expectancy/4/4>)**

9 Stafford and Williams observe the phrase ‘dying race’ held several meanings for Maori and non-Maori. See Stafford & Williams (2008, chapter 4).

10 Not only has the Maori population recovered, it has a structure much younger than the ageing, white population. This demographic imbalance appears to have been overlooked by policymakers.

## 7.4 Urban drift

For many decades in the late 19<sup>th</sup> and early 20<sup>th</sup> century, Māori, especially those in rural areas, were largely neglected by official policy. This neglect was not entirely benign: Māori did not have the same rights of access to medical treatment as Europeans (King, 1977, p. 33), and during the Great Depression, Māori were not eligible for social assistance as policymakers assumed they could be self-sufficient living off their land (O'Regan & Mahuika, 1993). Some authors have argued that Māori suffered from institutional racism, and disparities in health outcomes support this view (Harris et al., 2006; McClure, 1998; Walker, 1990).

This changed after the Second World War as a growing economy required unskilled and semi-skilled labour, and Māori moved into urban areas, especially Auckland and the northern industrial areas of Wellington. The great 'urban drift' of the 1950s and 1960s resulted in 85% of Māori living in urban areas by the end of the 20<sup>th</sup> century, a mirror image of the 15% who lived in urban areas a century before (Statistics New Zealand, 2004). Arguably, this migration constituted the next phase of colonisation, with Māori (and Pacific immigrants) largely settling in specific geographic areas and working in semi-skilled and unskilled occupations. In the 1970s there were signs that cultural dislocation was having a negative impact on Māori whānau. *Puao-Te-Ata-Tu* records that by 1975 the Joint Committee on Young Offenders had written that Māori were over-represented in lower socio-economic groups; it noted this status had remained unchanged for decades, and that Māori had worse social, economic and health outcomes than Pakeha (The Maori Perspective Advisory Committee, 1988, p. 15).

In the late 1980s and 1990s economic restructuring meant many Māori and Pacific workers lost jobs as factories closed, including many large assembly plants, in both urban and rural areas. Accordingly, Māori and Pacific people had rates of unemployment much higher than that of the general population, something that remains the case today (Perry, 2007, 2012). The urban areas which whānau moved to in the 1950s and 1960s such as South Auckland and the Hutt Valley became worse off as a result of many residents losing jobs (C. Salmond, Crampton, & Atkinson, 2007).<sup>11</sup>

The disproportionate representation of Māori in poor social outcomes is reflected in the social statistics of indigenous peoples in other nations. The common thread is colonisation, socioeconomic inequality and poverty. As Spoonley (1997) observes:

“In terms of the distribution of social and economic goods in New Zealand and their experiences as a colonized people, the Māori population has been more systematically and extensively disadvantaged than any other group.”

Addressing child maltreatment and neglect requires that this be addressed as part of any policy package. While the impact of poverty and inequality, and child maltreatment and neglect on Māori is well understood (see Table 2 below), little policy has been developed to materially address the complex and inter-related underlying issues.

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11 See also NZDep maps, available <http://www.otago.ac.nz/wellington/research/hirp/projects/otago020194.html>, and <http://www.health.govt.nz/publication/dhb-maps-and-background-information-atlas-socioeconomic-deprivation-new-zealand-nzdep2006> for deprivation by DHB area.

## 8. New Zealand: 25 Years of research and reports

Like other developed countries, New Zealand has struggled with how to prevent the abuse and neglect of children at the hands of their caregivers (Gilbert et al., 2012). The issue of child maltreatment (neglect gets fewer headlines) is kept in the public gaze by a steady stream of highly publicised maltreatment cases which demand we pay greater attention to the care and protection of children. In some instances, a single case resulted in a government-sponsored report on its own account, but more often policymakers are left trying to reassure the public that something is being done.

Along with other countries, New Zealand has swung between increasing the level of surveillance of and response to suspected maltreatment, and decreasing the powers of child protection services in order to mitigate excessive responses (Mansell, Ota, Erasmus, & Marks, 2011). Accordingly, CYF has been described as being “in a continual crisis of confidence” (Mansell et al., 2011, p. 2076). In addition, numerous reports and official publications have pointed to the need for greater coordination between children’s services so as to better identify at-risk children and intervene early when maltreatment or neglect occurs. Recent reports include that commissioned by the Minister of Social Development pertaining to the case of a nine-year-old girl abused by her parents (Smith, 2011), and the Coroner’s Report into the death of the Kahui twins in 2006 (G. L. Evans, 2012).

The list of reports on child maltreatment and neglect written by MSD and others includes literature reviews, policy documents suggesting change, evaluations of pilot projects designed to assist vulnerable families, and other research reports (a timeline and list of MSD reports with brief comments is in Table 2). Other reports have dealt with staff development, youth issues, community and neighbourhood development, and family violence. As well, other agencies have also published reports, most notably the Office of the Children’s Commissioner, the Families Commission, and non-governmental organisations with an interest in children’s wellbeing. There is now a substantial body of New Zealand literature on children, children at risk, their families, communities and neighbourhoods, and the programmes designed to protect them. Yet for all the good intentions of those involved, little research has been incorporated into policy, and policy has been insufficiently resourced to ensure the goals could be achieved.

The list of publications is a long one, and the concerns voiced in *Pua-o-Te-Ata-Tu* back in 1988 remain extant today. However, in recent years it has been possible to discern an ever-diminishing discourse on the causes and consequences of child maltreatment and neglect. The Angus and Pilott literature review (2000) included broad discussion and an acknowledgement of the role of poverty in child maltreatment and the *Agenda for Children* (2002) took a rights-based approach. In contrast, the current National government has sought to limit discussion to the behaviours of individuals. For example benefit adequacy was specifically excluded from the WWG’s terms of reference (Welfare Working Group, 2010, p. 1). An implicit axiom in this approach is that changing personal behaviours while ignoring the larger environment can improve outcomes for children. It also signals that the government is unwilling to tackle larger structural issues such as poverty and inequality, and these issues have been downplayed in recent official publications. This is very surprising since the government had been made aware by the late 1990s that poverty was a major stressor for families, especially those not in paid work (Ministry of Social Policy, 1999, p. 37).

**Table 2: Timeline of and hyperlinks to Ministry of Social Development reports on child maltreatment and neglect**

DATE	TITLE (AND HYPERLINK)	SUMMARY OF KEY POINTS OR PUBLICATIONS (AND HYPERLINKS)
1988	<a href="#"><u>Pua-o-Te-Ata-Tu</u></a>	<p>Argued for greater recognition of Māori culture in the policies and practices of the then Department of Social Welfare, and Māori representation on relevant boards and committees.</p> <p>Recommendations included: that children should be raised within the family group, that hapu be consulted about the possibility of intra-family adoption before Māori children are adopted or placed in care, and that board payments should follow the child and be paid direct to the family of placement. There was concern about the level of reimbursement for carers (p12), and the resources available for the care of children and the relief of parents under stress (p11). Like so many other reports that followed, the report recommended more effective co-ordination of state social service agencies, and the greater inclusion of others from the community to help address social problems.</p>
1999	<a href="#"><u>Strengthening families: Cross-sectoral outcome measures and targets</u></a>	<p>Purpose of the report was to “provide an update on outcome measures and targets set in 1997, to enable Ministers and other key stakeholders to assess progress towards achievement of the Strengthening Families Strategy”. This 1999 report considered “selected social context indicators and trends” for children and young people. In what would become a familiar theme, Strengthening Families was described as “a multi-sector approach, providing co-ordinated services to improve the well-being of New Zealand’s most at-risk children, young people and their families. The goal of the Strengthening Families Strategy is to improve life outcomes for children in families whose circumstances put good health, education and welfare outcomes at risk” (p. 1). Accordingly, it set targets for children aged 0-6 including death rates from abuse, hospital discharge rates, abuse and neglect notification rates, immunisation, participation in early childhood education, and prosecution and reoffending rates for under-16 year olds. Recently announced public sector targets (State Services Commission, 2012) mirror these targets set 13 years ago. Unlike the recently announced targets, however, the report contains commentary on the policy thinking behind the measures, a discussion of data problems, and an acknowledgement of the complexity of the social processes that contribute to children’s wellbeing.</p>

DATE	TITLE (AND HYPERLINK)	SUMMARY OF KEY POINTS OR PUBLICATIONS (AND HYPERLINKS)
2000	<a href="#">Familial caregivers' physical abuse and neglect of children: A literature review</a>	<p>Early example of several child-centred publications, this one specifically looking at abuse and neglect. The report notes the multiplicity of factors involved, including individuals, families, neighbourhoods and cultural systems. Notes "The findings from the international body of research suggest that while an individual and family focus may be important, it is unlikely, in itself, to reduce the incidence or prevalence of child abuse or neglect in our society. If, as the research suggests, child abuse and child neglect are generated out of complex interplays between different factors that may act at the level of the individual, the family, the community, and the cultural system, then the response must also be multi-dimensional... All of these [factors] need to be undertaken within a broader context of strategies for promoting children's well-being as a core value, and social and economic policy settings that mitigate rather than generate deprivation." (p32)</p>
2000-2002		<p>A series of reports including: <a href="#">Care and Protection is about Adult Behaviour : The Ministerial Review of the Department Of Child, Youth and Family Services</a>; <a href="#">Children in New Zealand: Report on Cross Sectoral Outcome Measures and Targets 2000</a>; <a href="#">Pathways to Opportunity, Nga Ara Whai Oranga: from Social Welfare to Social Development</a>; <a href="#">Responsibilities for Children: Especially When Parents Part - The Laws about Guardianship, Custody and Access - Summary Analysis</a>; <a href="#">Strengthening Families Interagency Case Management - Summary Analysis of Final Meeting Forms: January 2000 - May 2001</a>; <a href="#">Raising Children in New Zealand: Exploring Good Outcomes for Young People</a>; <a href="#">Raising Children in New Zealand: The Influence of Parental Income on Children's Outcome</a>; <a href="#">Report of the Ministerial Taskforce on Youth Offending</a>; <a href="#">Youth Offending Strategy - Preventing and Reducing Offending and Re-Offending by Children and Young People</a></p>
2002	<a href="#">New Zealand's Agenda for Children</a>	<p>This document took a child's rights approach to improving the lives of New Zealand children. Widely consulted on, the key action areas included promoting the whole-child approach, ending child poverty, addressing violence and bullying, improving central government policy and service effectiveness for children, improving local government and community planning for children, and enhancing information, research and research collaboration relating to children. However, alleviating child poverty and improving local government and community planning for children has had little policy attention.</p>

DATE	TITLE (AND HYPERLINK)	SUMMARY OF KEY POINTS OR PUBLICATIONS (AND HYPERLINKS)
2003-2005		<p>More reports: <a href="#">Care and Protection Blueprint 2003</a>; <a href="#">A Collaborative Plan For Christchurch Youth 2003-2006</a>; <a href="#">Increasing the Participation of Children, Young People and Young Adults in Decision Making: A Literature Review</a>; <a href="#">Raising Children in New Zealand: Family Resilience and Good Child Outcomes: A Review of the Literature</a>; <a href="#">Care and Protection Workforce Development; Opportunity For All New Zealanders</a>; <a href="#">Raising Children in New Zealand: Patterns of Family Formation and Change in New Zealand</a>; <a href="#">Stepfamilies and Resilience: Final Report</a>; <a href="#">Whānau Development Project: Final Evaluation Report</a>; <a href="#">Whole Child Approach: A Guide to Applying the Whole Child Approach</a>; <a href="#">Early Childhood Centres and Family Resilience</a>; <a href="#">Early Start Evaluation Report</a>; <a href="#">Strategies with Kids - Information for Parents (SKIP) Research Report</a></p> <p>There were also numerous publications on youth transitions and unemployment, youth justice and youth suicide prevention.</p>
2006-2009		<p>More reports: <a href="#">Children at increased risk of death from maltreatment and strategies for prevention</a>; <a href="#">From Wannabes to Youth Offenders: Youth Gangs in Counties Manukau - Research Report</a>; <a href="#">Improving Outcomes for Young People in Counties Manukau</a>; <a href="#">Taskforce for Action on Violence Within Families: The First Report</a>; <a href="#">The Scale and Nature of Family Violence</a>; <a href="#">Preventing Physical and Psychological Maltreatment of Children in Families</a> (another literature review), plus numerous programme evaluations.</p>
2010-2011		<p>More reports: <a href="#">Recognising and responding to child neglect in New Zealand: Child Neglect Report</a> (this is in addition to the report compiled by the OCC); <a href="#">Campaign for Action on Family Violence: Four Research Reports</a>; <a href="#">Learning from Tragedy: Homicide within Families in New Zealand 2002-2006</a>; <a href="#">Why You Should Care: A Plan for Children in Care</a> (Child Youth and Family)</p>

DATE	TITLE (AND HYPERLINK)	SUMMARY OF KEY POINTS OR PUBLICATIONS (AND HYPERLINKS)
2011	<p><a href="#"><u>Report to the Hon Paula Bennett, Minister for Social Development and Employment Following an Inquiry Into the Serious Abuse of a 9 Year Old Girl and Other Matters Relating to the Welfare, Safety and Protection of Children in New Zealand</u></a></p> <p><a href="#"><u>The Green Paper for Vulnerable Children</u></a></p>	<p>The case of an abused girl and her brother gave rise to yet another report showing that in the six months prior to the events recorded, there were 13 agencies and individuals dealing with the family, and little liaison and cooperation between them. The author, appointed by the Minister, found that adherence to existing laws, policies and practices would likely have led to a better outcome for the girl involved, that the needs of the child must be at the center of law, policy and processes, and that existing law and practice must be periodically reviewed to ensure they are effective in protecting the interests of children.</p> <p>Discussion paper on options for assisting children vulnerable to abuse. Largely focused on workforce monitoring and re-allocating services between already vulnerable groups. Failed to acknowledge poverty as a key driver of abuse. See <i>Introduction</i> (p. 4) and <i>Current Policy Responses</i> (p. 33) of this report.</p>
2012	<p><a href="#"><u>The White Paper for Vulnerable Children</u></a></p>	<p>This outlines an action plan for children that is primarily concerned with identifying, reporting and monitoring at-risk children. The <i>White Paper</i> also proposes using a risk-assessment model to identify children who might be vulnerable at some time in the future. It offers no proposals to address the poverty that has been shown to be associated with child maltreatment and neglect. See pp. 1, 10 and 33-34 of this report.</p>

## 9. Current policy responses

As outlined in Table 2, in the late 1990s the government announced targets for reducing child abuse and other measures designed to improve outcomes for children. In early 2000 the then Ministry of Social Policy published *Familial caregivers' physical abuse and neglect of children: A literature review* (Angus & Pilott, 2000), cited extensively here. This review noted the role of poverty and environmental factors such as neighbourhoods and cultural factors in child maltreatment, and the role of individuals' and families' ability to cope with economic and other stress.

In the introduction to the *Green Paper*, the Minister of Social Development pledged anew to tackle New Zealand's high rates of child maltreatment and neglect. However, along with the WWG report chapter on the wellbeing of children (Welfare Working Group, 2011, Chapter 7), the *Green Paper* lacked any social or economic context or historical background about the state of New Zealand's vulnerable children, including the impact of poverty, labour market changes, and health inequalities. While some of these issues are touched on in the WWG's series of papers, the WWG's primary concern was 'benefit dependency' with the aim of reducing the fiscal burden of welfare.

The *Green Paper* was followed up in 2012 by the *White Paper* (New Zealand Government, 2012b). Despite receiving numerous evidence-based submissions linking child maltreatment and neglect to poverty<sup>12</sup> (New Zealand Government, 2012a), the *White Paper* was primarily concerned with identifying, assessing and responding to child maltreatment. While poverty is mentioned in the short section on improving incomes and opportunity (p. 26), the section seeks to minimise the importance of income poverty: "Many children live in a different sort of poverty – poverty of affection, poverty of protection, poverty of expectation, poverty of educational stimulation, poverty of positive role models." Under measures to deal with income poverty are included "tackling the *impacts* of poverty and ensuring the Government's interventions are effective and delivering value for money for taxpayers [emphasis added]...high-trust contracting, government-community partnerships, simplifying the benefit system by reducing the number of benefits, [and] introducing new social obligations for parents on welfare." None of these deal with the issue of income poverty. Thereafter, the issue is not dealt with again.

Curiously, neither volume of the *White Paper* mentions the role of the Treaty of Waitangi in improving outcomes for Māori children, and discussion of Pacific peoples is largely confined to their access to Early Childhood Education and workforce participation.

Perhaps more alarmingly, Volume 2 of the *White Paper* contains a chapter on "identifying children in target populations" (Chapter 4). Despite the difficulties outlined in this review in identifying when and where child maltreatment might happen, this chapter introduces the idea of a 'predictive risk model' to assist in identifying 'vulnerable' children (Vaithianathan et al., 2012). The model includes 132 variables for inclusion in the core algorithm (Vaithianathan et al., 2012, p. 11), making it arguably of limited use. The researchers used data based on benefit receipt, and found a strong association with benefit receipt and child maltreatment, although it is unclear if the beneficiary was identified as the abuser. This use of data to target subgroups of the population raises very serious questions about marking out and branding families on the basis of factors or circumstances over which they have no control. It suggests child maltreatment is a function of membership of particular social groups, something for which the evidence is very weak.<sup>13</sup> The *White Paper* suggests that using the risk predictor tool will help the 20-30,000 children at "greater risk" (p. 69). However, of the two

12 Submissions can be accessed at <http://www.childrensactionplan.govt.nz/green-paper>.

13 See Child Poverty Action Group technical paper (forthcoming).

groups identified as being at risk, one includes “children who have specific needs, but who are not necessarily vulnerable to child maltreatment” (p. 68). In other words, these are children with special needs who are likely to be already known to the relevant authorities. Figure 2 (p. 20 above) shows almost 60,000 CYF reports requiring further action in 2011-12. The *White Paper* has no strategy to try and help the potentially abused children beyond its highly selected target group, and falls far short of meeting the *Green Paper’s* aspiration that “every child thrives, belongs, achieves”.

The key idea to emerge from the section of the WWG report dealing with children and from the *White Paper* is that risk factors pertaining to the characteristics of parents could be used to identify and monitor families and children. For the WWG key risks included being on a benefit, and being a teen parent (see Ch7, Welfare Working Group, 2011). These risk factors are also cited in the *White Paper* (p. 23). Age and source of income are sociodemographic factors that are difficult to change, and using them as markers for likelihood of abuse risks stigmatising segments of the population. There is also the risk that that the supposed correlation between benefit receipt and child abuse will be used to get people off benefits and into poor quality paid work. This is concerning in the absence of any peer-reviewed studies that clearly identify the what the issue at hand is, and the at-risk population (see New Zealand Government, 2011, p. 4). Even if at-risk groups have been identified, then this still only gives a probability for individual risk within the group. Crucially, it remains difficult to accurately describe and forecast individual behaviour on the basis of the attributes of the group (World Health Organization, 2006, p. 18).

## 10. Conclusion

There is now a substantial body of research, including New Zealand research, showing the association between poverty and deprivation, and child maltreatment and neglect. Much of this work emphasises the complexity and multiplicity of risk factors in child abuse, and the equally complex mix of protective factors that can change outcomes for children. However current policy responses to the tragedy of New Zealand's child abuse are focused not on dealing with the causes of abuse but on reporting and monitoring, and risk assessment.

Attempts to reduce violence in children's lives must take account of their whole environment: their family/whānau, their neighbourhoods and communities, cultural norms, economic and employment settings, and protective factors within these settings. Researchers have found some programmes can reduce risk *post facto*, but so far there appears to be no efficient and effective way to predict which children are at risk, especially when a child's circumstances can change suddenly. One way forward would be to think about the care and protection of all children, with an emphasis on reducing inequalities and providing adequate resourcing for services to assist children and families with the greatest need and creating environments which are safe for all children. This would also be consistent with New Zealand's obligations under UNCROC and the Treaty of Waitangi.

The clear and consistent link between poverty and child maltreatment and neglect needs to be acknowledged. New Zealand research suggests that low income, low educational attainment, and poor mental and physical health can easily set up a cycle of poverty, stress and child maltreatment (Fergusson et al., 2008; Fergusson et al., 2011; Lievore & Mayhew, 2007). Improving incomes is unlikely on its own to stop the maltreatment and neglect of children in New Zealand but the evidence strongly suggests it needs to be an integral part of any policy package aimed at reducing child abuse. Other factors that would improve outcomes for children and whānau are improved access to affordable, stable housing, and better access to primary healthcare and early childhood care and education. These all form part of the protective environment that could be established and maintained for children in New Zealand.

Coherent central government policy also has a critical role. While the Minister of Social Development seems genuinely committed to protecting children from maltreatment and neglect, policies being implemented through her portfolio including changes to the Social Security Act will most likely deepen and entrench the poverty of many families reliant on benefits, especially those affected by sanctions.<sup>14</sup> Punitive social assistance reforms are counter to all the research reviewed here which finds poverty and family and neighbourhood deprivation to be key risk factors in child maltreatment. Indeed, much of the research around this relationship was undertaken by the Ministry of Social Development or its forebear. Angus and Pilott (2000, p. 2) note "A multi-dimensional approach arising from and reinforcing a coherent configuration of policy and services is needed." The Ministry of Social Development's 2007 *Review of the Literature* also observed: "There is better understanding of risk factors that predict violence, although this largely focuses on psychological and demographic characteristics of individuals and their families. What is missing is an understanding of the ways that these factors interact with broader social structures and cultural norms that either support or inhibit violent behaviours" (Lievore & Mayhew, 2007, p. 14).

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14 See for example Social Security (Benefit Categories and Work Focus) Amendment Act 2013. Available <http://www.legislation.govt.nz/bill/government/2012/0067/latest/versions.aspx>.

The threadbare analysis provided by the *Green Paper*, the follow-up *White paper* and the Welfare Working Group, combined with government policies to cut back social security and family assistance will not improve New Zealand's child maltreatment and neglect statistics. Reducing child maltreatment and neglect to a meaningful extent will require child-focused policies that directly address deprivation and other causal factors.

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