

Response to the National Child Protection Framework discussion paper

Advocates for Survivors of Child Abuse

ASCA welcomes the Federal Government's leadership role in the development of a national child protection agenda. The integrated nature of the proposed framework is an exciting break from the past, where artificial departmental distinctions have fragmented child protection efforts.

ASCA is pleased to note that coordinated, research-driven program development is outlined specifically in the discussion paper. We particularly welcome the links made in the discussion document between violence against children, and violence against women. Traditionally, the links between these offences have been elided by policy-makers who have been reluctant to put gendered crime on the child abuse prevention agenda.

Our recommendations are specific to the "stronger prevention focus" theme of the paper:

Extending child protection coverage

There remains a strong case to be made for extending the *coverage* of child protection programs across the socioeconomic spectrum. Many of the proposed prevention efforts represent an intensification of surveillance of families who are already in contact with welfare services. ASCA is concerned that the "silent majority" of abused children, whose parents are not in contact with Centrelink or family support services, will remain at risk under the proposed strategy.

Preventing violence against women and children

Effective prevention requires us to identify and address all the factors that drive child abuse, of which poverty is only one. Prevention efforts should acknowledge violence against women and children as a behaviour enacted disproportionately by men, identify the social factors behind men's violence against women and children, implement a range of primary prevention efforts to change these behaviours, and work to ensure that this change is sustained over time.

Re-orientating health services

These efforts need to be supported by a re-orientation of health services towards meeting the burden of ill health associated with child abuse and neglect well into adulthood. For instance, targeted action on parenting and alcohol misuse will have limited efficacy without building the capacity of alcohol or drug (AOD) services to treat the psychological impacts of child abuse upon adults. AOD abuse is strongly associated with a history of child abuse, and yet AOD services often struggle to ameliorate the trauma-related symptoms that drive their client's AOD use in the first place.