# Understanding child neglect from an Aboriginal worldview: Perceptions of Aboriginal parents and human services workers in a rural NSW community

# Understanding child neglect from an Aboriginal worldview:

# Perceptions of Aboriginal parents and human services workers in a rural NSW community

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The research was undertaken in an Aboriginal community in rural NSW. Indigenous research methods were used at all stages of the study including a participatory approach through community forums. Eighteen Aboriginal parents and nine Aboriginal and non-Aboriginal workers participated in semi-structured in-depth interviews. Participants were also asked questions about a series of vignettes where children were at risk of neglect.

I found that Aboriginal parents perceived child neglect in a similar way to Aboriginal and non- Aboriginal human services workers; overall participants perceived child neglect in a way that is consistent with mainstream views. I also found that a combination of personal and environmental influences informed perceptions on child neglect. Violence and substance abuse were main risk factors for child neglect. Historical trauma, lateral violence, racism and discrimination, and feeling powerless were prevalent in the community and this had a significant impact on the ability of some parents to care for their children. Another key finding was that many parents were raising children in isolation and that, contrary to the expectations about the collective child-rearing practices within Aboriginal communities, there was not a shared responsibility for caring for all children in this community.

I conclude that there are little differences in the way Aboriginal and non-Aboriginal people understand child neglect. Instead it is the difficult circumstances experienced by Aboriginal families that keep parents from actualising their parenting expectations. This means that some Aboriginal families continue to face challenges in caring for their children. These circumstances also help to explain the overrepresentation of Aboriginal children in out of home care. These difficulties are systemic and I argue that multilevel responses are needed to improve the situations of families in the community and for the wellbeing of children.

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**ORIGINALITY STATEMENT**

# Abstract

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# List of Abbreviations

| | |
|---|---|
| ABS | Australian Bureau of Statistics |
| AH&MRC | Aboriginal Health and Medical Research Council |
| AIFS | Australian Institute of Family Studies |
| AIHW | Australian Institute of Health and Welfare |
| AMS | Aboriginal Medical Service |
| AVO | Apprehended Violence Order |
| DoCS | Department of Community Services |
| FaCS | Family and Community Services |
| LSIC | Longitudinal Study of Indigenous Children |
| NSW | New South Wales |
| OOHC | Out-of-home care |
| PAR | Participatory Action Research |
| PTSD | Post-traumatic stress disorder |
| SNAICC | Secretariat of National Aboriginal and Islander Child Care |

## 1.1 Research problem

Aboriginal cultures prior to colonisation consisted of approximately 250 distinct nations in Australia[1], each with their own languages, customs and belief systems (HREOC, 2005:33). Despite this diversity there are particular values that are prevalent across all different groups; an interconnected relationship with nature, the land and animals, and other people (Dudgeon, Wright, Paradies, Garvey, & Walker, 2010:26). Family is central for Indigenous people to defining identity and understanding connections to kinship ties and the land (Dudgeon et al., 2010:26). Indigenous cultures traditionally reared children within a collective environment, sharing parenting responsibilities and roles across the kinship system (Parker 2010:4).

This communal way of living and raising children continued following colonisation when Aboriginal communities resided on mission stations and town fringes (Read 1984) Aboriginal communities were poor and relied on government rations, and one another, to provide food for the residents (Read 1984). Poverty has had a long standing association with Aboriginal communities, and child neglect has long been linked with poverty (HREOC 1997:23). Accusations of child neglect against Aboriginal parents have been widely used by previous Australian governments as an excuse for removing children from their families. In the early twentieth century, poor living conditions were reason enough to remove a child on the grounds of neglect, and as the majority of Aboriginal families were living in poverty, in many instances being Aboriginal was considered sufficient evidence that a child was neglected (HREOC 1997:9;62). The State[2] saw the appalling conditions in which Aboriginal families lived and found this to be justification for the removal of their children. These living conditions, however, were caused by mistreatment of Aboriginal people by the State. In addition to being impoverished and surviving on meagre government rations, 'their rich cultural and community life, which placed such a strong emphasis on kinship, family and the care of children, was denied, and the physical circumstances of their existence in fringe camps or on white properties invalidated their competence and capacities' (Raphael et al. 1998:329). For the majority of the twentieth century, Aboriginal people in New South Wales (NSW) were under

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[1] Aboriginal and Torres Strait Islander peoples are the Indigenous peoples of Australia. Aboriginal groups are the custodians of New South Wales, and as this State is the focus of this research, this will be the term used most frequently. The term Indigenous will be used when describing Indigenous cultures more generally and in an international context.
[2] The State refers to the State of New South Wales in Australia.

the control of Aboriginal Boards who had the powers to remove children from their families at will. It is estimated that nationally between the years 1910 and 1970 the number of Aboriginal children forcibly taken from their homes ranged from one in three to one in ten (HREOC 1997:31). The Aboriginal Board also considered traditional practices, such as sharing parenting roles within an extended family or living a transient lifestyle, travelling the region and staying with kin, as child neglect (Burns et al. 1999). The consequence of former child removal policies is that, in their wake, countless numbers of families were left traumatised and disadvantaged (HREOC 1997). Consequently, subsequent problems such as poverty, parental mental illness, substance abuse, and family violence meant that many vulnerable children were removed from their homes (Berlyn et al. 2011). Many Aboriginal families continue to be involved in the child protection system.

Aboriginal and Torres Strait Islander children today are significantly overrepresented in the statutory child protection system. Aboriginal children are nearly eight times more likely to be the subject of a substantiated child protection report compared to non-Indigenous children in New South Wales (NSW) (AIHW 2015:25). Most of these reports are for neglect related incidences, representing nearly 39% of substantiations in NSW (AIHW 2015:78). Further, Aboriginal children are removed at a rate of more than nine times that of their non-Aboriginal counterparts nationally, with this number slightly higher in NSW (AIHW 2015:50).

While society is increasingly acknowledging the impact of colonisation and subsequent trauma and vulnerabilities stemming from this, there is still a lack of research on the lived experiences of Aboriginal families and on the way Aboriginal people themselves view adequate parenting and child neglect (Healing Foundation 2013:6). Despite child protection policy and practice impacting on Aboriginal families more than any other group in Australia, very little is known about how Aboriginal people conceptualise child neglect and how these families view and experience the challenges they face in their efforts to ensure that children are brought up safe and well.

## 1.2 Research aims and scope

This research aims to fill this gap by developing an understanding of the way Aboriginal families and communities view child neglect and the factors that help and hinder adequate parenting behaviours. This will be achieved by exploring the following questions:

1. How do Aboriginal parents and human services workers in a rural community perceive child neglect? Are there any similarities and differences in these perceptions?

2. What factors influence perceptions of child neglect by Aboriginal parents and human services workers in this community?

3. What challenges do Aboriginal parents experience in caring for children?

For the purposes of this study terms such as, perceptions, views, perspectives and beliefs will be used interchangeably, as has been done to varying degrees in previous research (for example, Krysik et al. 2008; Bishop & Lunn 2002; Ards et al. 2012; Stone 1998; Rose 1999).

It is important to make explicit that the participant group of parents were those facing ongoing struggles, with most experiencing statutory child protection intervention either as parents or children themselves (or both). While all attempts will be made throughout this thesis to maintain a strength-based tone, the reality that this is a vulnerable group of parents needs to be emphasised in order to understand their perceptions of acceptable parenting behaviours, and what constitutes child neglect.

I have chosen to limit parents' perceptions to those identified as experiencing vulnerabilities because it is this group that is most impacted by policies and practitioner interactions. A range of Aboriginal and non-Aboriginal human service professionals, working in a variety of different local settings, participated in the project to gain an understanding of the perspectives of professionals who work with children and families' in different contexts (chapters 4 and 5 discuss in more detail the participant groups and scope).

Aboriginal people, cultures and communities experience varying degrees of colonisation and live in a range of different geographic and socioeconomic circumstances. These factors impact the way Aboriginal people express their cultural identity and experience being Aboriginal. Additionally, the vast differences in experiences also suggest that their perceptions on issues such as child rearing, and factors which help and hinder this may be also different. This study therefore does not seek to propose an understanding of child neglect on behalf of all Aboriginal peoples and communities; rather it will explore an Aboriginal perspective based on the views of one Aboriginal community in rural NSW. In doing so this project aims to inform policy and service delivery to be more culturally competent for Aboriginal children, families and communities.

## 1.3 Research method

This project used qualitative inquiry and prioritised and incorporated Indigenous research methods throughout all stages of the research. The expertise of the community was utilised from the initial stages of the project through informal conversations, presentations,

information sessions and community forums with local professionals and community members. Two community forums were held in the project site. The first community forum developed interview guides and vignettes, and the second community forum, held after data collection and preliminary analysis, discussed and interpreted findings. Between the two forums, in-depth interviews were conducted with Aboriginal parents as well as Aboriginal and non-Aboriginal human services workers, using a semi-structured interview guide and vignettes developed with the community about risk factors associated with child neglect. Vignettes were chosen for two reasons. First, vignettes are a common method used to investigate participants' perceptions on child maltreatment (for e.g. Giovanonni & Billingsley 1970; Rose & Meezan 1995; Rose 1999). Second, the use of vignettes and their story-like format resonates strongly with yarning, an Aboriginal style of interactions and emerging method for data collection in Aboriginal research, thereby enabling the participants to examine the topic in a way that is culturally familiar and comfortable (Blodgett et al. 2011:529).

## 1.4 Who I am

My name is BJ Newton and I am a proud Aboriginal woman. My family descend from the Wiradjuri Nation in New South Wales. My Aboriginal ancestors are from all over Central Western New South Wales, but at some point most of them all resided on the Erambie Aboriginal Reserve at West Cowra. I am introducing myself for a number of reasons. First, as an Aboriginal person it is a cultural custom to inform who I am and where I am from as it enables fellow Aboriginal people to know what Country I am from and who my family are. In doing so we can make connections to one another. Second, as discussed later in this section, I am deliberately positioning myself as a component of the study to reflect on my research practices and my journey through this process. Additionally, as an Indigenous researcher and social worker I am not only positioning myself in the study, but also declaring the 'lens' through which I have conducted this research and reported on it (Foley 2003). Understanding who I am will enable the reader to better understand my choice of theoretical approaches, methodologies, and interpretations of findings. Finally, in the coming chapters you will learn the stories of the research participants. These stories are raw and confronting; in sharing their stories the participants are exposing very private experiences and opinions. I feel very grateful to bear witness to, and retell these stories. By sharing my story and exposing my own vulnerabilities, I feel this is one small way to repay this privilege.

My great grandmother is Josephine Wilhelmina Simpson and her parents were from prominent Aboriginal families in the region. Her father, Joseph Simpson was a pastor. He prided himself

on his established veggie patch which he shared with the other families on the mission. He was also a very talented musician; his father's accordion remains in our family to this day. Josephine's mother, Isabella Murray, was a much loved woman and her brothers were heroes in the community for their sporting and political endeavours. Josephine was 17 when she had her first child to her future husband, Reuben Newton. My great grandfather was a non-Aboriginal man who lived on the outskirts of Erambie. Reuben was disowned by his parents for marrying an Aboriginal woman. He built a hut for his family to live in so Josephine could live close to her family, although they often moved around and their children at times lived with relatives on or off the mission. Josephine and Reuben had 10 children together. Their oldest child, Lindsay went away to fight in World War 2 as a teenager and never returned. I am told that Josephine was never the same after losing Lindsay.

My pop is Edward 'Laurie' Newton and he was one of the middle children. Pop was born in 1933 and spent his childhood on and around the mission, moving to Sydney with his family when he was he was about 10 or 11. When he was about 12 he was removed and placed in a non-Aboriginal institution as he was of fairer skin. He recalls two men in black suits forcing themselves into his home and taking him as his mother and cousin watched on helplessly. He said he was taken because he didn't attend school; he wanted to, but he kept getting expelled for 'no good reason'. This was common for Aboriginal children attempting to go to mainstream schools, and principals were often within their rights to exclude Aboriginal children if a white parent requested it (HREOC 1997:40). The Aboriginal Board did not acknowledge this, however, and they labelled children who would not attend school as 'uncontrollable' (Burns et al. 1999:194). Pop ran away from the boy's home a few times and returned to his family, only to be taken again. When he was 14 he was released from the institution and returned to Erambie. He lived with different relatives, and travelled around the region fruit-picking with his uncle. Pop had a large and very close family, and even though he lived transiently as a child at times, he always knew he could rely on his extended family to care for him.

When pop was 16 he returned to Sydney where he met my Nan, Veronica and they immediately had their first child when they were still 16. My dad and his twin sister were born five years later. Nan and Pop have been married 65 years and have a very loving relationship.

My mum is non-Aboriginal and grew up in Sydney. Unlike my dad, mum grew up with a very violent father, where she witnessed severe beatings against her mother and her siblings. Both of her parents were also alcoholics. I have always known mum to hate any kind of violence and she never drinks alcohol. My parents were married in 1976 and I am the middle child of three girls. My parents separated when I was five and I would see my dad every second weekend.

My mum tried to give us everything we wanted, but she really struggled financially and practically to look after us. Mum worked nights behind a bar and from the age of 13 my older sister looked after my younger sister and I until the early hours of the morning.

My parent's separation prevented me from knowing much about my Aboriginal heritage or what it meant to have an Aboriginal identity. Sadly, my own experience of being Aboriginal is very much from a colonised worldview. While I always identified as being Aboriginal, being raised outside of an Aboriginal community meant that I have been more exposed to a white perspective of child rearing.

When I became a student at the University of NSW I was welcomed with open arms by the UNSW Indigenous community. This community became a big part of my life, and was like my second family. I learned a lot about my heritage and Aboriginal culture, and importantly, I learned about the diversity of the Aboriginal lived experience. I learned not to be ashamed of my lack of cultural knowledge and fair skin, and that I was not alone in experiencing a fragmented Indigenous identity. My position is not a unique one, as many Aboriginal people, for various reasons have grown up in non-Aboriginal or mixed communities and as a result live a more Westernised lifestyle. This does not diminish their or my experience as an Aboriginal person because in my case it is still a large part of who I am. As I grow older I strengthen my cultural bonds, meeting my family, murru (journey) to nguram-bang (country), and learning ngiyang (language). I am learning as much as I can about Wiradjuri history and traditional stories and customs, and celebrating this knowledge with my children.

At university as a social work student and a researcher I have been trained in mainstream theories and practices; however, I often find myself questioning the appropriateness of these approaches in an Aboriginal context. In this respect I offer a unique perspective: professionally I have learned to apply mainstream ideologies to my work, yet I strongly value and embrace Aboriginal perspectives in social work and social policy research. As such I am neither an outsider nor insider in this project, but I am somewhere in the middle and will draw on both perspectives to guide me on this journey. This is a key strength because it enables me to consider these different positions and how together they can inform and enrich all stages of the research. This project for me has also been a way for me to explore myself further as an Aboriginal social worker and researcher. I have had to navigate my desire to conduct culturally competent, safe and socially just Indigenous research within the confines of tight timeframes, and stringent university structures that are required of a PhD project, and this has at times proven very challenging.

During my candidature I have also had two children, and my experience of becoming a mother twice over has greatly influenced my evolving perceptions and opinions on parenting and issues of child neglect. While I do not suffer the multitude of vulnerabilities faced by many families, and could never truly comprehend the lived experience of overwhelming fear, powerlessness, and worry that plagues many struggling families, I know how it feels to think you are not coping as a parent, and it becomes a struggle to keep going.

My priority as a fellow parent, and responsibility as an Aboriginal researcher, is to ensure that I do justice to these incredible stories that I have been so privileged to retell. In doing so, perhaps whoever reads this will come away from it feeling as though they understand, even if just a little bit more, the challenges these families face every day, as they attempt to break intergenerational cycles of disadvantage to improve their lives for their children.

My motivation for undertaking this research project stems from my passion for social justice and social change for Aboriginal people. I feel a strong sense of injustice at the past actions of governments in creating an environment of poverty and hopelessness for Aboriginal families, then removing children for living in the very conditions they are responsible for under the guise of 'child neglect'. This is what happened to my pop, his younger brother, and more than 5600 other Aboriginal children (Read 1981:8-9). The legacy of these atrocities has created even more problems within Aboriginal families and communities today and many are stuck in intergenerational cycles of disadvantage. As an Aboriginal research academic and social worker, with the legacy of historical child removal deeply affecting my family, and indeed my people more generally, I embark on this research journey to better understand perceptions and experiences of child neglect.

## 1.5 Significance of the research

This research is both timely and significant to child protection policy, practices, and theoretical understandings because it will extend the small existing evidence-base that informs what we know about Aboriginal peoples' perceptions on child neglect and experience of parenting as a marginalised group in Australia. The terminology of child neglect continues to be used as a part of everyday language when describing conditions within Aboriginal households, but it is not known how Aboriginal people actually view child neglect. Is it the same as the way the government and workers view child neglect? What is driving these views? What are the actual circumstances within these families and communities that create risks to children? It seems both irrational and unjust to me that the term child neglect is being so frequently used with respect to Aboriginal people, to the extent that Aboriginal children significantly over represent

all children who are removed for neglect, yet they have not had their voice heard about what it means to them. Whatever this research finds, it is important that this project has taken steps to include Aboriginal families in the conversation on meanings of child neglect. In doing so I hope this project contributes to the pursuit of improving policy and service delivery for Aboriginal children, their families and communities.

This is the first project in Australia that focuses specifically on perceptions of child neglect in an Aboriginal Australian context. The study is also significant in that it utilises the stories of Aboriginal parents who have been reported to authorities for instances of, or risk of, child neglect. This research provides a rare look at the world from the perspective of these parents and a rare opportunity for them to share their own views on parenting and child neglect. Further, the contribution from human services workers, many of whom are members of the local Aboriginal community, adds another layer of insight. Employing such methods is vital to truly understanding the problem of child neglect and underlying associated factors, so that policies and practices directed at these families can be effective.

## 1.6 Structure of this thesis

The following two chapters provide a literature review to contextualise this project. Chapter 2 traces the history of Aboriginal child protection policy in NSW and Australia, particularly from the early twentieth century until the present. Chapter 3 introduces the main theories and definitional issues regarding child neglect, and proposes a theoretical framework appropriate for an Aboriginal context. Chapter 3 also discusses the vulnerabilities prevalent in families where child neglect occurs. It then goes on to review the previous research on perceptions of child neglect. Gaps in this research arena, specifically in an Aboriginal context, are highlighted to show why there is a need for this project. Identifying the gaps in previous Aboriginal child protection research in Chapter 3 will pave the way to present the method used for this project in Chapter 4.

Chapter 5 introduces the project site and the research participants, leading into Chapters 6 and 7 which provide an analysis of the project findings. Chapter 6 focuses on the findings related to views and experiences of parenting, engagement with the service system, Aboriginal identity, and views on child neglect more generally. The issue of supervisory neglect by way of children wandering the streets at night without adults, and views on education and schooling, will also be presented. Finally, this chapter will explore the role of culture in the development of parent perceptions, and the perceived differences between Aboriginal and non-Aboriginal parenting and views on child neglect. Chapter 7 focuses on the perceptions related to two

major risk factors for child neglect: drug and alcohol use and violence. This chapter will discuss participants' views on these issues, as well as explore how these risk factors can impact on family situations. Chapter 8 provides an in-depth analysis of the key findings presented in Chapters 6 and 7 and draws on supporting literature to place these findings within a broader context. Chapter 8 also discusses the limitations of the research and implications of the findings for Aboriginal child protection policy and practice. The final chapter provides my concluding arguments and a reflection of the research journey.

# CHAPTER 2: SETTING THE CONTEXT: ABORIGINAL CHILD PROTECTION POLICY AND CONSTRUCTIONS OF CHILD NEGLECT

## 2.1 Introduction

Aboriginal people have been the subject of government policies since the beginning of colonisation. These policies have attempted to control every aspect of Aboriginal people's lives and nowhere have they been more damaging than in the area of child welfare. It is only recently that society has acknowledged the devastating and irreversible effects of the actions of former child protection practices and the continued trauma these practices have on families today (Keating 1992; HREOC 1997; Rudd 2008). The damage of previous child welfare policies was nationally recognised in 2008 by the Australian Government's apology to the Stolen Generations (Rudd 2008).

This chapter provides an historical overview of notable policies from the late nineteenth century through to today. The chapter focuses on state-based policies, although contextualises these within the wider Australian political context where necessary. It considers their influence on contemporary policy, as well as the impact on Aboriginal people today and their understanding of child neglect. The first section of this chapter describes Aboriginal life and culture before colonisation. The chapter then recounts the Aboriginal child protection policies post colonisation, with a particular focus on New South Wales (NSW) – the State where this research takes place. This discussion will provide an historical context to help explain the circumstances of many Aboriginal families today, including those who participated in this project. While these families have not directly experienced the child protection policies that dominated most of the twentieth century until the 1970s, they are affected by them as their implications have significantly shaped their family narrative. The background story of inequitable policies and Aboriginal mistreatment is central to understanding the project participants' views about engaging with service systems and the parenting and personal experiences of Aboriginal families and communities. This section also makes distinction between the child protection interventions experienced by Aboriginal families compared to the general population.

The social changes and reforms to Aboriginal child protection policies since the 1970s will then be explored. It is these more recent child protection policies and practices that the families in this research have experienced firsthand I will then trace the evolution of the concept of child neglect in NSW and discuss the current child protection climate in both an Aboriginal and non-Aboriginal context. Despite efforts to improve child protection practices with Aboriginal

families and reduce the very high numbers of Aboriginal children experiencing child neglect, Aboriginal children continue to be overrepresented in all areas of the statutory child protection system (AIHW 2015). Likewise, outcomes for Aboriginal people continue to be much poorer compared to the non-Aboriginal population across almost every social indicator of health, economic and environmental determinants (NSW Ombudsman 2011:3).

## 2.2 Before colonisation

The Indigenous people of Australia are the traditional custodians of the land. It is estimated that the First Australians have been walking this continent for between 50 000 and 120 000 years and represent the oldest surviving human culture in the world (Dudgeon et al. 2010:26). At the time of colonisation in 1788, the population of Indigenous people in Australia is estimated to have been between 300,000 and one million people, consisting of approximately 250 different nations and language groups each with their own unique language, cultural norms, and belief systems (HREOC 2005:33). Traditional Aboriginal cultures lived a very spiritual existence, one that was intrinsically connected to all nature and living things (Hume 2002:24). Before colonisation Indigenous Australians were semi-nomadic, embracing a hunter-gatherer lifestyle which enabled them to travel the land as the seasons changed. Made up of collective societies varying in size, each person in their group made a contribution to the community according to their gender and age that was vital to the functioning of the community. In turn, by having an important role in the group and responsibility to the land, individuals secured their sense of identity and belonging (Dudgeon et al. 2010:26). Each family group had their own distinct history and culture, and different communities would gather together to trade or for particular occasions. Intricate kinship systems predetermined by the Dreaming dictated how people would relate to each other, both within and beyond their own family group (Dudgeon et al. 2010:26).

*The Dreaming* is the term used to encompass Aboriginal knowledge-systems. Stories from the Dreaming guided many aspects of daily life. They dictated law, customs and explain the creation of life. The Dreaming is essential to both spiritual and physical belief systems, determining land boundaries and the responsibility of different family groups to oversee the care of designated territories. Aboriginal people experience a deep spiritual connection and sense of belonging to their country. This relationship to land, and identification within a kinship system, plays a fundamental role in their wellbeing both individually and collectively (Dudgeon et al. 2010:26). Aboriginal people celebrate their belief systems and kept their

cultures alive through ceremony, dance, art and oral story telling which they passed down through the generations.

Accounts of traditional Aboriginal parenting prior to colonisation are limited and commonly retold from the perspective of British colonial settlers where Aboriginal people were generally looked upon negatively (MacDonald 2016:41). However, what the literature does suggest, is that the beliefs, experiences and attitudes of Aboriginal people were similar across Australia (MacDonald 2016:42). A large gap in these accounts, however, is the observation of Aboriginal women in traditional roles, as male anthropologists were not allowed access to this area of life (McDonald 2016:42). Gender roles in traditional Aboriginal cultures were quite distinct, and early on children learned the skills and behaviour required of them as adults. Girls were taught to dig for and prepare food, and care for younger siblings and children, while boys were taught to make weapons and throw spears for hunting (Bourke et al 1980:58-60). Children did not attend school, rather they learned through play, being shown how to hunt and gather by adults, and when their elders would tell stories around the campfire (Bourke et al 1980:60).

Children were raised within their family groups, also referred to as 'bands' or 'clans' (Coe 1980). The family groups consisted of a mother, father, and children, with the paternal grandparents close by. The practical needs of paternal grandparents were cared for by the rest of the family and in turn these elders nurtured and educated their grandchildren about their culture. to be cared for practically, and in turn they can nurture and educate the children about their culture. Some men had co-wives, which were usually the sisters of the first wife, and children would call all of their mother's sisters 'mother', just as they would call all of their father's brothers 'father'. The Title of 'aunt' and 'uncle' were reserved for their father's sisters and their mother's brothers respectively. In turn many of their cousins were also referred to as brothers and sisters (Bourke 1980). This family group had their own prescribed area for living and hunting food, and only with their permission could other families enter their designated area, though other family groups would live in the same vicinity.

Each woman generally only had a few children several years apart, and child-bearing did not start before the age of sixteen (MacDonald 2016:62). The decision to have a child was not made lightly as 'it was necessary for Aboriginal women to carefully consider the viability of each pregnancy and birth, bearing various spiritual, social and ecological factors in mind' (MacDonald 2016:62). Caring for children was considered 'the most important of all social activities and concerns' (MacDonald 2016:54), and becoming a mother for women was an indicator of status that grew with each child under her care.

Rearing children in traditional cultures was a collective responsibility, as different family members each had a different connection and role in nurturing and educating each child (MacDonald 2016:54). Children were reared and protected by their extended family and parents could rely on the support of their family and community to help care for their children (Parker 2010:4). Adults shared responsibilities to teach children and pass on knowledge according to their age and gender. Children were also encouraged to learn naturally and independently by making their own decisions and following the example of older children and adults (Atkinson 2002:37-38). However, children were taught two main rules from a young age, which were how to behave towards different relatives, and to remain silent and pay attention during formal ceremonies (Bourke et al 1980:60). Physical abuse of children was unheard of and severe punishment was taken against anyone who harmed a child or allowed a child to come to serious harm (Atkinson 2002:38). Children learned right from wrong, and safe from unsafe through experiencing the learning first hand, for instance, Smyth (1878) commented, 'The infants crawl near the camp-fires, and get burnt; they fall asleep under a tree, and get stung by insects; they labor amongst the branches of a fallen tree and they injure themselves…' (cited in MacDonald 2016:68). The focus for children was not on discipline, but rather introducing and teaching the child about the social world of which they were an autonomous and equal being (MacDonald 2016:69.

## 2.3 After colonisation

Britain's intent for what is now Australia was to establish a penal colony to accommodate for the over-burdened British prison system which numbered more than 10,000 in the wake of the American War of Independence (Coe 1989:16). When the British arrived to claim Australia in 1788 after an 8-month sea voyage, they did not recognise the Indigenous people as custodians of the land. Instead they regarded the land as a 'settled colony', meaning that 'under British law it was judged to be deserted and uninhabited at the time of discovery' (Coe 1989:17). The British were aware that people inhabited the land; however, they were not considered to be human beings, but rather a part of the native plant and animal life (HREOC 2005:33). An absence of buildings and houses was another reason the British did not consider the land as occupied (Bamblett & Lewis 2007:44).

The Aboriginal way of life was perceived as uncivilised and inferior to the British in every way; their lives were not valued and they were simply viewed as an obstacle in the way of managing a peaceful settlement of the Australian colony (Haebich 2000:68). The years that followed after colonisation were devastating for Aboriginal people. Many were massacred while trying

to defend their land from the British invaders, while entire communities were wiped out when introduced foreign diseases spread across the lands (Parbury 2005:46). At the turn of the twentieth century it is estimated that the Indigenous population had fallen to only 75,000 people (Dudgeon et al. 2010:29).

## 2.3.1 Aboriginal Protection policies

From the end of the nineteenth century to the latter half of the twentieth century Indigenous affairs in Australia were overseen by government representatives comprising an Aboriginal 'Board' in each respective State and Territory. Each jurisdiction was independently responsible for its own Indigenous affairs and in NSW two such Boards were established over this period: The Aborigines Protection Board (1883-1940) and the Aborigines Welfare Board (1940-1969). The Aborigines Welfare Board is generally considered to be an identical successor to the Aborigines Protection Board with a new name. Both of these entities hereafter will be referred to as 'the Board' (Read 1981).

The Aborigines Protection Board ('the Board') was established in 1883 and later granted legislative power under the *Aborigines Protection Act 1909* (NSW) (hereafter the 'Act')*.* The Board exercised significant control over the lives of Aboriginal people. Some of the Board's powers included forcing Aboriginal people to live on reserves, prohibiting non-Aboriginal people from entering reserves, and removing children from families and placing them in institutions (Bickford 1988:59). By 1939 there were over 180 reserves in NSW under the authority of the Board (HREOC 1997:54) . The managed reserves were run by churches or religious organisations and came to be known as 'mission stations' or 'missions'. They provided very basic and limited rations, education, and housing to the residents. Reserves that were not managed offered only rations and were under the control of the police (HREOC 1997:54). While many Aboriginal families lived on reserves, others lived on the fringes of town in camps and in cities. Many lived transiently, moving around to different reserves and towns, while others followed seasonal work such as fruit picking and farm work (Read 1984), as was the experience with some people in my own family. These diversities in experience are still true today. Some Aboriginal people live in the city, while others live in regional centres or rural/remote areas. Some know a lot about cultural traditions and speak their native languages, while others know very little. As will be demonstrated in the findings, this also extends to differences in views and experiences.

The managers on missions in the early to mid-twentieth century were highly controlling over the daily lives of those under their authority. Residents on the missions were forbidden from

speaking their native languages and engaging in traditional practices (Pattel-Gray 1998:139). They were conditioned to believe that their customs and spiritual beliefs were evil and were forced to convert to Christianity (Pattel-Gray 1998:129). Some managers abused their authority and degraded the residents by ordering regular inspections of their homes and person, and that of their children. They also had the power to approve or deny residents from marrying. Some would also incite fear and obedience by threatening to have children removed (Read 1984). From the time it was established, the Board was preoccupied with removing Aboriginal children from their families to train them to be domestic servants. Prior to 1909, when the Board did not have legislative powers to remove children, they instead resorted to coercion or threatening parents, or promises of a better life for their children. Once the legislation was introduced, Aboriginal children could be removed without their parent's consent if they were found to be neglected before a court under the *Neglected Children and Juvenile Offenders Act 1905* (NSW) (HREOC 1997:41).

An amendment to the *Aborigines Protection Act* in 1915 saw the NSW Government grant the Board more power to remove children. Children could be removed without parental consent if the Board believed that it was in the best interest of the child; parents had to prove that the child was better off remaining in their care, not the other way around (Read 1981:6). Removing children was a very easy process that could be ordered by Board delegates such as station managers or police officers, and no court hearings were conducted (Read 1981:6). This blatant act of removing children from their families was an attempt to separate them from their Aboriginal roots, as was made clear in the documentation provided for the committal notice. Under 'reason for Board taking control of the child' some station managers simply wrote 'for being Aboriginal' (Read 1981:6).

By the late nineteenth century it was becoming increasingly clear that Aboriginal people were not in danger of extinction, the population was in fact growing and many children were being born of mixed Aboriginal and European descent (HREOC 1997:29). This raised a number of social and economic issues for the government (Burns et al. 1999:191). For instance, it was unclear how people born of mixed Aboriginal and European descent should be regarded. For some, these people were superior to the 'full blood' Aboriginal population as they had the more 'civilised' European blood, and therefore had greater potential. Others were sceptical of this 'half-caste' population, arguing that they would inherit 'the worst traits of both races' (Burns et al. 1999:191). Additionally, the government was not prepared to support those of mixed-descent as being dependent on the State for rations and, albeit very poor, housing on reserves. This was reiterated in 1917 by the Acting NSW State Premier at the time:

> … quadroons and octoroons will be merged in the white population, and the camps
> will merely contain the full-blooded aborigines and their descendants … By this means,
> considerable savings will be effected in the expenditure of the Aborigines Protection
> Board … There is hope … in years to come, the expenditure in respect of Aborigines
> will reach vanishing point (quoted by NSW Government submission (date unknown) on
> page 28) (cited in HREOC 1997:42).

The intent was for this mixed-descent population to make a productive contribution to society
by joining the country's domestic service or manual labour industry. This was to be achieved
by segregating many children, particularly those of fairer skin, from their families and
communities at a young age and placing them in institutions (Burns et al. 1999:192). Here they
were taught very basic education, Christian values, and trained to become servants and farm
labourers for white people (Read 1981:6). Re-educating Aboriginal children in white ways,
away from their families and communities, was a key strategy to segregate them from their
Aboriginal culture. The children were essentially treated like prisoners. Visits from family were
strongly discouraged and children were not allowed to return home, even during the
Christmas holidays. Mail between children and parents was intercepted and censored, and
children were generally deprived of love, affection and joy (Read 1981:5-6). Segregation from
their families and the outside world was coupled with propaganda as a way to brainwash
Aboriginal children to despise their own race. Negative beliefs were consistently drilled into
the children that Aboriginal people living on reserves were 'dirty, untrustworthy, bad' (Read
1981:10). The living environment in the institutions was impoverished and authoritarian. As
funding was scarce, residents were provided limited food (and in some locations limited
water), clothing, poor housing, and staff were unqualified (Burns et al. 1999:196). Staff used
corporal punishment to discipline the children, and methods such as severe physical beatings,
forced standing or kneeling for a long time, head shaving, withholding food, rigorous manual
work, and psychological abuse, have been reported (Burns et al. 1999:196). Many children
were subjected to sexual abuse either at the institutions or while they worked off site on
domestic or labour duties; consequently many Aboriginal teenagers became pregnant (Burns
et al. 1999:197). In turn their illegitimate children would then be removed and institutionalised
(HREOC 1997:44). Ex-wards of these institutions to this day, and their subsequent generations,
are still struggling with the traumatic effects of living in these conditions.

In 1937 a conference of all State and Territory Aboriginal authorities was held and together
they agreed that the future of the Aboriginal race, specifically those of mixed European
descent, would be to assimilate it into the dominant white society:

> The destiny of the natives of Aboriginal origin, but not of the full blood, lies in their ultimate absorption by the people of the Commonwealth, and it therefore recommends that all efforts be directed to that end (Commonwealth of Australia 1937:21)

'Full blood' Aboriginal people, it was believed, would all perish due to their own self-destructive circumstances. As stated by A.O Neville, Commissioner of Native Affairs in Western Australia, '…the problem is one that will eventually solve itself…they are, in fact, being decimated by their own tribal practices. In my opinion, no matter what we do, they will die out' (Commonwealth of Australia 1937:16). To this end, the branding of Aboriginal policies changed from 'protection' to 'assimilation' in 1939. However, the underlying intent of these policies, to extinguish the Indigenous race, was the same, as were the methods by which this end was met. The goal of assimilation was for Aboriginal people to dismiss their cultural identity and adopt the white way of life. In doing so this would ensure the extinction of the Indigenous race in Australia, putting an end to the Aboriginal 'problem', as Aboriginal people would become civilised and fully conform to mainstream society (Commonwealth of Australia 1937).

Assimilation policies were largely met with resistance from Aboriginal people who have always fought to keep their culture alive. The government would use both incentives and oppressive authority in an attempt to convince Aboriginal people to assimilate. For instance, the Board introduced 'Exemption Certificates', an official document provided to some Aboriginal people as proof they have denied their Aboriginal culture in favour of a European lifestyle. In theory this would entitle them to access public services, resources and education on an equal paring to a white Australian (McGrath 1995:89). Aboriginal people had to prove they were worthy of exemption, namely that they would live away from their Aboriginal community, gain employment in approved jobs, and spend their income in a way acceptable to the Board. If an application for an exemption certificate was rejected, or awarded but later revoked, this placed the person at a risk of having their children removed, denial of social assistance such as pensions, and refusal to enter public spaces which had ramifications for employment opportunities (McGrath 1995:90). In light of this, as well as the general disdain of this policy by Aboriginal people, these certificates were highly unpopular and only a small number of people applied for them over the two decades they were in operation between 1943–1964 (McGlade 2012:90). However, some had little choice and saw this as the only way to overcome poverty and access employment and social services.

Aboriginal protection and assimilation policies are a highly sensitive and contested area of historical debate and way beyond the scope of this thesis. While the dominant discourse suggests that the implementation of these policies were an attempt of genocide, some historians have adopted a different perspective and suggested that these actions were merely a 'historical blemish' and the number of people directly affected was 'statistically insignificant' (Clark 2002:2). This perspective further argues that the 'black arm-band' view of Aboriginal history is weakened by its emotional sentiment, projects Australians as 'racist and violent', and is essentially un-Australian (Clark 2002:1). Despite this perspective, the political agendas of past governments during the protection and assimilation policy eras were officially recognised as a form of genocide in 1997, stating 'The Australian practice of Indigenous child removal involved both systematic racial discrimination and genocide as defined by international law' (HREOC 1997:266).

## 2.3.2 Aboriginal Assimilation policies

Under assimilation policies many Aboriginal people were increasingly encouraged to live away from the reserves and integrate with the wider population so that the reserve land could be utilised for farming and housing for white people (HREOC 1997:42). The government believed that assimilation policies would ensure that Aboriginal people would settle equally into mainstream society alongside other Australians; however, this was far from true. Discrimination and racism were extremely common, as Aboriginal people were often segregated in public places, such as hotels and public buses, and excluded from entering public venues such as swimming pools and movie theatres (McGrath 1995:106). They also experienced much poorer working conditions and received far lower wages than non-Aboriginal people (National Museum of Australia 2014). Aboriginal people were also the targets of police scrutiny and general surveillance in society (McGrath 1995:90). Aboriginal students were also treated unfairly by the education system. For instance, until 1972 school principals had the authority to expel or refuse Aboriginal student admission if they saw fit or if another parent complained (HREOC 1997:40).

Removing Aboriginal children from their families was a significant strategy for implementing assimilation policies. Under these policies the government claimed the right to enforce legal guardianship and remove children with any degree of Aboriginal descent at its discretion (Haebich 2000:279). In NSW, in accordance with the new assimilation policies, in 1940 the Aborigines Protection Board was renamed the Aborigines Welfare Board. The focus of the Board was the implementation of Aboriginal assimilation until it was dissolved in 1969 (Chisholm 1985:20).

In 1939 the *Child Welfare Act* (NSW) was enacted. This legislation was applicable to all Australian children and decisions of child removal were made before the Children's Court. Once removed, however, Aboriginal children became the responsibility of the Board (HREOC 1997:40). In theory the new legislation, involving a Magistrate, enabled a fairer process for Aboriginal parents to keep their children – but this was not the case in reality. Children's Courts were located far away from Aboriginal communities, and parents were not provided any legal assistance, setting the family up for an unfavourable outcome from the beginning (HREOC 1997:47). Additionally, the implementation procedures for this new legislation remained the same for Aboriginal children as the previous legislation; that is, the same officials could have children removed. However, children were no longer removed on the basis of race, but for being 'neglected' (Burns et al. 1999:194).

The definition of child neglect under the 1939 Act comprised a compilation of 15 different parenting behaviours or lifestyle characteristics. Many of these were applicable to most Aboriginal families, making it easy for authorities to prove grounds for removal. Neglect included being 'destitute', which was true for the majority of Aboriginal people who as a population were impoverished (Burns et al. 1999:194). Additionally, poverty and neglect were perceived to be synonymous despite the quality of non-material care a child received (HREOC 1997:23). Neglect was also perceived to align with the living arrangements of many Aboriginal families, such as parents living in de-facto relationships as opposed to being married, parents sharing child-rearing roles across extended family, or parents travelling for cultural purposes or to follow seasonal employment (Bamblett & Lewis 2007:45). Further, children who did not regularly attend school were also considered to be neglected, despite the fact that, as previously mentioned, until 1972 school principals had the authority to refuse admission to Aboriginal children (HREOC 1997:47).

Children removed for not attending school were also labelled as 'uncontrollable' which would impact their out-of-home care (OOHC) placements. As there was no accommodation specifically for uncontrollable children they were usually committed to mainstream State Corrective Institutions where, particularly if they had fairer skin, their Aboriginality was further denied than if they had been placed in an Aboriginal institution (Read 1981:7).

Aboriginal children continued to be placed in institutions throughout the era of assimilation from 1939; however, the cost to charities and governments to maintain Aboriginal children in institutions was becoming too great and an alternative option was becoming increasingly popular. In the 1940s and 1950s the Aborigines Welfare Board worked closely with the Child's Welfare Department to place Aboriginal children according to their skin colour (HREOC

1997:48). Those children with fairer skin who could pass as European or an ethnicity other than Aboriginal were more likely to be placed in mainstream children's homes, or sent to live with non-Indigenous families (HREOC 1997:48).

In 1957 the Board appealed to the public to foster Aboriginal children. The response was overwhelming and within a few years there were twice as many children in foster care than all the Aboriginal homes combined, although precise figures are not known as many records have been lost (Read 1981:15). Living with non-Aboriginal guardians segregated Aboriginal children from mixing with people from their own cultural background, and so was viewed as a more efficient strategy to help children to assimilate into white society. Criteria for fostering an Aboriginal child were quite lax and as a result the quality of carers was mixed (Burns et al. 1999:198). While some foster homes were nurturing and safe, and children formed loving bonds with their surrogate parents, others experienced physical and sexual abuse, as well as cruelty, neglect and exploitation (Burns et al. 1999:198). Regardless of the quality of their new homes, foster parents usually did not know anything about their child's family heritage and it was common that they did not encourage them to embrace their Aboriginality. In some cases, children were taught to lie outright about their racial background (Burns et al. 1999:199).

The adoption of Aboriginal children by white families became the preferential option of care for the government as they were then absolved of financial responsibility. Aboriginal mothers were often pressured by the Board to give consent to these adoptions and they did not know that they were consenting to permanently relinquish their children (HREOC 1997:48). Until 1963 it was legally mandatory to seek parental consent for adoptions. After this time the Board drew on the *Adoption of Children Act 1965* (NSW) which stated that this requirement be forgone if, 'that person is, in the opinion of the Court, unfit to discharge the obligations of a parent or guardian by reason of his having abandoned, deserted, neglected or ill-treated the child' (Adoption of Children Act 1965, S.32:1c). The Board would use this legislation when applying to the Court to have the consent waived, rather than seeking the consent of the birth mother (HREOC 1997:49).

Assimilation policies continued to be implemented under the Aborigines Welfare Board until its abolition in 1969. It was around this same time that the institutional homes were also closed. When the Board closed, it left behind more than a thousand children in institutional or family care. Almost none were being raised within Aboriginal families and even less by the child's own extended family (HREOC 1997:42). Following the abolition of the Aborigines Welfare Board, the welfare of Aboriginal children became the responsibility of the NSW Child Welfare Department.

Assimilation policies, in their intent to eradicate Aboriginal culture and identification in favour of a white identity, were largely unsuccessful. Many children who had been removed tried to reconnect with their Aboriginal families and communities in adulthood (Burns et al. 1999:195). For some, the reunion was successful; but for many, the attempts were fruitless as their family couldn't be located, had died, or if they did reconnect with their family, they felt as though they did not belong (Raphael et al. 1998:333). Many Aboriginal children as they grew up also felt excluded from white society. They experienced discrimination in the areas of housing, employment and social assistance and many became involved in the criminal justice system (Burns et al. 1999:195). Additionally, like a merry-go-round, many parents then experienced their own children being removed from them (Burns et al. 1999:195).

During the Board's operation from 1883 to 1969, it is loosely estimated (and most likely underestimated) that 5,625 Aboriginal children in NSW had been forcibly removed from their homes (Read 1981:8-9). Further, it is estimated that between the years of 1910–1970 the numbers of children forcibly removed nationally ranged between one in three and one in ten (HREOC 1997:31). The children subjected to removal under these policies have come to be known as the *Stolen Generations*. The legacy of these policies continues to impact on Aboriginal people today. Stereotypes and assumptions about Aboriginal people being more neglectful parents than non-Aboriginal parents remain, and as will be shown throughout the data, are even internalised by Aboriginal people themselves. Additionally, Aboriginal families continue to experience child protection intervention at a highly disproportionate rate compared to other population groups (AIHW 2015). The next section traces the battle for acknowledgement of the injustices of past policies and the autonomy of Indigenous communities over the welfare of their children.

## 2.4 Social change and policy reform

The 1967 Referendum was a turning point in the fight for Indigenous Rights in Australia. The passing of the Referendum meant that Aboriginal and Torres Strait Islander people were now counted as citizens in national census data, and Indigenous affairs became the responsibility of the Commonwealth Government. Prior to the Referendum, Indigenous people were bound by the policies and legislation of each respective State or Territory. This fragmented approach to Indigenous affairs posed many problems regarding the collective human rights for Indigenous people. The Referendum resulted in the Commonwealth acquiring responsibility for Indigenous affairs, and in 1972, under the Whitlam Labour Government, policies of self-determination for Indigenous people were instated. These policies further promoted the

Indigenous civil rights movement and provided some leverage for lobby groups to protest against mistreatment, and specifically child removal (HREOC 1997:29). From this, coupled with a recent social acknowledgement of the lifelong emotional and psychological trauma stemming from maternal separation, the number of Aboriginal children being removed immediately reduced (Burns et al. 1999:195).

In NSW, the period from 1969 until about 1980 was somewhat of a passive period in terms of child welfare intervention and the removal of Aboriginal children, with a new-found emphasis on Aboriginal self-determination and political democracy (Sutton 2001:128). Following the closure of the Aborigines Welfare Board there was a general consensus and acknowledgement that the previous treatment of Aboriginal children and families had been wrong, as was the decision to segregate responsibility of Aboriginal children's welfare from other children. Consequently, state child welfare agencies endeavoured to treat Aboriginal children no differently from non-Aboriginal children. This new approach is evident by the lack of information and statistics specific to Aboriginal children documented at this time (Chisholm 1985:28). Despite this approach of treating all children the same, Aboriginal people and advocates argued that Aboriginal child welfare, due to historical and more recent contexts, should be implemented separately from mainstream child welfare practices (Chisholm 1985:29).

In the mid-1970s the appropriateness of current legislation regarding Aboriginal children and their OOHC placements was starting to be questioned. The Royal Commission on Human Relationships discussed the negative impacts that resulted from removing Aboriginal children from their mothers and placing them with non-Aboriginal families (Evatt et al. 1977; Sweeney 1995:4). In 1976 at the first Australian Adoption Conference, Indigenous activist Molly Dyer raised the plethora of problems associated with adopting and fostering Aboriginal children to non-Aboriginal families. Placements would commonly break down and this was increasingly correlated with the child or young person becoming involved in crime, substance abuse, and incarceration (Haebich 2011:1043). She argued that policy guidelines for Indigenous children needed to be changed, and to improve conditions an approach of self-determination by Indigenous communities over their children was required. This plea was supported by the Federal Department of Aboriginal Affairs which resulted in the development of the Aboriginal Child Placement Principle, 'a new paradigm based on Aboriginal values and practices directed at keeping families together and, where removals were necessary, placing children with Aboriginal families' (Haebich 2011:1043).

This also contributed to the formation of the Secretariat on National Aboriginal and Islander Child Care (SNAICC) in 1979, the national peak organisation, and several Aboriginal Child Welfare Agencies under its direction to deliver these services to the community (Haebich 2011:1043). Additionally, while Aboriginal Affairs were under the authority of the Commonwealth, the responsibility of Aboriginal child welfare was was the responsibility of each State and Territory government. Each jurisdiction implemented their own policies and legislation unrelated to that in other jurisdictions. SNAICC acquired responsibility for monitoring the different child welfare policies and practices related to Indigenous children (Haebich 2000:605).

At the same time other prominent Indigenous services were becoming established. Aboriginal Legal Services were forming around the nation, which assisted families who had their children removed to be reinstated back into their care (Ivec et al. 2009:4; Aboriginal Legal Service 2014). Link-Up (NSW) was also founded in the early 1980s which aimed to reunite family members who had lost contact with one another through child removal (Sweeney 1995:4).

It was not until 1980 when the NSW Department of Youth and Community Services (today's equivalent of Families and Community Services) Aboriginal Children's Research Project reported the high rates of Aboriginal children in the child welfare system that the consequences of earlier policies became statistically evident. As quoted by the Human Rights and Equal Opportunity Commission, the Aboriginal Children's Research Report found that:

> 17.2% of children in corrective institutions are Aboriginal'. Of these children, '81% …are not in their home regions [and] 34% had no contact with either parents or relatives'. In addition, '10.2% of children in non-government children's homes are Aboriginal [and] 15.5% of children in foster care are Aboriginal' (quoted by Select Committee of the Legislative Assembly upon Aborigines 1981 on page 293). The Aboriginal population of NSW at the time was about 1% of the total (cited in HREOC 1997:51).

There was increasing pressure on the government from Aboriginal organisations to adopt the Aboriginal Child Placement Principle into child welfare legislation, and in NSW this was incorporated into the *Children (Care and Protection) Act 1987 (NSW)* (HREOC 1997:43). The Placement Principle provides the preferential order in which placement for Aboriginal children that have been removed needs to be considered. First and ideally, children will be placed with extended family within the child's community, followed by placement with another Aboriginal family in the child's community. Failing this, placement with an Aboriginal family within

proximity to their child's community should be sought. Finally, if all of these options are not possible or it would be unsafe for the child then under the guidance of the child's extended family and Aboriginal organisations, an alternative placement with a non-Aboriginal family may be pursued (HREOC 1997:381).

Throughout the 1990s, Aboriginal families and communities continued to experience extreme social disadvantage and consequently children were still being removed at a very high rate compared to the rest of the population (HREOC 1997:381). The devastating and detrimental effects of child removal experienced by previous generations was becoming more and more evident, particularly with the release of the *Royal Commission into Aboriginal Deaths in Custody* which reported on the high frequency with which members of the Stolen Generations die in custody (RCIADIC 1991; Haebich 2011:1044).

In 1994, the *Going Home Conference* in Darwin was attended by 600 people from all over Australia who had been removed as children under former government policies. This provided the opportunity for people to come together to share their stories, discuss the historical mistreatment experienced by Indigenous people and its consequences, and develop strategies on how to improve conditions for children and future generations (HREOC 1997:15). Following this conference, Indigenous organisations, spearheaded by SNAICC and Link-Up (NSW), urged the government to acknowledge these injustices and agitated for an inquiry.

In 1995 the Commonwealth Attorney-General requested the Human Rights and Equal Opportunity Commission undertake an inquiry into the separation of Aboriginal and Torres Strait Islander children from their families, as well as an examination of past and present child welfare policies and practices (HREOC 1997:381). In 1997 the landmark Commission report was released. Commonly called the *Bringing them Home* report, it provided oral and written testimony from 535 Indigenous people Australia-wide who had been forcibly removed as children (HREOC 1997:17). Additionally, 'public evidence was taken from Indigenous organisations and individuals, State and Territory government representatives, church representatives, other non-government agencies, former mission and government employees, and individual members of the community' (HREOC 1997:16). The *Bringing them Home* report candidly exposed the devastating experiences of members of the Stolen Generations and the complex, intergenerational and multifaceted trauma that has resulted. In 2008, more than a decade after the report was released, a formal national apology to the Stolen Generations, and to all Indigenous people affected by former child removal policies, was delivered by Prime Minister Kevin Rudd on behalf of the Commonwealth (Dudgeon et al. 2010:32). The traumatic

impact experienced by members of the Stolen Generations and their descendants will be further discussed in Chapter 3.

The final section of this chapter will recount the construction of the concept of child neglect in mainstream society and within the NSW child protection system. It will also discuss the current political ideologies and approaches for meeting the needs of families experiencing vulnerabilities and addressing child neglect. The current circumstances of Aboriginal children within the child protection system and Aboriginal-specific service initiatives will also be discussed.

## 2.5 Historical construction of child neglect and child welfare practices today

This chapter has so far discussed the history of Aboriginal child protection policies and the impact this has had on children and families. This is important for understanding the current political and child welfare context in New South Wales, the policies of which directly impact the families in this research project. All children now come under the jurisdiction of the NSW Department of Family and Community Services (FaCS[3]), commonly referred to as DoCS, the abbreviation of its former name, Department of Community Services, and specific policies have been developed to meet the particular needs of Aboriginal children.

The purpose of this section is to provide an overview of the current policies and service delivery for all children, and specifically for Aboriginal children in NSW, to contextualise the experiences of parents in this project with the child protection system. I have written this section with a focus on child neglect because this is the topic of the project and, as will be demonstrated, reducing the instance of child neglect is a main priority for the NSW Government. The first part of this section traces the policy development of child neglect in NSW to provide an historical understanding of child neglect. This is followed by a discussion of the current child protection priorities, the key policies impacting on child neglect, and how services are delivered by child protection workers, particularly to Aboriginal families.

Child neglect has been conceptualised differently for Aboriginal families than it has for the general population. From the early twentieth century there have been essentially two separate child welfare systems operating alongside one another; one for Aboriginal children, and another for all other children. While both Aboriginal and non-Aboriginal children could be removed for neglect, the way in which this was experienced was more flexible for non-

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[3] 'FaCS' will be referred to as 'DoCS' throughout this thesis for ease of reading as this how all participants in the project refer to the Department.

Aboriginal families. For instance, neglected children from non-Aboriginal families could be temporarily placed with a relative, to be returned home after a period of good behaviour, and children in institutions were permitted to go home for holidays. These provisions were not available to Aboriginal families (Read 1981:7). This indicates that bonds between non-Aboriginal families were encouraged to continue following child removal. Child endowments to financially assist mothers to look after their children were introduced in 1927 in NSW and then nationally in 1941 (Australian Bureau of Statistics 1988). Access to this was limited for Aboriginal people because parents considered 'nomadic' were ineligible; for families on reserves, the endowment was paid directly to the institution (Commonwealth of Australia 2015). While this provision was not directly specific to child neglect it demonstrates how non-Aboriginal mothers had access to more financial support from the government than Aboriginal mothers. These points reinforce the argument of the inequitable treatment of Aboriginal parents to support and nurture their children.

Abandoned and neglected children have been a problem in Australia since colonisation. Many children came to Australia as convicts or children of convicts on the first and subsequent fleets to serve out their sentence in the penal colony (Fogarty 2008:56). Population increases and the gold rush of the mid-1800s then resulted in a mass increase of homeless children (Fogarty 2008:57). Children considered to be abandoned or neglected were placed in orphanages run by volunteer charitable organisations (Tomison 2001:49). However, social concerns over the quality of care and wellbeing of children residing in these institutions resulted in a more popular alternative care from the late nineteenth century, the 'boarding out' of children to foster families (Tomison 2001:49). Children's Courts were established in most states in the late nineteenth century, as was the forming of a 'child rescue' movement, comprising of several voluntary non-government organisations (Tomison 2001:49). The focus of this child rescue movement was on saving children from destitution and neglect, as the concept of child abuse did not enter the social psyche until the mid-twentieth century (Tomison 2001:50). During the Great Depression of the 1930s, 'boarding out' was again replaced by institutional care as the State had taken responsibility for child welfare by this time and it was much more cost effective than foster care (Tomison 2001:50). Again, concerns regarding the quality of care in these institutions led to many being closed down and a preference for smaller group homes saw the closing of institutions in the 1950s and 1960s (Tomison 2001:50).

## 2.5.1 Contemporary child protection policy

From about the 1960s, society became aware of the high prevalence of child physical and sexual abuse (Tomison 2001:50). Concurrently around this time the Australian State and

Territory governments each created formal child protection systems which were refined and professionalised over the following decades (Wild & Anderson 2007:255). Since the 'discovery' of modern child abuse, society has become preoccupied with understanding and combatting it. Due to the high-risk nature of child abuse and the immediacy to protect children from further harm, child neglect was quickly overshadowed (Scourfield 2000:365). Scholars refer to this as 'the neglect of neglect' (Wolock & Horowitz 1984). Instead of being understood as a child maltreatment problem in its own right, child neglect became a sub-type of child abuse and in turn is generally lumped together in the term 'child abuse and neglect' (Tanner & Turney 2003:29).

More recently, interest in the area has emerged due to the recognition that child neglect is very harmful and at times can be fatal for children (Scourfield 2000:366). A discussion on child neglect definitions and theories will be the focus of the next chapter. In 2003 *The Child Death Review* report was released which prompted NSW child protection to take a greater interest in child neglect (DoCS 2006a:9). The report examined child deaths over a 3-year period and found that 31 of the 75 children that had died was a result of neglect, and that most of these children were under four years of age (DoCS 2006a:9). Since then, child protection data continues to indicate the seriousness of child neglect within Australian communities, reporting that child neglect is the most commonly substantiated form of child maltreatment in five Australian States and Territories, including NSW (AIHW 2015:14).

In 2006 the NSW Department of Community Services introduced the 'DoCS Policy on Child Neglect' which was also accompanied by a caseworker resource guide, 'Practice Guidance (Guidelines) for DoCS caseworkers' (DoCS 2006a; DoCS 2006b). The policy defined child neglect as:

> The continued failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and development, such as food, clothing, shelter, medical and dental care, and adequate supervision (DoCS 2006a:6).

The policy also acknowledged other needs such as emotional support and nurturing. While the definition adopted by DoCS appears simplistic, in practice, the definition (or operationalising the definition) of child neglect is complicated and often dependent on interpretation of a given situation and the jurisdiction involved. The issues regarding definitions of child neglect will be discussed in Chapter 3.

Australia has recently entered a new era of child protection. It is increasingly recognised that a need to invest resources in prevention and early intervention initiatives for families in

vulnerable situations is required to prevent their situation from escalating to statutory intervention and child removal. Research shows that when services are provided early in a child's life or during the early stages of a family problem, this can reduce the intensity of the negative impact and improve long-term outcomes for the child (Watson & Tully 2008:iv; COAG 2009:17). Often where there are instances of child abuse and neglect, the family is experiencing one or more factors of social disadvantage, which may include poverty and social isolation, risk of/or experience of homelessness, poor heath, and past experiences of trauma. These factors can lead to/facilitate parental problems such as domestic and family violence, alcohol and drug abuse, and mental health problems. In many situations these parents are struggling with their own experiences of abuse and neglect as children. This is true of many Indigenous parents, who may also be struggling with the trauma of being removed as children. Unless these risk factors are addressed, this intergenerational cycle of child maltreatment is likely to continue (COAG 2009:21). These risk factors are discussed more extensively in the next chapter. Early intervention programs aim to address issues within the family from a strengths-based perspective, working to enhance their strengths and to improve areas in which the family is struggling. Holistic services and supports are provided to address all areas of need (COAG 2009:17-20).

The Council of Australian Government's (COAG) National Framework for Protecting Australia's Children 2009-2020, *Protecting Children is Everyone's Business* (COAG 2009), emphasises the need for pre-emptive action in order to achieve child safety and wellbeing. The guiding principle of the framework is that all individuals, communities, and organisations have a responsibility to ensure the welfare of Australia's children. This initiative aims to provide universal supports to all families, and additional intensive early intervention services to families experiencing vulnerabilities (COAG 2009:7). The National Framework is complementary to the current NSW child wellbeing policy, *Keep Them Safe: A shared approach to child well-being* (Keep them Safe). Keep them Safe is a response to the *Special Commission of Inquiry into Child Protection Services in NSW,* 'The Wood Commission' (Wood 2008) which resulted in an overhaul to the way the state manages child protection intervention.

Keep them Safe encompasses a whole-of-government approach in partnership with many non-government organisations. Under Keep Them Safe a large number of strategies and actions have been rolled out with the goal of addressing child protection issues and improving conditions for all children in NSW (New South Wales Government 2009). For instance, a 'differential response' to reporting and responding to child maltreatment has been introduced in NSW. As previously mentioned, child neglect has generally been overshadowed by more

immediate risk situations of child physical and sexual abuse. As a result, many children who were being reported for neglect related reasons, even multiple times, were not being investigated as overworked and under-resourced workers had to focus on more urgent reports (Mathews & Bromfield 2012:4). To remedy this, new mandatory reporting policies were developed whereby only children at risk of significant harm were reported to DoCS. Child Wellbeing Units were established in the NSW Departments of Health, Education, the Police and DoCS; the units support and advise mandatory reporters on their concerns and make relevant referrals to local services so that the family needs may be met thereby preventing their situation from escalating (Mathews & Bromfield 2012:4). Thus the primary aim is not to conduct a statutory child protection investigation to determine if a child has been neglected, but rather to provide families with the voluntary option of receiving timely and appropriate support from agencies in order to 'avoid or address a situation of child neglect' (Mathews & Bromfield 2012:3).

Additionally, the responsibility of OOHC services are in the process of being transferred from statutory child protection services to non-government organisations (FaCS 2015). These aforementioned initiatives – universal supports for families at-risk and non-government OOHC – embrace the expertise and resources of the non-government sector, relieving the pressure on the statutory child protection sector (MAG Transition Planning Unit 2011). These reforms are intended to enable statutory services to focus only on cases where there is an immediate risk of significant harm to a child, and enable other services to assist families who are vulnerable and in need, but not at the level where statutory intervention is necessary.

The Wood Commission found that Aboriginal children were significantly overrepresented in the child protection and juvenile justice systems (New South Wales Government 2009:28). In response to this, Keep them Safe implemented a number of initiatives aimed to improve service engagement and delivery, and address the vulnerabilities and needs for Aboriginal children, families and communities (Cassells et al. 2014). Some of these initiatives include:

- supports to families such as early intervention, prevention, intensive programs, and therapeutic services

- cultural alternatives to Children's Court and dispute resolution

- increased cultural support to Aboriginal school students, and

- grass-roots programs to target specific problems within communities.

The Outcomes Evaluation of these Keep them Safe initiatives found that these initiatives have been well received within communities, and services for Aboriginal families are most successful when delivered by Aboriginal Community Controlled Organisations (Cassells et al. 2014:62-64). Additionally, the working relationships between many Aboriginal and non-Aboriginal services at all levels of government and non-government organisations has improved. This has contributed to more culturally appropriate service delivery, as well as increased service engagement by Aboriginal clients (Cassells et al. 2014:62-64).

Despite this shift in focus to improve service delivery and outcomes for clients, Aboriginal children continue to be significantly overrepresented in the statutory child protection system. Most recent data on child protection statistics for NSW indicates that Indigenous children are nearly eight times more likely to be the subject of substantiated child protection reports compared to non-Indigenous children (AIHW 2015:25). Most of these reports are for neglect related incidences, representing 39% of substantiations (AIHW 2015:26). Additionally, the number of Aboriginal children entering care is increasing (Arney et al. 2015:3). Data also shows that the number of Indigenous children on care and protection orders is steadily increasing (Arney et al. 2015:3). Aboriginal children in NSW are on care and protection orders at a rate 10 times that of other children, with this figure being slightly lower nationally (AIHW 2015:41). Similarly, Aboriginal children are overrepresented in all age groups living in OOHC, equating to a rate nearly 10 times that of their non-Aboriginal counterparts in NSW, again with this number slightly lower nationally (AIHW 2015:50). As previously noted, the Child Death Review Team report in 1980 (DoCS 2006a) found that Aboriginal children in OOHC represented 15.5% of all children; today this number has more than doubled, with Aboriginal children in NSW representing nearly 36% of the OOHC population (AIHW 2015:51).

During the recent Senate Inquiry into Out-of-Home Care, Indigenous professionals argued that this overrepresentation of Aboriginal children in OOHC indicates the risk of another Stolen Generation (Senate Community Affairs Committee Secretariat 2015 2015:224-225). Adding to this concern is that despite the introduction of the Aboriginal Placement Principle legislation, Aboriginal children continue to be placed with non-Aboriginal families at high rates. For example, recent data indicates that only 67% of Indigenous children nation-wide have been placed with relatives/kin, other Indigenous caregivers, or in Indigenous residential care in accordance with Aboriginal Child Placement Principle (AIHW 2015:51). This proportion is much higher in NSW at 82% (AIHW 2015:52). However, it should be noted that these figures to do not disaggregate between Indigenous and non-Indigenous carers. The Productivity Commission has recently identified in their report on government services that in NSW, based

on 2014 figures, 15.6% of Aboriginal children were placed with Indigenous relatives (SCRGSP (Steering Committee for the Review of Government Service Provision) 2016: Page 1 of Table 15.24).

These figures suggest that States and Territories are commonly not able to adhere to the Aboriginal Child Placement Principle. Reasons for this include a lack of Indigenous carers and resources in the child protection system (Arney et al. 2015:7-8); where it is deemed in the best interest of the child; or when a preference is given for sibling placement when siblings are non-Aboriginal or when foster-carers cannot take all siblings (Senate Community Affairs Committee Secretariat 2015 2015:237-239). Further, a lack of standards and casework practice guidelines around implementing the Principle means that workers are not adequately directed to undertake the task of locating kinship placements thoroughly and in a genuinely culturally competent way (Senate Community Affairs Committee Secretariat 2015 2015:237).

Therefore, contrary to current policy aims, outcomes for Aboriginal children and families are not improving (AIHW 2015). SNAICC argue that child abuse and neglect in Indigenous families is a symptom of the historical and underlying trauma; however, this is still not adequately reflected in current policy and service delivery:

> *Services and systems fail to understand and address the underlying causes of the problems that lead to the abuse and neglect of children, that is, the links between trauma caused by colonisation and the forcible removal of children from their families, underlying social and economic disadvantage, and child abuse and neglect* (Healing Foundation 2013:6).

The importance of recognising historical trauma to understanding child neglect will be discussed at length in the following chapter.

Additionally, the complexities surrounding definitions of neglect, specifically its association with poverty, disadvantage, and cross-cultural parenting styles, is increasingly acknowledged (Scott 2014:2-3). However, 'this understanding is not sufficiently reflected in how neglect is defined or responded to by statutory child protection services' (Healing Foundation 2013:4). This comment indicates the timeliness and importance of this research in adding to the understanding of such an ambiguous area.

## 2.6 Summary and conclusion

Too many Aboriginal children and families continue to experience statutory intervention from the government and this is the direct result of generations of Aboriginal families and

communities being fragmented and traumatised in the wake of historic policies. Child protection systems today attempt to repair the damage from previous government interventions; however, new traumas and crises compounding the unresolved grief of the past adds another more immediate layer to problems experienced in many Aboriginal families. Current child protection initiatives such as the Aboriginal Child Placement Principle demonstrates that the government now recognises the importance of keeping Aboriginal children with their families and communities; however, a number of barriers prevent this from being successful for all children. Some of these barriers relate to this breakdown of community and kinship systems, circumstances that were created through Aboriginal Protection and Assimilation policies. Further, subsequent generations are deprived of their native languages and cultural knowledge which has greatly impacted the overall wellbeing and sense of identity for many Aboriginal people. This in-turn has negative implications for family functioning and parenting practices. These issues are important to keep in mind because they are very relevant to the findings in this project.

In this chapter I have provided an overview of the historical and policy context within which Aboriginal Australians live. This very condensed version has attempted to communicate the deeply entrenched social ideology of the control and oppression that has been exerted over Aboriginal people for over two centuries. Former governments dominated Aboriginal communities through violence, fear, taking over their homelands, belittling their culture and identity, and stealing their children. In defiance of assimilation policy goals, and despite these overwhelming barriers, Aboriginal Australians have remained resilient in their fight for social justice. Significant victories have been achieved in the areas of civil rights and changes to child protection systems. These have not only prompted significant inquiries that have changed the way governments provide services to Aboriginal families, but have also empowered Aboriginal families to know their rights and access appropriate supports. However, there is a long way to go in the fight for equality and healing the scars of the past. This is made evident by the startling overrepresentation of Aboriginal children continuing to experience statutory intervention.

I also briefly discussed the treatment of non-Aboriginal children and families, which highlighted the bias against supporting and encouraging family preservation and reunification for Aboriginal Australian families. This chapter has also traced the history of child neglect as it has been conceptualised in policy in an Aboriginal and non-Aboriginal context in NSW, exploring the evolution of child neglect from being a neglected area of interest to a main child protection priority. The current child protection focus and initiatives to prevent and address

child neglect, and improve services to Aboriginal and non-Aboriginal children and families, has also been discussed.

The next chapter focuses on the definitions and perspectives of child neglect. I will present the various issues that are debated amongst scholars and practitioners when defining, assessing and responding to child neglect. Cross-cultural considerations and perspectives of child neglect will also be discussed, including the very limited literature which informs an understanding of child neglect from an Aboriginal worldview. The discussion is then related to child neglect in the Indigenous context including how historical trauma, and its consequent and associated vulnerabilities, contribute to child neglect in Aboriginal families today.

# CHAPTER 3: PERSPECTIVES ON CHILD NEGLECT: INCORPORATING AN ABORIGINAL WORLDVIEW

## 3.1 Introduction

This chapter discusses the different theories, conceptualisations and risk factors to child neglect. The historical injustices against Aboriginal people in Australia have already been discussed, providing a platform with which to contextualise an Aboriginal worldview of child neglect in contemporary society. I begin this review by discussing the definitions of child neglect, including the various issues causing debate among academics and practitioners.

Child neglect is the least understood and most under researched domain of child maltreatment (McSherry 2007:607). There is no universally agreed theoretical framework for explaining child neglect (Frederico et al. 2006:5). Rather, understandings of child neglect are informed by multiple disciplines and theoretical approaches each with their own interpretation and etiology. There is debate among scholars in relation to how child neglect should be defined, identified, assessed, and responded to, and as the concept of child neglect relies so heavily on context and individual interpretation, it is unlikely that a general, finite theory could be agreed upon. This chapter investigates the key theories used to explain child neglect. Of significance for this study is the importance of incorporating an Indigenous context into child neglect theories. This chapter discusses the issues of historical trauma, lateral violence, and powerlessness, arguing that these are important factors for understanding child neglect in Aboriginal families and communities.

I will then explore the ecological factors prevalent within families that may leave them vulnerable to instances of child neglect. These vulnerabilities are overrepresented in Aboriginal populations indicating the significance of understanding these issues from an Aboriginal worldview. It is important to emphasise that these circumstances are not prevalent in all Aboriginal families. However, Aboriginal people are highly overrepresented in most negative social indicators and this fact cannot be ignored. In this chapter I focus on these challenges as opposed to strengths, as they are crucial for understanding the challenges these families and communities are confronted with and their association with child neglect. Cultural misunderstandings between Aboriginal communities and non-Aboriginal workers can also contribute to barriers for accessing adequate services for families and understanding viewpoints on child maltreatment issues.

I will also review the research on the perceptions of child neglect, as well as the limited information available on Indigenous Australian definitions of child neglect.

## 3.2 Definitions of child neglect

There are several debates surrounding thresholds, contexts of harm, and the intentionality of child neglect. However, there is general agreement about the different areas of need for which a child requires care. Scholars have identified numerous types and subtypes of child neglect. Some classification systems have identified 17 subtypes of child neglect which are placed into the following five broad categories (Smith & Fong 2004; Sedlack & Broadhurst 1996; Gaudin 1993; Sullivan 2000; cited in Watson 2005:5):

**Physical neglect:** This is where a child's nutritional, clothing and hygiene needs are not met. This also extends to the safety of the child's physical environment, abandonment, and tending to the child's medical needs (medical neglect is often presented as its own separate category).

**Supervisory neglect:** This includes leaving a child unsupervised or inadequately supervised.

**Emotional neglect:** This entails depriving the child of affection and attention. It also includes failing to tend to the child's developmental and psychological needs. Emotional neglect extends to parental domestic violence in the child's presence and permitting the child to use drugs or alcohol (although in some jurisdictions exposure to domestic violence is considered as emotional abuse).

**Educational neglect:** This includes depriving the child of attending school, permitting consistent truancy, and not accessing special needs services if a child needs extra educational attention.

**Environmental neglect:** This type of neglect is where the community in which the child lives has inadequate resources to meet their needs or the needs of their family. As stated by Dubowitz, Pitts and Black (2004), environmental neglect refers to a 'lack of environmental safety, opportunities, and resources associated with living in a neighbourhood burdened by crime, lack of civility, and few resources for children and families' (Dubowitz et al. 2004:345). Environmental neglect generally receives less attention than other types of child neglect within child protection services as statutory agencies tend to be more concerned with a parent-focused approach to identifying child neglect, such as a family's living situation and parenting behaviours. The services are not resourced to address structural disadvantage. A number of studies have explored the relationship between poor parenting, high-risk neighbourhoods, and

child outcomes (Dubowitz et al. 2004:345). In these studies, environmental neglect is used as a key theoretical model to understand child neglect, rather than described as a type of neglect.

Child neglect is commonly understood as the absence of appropriate care, resources and parenting practices surrounding the child. Societies and cultures have a minimal standard of caring for the basic needs of children that must be met; meeting these needs inadequately or not at all is considered child neglect (Garbarino & Collins 1999:11). Difficulty in finding a consensus for the minimal standard occurs through the differences in perceptions across professional, cultural and social groups in a society. Additionally, the concept of the minimal standard of care for children is dynamic and will change according to historical and cultural contexts (Lawrence & Irvine 2004:2-3). This lack of consensus is one main reason why it is difficult to establish thresholds for identifying child neglect, that is, an overarching agreement on adequate standards of care (McSherry 2007:608). For instance, what is considered neglect by child protection authorities varies across states and internationally, and also at a micro level, that is between families and human services workers, and between and within cultures (McSherry 2007:608). Additionally, the context of the situation needs to be taken into account, with factors such as the age of the child contributing to an assessment of neglect.

Another area of debate is whether to define child neglect based on the intent to harm, or the consequences from an action or circumstances, to the child. The approach used is largely dependent on the purpose for which the definition is being used. For instance, Straus and Kantor (2005) argue that to ascertain the prevalence of child neglect (i.e. for research purposes), that behaviour on the part of the parents needs to be measured separately from harm that has befallen the child (2005:22). Conversely, Dubowitz and colleagues (1993) argue that for the purposes of protecting children, the focus of all related disciplines needs to be on the unmet needs of the child regardless of parental intent (Dubowitz et al. 1993:11-12). Further, scholars acknowledge the difficulty of assessing whether or not particular incidences of child neglect are intentional, and it is for this reason that intent is not explicitly included as a part of the definition of child neglect (Dubowitz et al. 1993:15).

It is widely accepted that child neglect is an omission in care, or when the caregiver fails to act and the child is harmed. However, while many scholars accept that child neglect is usually unintentional, they argue that when it is deliberate it becomes an act of commission rather than an act of omission; it becomes 'deprivational abuse' (DoCS 2006a; Daniel 2005:14). Child abuse is generally regarded as an act of commission, and neglect as an act of omission; in adopting this approach, the importance of intent becomes apparent to the assessment and conceptualisation of child neglect (Minty 2005:59). Here, use of the word 'omission' is

questionable when considering deliberate omissions in care (Lawrence & Irvine 2004:8). A 'deliberate' act suggests intentionality and in these cases child neglect is actually a deliberate failure, not accidental, to provide for the needs of a child. Some scholars argue that child neglect is in fact intentional and occurs when a caregiver deprives a child of their basic needs, 'in spite of parents having the economic resources to meet these needs at a basic level' (Minty & Pattinson 1994:736). Wolock and Horowitz (1984) also imply that child neglect is deliberate, defining it as 'the failure of the child's parent or caretaker, who has the material resources to do so, to provide minimally adequate care in the areas of health, nutrition, shelter, education, supervision, affection or attention, and protection' (1984:531).

Another source of debate is whether to define child neglect from a broad or narrow perspective. A narrower perspective such as those quoted above by Minty and Pattinson (1994), and Wolock and Horowitz (1984), focus more on parents intending or choosing to meet their children's needs rather than external factors, such as poverty or a lack of resources which have a broader focus. The decision to adopt a broad or narrow definition of child neglect is dependent on the theoretical framework adopted by practitioners to explain child neglect. Early debates focused on either parental deficits or social deprivation, but these have largely developed into a consensus for an ecological perspective.

This section has discussed the different ways that child neglect can be defined and the various factors to consider in formulating these definitions, facilitating much contention and debate. Similarly, different theoretical models used to understand child neglect are also diverse and will be discussed in the following section.

## 3.3 Child neglect theories

There are many theories for explaining child neglect. For a comprehensive discussion of these theories see Smith and Fong's book *The Children of Neglect: When No-One Cares* (2004). I will discuss three of the main theories for explaining child neglect below: the parenting deficits approach, the social neglect theory, and the ecological systems theory. The former two are the foundational theories on child neglect, and these, along with a variety of other theories, have informed the development of the ecological systems theory.

### 3.3.1 Poverty or pathology? Parental vs social deficits

Proponents of the parental deficits approach argue that child neglect is caused by parental characteristics that are manifested through inappropriate child rearing practices and parent-child interactions (Polansky et al. 1981). This perspective aligns with the historical belief that

child neglect is the responsibility of the parent, usually the mother (McSherry 2004:728-729). In 1964, pioneers in child neglect research used this theory to develop an instrument to measure child neglect (later revised in 1976), called the 'Childhood Level of Living Scale' (Polansky et al. 1981). Using this instrument, Polansky and colleagues (1981) investigated the causes of child neglect in urban Philadelphia, both in families where neglect was and was not a concern (Polansky et al 1981:49). Overall, and in comparison to a control group of mothers, mothers who neglect their children were found to be: 'less able to love, less capable of working productively, less open about feelings, more prone to living planlessly and impulsively, but also susceptible to psychological symptoms and to phases of inactivity and numb fatalism' (Polansky et al. 1981:109). Polansky and colleagues also suggested that these characteristics may have been developed by or compounded from their previous experiences, touching on the argument of the intergenerational nature of child neglect (Polansky et al. 1981:109).

Theorists who use the parental deficits approach to explain child neglect commonly pathologise parents. For instance, Cantwell (1997) discusses the features of a 'neglectful parent', and argues that they differ from 'normal' functioning adults by highlighting the stunted capacity of these parents to psychologically understand potential harm to their child. According to Cantwell, 'anticipating tragedy and averting it can reasonably be expected of an adult; in neglectful parent behaviour, however, such forethought is deficient' (Cantwell 1997:357). Cantwell goes on to claim that such parents also have a lack of empathy for their child.

Many theorists discuss the association between parental childhood history, such as being removed, or being inadequately parented, and child neglect. There is an abundance of research to support the claim of intergenerational cycles of inadequate parenting, conceptualised using psychological theories of attachment, social learning, and information processing (Smith & Fong 2004:43). This will be discussed in an Aboriginal context further throughout this chapter.

The parental deficits theory aligns with a narrow definition of child neglect, and has been most useful in the legal and traditional statutory child protection arenas (Dubowitz et al. 1993:11). A critique of the parental deficits model is that it relies heavily on subjective judgement, and it is difficult to ascertain the difference between neglectful behaviour and one-off accidents that result in harm to the child (Smith & Fong 2004:13). The chronic nature of child neglect is such that it is an accumulation of concerning factors, rather than a particular incident, which makes it difficult to identify (Stone 1998:92). The parental deficits approach focuses on parental incompetence at the expense of ignoring other factors that influence child neglect, such as

environmental issues and problems that are beyond the parent's control (Dubowitz et al. 2004:345).

The social neglect theory for explaining child neglect is the antithesis of the parental deficits model. While the parental deficits theory argues that parental inadequacies cause child neglect, this approach suggests that child neglect is caused by inadequacies in the social structures and environment within which the children and family live (Smith & Fong 2004:47). This theory is known by different names, including 'societal' neglect (for e.g. Spencer & Baldwin 2005), 'community' neglect (for e.g. Lawrence & Irvine 2004), and 'deficiencies in the social-cultural-situational environment' model (Smith & Fong 2004).

Societies and communities, through economic policies, resources, and actions can either help or hinder the development and wellbeing of parents to care for children (Spencer & Baldwin 2005:26). The *United Nations Convention on the Rights of the Child* (1990) asserts that governments have a responsibility to ensure the safety, health and overall wellbeing of all children through respectful, equitable and just social policies. These need to be enacted through the provision of adequate and accessible resources (Spencer & Baldwin 2005:28). Proponents of the social neglect theory argue that parental deficit factors are only indirectly related to child neglect because it is the environmental conditions of the family that really cause children to be neglected. These social problems are beyond the parent's ability to resolve, and thus contribute to the neglectful actions of parents. Kardushin (1967), a key theorist in child welfare and pioneer of the community neglect model, provided the following description of social conditions that cause child neglect:

> The community itself is guilty of neglect when it fails to provide adequate housing, adequate levels of public assistance, adequate schooling, adequate health services, or adequate recreational services, or when it allows job discrimination and makes no effort to control an open display of vice, narcotic traffic and other illegal activity (1967; Smith & Fong 2004:15).

It is further argued that it is families and communities as a whole that experience neglect, and that neglecting parents are themselves victims of their own social circumstance (Smith & Fong 2004:16). For instance, although poverty is highly correlated with child neglect it is recognised by many scholars as a form of societal neglect in itself (Korbin & Spilsbury 1999:83). The role of poverty in child neglect is especially relevant to Aboriginal communities. The historical relationship between the conceptualisation of poverty and child neglect as being one and the same (HREOC 1997:23), just as child neglect and Aboriginality was seen as synonymous,

continues to have devastating consequences for Aboriginal people (Bamblett & Lewis 2006:46).

Additionally, racism within society can impact on the social participation of people. Children and families can be excluded or denied equal opportunities to participate in social activities, potentially compromising their wellbeing, development and prospective opportunities (Spencer & Baldwin 2005:28-29). Racism and social exclusion is experienced at the individual and family levels, but is 'frequently driven by societal factors such as economic and educational pathways' (Spencer & Baldwin 2005:29). Statistically, minority groups are usually the poorest in society, and coping with social stigmatisation and discrimination, as well as the stress of poverty, can cause deterioration in health and wellbeing and the functioning of the family unit (Spencer & Baldwin 2005:29). Acknowledging these structural factors is important in assessing neglect and implementing appropriate services, particularly for families who live in conditions of significant social disadvantage. These families experience multiple vulnerabilities and are highly exposed to clinical and service intervention (McSherry 2007:612).

A critique of the social neglect theory argues that most families living in poor conditions do not neglect their children (McSherry 2004:729). Theorists argue that taking into account individual factors, such as the cognitive functioning of parents, may explain the differences between neglecting and non-neglecting families in similar circumstances (Smith & Fong 2004:16). Conversely, child neglect can also occur in families where poverty is not a risk. Families who live more affluent lifestyles are also found to neglect their children, though not as frequently, questioning the argument that social disadvantage is solely responsible for child neglect (Smith & Fong 2004:16). The difference is that wealthier families 'may have the resources to hide physical and supervisory neglect while being psychologically or emotionally neglectful' (Watson 2005:15), whereas poorer families without the financial means to meet children's physical needs are more visible to the child protection system (Watson 2005:15).

Some scholars argue that blaming parents for not adequately caring for children is a way to deter attention from problems at the structural and socio-political level (McSherry 2004:729). However, not assessing particular situations as neglectful can actually be counterproductive for these families as they risk missing the potential opportunity to receive the supports they need, and in doing so, this may also contribute to neglect (McSherry 2004:729). Thus recognising neglect, where it is warranted, is necessary to assist families.

### 3.3.2 Ecological systems theory

The earlier contrasting approaches of parental and social causal models failed to capture the complexity of child maltreatment, and related theories have evolved to consider a more holistic perspective (Garbarino 1977:722). There is a general consensus that child abuse and neglect stem from multiple factors (Belsky 1980:320). The ecological systems theory of human development (Bronfenbrenner 1979) has been widely used by scholars since the 1970s as a comprehensive model to understand child abuse and neglect (Garbarino 1977:723).

Bronfenbrenner's ecological systems theory argues that human development throughout the lifespan is shaped by the interactions within the individual's immediate environment and influenced by the wider social institutions within which their environment is situated (Bronfenbrenner 1977:514). This theory suggests the need to view child development, and consequently child maltreatment, within the multi-layered context of a child's family, community, and larger society (Stanley et al. 2002:44). The theory proposes that child development is nested within a complex system of social layers or concentric circles, beginning with the child's immediate family and extending to their social world. The conditions of each social layer will have an impact on the child's development and will influence their future character and social circumstances (Berk 2003:27).

Garbarino (1977) argues that child maltreatment does not occur in isolation and that the interaction between the systems is a significant factor in the treatment of children. The idea of adequate parenting is conceptualised within the system because parenting standards are built upon the practices and norms within a given family, community and broader environment. Thus a judgement regarding the instance of child neglect 'cannot be assessed without reference to context' (Garbarino 1977:723). The presence of child neglect is largely dependent on the interactions between the parent and child within the family, and between the family and their environment (Garbarino 1977:723).

It is beyond the scope of this thesis to extensively explain the ecological systems theory, and as it has been detailed elsewhere (for example, Bronfenbrenner 1979), I will be briefly discuss it in relation to child neglect. Proponents argue that individuals need to be viewed as a system within themselves 'that is affected by conscious and changing roles, unconscious needs, and motives' (Garbarino & Collins 1999:5) in order to understand their psychological functioning in response to intervention from the other systems (Garbarino & Collins 1999:5; Belsky 1980:320).

The first social systems beyond the individual are *microsystems*, which are the child's immediate social settings. This primarily refers to a child's family, but also includes settings or roles such as a childcare centre, school, their community and friends (Bronfenbrenner 1977:514). Microsystems continually develop and evolve, as does the child, and factors both within and external to the microsystem will influence this development. For the child to thrive in their development the microsystems need to provide an emotionally supportive and developmentally challenging environment (Garbarino & Collins 1999:6). In families where there is child neglect the conditions for adequate development are not provided (Garbarino & Collins 1999:6).

The next layer is *mesosystems.* These refer to the interrelations between the people and settings in the microsystem. A mesosystem is essentially 'a system of microsystems' (Bronfenbrenner 1977:515). The quality of the relationships within the mesosystem relies on the strength of linkages or connectedness between the different facets within the microsystems (Garbarino & Collins 1999:6-7). For example, the extent to which a parent knows their child's teachers, friends, friend's parents, and school services, will be telling of the richness of this mesosystem. As such, the degree of risk of child maltreatment in a family is dependent on their interactions with formal and informal social networks. The weaker the mesosystem, the more likely the family is to be isolated from social supports, whereby there is an increased risk for child neglect (Garbarino & Collins 1999:7). Additionally, social networks influence people's behaviour by helping to reduce stress through support, and through regulating the behaviour of members through encouraging group values and acceptable behaviours. When a family is socially isolated or disengaged from social networks, particularly in impoverished communities, child maltreatment is more likely to occur (Zuravin 1989:102). However, in high-risk environments it could be argued that isolating your family from these influences acts as a protective strategy.

The third social system is *exosystems* which refer to the broader social structures and institutions that formally and informally influence the development of children and interactions within and across micro- and mesosystems. Exosystems generally do not have direct contact with the child, though they can impact on their day-to-day life. These may include their parent's workplace, school boards, community bodies, and all levels of government (Bronfenbrenner 1977:515; Garbarino & Collins 1999:7-8). Families are particularly vulnerable to decision-making powers of those at the exosystem level. For instance, employers at a parent's workplace can set working conditions (for example pay, flexible hours, number of hours, leave entitlements, etc.) which can either improve or worsen

parental stress, work-life balance, and financial position (Garbarino & Collins 1999:7). Additionally, the decision to continue government-funded support initiatives for at-risk families would have an impact on family functioning and vulnerabilities. The exosystem is often enacted at a political level, and through the ecological model it is clear to see how the decisions made by those in power have implications in the lives of those with whom they have no direct contact (Garbarino & Collins 1999:8). Garbarino and Collins note that in terms of child neglect it:

> …almost always has an exosystem dimension in the sense that it thrives when those in positions of power over high-risk families abdicate their responsibility to care for every child in a community, to recognise that every child has the right to be cared for in ways that meet the minimal standards of care needed to sustain development…(1999:8).

Thus from an exosystem perspective child neglect 'is a matter of influences on caregivers that lead to lowered morale, deteriorated functioning, and depression and on institutional policies that ignore the needs of children ("institutional neglect")' (Garbarino & Collins 1999:9).

Finally, *macrosystems* refer to the social and cultural ideologies and understandings 'of which the micro-, meso-, and exosystems are concrete manifestations' (Bronfenbrenner 1977:515). These comprise of implicit social values, cultural norms and belief systems, but also include explicit laws, rules and regulations. These macrosystems are the 'blueprints' for development within ecological systems, made up of the assumptions of how people see the world, and enacted through institutions that mirror these assumptions (Garbarino & Collins 1999:9). Macrosystems may influence a family's vulnerability to child neglect through the presence of social stigmas and stereotyping. For example, an Aboriginal mother suffering from a severe mental illness may be too scared to ask for help for fear of social vilification or the fear of her children being removed from her care. In this instance the social stigma around mental illness, and the social belief that the government targets Aboriginal children for removal, can have negative implications for help-seeking, and consequently the wellbeing of children.

Like the parental deficits model, ecological theory also claims to explain intergenerational cycles of child maltreatment, arguing that people who experience child abuse or neglect in childhood, stemming from a variety of environmental and intrapersonal factors, are more likely to enact similar behaviours to their children in parenthood (Newcomb & Locke 2001). Mechanisms for this transmission include learning and legitimising the practices of parents leading to their replication, and behaviours stemming from the impact of their own maltreatment 'such as impaired interpersonal and social competence, problems with

aggression, affect regulation, and empathy' (Newcomb & Locke 2001:1235). However, positive experiences within one or more of their systems, including the presence of a supportive adult or therapeutic intervention, can reverse these intergenerational behaviours (Erickson & Egeland 2011:116).

### 3.3.3 Towards an ecological argument for child neglect in an Aboriginal context

While the parental and social deficits theories can to some extent contribute towards an Aboriginal understanding of child maltreatment, there are a number of additional historical and cultural factors that need to be considered. Looking at child neglect in Aboriginal families through a non-Aboriginal lens would be inappropriate and insufficient. For instance, the parental deficits approach argues for a psychosocial model in the treatment of child neglect; that is, educating parents about positive parenting and changing their behaviours. This model is too simplistic and would be both inappropriate and unsuccessful when applied in an Aboriginal context as consideration needs to be given to historical and cultural factors specific to this group, in addition to the variety of systemic factors that impact on instances of child neglect (Stanley et al. 2003:14).

It could be argued that the social neglect theory also does not consider the complexities in Aboriginal families. For example, providing your child with love and attention is not contingent on socioeconomic position and all parents need to take some responsibility for providing for their children's needs, including their emotional needs. However, from an Indigenous perspective, advocates would argue that providing for the emotional needs of children can be very difficult for those parents when taking into consideration historical issues of colonisation, trauma, and a lack of protective parenting behaviours. While it should also be acknowledged that even though all Aboriginal people have in some way or another been affected by colonisation, not all feel the effects of trauma or social disadvantage. However, many do and this can impact on their relationships and interactions with their family.

The ecological model is the most appropriate framework for understanding child maltreatment in an Aboriginal context because it acknowledges the complex multi-layers that contribute to the care and welfare of children (Lawrence & Irvine 2004:9). It does not place responsibility for child maltreatment solely on the parents or carers, nor does it ignore the role that the social environment plays in contributing to difficulties in caring for children. Further, it recognises that the interrelationships between each system, and how these are perceived by the individual, have a significant impact on the standard of care a child receives. From an

Aboriginal perspective it takes into account the various underlying factors that are present in Aboriginal communities, and the interactions and roles of these factors in contributing to difficulties caring for children, or less than adequate parenting practices.

The ecological theory has provided the foundation for interactive approaches to child maltreatment which incorporate an ecological perspective with a range of other theories to explain child neglect. These include child developmental models, stress and coping models, theories about protective and risk/potentiating factors, the role of social support (Smith & Fong 2004:54-56), and risk and resilience theories (Stanley et al. 2002:17). Central to this thesis is an ecological systems approach but I will also draw on culturally relevant theories to develop an Aboriginal understanding of child neglect. These theories are explained in the next section and will be further discussed in conjunction with the study's findings.

## 3.4 Incorporating historical trauma into an ecological framework

This chapter has presented the main theories on child neglect and argued that the ecological approach is the most relevant theory as it provides a holistic view and takes into account the different interacting factors within families' lives. I argue that the ecological perspective can be enriched by incorporating historical trauma into this theory when applied to Indigenous families and communities.

This section argues why it is necessary to consider historical trauma as a central issue related to understanding child neglect in Aboriginal communities and is divided into three subsections. I will firstly explain the theory of historical trauma and then discuss two concepts closely related to historical trauma; lateral violence and powerlessness.

### 3.4.1 Trauma in Indigenous communities

Traumatic events are exceptionally stressful experiences that are beyond the realm of a normal stressor for the individual (Atkinson 2013:4). The situation is so distressing that it debilitates a person's healthy functioning and wellbeing. Individual trauma manifests itself through various mental health problems, including post-traumatic stress disorder (PTSD), personality, and identity disorders. Individuals also become vulnerable to self-harm, suicide, re-victimisation and substance abuse (Raphael et al. 1998:330). Symptoms of PTSD include dreams or intrusive flashbacks of the events, sleeplessness and irritability, detachment, and avoidance. The individual may also experience feelings of survivor guilt, helplessness, feeling threatened, and have difficulty in social settings. Symptoms are intensified when the traumas are perceived to be uncontrollable, unpredictable, are 'human-initiated', and involve being separated from family (Evans-Campbell 2008a:319).

Evans-Campbell (2008a), in her review of the trauma literature, distinguishes between acute and chronic individual traumas, with the former being single events that do not include instances of physical or sexual violence. Chronic trauma refers to experiences that are ongoing and multifaceted and/or instances of sexual or physical violence. Chronic trauma applies to Aboriginal children who have been removed from their families (Evans-Campbell 2008a:319). Traumatic feelings experienced by children who have been removed, such as those from the stolen generations include:

> Intense separation distress; searching behaviours; multiple grief, which was chronic and often unresolvable; emotional and behavioural disturbances in childhood, which arose naturally upon their distress; dispossession stressors from loss of home and place; denial and stigmatization of their Aboriginality and cultural heritage; and loss of identity (Raphael et al. 1998:330).

Sources of trauma did not stop with the initial removal, with many children experiencing physical, emotional and sexual abuse in their placements (Raphael et al. 1998:330).

Exposure to trauma has been found to alter the functioning of the brain in adults, and hinder the cognitive development of children (Atkinson 2013:5). Children who experience trauma between the ages of 3–5 years when the frontal cortex of the brain is being developed are particularly at risk. When the development of the brain is interrupted because of exposure to trauma or ongoing stress, it can have long-term impacts on mastering certain functions, such as planning, organising, and learning. Instead the brain will develop a preference for a survival mode and a focus on protection and avoiding harmful situations (Atkinson 2013:5). As commented by the National Scientific Council on the Developing Child, 'strong and persistent activation of the body's stress response systems (i.e. increases in heart rate, blood pressure, and stress hormones such as cortisol and cytokines) can result in the permanent disruption of brain circuits during the sensitive periods in which they are maturing' (2007:8).

Trauma can also be transferred between a parent and child and subsequent generations. This is often referred to as intergenerational trauma. The concept of intergenerational trauma was first examined in the 1960s when clinicians noticed an influx of children of the Nazi Holocaust survivors seeking treatment (Danieli 1998:3). This became an active area of interest and was soon widely researched (see for e.g. Rakoff 1966; Signal & Epstein 1966; Fogelman & Savran 1979; Kestenberg 1972 cited in Danieli 1998:3).

The transmission of intergenerational trauma manifests through a variety of factors. These include directly through genetic predisposition and manifesting through the behaviours and

psychological functioning of descendants, such as mental health problems (Yehuda et al 1998). In families where both parents have experienced trauma, children are more likely to experience intergenerational trauma. These children are also more susceptible to developing PTSD if their parents suffered from chronic PTSD symptoms, as demonstrated by Yehuda and colleagues (1998) who tested and compared the cortisol levels of holocaust survivors: without PTSD, with PTSD, and children of survivors with PTSD. Cortisol is a hormone that is released in times of stress that enables a person to focus on coping with the stressor while at the same time shutting down other biological functions that may distract from the event (Yehuda 1998:645).The study found that cortisol levels of holocaust survivors with PTSD were similar to that of their children (Yehuda et al 1998:647), suggesting that the imprint of the traumatic event on the brain can alter genetic expression and disposition, and transfer onto the following generations. Gender differences have also been found in intergenerational trauma transmission, with females being more likely to develop trauma during the first or subsequent generations (Brave Heart 1999). For descendants of Holocaust survivors, trauma that involved the death of a child or spouse was highly correlated with descendants experiencing mental health and dependency problems, anger issues, and challenges with intimacy (Evans-Campbell 2008a:329).

Children may also experience vicarious trauma, that is, cumulative secondary exposure to the impact of trauma from their parent. They adapt this as their own trauma and in turn experience trauma associated symptoms (Raphael et al. 1998:331). Transmitted symptoms also stem from issues related to the trauma such as family breakdown, family violence, lack of modelling of parenting skills and capacity for attachment, or antisocial behaviours. Thus while the biology of an individual may be altered, so too is the context within which they live and parent, which in turn is passed onto their children and so on.

One of the main ways trauma from child removal has impacted the next generation is the loss of passing on child-rearing practices, culture, and the lack of parental role-modelling (Raphael et al. 1998:333). The forced removal of Indigenous children in the past and present is also a direct contributing factor for the prevalence of both child abuse and neglect in Indigenous families (Stanley et al. 2003:8). As stated in the Bringing them Home report:

> The early loss of a mother…is conducive to subsequent depression, choice of an inappropriate partner, and difficulties in parenting the next generation. Antisocial activity, violence, depression, and suicide have also been suggested as likely results of the severe disruption to affectional bonds (HREOC 1997:181).

This passage describes an intergenerational cycle of child removal and family breakdown. Indigenous people who were removed as children are more likely to have their children removed from them when they become parents because they are still traumatised from their experiences of abuse and forced removal from their family. Further, these parents are more likely to have been maltreated as children. This suggests that some parents have not been taught protective behaviours and adequate parenting skills to look after their children (Watson 2005:17).

Aboriginal women who were removed as children have often not been exposed to adequate parenting that they can model while caring for their own children. This may lead to their children being removed, prompting a cycle of child separation that continues if adequate parenting is not realised and vulnerabilities are not addressed (Raphael et al. 1998:335). The separation of young Aboriginal boys from their families, either through child removal or incarceration, also has negative implications for parenting, male role-modelling, and traditional initiation rites of passage. Raphael and colleagues reported on previous studies, finding that 'the absence of the father, and absence of traditional Aboriginal teachings, were found to correlate significantly with attempted suicide and mental disorder' in these young males (Raphael et al. 1998:332).

The concept of collective trauma was first coined by Erikson (1976) to describe the similar after-effects and feelings exhibited by survivors of the Buffalo Creek flood in West Virginia, where 125 people died and 4000 were left homeless after the man-made dam collapsed (Erikson 1976). Erikson defined collective trauma as 'a blow to the tissues of social life that damages the bonds linking people together and impairs the prevailing sense of communality' (Erikson 1976:302). The residents in the towns around Buffalo Creek were closely connected and tight-knit communities which valued tradition and social ties. This was destroyed following the disaster and Erikson noted that even years later townspeople continued to live in a murky fog of disconnectedness, feeling as though they no longer related to the community and their neighbours (Erikson 1976). As a result, the morale and morals of the community began to deteriorate as survivors tried to cope with their unresolved grief and loss; however, as stated by Erikson, 'it is difficult for people to recover from the effects of individual trauma when the community on which they have depended remains fragmented' (Erikson 1976:302). This is also very true of the trauma experienced by colonised Indigenous populations around the world, and thus the notion of collective trauma is highly applicable to the current experiences of many Indigenous people and communities today.

Collective and intergenerational traumas were first applied to Indigenous populations who had been victims of colonisation by Brave Heart-Jordan, DeBruyn and Tafoya (1988), focusing on American Indian and Alaska Native peoples. These scholars used the term 'historical trauma' to encompass the trauma experienced by Indigenous people at the individual, family and community levels (Brave Heart & DeBruyn 1998:57). Historical trauma refers to the collective complex trauma affecting a large number of people within communities who share a common group identity associated with race, religion, and/or location. The accumulation of traumatic events over time influences the collective psyche and community functioning (Evans-Campbell 2008a:320).

Brave Heart and DeBruyn (1998) argue that the social problems evident in American Indian and Alaska Native communities stem directly from the cumulative grief and trauma across generations that continue to remain unhealed (Brave Heart & DeBruyn 1998:56). Contemporary events contributing to the historical trauma experienced by Indigenous people is manifest by extreme social disadvantage encompassing entrenched poverty, violence and abuse, and substance dependency. Additionally, high incarceration rates, poor health, and experiences of social exclusion and racism also add to the historical context of ongoing trauma (Evans-Campbell 2008a:331-332). The multitude of current crises faced by Indigenous communities adds to further trauma experiences. For instance, deaths within the community are a common occurrence and people do not get to properly mourn the loss of one person before they lose another. Thus layers of grief and loss compound unresolved trauma that is already present (Brave Heart & DeBruyn 1998:64-65).

The legacy of trauma for Indigenous Australians can be traced back to the British colonisation of Australia. The denial of Aboriginal people as human beings by the British, accompanied by dispossession of their tribal lands, is intrinsic to understanding Aboriginal traumas through the generations up until today (Raphael et al. 1998:327). The disregard of cultural spiritual connections to the land and its role in facilitating kinship systems and social balance had negative implications for the wellbeing of Indigenous people. Additionally, the dispossession of land fragmented and destroyed Aboriginal communities through their forced relocation from traditional homelands onto government sanctioned reserves (Raphael et al. 1998:327). Moreover, assimilationist policies implemented upon children have significantly contributed to the loss of language and culture (Evans-Campbell 2008a:327-328). The loss of children through forced removals from Indigenous communities has tremendous implications for the continuation of culture. Without children the communities were unable to transfer language and culture onto the next generations. Without children 'the ability of community members to

plan for or envision the future is jeopardized' (Evans-Campbell 2008a:327-328). Thus, even for those families who survived child removal policies without their children being taken, the trauma is still felt as entire communities have been collectively affected through the erosion of culture and fragmentation of kinship systems.

Evans-Campbell (2008a) argues that Indigenous communities are particularly vulnerable to the negative effects of intergenerational trauma for three reasons. First, the nature of extended kinship systems suggests that individual trauma is extended to affect the entire family and community either directly or indirectly. Second, the spiritual connection with ancestors and deceased relatives is such that their presence is felt in everyday life, meaning that individuals are continually reminded of the historical trauma. Finally, reminders in social situations and day to day life, for example, watching a TV program about Indigenous history, may unexpectedly reignite feelings of trauma (Evans-Campbell 2008a:329).

The effects of the trauma are transmitted to following generations 'as descendants continue to identify emotionally with ancestral suffering' (Evans-Campbell 2008a:320-321). The traumatic events that occurred in the past continue to have negative implications on the mental health and overall wellbeing of families and communities affected today. Brave Heart and colleagues (1998) argue that the only way to improve conditions for Indigenous people is to heal past traumas at the individual and community levels. Once the original traumas are healed the forward momentum of healing subsequent and present trauma is achievable (Brave Heart & DeBruyn 1998:71). This healing is a process that requires the commitment and the willingness of individuals to embrace their culture and spirituality so that they may actualise their 'grief, shame and pain' and in time transcend these emotions to achieve personal and community wellbeing (Brave Heart & DeBruyn 1998:70). In light of the effects of historical trauma across the ecological systems it is clear to see how these symptoms and issues can significantly impact on parenting and family functioning.

This section has introduced the concepts of trauma for individuals, across generations and within communities. It has explored the variety of issues prevalent in individuals and communities due to experiences of intergenerational trauma and discussed these specifically in an Indigenous context. The next sub-sections elaborate on the trauma within Aboriginal communities as a result of the legacy of colonisation by exploring the concept of lateral violence and powerlessness.

## 3.4.2 Indigenous lateral violence

Lateral violence is a significant problem in many Aboriginal communities (Australian Human Rights Commission 2011:52). The Australian Human Rights Commission (2011) describes lateral violence as:

> [T]he organised, harmful behaviours that we do to each other collectively as part of an oppressed group: within our families; within our organisations and; within our communities. When we are consistently oppressed we live with great fear and great anger and we often turn on those who are closest to us (2011:52).

Lateral violence is inflicted on another individual, family or group, by one or more people and is not always in the form of physical violence. Lateral violence can also include 'social, emotional, psychological, economic and spiritual violence' (Australian Human Rights Commission 2011:54) and is manifested through 'gossiping, jealousy, bullying, shaming, social exclusion, family feuding, organisational conflict, [and] physical violence' (Australian Human Rights Commission 2011:54). The Australian Human Rights Commission (2011) explains the theory behind why lateral violence occurs:

> The overwhelming position of power held by the colonisers, combined with internalised negative beliefs, fosters the sense that directing anger and violence toward the colonisers is too risky or fruitless. In this situation we are safer and more able to attack those closest to us who do not represent the potent threat of the colonisers (Australian Human Rights Commission 2011:57).

Discussion of this concept, now described as lateral violence, was first introduced by Fanon (1963; 1967) and Freire (1972) in relation to African and Latin American people respectively. These scholars argued that Indigenous people living in colonised countries attempt to adopt the values and behaviours of their oppressors and in doing so project these acquired behaviours at their own people in the form of violence (Clark & Augoustinos 2015:20).

Lateral violence is not unique to Indigenous communities; for example, there is a wide collection of literature on lateral violence expressed as workplace bullying in the nursing profession (for e.g. Griffin 1997; Stanley et al. 2007). For instance, within the medical profession hierarchy, nurses sit towards the bottom and experience hostility from both other hospital staff and patients alike; yet previous research has reported that nurses feel the most distressed when feeling targeted by nursing colleagues (Stanley 2007:1249). An added layer of this inferior position is that the majority of nursing staff are female and therefore subjected to gender inequality and sexism in the workplace. The theory of lateral violence in a nursing

context suggests that these power imbalances create an environment of powerlessness which, as explained by Stanley (2007):

> …triggers a cycle of oppressed group behaviour among nurses leading to frustration, non-assertive behaviour, non-support of co-workers, and conflict in the work environment. Further, individuals socialized in this system doubt their ability to depend on others to help bring about changes. Eventually, the cycle results in low self-esteem in the work group, and it can be hypothesized that this is the origin of lateral violence (Stanley 2007:1249).

The factors that make lateral violence in Indigenous communities unique to other groups is that it is generally understood as the result of oppression, a sense of powerlessness, and trauma from colonisation (Australian Human Rights Commission 2011:56). Langton (2008) states that the reactions by Indigenous communities to the harm caused by colonisation – the massacres, the dispossession of land and the destruction of culture, families and communities, and the attacks of racist hate by general white society – is not to respond to the oppressors and fight against them, but to turn on each other.

Indigenous lateral violence is a relatively new concept in academic and government literature and most of the information about lateral violence within communities is provided through grey literature and online resources (Clark & Augoustinos 2015:23). One recent empirical study investigated the experiences and understanding of lateral violence from 30 participants within the Aboriginal community in Adelaide, Australia (Clark & Augoustinos 2015). The study also explored participants' views on using the term lateral violence to describe 'infighting' in Aboriginal communities. The authors raised the concern that attaching such a negative label as 'lateral violence' to Aboriginal communities reinforces negative stereotypes, commenting:

> Aboriginal people do not need to be further stigmatised for behaviours related to colonisation, oppression, trauma and disadvantage. A label such as lateral violence may then be seen as intrinsic to Aboriginal culture, enabling a victim blaming approach which in turn excuses mainstream society from any responsibility and culpability (Clark & Augoustinos 2015:23).

This excerpt also highlights the role of mainstream society in the facilitation of lateral violence, as Aboriginal people have been placed in a position of subjugation since the time of colonisation. Had Aboriginal people been considered equal to Europeans when Australia was colonised then today they would not be an oppressed group and the circumstances underlying lateral violence would not exist. Despite the risk of negative implications, Clark and

Augoustinos (2015) reported that many participants wanted to use the label lateral violence because by giving it a name it no longer silenced or normalised this problem, and would assist communities to recognise and combat it, just as they would domestic and family violence.

The Australian Human Rights Commission has developed an explanation for how colonisation has produced lateral violence in Indigenous communities (Australian Human Rights Commission 2011:63-64). Figure 3.1 suggests that lateral violence stems from four issues that are prevalent within Aboriginal communities.

**Figure 3.1 The origins of lateral violence**
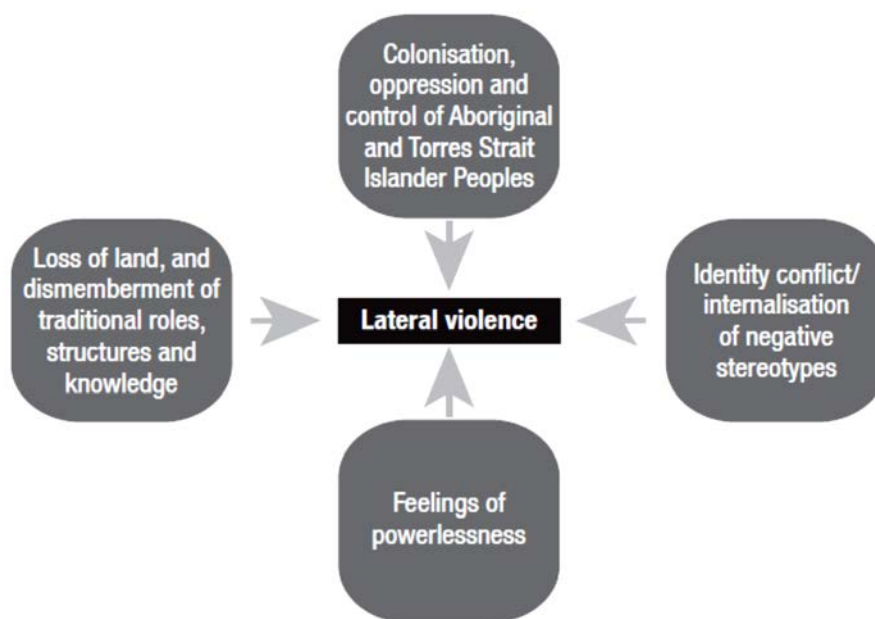


(Source: Australian Human Rights Commission 2011:64).

It was not originally my intention to direct this thesis to lateral violence. However, during analysis of the data it was clear that the issues presented in Figure 3.1 were both widespread and ingrained in the experiences of the people participating in this study. This was particularly the case in feelings of powerlessness and identification with their Aboriginality. Multiple authors have commented that lateral violence is closely linked with concepts of Aboriginal identity, and much of the time issues of internalised racism are manifest in an attack against other Aboriginal people through lateral violence (Gorringe et al 2011; NTEU 2011; Fforde 2011).

Like intergenerational and collective traumas, lateral violence has a cyclical effect in that if not resolved it can be normalised as a part of community functioning (Australian Human Rights Commission 2011:56). Additionally, drawing on the previous discussion about historical

trauma, the obvious connection between collective trauma and lateral violence can be identified. That is, that lateral violence can maintain and exacerbate symptoms of trauma and, in-turn, lateral violence can contribute to re-traumatisation.

Lateral violence is intrinsically about power, and the attempt by perpetrators to feel as though they have some kind of power through enacting these behaviours against their own people (Langton 2008). Further, the victims of lateral violence tend to be the most vulnerable within oppressed groups, such as the elderly, women and children (Langton 2008). Langton (2008) explains how children are the most affected by lateral violence: 'this is why children suffer so much: they cannot avoid the bursts of fury and rage that erupt on a nightly basis. They cannot escape. This is the most insidious aspect of lateral violence' (Langton 2008). Children need to exist in stable, secure and safe environments in order to thrive and develop. Communities experiencing lateral violence instead promote powerlessness, fear and violence, restricting a child's opportunity to reach their potential. Additionally, these negative community experiences can create unwanted distress and tension within the family, leaving them vulnerable to high-risk behaviours and coping strategies (Garbarino & Sherman 1980:189).

### 3.4.3 Powerlessness

As indicated above, a sense of powerlessness is highly associated with lateral violence, as oppressed people attempt to feel a sense of having power by oppressing others similarly vulnerable. Further, feeling powerless has also been found to be highly correlated with race. Geis and Ross (1998) found in their study on perceptions of powerlessness that non-white people felt higher levels of powerlessness than white people, regardless of employment status, education or income levels (Geis & Ross 1998:238). A sense of powerlessness, however, goes beyond just being related to lateral violence, and is commonly experienced by vulnerable populations in a range of areas. For instance, mothers have historically been cast in a role of powerlessness due to the social roles and expectations that place them in positions of inferiority (Daniel 1998:272). The language and construction of the concept of child neglect has been targeted at mothers and promotes powerlessness through a deficits approach, emphasising failure, passivity and incompetent caregiving (Daniel 1998:272). Looking at this argument from an Aboriginal context, the parenting practices of Aboriginal mothers has been under constant scrutiny, and in many instances parents were only permitted to keep their children if they adopted mainstream parenting expectations (Cripps 2012:28). This was demonstrated by taking on housekeeping and child rearing duties for non-Aboriginal families, as articulated by Cripps (2012), 'ironically, the state deemed Indigenous women 'unfit' to care for their own children but used them to perform childcare and domestic tasks for dominant

'white' mothers' (2012:28). This historical legacy of casting Aboriginal people as inferior and incompetent to care for their children reverberates to the experiences of many Aboriginal parents today, maintaining a sense of powerlessness to change their situation, and experiences of poverty and hardship for these families.

Previous research has also found a clear correlation between high-risk communities and feelings of powerlessness (Geis & Ross 1998:238; Guterman et al. 2009:898). Geis and Ross (1998) in their study on perceived powerlessness in urban communities found that when residents perceived their neighbourhoods to be unsafe, rundown, rife with delinquent crime, and substance use, they reported higher levels of perceived powerlessness than those who regarded their neighbourhood in a positive way (Geis & Ross 1998:238). Geis and Ross (1998) concluded that when residents are consistently exposed to unfavourable conditions and events in their environment, 'people learn that they are helpless to control important life outcomes' such as where they live. This realisation 'creates a sense of powerlessness' (Geis & Ross 1998:243). Exposure to these social problems, particularly when perceived as beyond an individual's control to resolve, heightens parental stress levels and feelings of powerlessness, and increases the susceptibility of families to child neglect (Guterman et al. 2009:204).

Families involved with the child protection system also experience significant feelings of powerlessness (Swift 2002:162; Dumbrill 2006:30). As discussed previously, families are highly impacted by departmental legislation and policies over which they have little control (Garbarino & Collins 1999:8). The caseworker represents the power relation between the client (the family) and the state (Swift 2002:162). From the onset of service provision, the power imbalance between workers and clients is clear; the worker represents the State authority and the client is mandated, or at the least expected to comply with, service intervention plans (Dumbrill 2006:30). Where a client does not agree with the worker it can be difficult to voice an opinion. Dumbrill (2006), in his study into parents' perceptions of child protection intervention in Canada, found that even when clients did express their ideas related to their case management, they felt unheard and what they said made little impact on the case-plan already developed by the caseworker (Dumbrill 2006:30).

A number of reports in Australia have been released within the last several years that investigated parents' and carers' experiences with the child protection system (Harries 2008; Ivec et al 2009; Yardley et al 2009; Hamilton 2011). All found that parents and carers at times felt powerless in their interactions with child protection and other government departments. Ivec, Braithwaite and Harris (2009) explored the views of 45 Indigenous parents and carers from three States in Eastern Australia. The authors found that many participants felt their

caseworkers looked down on them and were disrespectful of, or unaware of, their cultural practices. One example was of a pregnant Aboriginal woman who was provided with a male caseworker. It was culturally inappropriate for her to be alone in the room with her caseworker, which happened regularly and she felt unable to change this situation interaction (Ivec et al. 2009:13-14) Ivec and colleagues communicated the plight of parents in their study, commenting that most 'held out little hope of ever gaining approval from child protection authorities' and believed their caseworker had labelled them as bad or unfit parents (2009:14-15). This was premised by the reports that parents were not heard by caseworkers and described instances where the caseworker did not work with them to develop case plans and make decisions, nor were they empathetic or compassionate about their client's circumstances (Ivec et al. 2016:16). The authors also reported that surprise home visits and unexpected child removals further added to parents' distress and feelings of powerlessness (Ivec et al. 2011:21). This was coupled with the frustration of many parents who felt they had not been given adequate opportunity to rectify their issues, or for those who had made changes, to demonstrate that they had met the requirements to have their children returned (Ivec et al. 2011:15). These issues were also prevalent in this thesis and will be discussed at length in Chapter 6.

Harries (2008) explored the experiences of 42 parents who had their children removed by the child protection authorities in Western Australia. A key theme that repeatedly emerged from this research was the overwhelming sense of powerlessness parents felt from the time child protection services intervened in their family, through the court systems and following final court orders (Harries 2008). Hamilton (2011) reported on the needs of parents and families where children had been removed in the Australian Capital Territory based on data records and interviews with service providers. Hamilton found that, particularly with the legal requirements surrounding child removal, parents felt unsupported, overwhelmed, and confused by the complex processes (2011:13). Similarly, in this study workers expressed that it was beyond their expertise and capacity to prepare parents for court proceedings as this was 'a fulltime job on its own' and workers lacked the comprehensive understanding of all necessary legislation (Hamilton 2011: 10). Legal Aid was often not an option in these cases as parents were made aware of their court dates only 72 hours prior and did not have enough time to apply for legal aid or seek legal advice (Hamilton 2011:13). This renders them ignorant of court proceedings and powerless to successfully advocate for their case in court.

This section has argued why it is relevant to incorporate historical trauma contexts into an ecological framework for understanding child neglect. I have discussed how people

experiencing vulnerabilities can feel powerless through many different personal, community and social sources. Parents who experience additional feelings of powerlessness through lateral violence and experiences of trauma in addition to these general stressors are even more debilitated than those where lateral violence and trauma are not present. I have demonstrated how this plethora of ecological challenges experienced by Aboriginal families where vulnerabilities are prevalent, can influence personal views, family functioning, and interactions with the wider environment.

## 3.5 Discussion of risk factors associated with child neglect

This section discusses the complex and interrelated factors that contribute to the risk of child neglect, both in Aboriginal families and in families where there is child neglect. Families rarely do not experience these vulnerabilities in isolation, as they interrelate and compound one another. The various risk factors experienced by families, regardless of race and culture, that have been found to contribute to child neglect are listed in Table 3.1 (Shook Slack et al. 2011; DoCS 2006b:4.). This is accompanied, in the fourth column, by a list of contributory factors specific to disadvantaged Indigenous families and communities, which have already been discussed. As there are so many vulnerabilities that can be explored, this discussion will be limited to those issues identified as most prevalent or concerning in this research project.

**Table 3.1 Ecological contributory factors increasing vulnerability to child neglect**

| Individual factors (parent/carer) | Familial Factors | Environmental factors | Indigenous-specific factors |
|---|---|---|---|
| Mental illness | Family/domestic violence | Lack of appropriate services and infrastructure | Experiences of racism and discrimination |
| Drug/alcohol abuse | Multiple children | Lack of employment opportunities | Trauma associated with: |
| Have previously been imprisoned | Single-parenthood | Lack of appropriate housing | - Colonisation resulting in dispossession of land and loss of traditional culture |
| Parental experience of neglect/abuse in childhood | Child with disability/disorder | Impoverished community | - Oppression and disempowerment from former policies and practices |
| Parental experience of being removed as a child | Lack of support | High-risk neighbourhood: prevalent drug use, alcohol use, family violence and high crime | - Intergenerational child removal |
| Low parental-warmth | Socially isolated | Isolated location | - Lack of sense of belonging and identity |
| Lack of understanding of child's needs and capabilities | | Low community cohesion | Lateral violence |
| Low educational attainment | | | |
| Low intellectual functioning/ delay | | | |
| Feelings of helplessness or powerlessness | | | |

(Table adapted from Shook Slack et al. 2011; DoCS 2006b:4).

Research has shown a significant overlap between the vulnerabilities experienced by Aboriginal families and those experienced in families where there is child neglect (Watson 2005:39). This is a significant point and may account for one of the reasons why Aboriginal families remain the target of child protection suspicion for neglect. Aboriginal parents have historically carried the stigma that they are neglectful; while child protection data indicates that Aboriginal children are more likely to experience child neglect (Watson 2005:19), the positive correlation between the risk factors experienced by Aboriginal families and families who neglect their children generally cannot be ignored and should in fact be emphasised. Further, even where neglect has not been substantiated in Aboriginal families, these vulnerabilities still remain.

The issues presented in Table 3.1 will be briefly introduced below before being explored in the context of families' lives and through specific examples in Chapters 6 and 7. The discussion has an Aboriginal focus to demonstrate the numerous different struggles and complex risk factors that many Aboriginal families today must attempt to manage.

### 3.5.1 Environmental characteristics

Families living in high-risk neighbourhoods have a greater susceptibility to child maltreatment due to social problems that can negatively impact the family and contribute to parental stress (Zuravin 1989:102). These social problems include high levels of crime, the prevalence of drug use, and family and community violence. These issues are prevalent in many Aboriginal communities (Stanley et al. 2003:8), including the community chosen for this study. Research also demonstrates that parenting practices associated with neglect, such as a lack of parental warmth, are prevalent in neighbourhoods that experience poverty (Shook Slack et al. 2011:397). Further, where these families live are disadvantaged and lack the resources to adequately support the community.

In many instances the extent to which a child is at risk of maltreatment is not necessarily a reflection of bad parenting, but rather the influence of social circumstances surrounding the family. Robertson (2000) argues that structural living conditions can be a risk to the safety of Indigenous children. Socio-economic disadvantage causes many Indigenous families to live in insecure housing where it is easy for an intruder to enter and cause harm to the people inside. This is relevant given that a failure to protect children is a part of the definition of child neglect. Under these circumstances Stanley and colleagues (2003) question 'to what extent should a caregiver be held accountable for abuse or neglect?' stating, 'There must be some

recognition [of] the environmental conditions affecting the caregiver's ability to adequately care for her children' (2003:9). In these instances the parents are just as much victims as the children they are unable to keep safe (Stanley et al. 2003:9).

### 3.5.2 Family characteristics

Family composition has an impact on the risk of child neglect. Child neglect is more likely to be prevalent in households with multiple children and younger children, particularly those aged three or younger (Watson 2005:15;18). Children from single parent families are also at a higher risk of experiencing neglect (Watson 2005:15). Additionally, maternal age at the birth of the first child is also a positive correlate of child neglect, with several studies reporting that younger mothers are more likely to neglect their children (Connell-Carrick 2003:414). All of these aforementioned issues are also prevalent in Indigenous communities. Data from the Australian Bureau of Statistics indicates that in 2012 Indigenous teenagers gave birth at a rate five times that of non-Indigenous teenagers. Indigenous mothers overall were younger than non-Indigenous mothers by 5.9 years, with median ages of 24.8 and 30.7 years respectively (Australian Indigenous HealthInfoNet 2013). Census data also confirms that Indigenous families have more dependent children than non-Indigenous households. Further, Indigenous one-parent families with dependent children comprise 29% of one-family households compared to 9% of non-Indigenous counterparts (ABS 2011). These figures indicate that while these factors increase the vulnerability to child neglect, Aboriginal people are overrepresented in these same demographics.

### 3.5.3 Mental illness

A key vulnerability associated with child neglect is poor parental mental health (Watson 2005:16). Parents with mental health problems can experience impaired perceptions and cognitive functioning, placing their children at an increased risk of neglect by 'being emotionally unavailable, withdrawn, unresponsive, overly critical, being disorganised, inconsistent, tense, less happy and active with children' (Bromfield et al. 2010:10). Parents may also be unmotivated to get out of bed and meet their children's basic physical needs, such as taking them to school and providing meals (Bromfield et al. 2010:10-11). Research has also found that some mothers who neglect their children have a low self-esteem and poor sense of identity, as well as suffer depression or more serious mental illness (Connell-Carrick 2003:415).

The concept of mental health in an Indigenous context differs from a Western context. Mental wellness is deeply spiritual and interconnected with land, culture and community (Parker 2010:3). In many instances, mental illness for Indigenous people is a consequence of historical

trauma relating to the effects of colonisation and child removal. Dispossession of land, cultural oppression, social marginalisation, and consequent family and community breakdown, have had significant effects on the mental health of Indigenous people that have passed through the generations. This has facilitated a cycle of social disadvantage, violence and severe mental health problems (Parker 2010:4).

Mental health problems within Indigenous communities are an extremely common occurrence. Findings from the National Aboriginal and Torres Strait Islander Social Survey (2008) report that Indigenous Australians experience high/very high psychological distress levels at a rate twice that of non-Indigenous people (AIHW 2011:38). Further, 77% of Indigenous people had experienced a stressful life event in the 12 months prior to the study, and 27% had experienced racial discrimination within the same period (AIHW 2011:38-39). Additionally, Indigenous people were twice as likely as non-Indigenous people to be hospitalised for mental health problems (AIHW 2011:57). Likewise, self-harm and suicide is more prevalent amongst Indigenous people (AIHW 2011:58-59).

### 3.5.4 Family and community violence

For many families living in high-risk environments, violence extends beyond just the home and children are exposed to it in many different contexts on a regular basis (Swift 2002:120-121). This was highly relevant to this research sample and will be discussed extensively in Section 7.2. Swift (2002) argues that current definitions of child neglect do not take into account the context of violence within these children's lives.

Family violence is a high correlate for child neglect, while also being very prevalent in Indigenous families and communities. Having been described as an official 'crisis' in Indigenous communities by SNAICC, family violence is recognised as a significant issue that must be addressed (Williams et al. 2013:9). Family violence includes domestic spousal abuse, and also extends to violence against children, extended family and kinship groups, community members and oneself; perpetrators can also be the victims of family violence (Williams et al. 2013:8). Family violence encompasses different types of abuse, including 'physical, emotional, sexual, social, spiritual, cultural, psychological and economic' (Williams et al. 2013:8). Children are exposed to family violence in a number of ways. For instance, children may be direct victims of family violence in their home or in their community. They may experience it through seeing and hearing family violence being carried out by family members against others, and they may be perpetrators of family violence themselves (Williams et al. 2013:9).

While it is impossible to disaggregate the impact of interrelated family and community vulnerabilities, research has found that growing up in violent homes can have significant effects on the development and functioning of children through the life span (Holt et al. 2008). For instance, exposure to family violence can have an adverse effect on children's emotions and behaviour, which may include issues with attachment, aggression, and managing their feelings (Holt et al. 2008:803). Additionally, children who have been exposed to family violence are more likely to become victims or perpetrators of family violence in adulthood (Holt et al. 2008:803).

Domestic violence specifically, while a significant problem across society, is much more prevalent in Indigenous communities, with Indigenous women being the victim of abuse more than six times the rate of non-Indigenous women (Grech & Burgess 2011:8). Domestic violence is a risk factor for child neglect for a number of reasons. For instance, the stress associated with being a victim of violence can have adverse effects on a parent's ability to respond to and meet their child's needs, both emotionally and physically. Additionally, in situations where a victim has no financial independence or alternative safe accommodation and has to flee the situation, her children are placed at risk of physical neglect (DoCS2006a:5). Perpetrators of violence also contribute to child neglect in a number of ways, such as placing unrealistic expectations on their children or ignoring them, withholding finances from their partner, and not permitting the children to attend medical appointments or school for fear of someone discovering their secret (DoCS 2006a:5). Research has found that women generally take a number of steps to seek help to leave violent relationships, beginning with seeking informal supports and enlisting more formal supports as the violence escalates and becomes more serious, frequent, or life threatening to the victim or her children (Meyer 2011:270). Women are usually hesitant to seek formal supports and it may take many years before they engage legal or social services. There are many reasons why women are reluctant to seek help and these include the belief that they will be blamed for the abuse and that the criminal justice system has a male bias so their partner will not be duly punished, placing her at further risk. Therefore some women do not have much faith in the criminal justice system to truly help them (Meyer 2011:270).

Indigenous women have a number of culturally specific factors which cause them to underreport domestic and family violence. First, Indigenous women commonly experience racism as well as sexism when seeking community and legal assistance (Chan 2005:9). Second, the high rates of correctional mistreatment and deaths in custody, particularly for Indigenous men, further adds to the reluctance and fear of reporting violence (Chan 2005:9). Third, the

victim may also fear repercussions from the perpetrator or her family and community by making the disclosure (Cripps & Adams 2014). Other reasons for underreporting include feelings of shame, concerns of flow-on effects at a community level, and fears associated with mandatory reporting (Cripps & Adams 2014). The decision to not seek help and report domestic violence can have devastating consequences, with Indigenous women comprising 72% of Indigenous homicide victims in 2007-2008, amounting to a victim rate seven times that of non-Indigenous women (Virueda & Payne 2007:2).

### 3.5.5 Drug and alcohol use

Many research studies have found that parents who abuse drugs or alcohol are at a much higher risk of neglecting their children than parents who do not (Cash & Wilke 2003:392; Connell-Carrick 2003:514; Manly et al. 2012:18). Substance abuse can impede competent parental functioning and has negative implications for the family in a number of ways. For instance, parents may financially prioritise their addiction, depriving their children of basic necessities, and compromising their work or potential job opportunities (Baker & Carson 1999:353). Additionally, parents with drug or alcohol addictions tend to be much less capable of meeting their children's physical and psychological needs, and are unable to adequately supervise their children or respond to their emotional needs (Manly et al. 2012:18; Baker & Carson 1999:353). These issues were explored with families in this study and will be discussed extensively in Section 7.3.

Women who are victims of spousal abuse are more likely to self-medicate with alcohol and drugs as a way to manage the pain and trauma accompanied with their situation (Chan 2005:3; Stuart et al 2002:936; Bennet 1998). Being intoxicated impairs rational judgement and causes people to lose their inhibitions, which can lead to them ignoring acceptable standards of behaviour in favour of suppressed aggression and violence (Wundersitz 2010:48). Data from the Australian Bureau of Statistics (ABS) indicates that in 40% of instances of physical or sexual violence against women within a 12 month period, alcohol was involved (Bromfield et al. 2010).

Drug and alcohol abuse is a significant problem in Indigenous families and communities and is closely associated with violence in Indigenous communities (Stanley et al. 2003:11). For instance, the use of alcohol is a significant contributing factor to Indigenous violence, where over the period of 1999–2000 and 2008–2009, the consumption of alcohol was a factor in 71% of Indigenous homicides, compared to 25% of non-Indigenous homicides (SCRGSP 2011:53) (SCRGSP 2011:53). Wundersitz (2010), in her report on perpetrators of Indigenous violence,

states that 'alcohol misuse is now regarded as one of, if not the, main risk factor for family violence' (Wundersitz 2010:43). Alcohol abuse in Indigenous communities is argued to be associated with complex intergenerational and historical legacies of trauma, and is used as a strategy to cope with dispossession, oppression and poverty (Stanley et al. 2003:11). In 2008–2009, Indigenous people were hospitalised for alcohol related conditions between two and eight times more than non-Indigenous people (SCRGSP 2011:53). Further, in 2007 Indigenous people were hospitalised at a rate three times that of non-Indigenous people for mental and behavioural disorders caused by drug use (SCRGSP 2011:54).

Family violence and drug and alcohol abuse are both largely related to mental health issues and often co-occur as a group of complex and interrelated problems both stemming from and resulting in other contributory factors (Bromfield et al. 2010:12). For example, Hegarty (2004) found that substance abuse was 'the most common co-morbid condition among people with a severe mental health issue' (cited in Bromfield et al. 2010:12). When these issues co-occur it is usually in response to unresolved trauma and pain from, for example, sexual assault or experiences of abuse or neglect during childhood (Bromfield et al. 2010:13).

Domestic violence, substance abuse, and mental illness are all high risk factors for child neglect. As stated by Bromfield and colleagues:

> Children are particularly vulnerable to cumulative harm in families with multiple and complex problems in which the unremitting daily impact of multiple adverse circumstance and events has a profound and exponential impact on children, and diminishes their sense of safety and wellbeing (Bromfield et al. 2010:2).

This section has explored the vulnerabilities found to contribute to child neglect. Later chapters, particularly Chapter 7, will discuss these issues further in relation to the study findings.

## 3.6 Aboriginal strengths and resilience

I feel that it is necessary here to stress that certainly not all Aboriginal people are socially disadvantaged or engage in risky behaviour. This may appear to be the case from the above discussion but my intent is to highlight that Aboriginal people are significantly overrepresented in most areas of social disadvantage, and that Aboriginal people and families living in these circumstances are experiencing multiple, complex and ongoing hardships (NSW Ombudsman 2011). These are the most vulnerable people in society and their struggles must be emphasised to understand how this has influenced their views on parenting, and how it impacts on caring for their children.

Aboriginal people and communities are extremely diverse (Maddison 2009). Many Aboriginal people, families and communities are strong and thriving. Many do not experience some or any of the vulnerabilities that I have discussed in this chapter. Likewise, there are families and communities that do experience these hardships yet remain resilient and strong despite these problems. There is a wealth of literature that focuses on the strengths of Aboriginal people and communities in a child-rearing context. For instance, Lohoar, Butera and Kennedy (2014) in their research study explored the cultural strengths of Aboriginal communities and found that maintaining a strong cultural identity and traditions were significant protective factors for families in the face of adversity (Lohoar et al. 2014). For a comprehensive list of strengths-based literature on Indigenous child rearing practices see SNAICC's practice matrix (SNAICC 2011). Overall the consistent message in this body of literature is the importance of connection to culture to the functioning and wellbeing of Aboriginal families and communities.

## 3.8 Research on perceptions on child neglect

Research on perceptions on child neglect is very limited compared to other child maltreatment research, with only a handful of studies being carried out since the 1960s. Pioneering researchers in this field have most often used a vignette[4] method to explore perceptions of child neglect. Two foundational studies are by Polansky and Williams (1978) and Giovanonni and Billingsley (1970). Polansky and Williams (1978) used the Childhood Level of Living Scale to assess differences in the definitions of child neglect between social workers, and 57 working-class and 58 middle-class mothers. The study found a general level of agreement between the views of mothers across social classes and even more unexpected, a general consensus between the views of workers and all parents (Polansky & Williams 1978:400).

The other key foundational research was conducted by Giovannoni and Billinglsey (1970). This study used a vignette method to investigate the differences in perceptions on child neglect across three ethnic groups consisting of 1,065 community members. These views were then compared to 313 professionals in the child protection field (Rose 1999:466). The study found community members rated scenarios that could be considered examples of child neglect as more severe than four professional groups, and, African American and Hispanic mothers rated scenarios as more concerning than white mothers (Dubowitz et al. 1998:236).

More recently, a few studies have replicated and added to this foundational work. Rose and Meezan (1995) explored perceptions of child neglect from 131 Hispanic, African American, and

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[4] As will be explained in Chapter 4, vignettes are scenarios or short stories provided to research participants as a way to explore their views on the research topic.

White American parents, and compared these to the views of 123 child protection workers and case investigators. The participants were asked to rate the seriousness of vignette items in regards to their potential for child neglect or harm. The vignette items were partly adapted from the instruments used in Polansky and Williams' (1978) study and Giovannoni and Billinglsey (1970) study (Rose 1999:473).

The research found slight cross-cultural differences in perceptions of seriousness of specific examples of child neglect. White mothers overall rated examples of poor physical care, emotional care, and judgement relating to supervision, as less serious than Hispanic and African American women (Rose & Meezan 1995:476). All mothers responded that 'lapses in supervision and problems in providing emotional care' were the most serious types of neglect (Rose & Meezan 1995:478). From this finding the authors suggested that mothers perceived neglect to be most concerning when it occurred in relation to factors that parents can control, positing that mothers view parents to have agency over the supervision and nurturing of their children regardless of their situation (Rose & Meezan 1995:478). Similar findings were presented for the professional group, with all workers reporting supervision to be the most serious issue, followed by emotional care, and then physical care being the least concerning of the three. The authors suggest that the reason for this ranking might be the same for that of mothers (Rose & Meezan 1995:478). Comparing the responses of mothers with that of workers, the study found that in all categories mothers found each more serious than workers (Rose & Meezan 1995:479).

Previous research has found conflicting evidence about whether or not parents of different cultures have similar views on child neglect. While some research has reported that there are only slight differences in the perceptions of neglect between African American and white mothers, others found cultural differences to be more prominent (Rose & Meezan 1995:480), with one such study finding that white mothers rate instances of child neglect as much less serious than Hispanic or African American mothers. Rose and Meezan's (1995) study was consistent with the latter and found that white mothers rated examples of child neglect as significantly less serious than the other cultural groups. However, the authors also acknowledged that other factors, such as social demographics, views on parenting roles, and cultural identification, may influence the difference in perceptions.

Rose (1999) researched the perceptions of child neglect of 91 African American mothers and 70 child welfare workers. As with their previous study (Rose & Meezan 1995), this project used a Likert scale to rate the seriousness of vignette items related to a hypothetical six year old child described in a scenario (Rose 1999:468). Some adjustments were made to the instrument

such as the addition of a category 'exposure to injurious parental behaviours', which included exposing children to drugs or alcohol. The findings showed that workers rated items as less serious compared to mothers overall, but there was agreement about the issues that were the least and most concerning (Rose 1999:472). For instance, workers and mothers alike rated a lack of parental judgement, such as poor supervision, as the most concerning category for a risk of serious harm to children, although parents rated this to be of equal concern as exposure to substance use while workers did not (Rose 1999:473-474). Further, in all categories the level of seriousness for the potential or threat of harm to the child was considered much higher for mothers than workers, which is consistent with findings in the previous study that workers view particular instances as less serious than mothers. However, the contrasting views cannot only be attributed to cultural differences, as the two participant groups differed greatly in income, educational attainment, and social class (Rose 1999:474).

Dubowitz, Klockner, Starr and Black (1998) also built on previous studies to examine racial perceptions of child neglect (Dubowitz et al. 1998). This study used the definition of child neglect that focuses on the unmet needs of children and used the Child Well-Being Scale, one of the very few instruments used to measure child neglect. In this study 165 African American and white mothers of lower and middle class backgrounds were asked to rate 45 vignette items as being harmful or not harmful to a hypothetical toddler. These views were then compared to that of 83 professionals consisting mostly of social workers and caseworkers, and a small number of physicians, lawyers, psychologists and associated roles (Dubowitz et al. 1998:237). African American participants were much more concerned with physical care overall compared to white participants; and further, professionals rated physical conditions as the least concerning issue compared to all three community groups. Additionally, both the middle-class African American and white groups rated emotional concerns to be the most harmful to a child (Dubowitz et al. 1998:238). Overall findings showed a general consensus among community groups in regards to viewing situations as neglectful. This is consistent with previous research, including that discussed above by Polansky and Williams (1978), which has found few differences between racial and cultural groups (Dubowitz et al. 1998:239). This study excluded scenarios from their vignettes that could be easily identified as harmful or acceptable, focusing on those that were more ambiguous. That parents still agreed on views of harmful and non-harmful scenarios further highlights that generally parents hold similar views about what constitutes child neglect. Dubowitz and colleagues suggest that such a considerable consensus infers a collective view on children's basic needs and the conditions under which these are not met (Dubowitz et al. 1998:239).

Very little research has been conducted investigating perceptions on child neglect from an Indigenous perspective. Internationally, information on this topic is also scarce. One particular study surveyed 101 American Indian/ Alaska Native parents in the urban setting of Los Angeles about how they define child neglect and the factors associated with these perceptions. This was a quantitative study measured by vignette items (Evans-Campbell 2008b). Results indicated that Native American parents rated parental behaviours, such as substance use and leaving a small child dangerously unsupervised, as the most serious forms of child neglect, and environmental hardships, such as poverty, as the least concerning factor correlating with neglect (Evans-Campbell 2008b:132-134). The factors most significantly impacting on a parent's perception of what constituted child neglect were influenced by gender, education, marital situation, and previous experience with the child protection system (Evans-Campbell 2008b:135).

In Australia, no research has been done to specifically develop an understanding of Indigenous child neglect from the perspective of Indigenous parents. A small amount of information is available about how Australian Indigenous people and communities conceptualise child maltreatment more generally, of which child neglect is included. For instance, in 1996 the SNAICC held a variety of consultations with Aboriginal individuals, communities and organisations to develop an Indigenous understanding of the causes of and contributors to child abuse and neglect in Aboriginal and Torres Strait Islander communities. While these consultations took place 20 years ago, the issues are still highly relevant and even more concerning for Aboriginal families and communities today. These consultations identified many factors affecting the wellbeing of the child at the family, community, and socio-political levels, all of which have already been discussed throughout this chapter. These included the implications of child removal, such as the loss of parenting skills and acquired traumas, substance abuse and other addictions and their contribution to family violence, poverty and poor social structures in communities, and experiences of racism and discrimination. The consultations also identified that a lack of financial, familial and social supports, poor financial and household management, and learned family violence are directly related to child neglect and abuse in Aboriginal families and communities (SNAICC 1996:5).

During the SNAICC community consultations, Aboriginal participants were also asked to define child abuse and neglect. The definition that evolved from the collective voice of these consultations was that 'child abuse and neglect for Aboriginal people is any form of action or inaction that results in the wellbeing of the child being threatened or leading to actual harm. This includes the practices leading to the denial of Aboriginality of children' (SNAICC 1996:4).

This definition also extended to the role of government organisations and social factors in the development of 'dysfunctional families' (SNAICC 1996:4). The scarce remaining Australian literature on Aboriginal definitions of child maltreatment focuses on child physical or sexual abuse and family violence, and cannot be adequately transferred to a specific definition of child neglect (see for e.g. Smallwood 1995; Gordon 2006; Robertson 2000). This significant gap in knowledge highlights the importance of this research in contributing to Aboriginal people's understandings of child neglect.

A significant study exploring the experiences of Indigenous Australian children and families is the Longitudinal Study of Indigenous Children (LSIC). This is an ongoing study conducted by the Australian government, and tracks two age cohorts of Indigenous children, one cohort of children under 12 months and the other children under 4 years old. The research comprises of a large, mixed method data set, including 1687 Indigenous parents across Australia who participated in qualitative interviews about a range of experiences and issues, including child development, parenting, community, and many other ecological factors (FaHCSIA 2009).

While the research it is not focused on child abuse or neglect, it is notably relevant to this review because it describes what a large cohort of Indigenous parents' view as positive parenting behaviours. The research is still underway but thus far has reported that that the majority of parents (90%) often praise their child and feel close to them, and most parents very often read, tell stories, or engage in other activities with their children (Kneebone 2013).

This section has reviewed the research on perceptions on child neglect. It presented the views on child neglect from the perspective of parents from different cultural groups, parents from different socioeconomic backgrounds, and professionals working in child protection. Overall there is a general consensus about what constitutes child neglect across population groups regardless of racial or socioeconomic background. The only differences appear to be in thresholds of child neglect: minority parents with a low socioeconomic status have the least tolerance for behaviours considered to be neglectful compared to more affluent parents and professional groups. This is a significant finding to the argument that minority children, who are overrepresented in the child protection system, are removed because there are cultural misunderstandings between the parents and workers about appropriate parenting. Findings from this review of previous empirical research do not support this view and instead find that workers are more lenient of behaviours of parents that may be considered less than adequate. However, it is important to emphasise that none of this research has been conducted in Australia. This thesis will generate knowledge to inform this under-researched area and

provide significant insights into the views on child neglect from the perspective of Aboriginal parents and workers in an Aboriginal community.

## 3.7 Cultural differences and working with Aboriginal families

This chapter has provided an overview of the personal and social challenges experienced by many Aboriginal families. Professionals must be mindful of these issues when working directly with families in order to provide adequate assistance. In addition, culturally specific norms and perspectives must always be taken into consideration when addressing child maltreatment issues. Cross-cultural research has not found one universally ideal parenting strategy (Korbin & Spilsbury 1999:71), as variation in opinions of adequate child-rearing is diverse across and within cultures.

As there is such limited knowledge of understanding child neglect from Aboriginal perspectives, there is a high risk that non-Aboriginal child protection caseworkers may experience cultural misunderstandings regarding appropriate child-rearing and parenting practices. As Watson (2005) argues, 'this may occur by imposing an Anglo, middle-class notion of "children's needs" on a social and cultural minority and attributing "neglect" where it is not warranted' (2005:3). Aboriginal parenting practices that are considered normal and healthy have in the past, and to an extent today, been considered by outsiders as child neglect. This argument was illustrated by one of the professionals providing testimony in the recent Senate Inquiry into Out-Of-Home Care who talked about the lack of understanding that non-Aboriginal child protection workers have about communal living in many Aboriginal families:

> …a community was very distressed that children were taken away after a child protection visit around neglect. The worker visited and had a look in the cupboards and there was no food, and there was no food in the fridge, and, of course, the children were neglected!…The worker was without the thought, understanding and knowing that everyone eats [at] Auntie Elsie's place and that no-one else needs to have the food in the house because they live as a communal family (Senate Community Affairs Committee Secretariat 2015:221-222).

This perspective suggests that the overrepresentation of Aboriginal children in the child protection system may be attributed, at least in part, to mainstream perceptions of what constitutes child neglect and acceptable parenting practices (Evans-Campbell 2008b:117). It may be that in some instances Aboriginal parents are in fact providing adequate care for their children but are overrepresented in the system because what constitutes good parenting (and therefore child neglect) is determined by the dominant Anglo-Australian culture. Of course it

must also be noted that intracultural diversity exists in all cultures and the standards of acceptable child caring practices within one family or community may differ from those in another family or community within the same culture. For instance, I did not find any examples as clear cut as this in this study.

Another component to this is the lack of culturally relevant service delivery to adequately meet the needs of children and families. Bamblett and Lewis (2007) argue that Aboriginal cultures generally parent within a community context and, because of this, the needs of the community need to be addressed in order for children to develop and thrive (2007:46). Likewise, Blackstock and Trocme (2005) offer a related Canadian perspective and assert that family and community issues are interrelated and as such 'culturally based family interventions must be coupled with culturally based community development approaches to redress structural challenges to the safety of Aboriginal children' (Blackstock & Trocmé 2005:13). These structural challenges include the struggles of poverty, lack of resources, and the inequitable access to services for Indigenous people (Blackstock & Trocmé 2005:13). Additionally, scholars argue that the historic nature of the child welfare system, removing children once a risk has escalated to crisis point, has created a culture of fear and reluctance of families to seek help (Bamblett & Lewis 2007:46; Menzies & Gilbert 2013:52).

Aboriginal-identified positions is one way that the NSW Government has attempted to provide more culturally competent services to clients; however, this can be problematic. Workers in these positions often feel 'overwhelmed, overworked and not well supported' (Wood 2008:763). They can also feel pressures to meet the high expectations set by both their employers and their own communities to represent the views of the wider Aboriginal community (Herring et al 2013:10). Additionally, there are a number of barriers and resource constraints within the human welfare sector more generally, and particularly to rural areas, which compromise the quality of services. These include recruiting and retaining qualified staff due to issues such as limited opportunity for professional and career development, insufficient award wages and working conditions, including very high workloads, long distance travel and isolation from other professionals (Roufeil & Battye 2008). Thus, even when services do have the staff to work on the ground, access to specialised (such as domestic violence, or trauma-informed) and cultural competence training is very limited due to funding and resource shortages (Campo & Tayton 2015).

Herring and colleagues (2013) argued that attempts to work within a culturally competent framework with Aboriginal people will be unsuccessful because it fails to address the ongoing trauma and everyday racism experienced by Aboriginal people and communities. The authors

state that while 'the cultural competence frame provides a platform for seeing difference and culture…without the lenses of trauma and racism, difference appears only as dysfunction, shrouding the manifestations of Aboriginal people's rich culture' (Herring et al 2013:108). This comment is significant because it may explain why cultural misunderstandings continue between Aboriginal clients and non-Aboriginal caseworkers. Workers can be aware of cultural differences, however, without an understanding of the context of historical trauma, workers will not fully comprehend the issues experienced by Aboriginal families, maintaining cultural barriers and reinforcing the risk of non-Aboriginal workers making assumptions and decisions based on mainstream worldviews.

This section has discussed the need for workers to have a thorough understanding of the historical issues of trauma and racism that many Aboriginal families experience when assessing child neglect or mistreatment. This is important to working with Aboriginal communities because evidence shows that when workers are not culturally aware this can have negative consequences for children and families, including child removal when alternative interventions may have been more appropriate. The literature presented suggests that issues within Aboriginal families need to be addressed simultaneously with assistance at the community level in order to meet the needs of children.

## 3.9 Summary and conclusion

In this chapter I have examined the various challenges related to defining child neglect. Scholars have proposed a variety of theories to explain child neglect, beginning with a parent deficit approach and contrasting social causes approach. An amalgamation of these theories and other psycho-social theories have since been integrated to form an interactional explanation of child neglect based on ecological theory. Ecological systems theory is the most widely accepted theory for child neglect and is used as the foundation of the theoretical framework for this thesis. I then argued that incorporating theories related to historical trauma is needed to inform an approach to child neglect that is relevant for an Aboriginal context. I have discussed how experiences of individual, intergenerational and collective traumas, stemming from colonisation and more recent experiences, continue to perpetuate devastating conditions for Indigenous populations. This is a significant concern at a social level where experiences of lateral violence are commonplace within many Indigenous communities, the impacts of which are so ingrained in individuals and families that their own capacity to thrive and live healthy and well is hindered by their fragmented environment. Historical

trauma and lateral violence are closely related to feelings of powerlessness in many areas of family and community life, including interactions with government agencies.

The chapter also discussed the risk factors associated with child neglect, as well as the factors that contribute to cultural misunderstandings between Aboriginal people and non-Aboriginal workers. I then argued the importance of workers to be aware of contexts of historical trauma and the meaning that this has in the everyday lives of Aboriginal people and communities.

The small body of literature available on Indigenous Australian child neglect, and perceptions on child neglect more generally, have also been presented. From this review it is reasonable to conclude that there is a general consensus regarding perceptions on child neglect. This is reflected in the similarities between the views from parents of different racial and social backgrounds and professionals. Additionally, the perspectives provided from Indigenous professional and community consultations, also confirmed that Aboriginal and non-Aboriginal people hold similar views on what constitutes child neglect. However, the consultations from one study make up the bulk of information regarding how Indigenous people define child neglect and were recorded two decades ago. It is clear from the evidence I have provided in this chapter that there is a large gap in knowledge regarding how Aboriginal parents, specifically those involved in the child protection system, perceive and understand child neglect. The literature found that cultural misunderstandings is one reason for the high number of children in OOHC; however, as will be discussed later in the thesis, I did not really find strong evidence of this in the community where this research takes place. Thus, this thesis will expand the evidence-base supporting the diversity of communities and recognising that different factors contribute to service system barriers and child removal.

This study seeks to fill this gap as it provides a unique perspective from an Aboriginal worldview and offers a rare insight as it is informed by Aboriginal parents experiencing multiple and complex vulnerabilities. The following chapter introduces the study and the methods used to undertake participatory research with an Aboriginal community to investigate Aboriginal parents' and workers' views on adequate parenting and child neglect.

# CHAPTER 4: RESEARCH DESIGN AND METHODS

## 4.1 Introduction

The aim of this research is to develop an understanding of child neglect from an Aboriginal perspective, to explore the various interrelated factors that impact on parenting, and to understand the influence these factors have on parents' perceptions of neglect. As this project is focused specifically on Aboriginal families, research methods that promote best practice for working with Indigenous communities have been used. This includes using a community participatory approach throughout all stages of the project, and considering cultural and other sensitivities within this population group in the planning and conduct of interviews. Another key research method was the use of reflexivity which has enhanced all aspects of the project processes.

Chapter 3 identified a significant gap in knowledge relating to Aboriginal views on child neglect. The previous studies have largely used quantitative methods and consequently very little is known about how Aboriginal people view child neglect in an in-depth, qualitative way. Using interviews, community forums, storytelling and vignettes, this project addressed this missing evidence-base, providing rich and high quality data to generate knowledge on Aboriginal parents and community understandings of child neglect.

This chapter will detail the planning, development and implementation of the research. I will highlight key Indigenous research theories to provide an academic platform for undertaking an Indigenous methodology. I will also describe the necessary, yet challenging protocols of conducting Indigenous research, how I have managed these difficulties, and how in doing so, it has both enriched the project and my experience as an Aboriginal researcher. I will also draw on reflexivity to reflect on interviews with participants, analysing the shifting power dynamics and roles during these interactions.

## 4.2 Research methods

Qualitative inquiry 'seeks to discover and describe in narrative reporting what particular people do in their everyday lives and what their actions mean to them' (Erickson 2011:43). Qualitative researchers use a variety of methods to 'study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them' (Denzin & Lincoln 2011:3). For this research, I used techniques including interviews, community forums, vignettes, and reflexivity as a way to collect, analyse and interpret participants' views, experiences, and understanding of their world around them, as well as

critically engaging reflections on my own role in the project and implications of this. The research project is underpinned and guided by an Indigenous research methodology.

## 4.2.1 Indigenous research methodology

Research on Indigenous populations has traditionally been conducted using Westernised paradigms and research processes where 'knowledge about Indigenous peoples was collected, classified and then represented in various ways back to the West' (Smith 2012:1). This has reinforced the perception that the knowledge held by 'white' scholars is superior to that of minority cultures that are always placed in the category of 'other'. As such, Indigenous voices are continually being repressed within 'mainstream academic discourses' (Blodgett et al. 2011:522). Scholars have used this oppression as a vehicle for arguing the need for change to research processes in Indigenous contexts (Blodgett et al. 2011:522).

Decolonising research is the term used for research that 'recognises and works within the belief that non-Western knowledge forms are excluded from or marginalized in normative research paradigms, and therefore non-Western/Indigenous voices are silenced and lack agency within such representations' (Blue Swadener & Mutua 2008:33). There are no set methods or guidelines for decolonising research practices, rather, according to Blue Swadener and Mutua (2008), 'we see the distinctive hallmarks of decolonizing research lying in the motives, concerns, and knowledges brought to the research process' (33). Thus, adopting a decolonising approach to research requires researchers to understand colonial standpoints and the impact this has had on Indigenous populations.

The methods used in Indigenous research will vary to meet the relevance and capacity of the project; however, all Indigenous research, if carried out correctly, must comply with the ethical principles for conducting research with Indigenous people. These ethical principles include (but are not limited to):

- That the research has permission from the Aboriginal community to be conducted

- That during the research process the Aboriginal community has every opportunity to contribute to the research in whatever capacity they choose

- That the community are fully empowered to make decisions in areas of the research that concern their people and land

- That minimal harm or distress to community members will be caused during the course of the research (AH&MRC 2009).

This project employed an Indigenous approach which was chosen because it aligned with a participatory paradigm that promotes social justice principles (Nicholls 2009:117). In doing so it best emphasises community knowledge and produces research that is relevant to the needs of the community.

I chose to undertake qualitative research because I wanted to use appropriate methods that enabled participants to tell their story; as the participants are Aboriginal, I wanted to gather information in a way that resonated with cultural norms. Telling stories and oral education is a traditional method for sharing information and older generations teaching younger generations (Bennett et al. 2011:33). Storytelling also allows the interview to go beyond just a set of questions to generate a dialogue and relationship between the researcher and participant in the very act of having that interaction. The following quote illustrates this point well:

> Storytelling and methods like personal narrative fit the [Indigenous] epistemology because when you are relating a personal narrative, you are getting into a personal relationship with someone. You are telling your (and their) side of the story and you are analysing it. When you look at the relationship that develops between the person telling the story and the person listening to the story, it becomes a strong relationship (Wilson 2001:178).

This quote articulates how I have related to the participants and the research. I have empathised with the journeys of the participants and grown to become protective of their stories which they so generously entrusted me with. Such a privilege carries with it an ethical and moral responsibility to ensure that the voices of the participants resonate throughout, and are represented with empathy, compassion and are a true reflection of their meaning to do justice to these stories.

This project also promotes a participatory approach to the research as I worked closely with the community throughout the project. In this way the project has elements of Participatory Action Research (PAR). PAR argues that knowledge is produced through the collaborative working together of community and researchers (Denzin & Lincoln 2011:249). PAR values the expertise of participants and prioritises the research processes and the benefits to the community from the research, rather than just research outcomes. To achieve this, the research plan and methodology need to be flexible to meet the needs of the community (Elser 2008:457). As knowledge has been traditionally generated in a way that excludes the voices of marginalised groups, PAR also aims to correct this by informing knowledge with the expertise

of these groups, contributing to social justice, and, specific to Indigenous groups, promoting Indigenous knowledge systems (Cochran et al. 2008:23).

Some of the ways this research project aligns with a participatory paradigm included providing members of the community with the opportunity to participate in the development of the research process, and the continued involvement of the community at each stage of the project. This ensured that the research reflected the needs of the community. Aboriginal community members and organisations were invited and encouraged to assist in shaping this research from the earliest possible stage, by participating in community forums and other formal or informal consultations. Ongoing participation by community members was also sought during later stages of the research, with the interpretation of results and presentation of findings. When the research is complete, the community is interested in developing materials from the findings that can be used to assist them in their work with families. This is an outcome that I am particularly committed to as it will translate the findings of this research into something useful and tangible for services working with families.

## 4.2.2 Vignettes

Vignettes have been found to be a valuable research method to uncover people's perceptions and attitudes. When using vignettes, research participants are presented with fictional scenarios and asked to provide their thoughts on the situation or how they would react if in the same position (Spalding & Phillips 2007:954). Vignettes have been used in a variety of ways in research to explore attitudes and beliefs of participants, and to seek either prescribed closed-ended responses, open-ended responses, or both (Finch 1987:106). This study used vignettes to generate discussion and develop an in-depth understanding of participants' (highly complex) perceptions of the research topic (Barter & Renold 2000:310).

Vignettes are an appropriate method to use in this project for a variety of reasons. First, vignettes are effective when used as a part of a multi-method approach to data collection, for instance in conjunction with interviews, as they are in this study (Barter & Renold 2000:311). Vignettes are also an appropriate method for researching sensitive issues as it is less confrontational for participants to comment on scenarios rather than their own experiences (Finch 1987:106). The use of vignettes creates a kind of protective barrier for the participant because they are able to comment on a hypothetical situation that they can distance themselves from (Schoenberg & Ravdal 2000:64). Vignettes are also a method widely used in child maltreatment research (for e.g. Giovanonni & Billingsley 1970; Rose & Meezan 1995; Rose 1999). For child neglect research specifically, vignettes are commonly used to investigate

how participants rate instances of child neglect (for e.g. Evans-Campbell 2008b; Rose 1999). Research methods used to investigate views on child neglect were discussed in Section 3.8.

Vignettes have also been widely used in Indigenous research and have been found to be an effective method because it opens up a dialogue of storytelling. At the same time, when used in a particular way, it can also contribute to decolonising, or 'Indigenising' research (Blodgett et al. 2011:529). For example, Blodgett and colleagues (2011) used 'portrait' vignettes to bring Indigenous stories and perspectives to the fore regarding community-based research. Portrait vignettes are used as a way to present research data, rather than generate it (Blodgett et al 2011:525). In the study by Blodgett and colleagues, the experiences of nine participants, referred to as 'Aboriginal co-researchers', were captured in the traditional ways of interviews and transcription, then transformed into a portrait vignette through a collaborative process between the mainstream researcher and Aboriginal co-researchers (Blodgett et al. 2011). Blodgett and colleagues used a PAR methodology and argued that through PAR using vignettes, participants were empowered to generate knowledge and share their experiences and views in a way that resonated with their cultural practices of storytelling as teaching (Blodgett et al 2011:529-530).

There are limited research projects that explore parents' views on child neglect, especially in an Aboriginal context. Most previous studies have used large sample sizes and quantitative instruments to measure responses to vignette items (for examples, see Section 3.8). I used vignettes as a way to delve deeper into participant's narratives and perspectives, rather than a measurement tool or to present data as in other research. However, the extent to which participants' may be empowered through the process in this project is questionable. While workers had the opportunity to make decisions about the research through active participation in the development of the interview schedules, vignettes, and recruitment of participants, the contribution by parents to the research was sharing their views and experiences.

### 4.2.3 Ethics approval

Ethics approval for this project was granted by the Aboriginal Health and Medical Research Council (Approval no. 839/12) in June 2012, and the UNSW Human Research Ethics Committee (Approval no. HC12377) in July 2012. The ethics process for the Aboriginal Health and Medical Research Council was rigorous and took several months as the committee was careful to select the appropriate people to review the application due to the sensitive nature of the research topic. Both ethics approval letters can be found at Appendix A.

## 4.3 Background to the research

### 4.3.1 Barnardos Australia

Barnardos Australia has been involved in this research project since its inception. Barnardos are a large international non-government organisation and in Australia they provide many different services to disadvantaged children and families, including early intervention programs, out-of-home care services and foster/kinship carer supports, play groups and parenting workshops, and a variety of localised initiatives to meet the needs of diverse communities. Barnardos were particularly interested in supporting this research because it has a focus on Aboriginal families and communities. They believe that empirical research, developing knowledge from the perspective of Aboriginal people, is necessary to informing and improving services to their Aboriginal clients and for the child welfare sector more generally.

Barnardos supported the project by providing the venue and catering for an information session, two community forums, and interviews as needed. Some of the workers were also very active in assisting to recruit parents and other workers in the community to participate. Barnardos also provided the funding for cash incentives for parent interviews, and my accommodation and travel expenses when visiting the town for fieldwork.

### 4.3.2 Original plan for the project sites

I had originally intended to conduct this research in two different Aboriginal communities to compare and contrast the experiences and views of families living in different geographic locations. After many unsuccessful attempts to gain access to one of the chosen sites, I decided to focus the research in one community. This is discussed further below in Section 4.6.1.

### 4.3.3 Project location

The participant community for this project is set within a rural town in NSW located in the Country of the Wiradjuri people. The population of people living in the town is several thousand and twice this amount live in the surrounding Local Government Area. The town has a long standing Aboriginal community that comprises a quarter of the town's population, with family groups who are able to trace their ancestry back to before colonisation. The community has chosen to remain anonymous.

This location was chosen as the research site for a number of reasons:

- I had intended to choose a rural community in NSW. When Barnardos Australia joined the project I decided to approach one of the towns they serviced so I could access their client groups. Barnardos has an active presence in the town and is a respected organisation within the Aboriginal and non-Aboriginal community. Barnardos' assistance in community engagement and recruitment was a key factor to the success of the project.

- I also had a number of already established community contacts as I have been familiar with the town for many years; I visited the town as a child and have friends who have lived there and others who still live there.

- Finally, the location is relatively isolated from neighbouring towns and has a clearly defined geographical area making it easy to define who lives within the community. Having a distinct community makes it easier to understand the role and influence of community and social factors in caring for children.

### 4.3.4 Participant criteria and recruitment

The main method of recruitment for interviews with parents was through Barnardos Australia. The inclusion criteria for parent/carer participants were:

- An Aboriginal parent/carer

- A history of risk or known instances of child neglect

- Residing in the project town

- Willingness to participate in interviews.

I specifically tried to recruit families with a history of risk because it is crucial to learn the perspective of those people that the policy and service delivery is aimed at. Also, as this is the most vulnerable group they are the most valuable source of knowledge to talk to about why they struggle to provide for their children, what would help them, and how they view child neglect.

An arms-length recruitment strategy was undertaken where Barnardos identified either current or former Aboriginal clients who used their services and approached them to participate. The recruitment flyer for interviews can be viewed at Appendix B.

In several instances, Barnardos organised the interview time and venue and my first encounter with some participants was at the interview. In these situations, the parents were more comfortable having Barnardos workers negotiate the interview details on their behalf. Thus, it

should be noted that in these instances Barnardos would have been aware of which clients met with me at the Barnardos office with the intention to participate in the study. Of course all ethical measures were taken to ensure the privacy and confidentiality of the content of these interviews, including conducting the interviews in a closed room.

A total of 18 interviews were conducted with Aboriginal parents, of which 14 were mothers and four were fathers. Two of the interviews were conducted with both a mother and a father, bringing the total of families in the sample to 16. Twelve participants were recruited through Barnardos. I also recruited two participants through my contacts at the Aboriginal Medical Service (AMS). Everyone who was invited to participate in an interview accepted this offer, and then an additional four participants were recruited through snowballing. Snowballing is a commonly used recruitment method in research whereby participants are recruited to participate through other research participants. In this research snowball participants were relatives or friends of interview participants. All participants received $50 cash each, provided by Barnardos, in recognition for taking the time to share their story. This sample was sufficient to reach saturation and grasp an understanding of the experiences of people in the community.

Nine interviews were also conducted with a range of human services workers. Four of these workers were non-Aboriginal and five were Aboriginal. The purpose of speaking to human services workers was to provide another perspective to this research. This group assisted in building an understanding of how Aboriginal parents' perceptions aligned or differed from policy and practice. I recruited these participants directly as I had either established a relationship with them over the course of the community engagement process, or they were referred to me by one of the key community contacts.

More specific details about the participants involved in this project is provided in the next chapter.

## 4.4 Conducting the research

Two methods were used to collect primary data for the project: community forums and interviews with parents and local human services workers. This section reports on the processes for engaging the community to participate in the project through to data collection.

### 4.4.1 Community engagement process

I have been engaging the community since the project first began. Through my personal contacts I was introduced to human services workers in key local organisations who work with

Aboriginal children and families and these workers expressed an interest in the project. Through my relationship with Barnardos I was also introduced to key workers in the local office who have been my main 'gatekeepers' into the community. These workers have strong local ties to land and culture and are considered leaders in the Aboriginal community.

Prior to conducting any research activity, the project had to be approved by the local Aboriginal Community Working Party who act as the unofficial authority for decision-making on behalf of the Aboriginal community. This is a voluntary committee made up of Aboriginal elders, community leaders, and Aboriginal representatives occupying senior positions in local organisations. I presented my proposal to the committee and they granted their support of the project, expressing that it was an important area to pursue and especially relevant to their families and community. The committee provided a support letter that was a prerequisite to seeking ethics approval for this research. To protect the anonymity of the town I have not included this support letter in the thesis appendix.

In October 2012, a year after I began actively engaging the community in the project, I held an information session about the project at the local Barnardos office and invited many local human services providers from a variety of organisations to attend. This information session was advertised widely with the aim of spreading awareness of the project to as many people in the community as possible. Supporters of the project emailed a project information session flyer to their relevant contacts, and I directly contacted a number of people recommended to me via email and phone. This information session was quite informal. Barnardos provided refreshments and lunch, and it was a good opportunity to meet people working and living in the community and receive general feedback and suggestions about how the project could be developed to best benefit the local community. Those who were most interested in the project, and could attend, participated in the community forum for the project two weeks later. The flyer for the information session is located at Appendix C.

## 4.4.2 Community forums

Two community forums were held at different stages of this project: one before interviews commenced, and the other after data collection and preliminary data analysis had been completed. Through the community forums I was able to both promote a Participatory Action Research approach to the project, as well as utilise this opportunity to both generate and interpret data.

The first community forum was held in October 2012 at the local Barnardos centre. On the advice of some of my Aboriginal advisors in the town, this forum only targeted participation

from human services workers as concerns were raised about community members disclosing information about families in the town in a public setting.

Human services workers were recruited for the forum through a number of different channels. My community contacts distributed a flyer attached to an email inviting interested workers to attend, and I also called and emailed people directly. The information session, held two weeks prior to the community forum, was another way I attempted to generate interest in the project and encourage workers to attend the community forum.

Twelve human services workers attended the community forum from a range of the key services in the town, including Barnardos, the AMS, the local council, and one of the primary schools. This was a half-day workshop and was my main strategy for bringing the community into the project so they had a voice in making significant decisions about the research design, ethical processes and project outputs.

During the community forum I presented information and resource sheets about what the literature, NSW child protection policy, and other Indigenous-focused research projects have said about child neglect, and encouraged the group to think about what aspects were particularly relevant to the Aboriginal families in their community. Participants were also provided with a booklet outlining important information about the project and the community forum. Presenting the supporting literature enabled the discussion to explore what people believed to be the most relevant and important issues to raise with Aboriginal families concerning child neglect in the community. These issues then became key focal points for the goals of the community forum, which were to review and build upon an interview guide I had drafted for use with families, and to develop vignettes (discussed below) to be used during interviews. The session ran like a workshop, in that the day had overall objectives, and consisted of presenting theory, brainstorming activities in small and larger groups, and producing outputs at the end of the day.

### Developing vignettes

Developing vignettes as a group was an important goal of the first community forum. Participants were first presented with background information about the relevance and effectiveness of using vignettes in sensitive and Indigenous-specific research. I also provided a number of useful tips for developing effective vignettes such as thinking about what the vignette was trying to achieve, the desired length of vignettes, the extent of detail to provide in the vignette, and how the vignette could be modified to test variations in perceptions. The participants then split into smaller groups and each group developed one vignette based

around one or more of the key vulnerabilities and risk factors experienced by families. The final vignettes that were presented during interviews were based on the vignettes developed during the forum.

After reflecting on the content of the community forum relating to the vulnerabilities most experienced by families, I decided to reserve the vignettes for the most sensitive and confronting issues that families may have difficulty talking about if the questions related directly to their personal situation. The vignettes 1-4 in the boxes below show the vignettes that were presented to families and workers during interviews.

### Vignette 1: Supervisory neglect

*There's a party going on at the Simpson's and all the family and distant relatives are visiting from all around NSW. A bunch of the kids get bored and decide to wander around town to amuse themselves. It is midnight and the kid's ages range from 7–15 years.*

### Vignette 2: Domestic violence

*Lulu has three children who are eleven, eight and three years old. For years Lulu's partner Doug has been emotionally and physically abusive towards her. During the last incident the police were called and Doug was arrested. The police also made a report to DoCS because the children were in the house at the time.*

### Vignette 3: Drug use

*Tammy is a single mum with five kids ranging from ten to two years old. The two year olds are twins. Tammy has been using drugs for several years but tries not to let it interfere with looking after her kids. Tammy has trouble getting up in the mornings so the older children usually make breakfast, dress the younger ones for school and childcare, and pack whatever food they can find into paper bags for lunch. The kids wake Tammy up when it is time for her to drop them to school.*

*One morning Tammy's Brighter Futures worker popped around for a home visit and noticed that Tammy seemed very groggy, the kitchen floor was stacked high with dirty nappies and other rubbish, and there wasn't much food in the house. When the Brighter Futures worker asked what was going on Tammy said that she was fine, just very tired because of the twins keeping her up and she was tidying the house and going shopping later that day.*

### Vignette 4: Alcohol use

*Tom and Julie have seven year old Ashley and three year old Tyson. They both enjoy drinking with their friends and have a rule that during the week only one of them will drink at a time so the other one can look after the kids. Every weekend both of them normally get drunk and*

The second community forum was held a year after the first, in October 2013, and 10 months after interviews had been conducted. Fourteen people attended this forum including workers, many of whom attended the previous forum, and four of the parents who were interviewed. Recruitment for this was similar to the first community forum, with the addition of Barnardos workers personally approaching families who were interviewed and inviting them to attend. The purpose of this community forum was to present the preliminary findings from the interviews and discuss and interpret the issues and key themes evident in the data. This forum also gave participants the opportunity to raise any particular concerns they had with the preliminary findings. It also helped to ensure that the findings were presented in a way that truly reflected the views and perspectives of the community. This forum consisted of a presentation of the preliminary findings followed by an interactive discussion with participants around some of the more unexpected, controversial and inconsistent findings from the interviews.

I obtained written consent from all participants to audio record both community forums and all participants were de-identified and given a pseudonym which was used during transcription, coding and analysis, and write-up. The flyers for both community forums and the participant information and consent form are located at Appendix D and E.

### 4.4.3 Interviews

Interviews were conducted with Aboriginal parents and Aboriginal and non-Aboriginal human services workers. All interviews were audio recorded and written permission for this was sought by participants prior to the interviews commencing. The participant information statement and consent forms are located at Appendix F and G.

*Ethical considerations and care of self and participants*

Interviews were conducted both in the participant's home and at the Barnardos offices. When interviews were conducted in the participant's home I phoned a local support person before and after interviews so my safety was monitored. When I felt unsafe to enter a participant's home, as did happen on one occasion, I rescheduled the interview and it was then conducted at the Barnardos offices.

Prior to the interviews commencing I discussed what was in the participation information and consent form with the participant. This included informing them about the meaning of informed consent, the protection of their anonymity and measures I would take, such as assigning them a pseudonym, and my requirements as a mandatory reporter should I hear or witness a reportable incident. Participants were informed that they could stop the interview at any time and were provided with the numbers of both local and state-wide culturally appropriate counselling services. I also provided participants with a local services directory pamphlet to further inform their knowledge of the local services and programs available to them.

It should also be noted that I had not intended to interview children for this research, however, one of the participants was 14-years-old. It was only during the interview that I learnt the age of the participant and parental consent could not be obtained as he was not living at home and attended the interview on his own. Following this interview, I referred him to appropriate services and enquired informally with other adults about his welfare.

### *Interview schedules*

The interview schedule was structured and detailed to ensure that all topics were addressed; however, the interviews themselves flowed in a more semi-structured format, in a pace and order that was appropriate for each individual participant (Bryman 2001:313). Interviews with workers lasted approximately one hour, while interviews with parents were deliberately longer, lasting on average between 1.5 hours and 2 hours. The full interview schedules for parents and workers can be viewed at Appendix H and I.

The interviews with parents generally began by asking participants about themselves and their family, their experiences being a parent, the type of parent they are, and how they learned to be a parent. I then asked about their supports, help seeking behaviours, and any worries they had and how they coped with these worries. If the participant had children who had been removed we then talked about this. Part two of the interview schedule covered their views on child neglect, what they thought it was, what caused it, how it could be prevented, and how it might be understood differently in Aboriginal families compared to non-Aboriginal families.

I then guided participants through a series of vignettes about a particular topic where children could be at risk of neglect. For each vignette, participants were asked a series of questions. The vignettes are found above in Boxes 4.1–4.4 and related to the topics of supervisory neglect, alcohol use, domestic violence and drug use. After each vignette was presented to the participant, a discussion began with their first thoughts upon hearing this story and then a few

prompting questions related to whether or not they believed that the situation was neglectful and if intervention from DoCS was warranted. Following the vignettes, participants' views on education and schooling were discussed. Lastly, the interview turned to their experience of living in the community which involved discussing community strengths and problems, experiences of discrimination, and knowledge of and experiences using local services, including DoCS.

The interview schedule for workers began by asking the participant about their organisation, their job role, and the local community, followed by prompting questions about community vulnerabilities that can cause parents to struggle looking after their children. We then discussed their professional definition and understanding of child neglect, including how they identified and responded to child neglect, the prevalence of this, and Aboriginal and non-Aboriginal differences between families and their vulnerabilities in the community. Finally, workers were then presented with the same vignettes as the parent participant group. A few of these workers were the same ones that assisted in the development of the vignettes.

## 4.5 Analysing the data

After each interview I wrote my initial thoughts about the interview. Topics that I wrote about included the key issues that were focused on, my impressions of the participant's willingness to engage and disclose personal information, and any observations that I considered relevant, such as if the participant seemed depressed or under stress. Bryman (2001) suggests initially reviewing the data before making analytical notes or interpretation (2001:398). I did this after the fieldwork was complete by listening back over each interview. This was a useful strategy because it refreshed my memory after completing so many interviews and I was able to record further reflections from the perspective of knowing what all the interviews entailed.

I completed one-third of the transcribing myself, and the remainder I sent to a trusted transcription company. When the transcripts were returned I checked that each one was accurate by listening to the interview while reading the transcript (Bryman 2001:323). While this was a time consuming task it was useful because it allowed for further reflections and thoughts for analysis. Following transcription, I developed a coding frame to help better manage the data. The first step towards developing the coding frame was to identify the main topics that were covered during the interviews. Bryman (2001) suggests coding as early as possible to become more familiar with the data and so the amount of data does not feel overwhelming (Bryman 2001:398). I used the interview schedule as a guide for developing the coding frame. Drafting of the coding frame began during the early stages of interviewing. As

the literature recommends, I returned to the draft coding frame after the fieldwork was completed and made changes throughout while I was re-listening to the interviews and re-reading the transcripts (Bryman 2001:398). I made further additions and changes to the coding frame during the actual coding process when names or descriptions of the codes did not seem to fit the data.

To begin coding I chose three very different interviews in hardcopy to code and test that the frame covered the variety of issues discussed (Bazeley & Jackson 2013:69). From this process I added additional codes and revised some of the others. After the pilot hardcopy coding exercise I decided to hard copy code all the interviews because I found it much easier to engage with the material using pen and paper. I then coded the interviews using software that stores and analyses qualitative data called NVivo. This approach enabled me to rethink some of the more difficult sections to code, and how to represent them. Throughout these stages I was making changes to the coding frame and noticing more trending issues that required their own codes. The final coding frame can be viewed at Appendix H.

## 4.6 Reflecting on the research journey

### 4.6.1 Facilitators and challenges to conducting the research

Most of the challenges that I faced in this project occurred during the set-up phase when I was engaging Aboriginal communities and requesting ethical and community approval for the project. During this time the project appeared to be progressing in some ways, and was hindered in others. In this section I discuss some of the issues I experienced when attempting to undertake Indigenous research.

#### Striving for best practice

As I eluded to in the introductory chapter of this thesis (section 1.4) a key issue for the study has been the divergence between Western research practices and how these fit into the way that Aboriginal communities interact and do business. My Aboriginal advisors were adamant about not imposing Western/university timeframes on Indigenous research and letting the project take as long as needed (Putt 2013:5). The need to be flexible with my time scales was combated by the reality that through this project I also wanted to demonstrate how good Indigenous research can be done within the parameters of Western guidelines, particularly because I was limited by a scholarship deadline. Additionally, it was in the project's best interest to be completed in a timely manner so that the findings can make an impact and contribution to knowledge and child protection practices. This issue is also discussed in the

literature. For instance, Saunders and colleagues commented, 'Indigenist research methodology similarly requires a power shift. For the students, this meant they became engaged in an ongoing struggle to be true to their commitment to the participants whilst completing the requirements of the research and the degree' (Saunders et al. 2010:5). This comment reigned true for me during the early phases of the research while I was waiting for ethics approval and attempting to engage communities.

To conduct research with Aboriginal populations in NSW it is necessary to first acquire ethics approval from the Aboriginal Health and Medical Research Council (AH&MRC). This requires an official support letter from the community, yet many communities will not officially support the project without first having ethical approval. I navigated this challenge by submitting my ethics application and stating that I had engaged communities, and that they would provide a support letter if the AH&MRC could provide preliminary approval, with official approval being granted once I submitted the community support letter. I also submitted a letter from Barnardos stating that their Aboriginal staff approved of the project and had their support.

The 5-month wait for ethics approval meant that the formal community engagement and data collection could not begin. This was an example of the project needing to be flexible and going at the pace of both the local and wider community to satisfy protocols. Once ethics approval had been granted, the Aboriginal Community Working Party promptly provided their official letter of support for the AH&MRC. I then held a community information session followed closely by the first community forum, and brought my fieldwork forwards by two months to take advantage of the community interest in the project.

### Engaging communities

Engaging communities in research can be a lengthy, time-consuming, sensitive and challenging process (Putt 2013:5). As stated earlier, I had originally intended to carry-out this project in two sites, an urban/metro Sydney area, and a rural community in NSW. I was successful in engaging some key people in the Sydney-based community, and spoke at an interagency meeting in March 2012 to gauge the interest of local services to my project idea. I then needed to wait until ethics was approved to officially request permission from the community, so I attempted to do this in August 2012. By this time the community was focusing on other business and I was unable to secure a place on their meeting agenda. I instead wrote my request via email and hoped to get on the agenda the following month. The email was not passed on until a month later. It was becoming clear that there was not enough support from the gatekeepers in this community to keep trying to gain permission for the research. As I

already had such strong support and approval for the rural site I decided to alter the project to focus on one rural site. Focusing on one site would also enable an in-depth look at the community, and as this was a geographically defined area and isolated from neighbouring towns, the community context and influence of social factors could be clearly drawn out.

## 4.6.2 Addressing the limitations of the research

### Sample and scope

The scope of the project was deliberately narrowed to enable an in-depth focus on one cultural group in one location. However, conducting the study in one location meant that the views of these participants cannot be compared to other communities, or settings, as was first intended. It also meant that the sample size of both parents and workers was smaller than anticipated as I was limited to recruiting from one community. In light of this change to the research plan I had to adapt the methods and analysis accordingly. This meant that I adopted a case study approach instead of a comparative analysis of two different communities.

Another study limitation is that this project focuses on Aboriginal perspectives I have not included a non-Aboriginal comparison group from which to compare and interpret findings; instead I relied on literature and related research to do this. Further, the perspectives of community elders are missing in this research. Community elders were approached on multiple occasions to participate in the research by Barnardos workers. I travelled to the town with the intent of running a focus group with community elders to learn their concepts of parenting and child neglect; however, attempts to engage elders were not successful. Barnardos again attempted to include elders and older community members in the second community forum but this was not successful either. Despite this missing participant group I am satisfied that I gained a thorough insight from a community perspective as many of the workers I interviewed, or who participated in the community forum, live in the community and a few will be considered elders when they are older as they are highly regarded and respected by the community.

The sample of research participants were mostly recruited by Barnardos, and most were engaged in family support programs. As most of the study participants were attached to these local services, this may suggest that they have a particular view about parenting and child neglect influenced by their interaction with these services. Therefore, these views may not be representative of parents in the community who are vulnerable but 'hard to reach', or that are less vulnerable and do not need these services.

## Research methods

Engaging the community in a participatory approach throughout the research stages worked well with workers through the community forums; however, it was not as successful with parents. Barnardos invited parents to attend and participate in the second community forum where I presented the findings and sought community feedback. This is common practice in the community as a way to ensure the research remains transparent and open to feedback and validation from all participants. It is also supported by literature that argues that enabling participants to assist in interpreting the findings is considered to be a way of shifting power back to the research participants (Del Busso 2007:310). Barnardos approached those parents who they initially invited for interviews and briefed them about the forum prior to my arrival. A small number attended but most did not engage in the discussions and preferred to just listen. I then intended to speak with them privately following the forum during lunch but they left before I had the opportunity. Previous research finds that this is not an uncommon response when attempting a participatory approach. For instance, in their participatory research approach to a study engaging mothers living in poverty, Dodson and Schmaltzbauer (2005) found that at times participants were too preoccupied with their personal problems to engage in the process, and that at times they felt uncomfortable in a group setting where they had to collaborate as a group (Dodson & Schmalzbauer 2005:956). Similarly, other scholars argue that sometimes participants don't actually want a participatory approach, preferring the researcher just to 'be' the researcher (Etowa et al. 2007:353). Despite this, the original intent was to engage the community in the research process, and I feel this was partly achieved through the ongoing motivation and participation from professionals who live and work in the local community.

A social desirability bias has been found to influence how some people respond as research participants (Baydala et al. 2009:40). A social desirability bias occurs during interviews or surveys when participants respond in a way that presents them in the most favourable way based on their assumptions of the best responses to the research questions (Smith 2007:917). To manage the issue of social desirability bias I implemented a number of different strategies:

- Parents were made aware in the first instance:

  - of the importance of this project to informing policy and practice to improve conditions for Aboriginal families

  - that there were no correct answers to the questions and the focus was more on views than behaviour

- - - that their responses would be de-identified and they would be given a pseudonym (Baydala et al. 2009:40).

- When inconsistencies in responses were identified during interviews participants were probed to elaborate further.

- In addition to semi-structured interviews I also used vignettes which enabled a more objective view on particular topics as participants were not reporting on their own behaviours.

- When there were discrepancies between participant's own stories or behaviours and their response to vignettes it was useful to explore the underlying factors driving views that were inconsistent with stated behaviours.

- I also interviewed workers about their understanding on issues of parenting and child neglect in the community to provide a professional perspective against parent's responses.

- The community forums were particularly valuable for addressing complexities in the data, such as a social desirability bias, to develop a community-level perspective on these issues.

Through these strategies I have not eliminated the risk of social desirability bias but it demonstrates that I am conscious of this issue and have considered methods for managing it.

What I could not control, however, was the impression that I gave to participants during interviews and how this may have influenced their responses. Would being a mother and fellow Aboriginal person work in my favour? Would the fact that I am an outsider to the town and from a university doing research create a barrier to engagement? These are factors that I was aware of and reflecting on the interviews and how I engaged with each participant was important to understand my role in the project (Davies 2012:749). I will return to reflect further on this aspect of the project briefly in the discussion chapter.

I decided to have an Aboriginal Advisory Group for this project because my supervisors were non-Aboriginal and because it is considered a strategy for best practice in Indigenous research (NHMRC 2003:24). The role of the group was to guide me on culturally competent research practices and to provide advice on project decisions and feedback on documents, such as promotional material, ethics applications, and interview schedules. My Aboriginal Advisory Group initially consisted of three people who had expertise in child protection, Indigenous research methods, and working in Aboriginal communities.

Soon after the group was established one member had to step down due to work commitments. Having only two members left was a source of stress for me and I tried pursuing other options to increase the number of people in the group, without success. The advisory group met sporadically in the first year. This was not through lack of trying; however, competing work priorities of the members made this difficult. In the second year of the project I accepted that this method was not working for this project. The Aboriginal Advisory Group was disbanded and I decided to take a new approach.

In lieu of an Aboriginal Advisory Group I gained something equally valuable, and that was a number of individual advisors based both in Sydney and the research site, both Aboriginal and non-Aboriginal, who bring their own unique knowledge and expertise to the project. The group included academics, government and non-government workers, and community elders. This approach is widely used and acceptable in research projects specific to particular population groups where the researcher requires more expert advice. For example, Bennett and colleagues (2011) used Aboriginal mentors as cultural advisors for a research study exploring the experiences of Aboriginal and non-Aboriginal social workers who work with Aboriginal populations. Two of the researchers were Aboriginal in this project (Bennett et al. 2011). In many ways this approach for supportive advisors was effective because it has allowed the research to grow and be informed by more than just the same group of people and to utilise the expertise of a variety of people along the way at relevant junctures of the project. It also pushed me to take greater ownership of the project and develop my confidence as a researcher, as I reflected below:

> An important realisation that I have made lately is that the more I get into the project, become familiar with the literature, and develop relationships with people in [research site], the more I am learning to trust and respect that I am capable of making good decisions and being culturally competent with the project. I actually feel like I don't need an advisory 'group' because I have many individual supporters who can provide me with guidance when needed, but also that I know what I am doing (Reflective Journal 1 November 2012).

### 4.6.3 Reflexivity and being reflexive

Reflexivity serves as a way for researchers to analyse their own role and subjectivity in the contribution to knowledge construction (Finlay 2002:211). Reflexivity 'is often understood as involving an ongoing self-awareness during the research process which aids in making visible the practice and construction of knowledge within research in order to produce more accurate

analyses of our research' (Pillow, 2003:178). In this way it brings to the fore social contexts surrounding the research, such as class, gender, race, age, and other social identifiers, and prompts the critical analysis of the influences that these have on research interactions (Daley 2010:69).

Initially research participants knew that I was Aboriginal, that my purpose for interacting with them was to conduct research, and that I was from a university. What assumptions would participants make about me based on this knowledge, and what implications would this have on the interviews, their willingness to share their stories, and ultimately, what I would find? Throughout the interviews I made an effort to disclose more about myself to build a closer rapport with participants. Pillow noted that 'the use of self-reflexivity is often used to situate oneself closer to the subject' (2003:182). As a fellow Aboriginal person I already had a shared cultural heritage with research participants, and as my family is from Wiradjuri Country, I felt an even closer affiliation with the community. I also made it known that like them, I was a parent and I could identify and empathise with both the joys and struggles of parenting.

It is widely accepted that a researcher's standpoint can have an influence on the research process, and that acknowledging and using reflexivity can help manage any implications of this (Bishop & Shepherd 2011:9). As mentioned in section 1.4, I have come to recognise that I am in a unique position to undertake this project because even though I am Aboriginal, I was mostly raised by my non-Aboriginal mum so I am more familiar with Western parenting norms. However, some of the ways my Aboriginal dad parented us were identified in the literature on Aboriginal parenting, so I don't find these child rearing methods as foreign either. Additionally, being an Aboriginal researcher trained in Western research methods, but doing Indigenous research adds another layer of complexity to my individual standpoint. Smith (2012) comments on this position and the challenges it creates for Indigenous researchers:

> A growing number of these researchers define themselves as Indigenous, although their training has been primarily within the Western academy and specific disciplinary methodologies. Many Indigenous researchers have struggled individually to engage with the disconnections that are apparent between the demands of research, on one side, and the realities they encounter amongst their own and other Indigenous communities, with whom they share lifelong relationships, on the other side (Smith 2012:15).

This position also made me vulnerable to accusations of whether or not I am an 'authentic' Aboriginal person (Brayboy 2000). I was not raised within an Aboriginal community, it wasn't

until I was an adult that I began to really learn about the history and culture of my Aboriginal ancestry, and I have fair skin. I am acutely aware of these arguments and I have carried them my entire life in my journey to feel secure in my Aboriginal identity. These are some of the reasons that going into this project I also felt that I would be in an inferior position to the participants and people in the community. I explain this further and discuss the issue of power and reflexivity below.

Central to reflexivity is a process that enables the recognition and analysis of the shifting power and relationship dynamics between researcher, participant and other stakeholders (Finlay 2002:221-222), as explained by Del Busso:

> Reflexivity can be utilized throughout the research process and specifically allow the researcher to explore and scrutinize the implications of the power dynamics present in interviewing interactions with individual participants, and as such in the production of data (2007:310).

The shifting power dynamics between me and the research participants, particularly the parents, requires reflexive consideration. Before even engaging with the research participants I was aware of a power imbalance; however, this was not about my position as a researcher representing a university – it was that I felt they were in a more powerful position in our interactions. I thought this because I was an outsider coming into their town and because they held the knowledge that I needed to learn. I also felt that the success of the research was contingent on participants talking to me; ultimately they were in control of what they chose or chose not to share. However, critiquing the interviewer/interviewee relationship usually argues the opposite: that the researcher is usually in a position of power, particularly within Indigenous communities where research has traditionally been developed and implemented from Western paradigms and prioritises Western interests (Prior, 2007:163-164). The legacy of harm that scientific and social research has caused Indigenous people and the trauma from these experiences can still be felt today (Prior 2007). I needed to be mindful that I was representing an educational institution, a signifier of power and authority, and how as a researcher my very presence in the community could cause suspicion and unease amongst those I was interviewing. Thus despite personally feeling humbled to be welcomed into the community and inadequate compared to the research participants, these social and historical representations could have a far greater impact on participants' assumptions of my priorities and intentions for the community and the project. However, I must make explicit that these are my perceptions of power dynamics and levels of ease/unease, and I cannot know for sure how participants perceived our interactions.

Despite the possibility that participants may have been reluctant to engage with me during the interview, I found most very open and willing to share their experiences and opinions. I learned very sensitive information: that they were victims of violence, suffered mental illness or substance abuse, were poor, or have had their children removed. These are all highly stigmatising social roles and through sharing this exposed their vulnerabilities but received little information about me in return. In telling me their stories, from my perspective, the dynamics of our interaction shifted, as I was empowered with the knowledge of their perspectives. From their perspective, however, would they have felt empowered through the opportunity to have their voices heard, or did they feel even more disempowered because they imparted valuable information in a non-reciprocal interaction?

Some scholars have criticised reflexivity by arguing that it undermines the conditions necessary for emancipatory research (Pillow, 2003:176). From the researcher's perspective I feel quite the contrary. Through engaging in the research journey reflexively I feel it has enabled to me to recognise my position and power in the research, and by acknowledging this I am actually engaging in a decolonising methodology. Being reflexive also exposes my insecurities as it forces me to confront my vulnerabilities and reflect honestly on all aspects of the research (Pillow 2003). In doing so I am relinquishing some of the power I have acquired in the course of the research by sharing sensitive information with readers in the same way the participants in the research shared their thoughts and experiences with me.

In reflecting on the entire research process I have learned immeasurable amounts about research, engaging with different people, managing setbacks and unexpected challenges, and myself as a whole. I started this project as a novice researcher and somewhere along the way I transformed into someone who is confident in their own knowledge and capabilities. A turning point for me was when I was preparing for the second community forum. I was two years into the project and I had been immersed in data analysis for nearly a year. My approach was to return to the community and declare that I was a student, an inexperienced learner and I needed the community to guide me in their expertise on my findings. This is a perfectly acceptable and commonly used approach when engaging Aboriginal communities, and in using a decolonising research approach (Prior 2007). One of my Indigenous advisors, Dr Martin Nakata, told me this was not the ideal strategy in this instance. I needed to 'be a little bit courageous': I am a strong Aboriginal woman, an academic researcher, I know what I am talking about, and this was how I needed to present myself. He told me that we need our people to have confidence in our work, otherwise change will never happen. I have important knowledge to share with this community and I need to take ownership of this position. This

advice has always stayed with me; at the time it gave me the confidence I needed to confidently deliver these preliminary findings to the group. Thinking about this, the approach that I had intended to use is representative of my training in mainstream research practices. Had I been a non-Aboriginal person, then it would have been expected of me to disclose my lack of experience to the community. This advice demonstrates the importance of consulting Indigenous advisors and has been invaluable to the way I have thought about my role in the research since. It also indicates how much I still have yet to learn about engagement with Aboriginal communities. This advice is always in the back of my mind and has motivated me to have faith in myself and, through the knowledge generated with the community, I have something to offer my people. This will be especially important after I submit this thesis and disseminate the findings to a wider audience and release the findings to the public.

This section has explained some of the challenges I encountered in carrying out this research. Much of these issues are common experiences, particularly in the area of Indigenous research. These barriers raise a number of questions about the implementation and values of some Indigenous research methods. For instance, the implications for research in Indigenous communities when you have gatekeepers to communities that are unmotivated or incredibly slow, or do not see your project as a priority. In my case, in the urban/metro site I had community support from other people who did not have the authority to act as gatekeepers and the project could not move forward in this community. In this situation I had to ask myself at what point are attempts to engage particular individuals, organisations, or even the community, enough? This question also applies to conducting participatory research, where at times it does become difficult to maintain this momentum because you don't want to overburden people, but at the same time you do not want them to lose interest. I called this in my reflective journal the dilemma of being too pushy vs. too passive. Engaging people must be a fine balance and if you tip too far either way you risk disengagement. Some of the questions that I raised in my reflective journal I still wonder about:

> With Participatory Research, if for example you are approved to do the research but you are finding, not resistance, but nonchalance or lack of enthusiasm from the community, then is this approach really worth all the effort when the community doesn't seem to really care? This lends to the following point, which is, if Community Participatory Research is meant to be all about empowerment for the community and community driven and controlled, yet the community are not really all that motivated, then how effective is it really to achieving these objectives?

For this study I see the research process as the pre-empowerment stage. Workers may have been empowered through the community forums and producing interview guides and vignettes, and in interpreting the findings, but the real work happens when the research finishes. The community will have an abundance of knowledge about the views and experiences of families experiencing multiple hardships in the town and will be able to use this information to improve engagement and delivery of services to these families.

## 4.7 Summary and conclusion

This chapter has outlined the specific research methods and approaches used for this PhD project. I utilised a number of strategies that align with best practice for Indigenous research. During data collection I also used techniques such as storytelling and vignettes to promote a culturally friendly and safe interview process.

I also discussed the complicated journey I have embarked upon in my decision to utilise an Indigenous research methodology. When I first started this project I was determined to commit to a fluid approach to the research and be primarily guided by the community. I soon realised this was not feasible for PhD research within academia, or for my topic area, and had to be flexible in my approach by accommodating the necessary requirements to meet ethics requirements, timelines, and to get the project off the ground. Through this it became evident that I could still undertake good Indigenous research within the parameters of university expectations. For instance, I have demonstrated how including the community in a participatory approach has achieved a research project that has focused on the issues relevant to the community. In doing so, workers in the community continued to be motivated to engage in the research.

I have also explored some of the difficulties to a participatory approach to research, as my unsuccessful attempt to engage a second site contrasted my positive experience with the rural site. Likewise, parents in the rural site were less willing than workers to engage in a participatory research approach, despite wanting to contribute through interviews. In response to these challenges I have raised questions about the value of a participatory approach, and the promotion of empowerment principles, if members of the community seem disinterested in a participatory method.

These challenges to the project have prompted me to realise the need for research projects to be flexible and adapt to unexpected barriers and setbacks. I have also demonstrated that I was able to recognise aspects of the project that were and were not working effectively and make the appropriate changes to improve the research and processes.

Using reflexivity has also been a valuable and insightful method for this project. It has enabled me to not only recognise my own position in the research and the influence this has on the project, but to understand the meanings of research processes, challenges, power dynamics, and the implications of my position in the research. It remains unclear if and to what extent participants' may have felt empowered or benefited from the research, although my involvement with the community will continue after the PhD thesis has been submitted in order to disseminate the findings at a local level.

The next chapter provides a more detailed overview of the participants interviewed in the study and provides information about the town and community where the project was located. This is followed by the analysis of the findings.

## 5.1 Introduction

The purpose of this chapter is to introduce readers to the research participants and the project site in order to provide the background context when reading the upcoming analysis chapters.

## 5.2 Overview of participants

The parents represented a diversity of life experiences and although I focus on the vulnerabilities that impact on their parenting, this is only a small part of their stories. Some parents showed significant strengths and resilience to overcome adversity and break the cycle of violence, drug abuse and alcoholism, and general hardships experienced within their families and community. For many this struggle is ongoing, yet the determination to improve their lives and the lives of their children remains.

Table 5.1 provides an overview of the range and multitude of vulnerabilities experienced by the parents who were interviewed. Where these vulnerabilities have been present, previous research has found that children in these families are at a higher risk of being neglected (DoCS 2006a; Watson 2005). I have not included environmental issues of living in a high risk community and experience of poverty or social hardship, as these are more subjective judgements rather than the other categories which are more readily measured.

## Table 5.1 Vulnerabilities of interview participants

| Vulnerability | 1F* | 2F | 3F | 4M | 5M | 6F | 7F | 8F | 9M | 10F | 11F | 12M | 13F | 14F | 15F | 16F | 17F | 18F |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| History of drug/ alcohol misuse | X | X | | | X | X | | | X | X | X | X | | | | | X | X |
| Experienced domestic violence as an adult | X | X | X | | | X | | X | | | | | | | X | | X | X |
| Diagnosed mental health issues | | | | | | | X | | | | | | | | | | X | X |
| Parental education** | Yr 10 +T | Yr 11 +T | Yr 9 + T | HSC | Yr 9 | Yr 10 i/c | Yr 11 + T | Yr 10 + T | Yr 7 | Yr 10 | Yr 12 i/c | Yr 8 | Yr 11 | Yr 11 + T | Yr 10 + T | Yr 11 + T | Yr 11 + T | HSC + T |
| Children have been removed | X | X | | | | X | X | | X | X | X | | | | | X | | |
| DoCS intervention as parents | X | X | X | | | X | X | | X | X | X | | | | X | X | X | |

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Have been in gaol** | | X | | | | | | | X | X | X | X | | | | | | |
| **Unemployed/ out of workforce** | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| **Teenage parenthood** | X | | X | X | | X | X | X | X | X | | | X | | | X | X | |
| **Single parent** | X | X | X | | X | | | X | | | | | X | | X | | X | |
| **Child(ren) with a disability or disorder** | | | | | | | X | | | | | | X | X | | X | | |
| **Parents drug/ alcohol abuse as a child** | | X | X | | | X | | | X | X | X | | X | | | X | | X |
| **Domestic/ family violence in childhood** | | | | | | X | X | | X | X | | | X | | | X | | X |
| **Parental experience of abuse/neglect in childhood** | | X | X | | X | X | | | X | X | | X | X | | | X | X | X |
| **Parental experience of being removed as child** | | | | | | | | | X | X | | | X | | | X | X | |

*The gender of each participant is noted. Below in the 'profile of participants' section I have provided a pseudonym for each participant. I have not done this here because I do not want to connect pseudonyms with demographic data to maintain participant anonymity.

**Parental education has been included on this list as most parents have low-education attainment and this has been identified in the literature as a risk factor for child neglect (DoCS 2006a; Watson 2005).

Parent's ages ranged from teenagers, to late 40's and their children aged from newborns to young adults in their 20's. Four of the parents were male and 14 were female. The number of children in each family ranged from one to eight with a mean of 3.5 children for the group. Some families were new to the community, while others had family who had lived in the town for generations. All of these parents experienced a number of personal and socioeconomic hardships, and were struggling to varying degrees to cope with issues such as poverty, mental illness, family violence, substance abuse, and general pressures of day-to-day living. During interviews, participants were free to disclose as little or as much as they wanted about their personal circumstances, and therefore the information presented in Table 5.1 only represents

what participants discussed during interviews. I suspect that there were several instances where vulnerabilities existed but were not disclosed.

All but one of the 18 participants were unemployed. Only two had completed high school, but more than half had gone on to do a TAFE course. However, it should be noted that a requirement for some welfare payments is that recipients undertake a training course and this may have been the reason that some parents had attended TAFE. Eleven participants became parents while they were teenagers, eight of which are currently single parents. Eleven participants experienced intervention from DoCS as parents, and most of these (8) have had their children removed. Five of these parents had one or more of their children living with them but others had been removed from their care. Not surprisingly, and as evidenced in literature on intergenerational child removal, 11 parents reported experiencing abuse or neglect during their own childhood and seven of these parents had been removed as children (Litwin 1997). Ten parents disclosed a history of drug or alcohol misuse and eight talked about being in a violent relationship in the past. Nine parents disclosed that their parents were substance users and seven talked about family violence in their childhood. Five parents have spent time in prison. Four parents talked about their child having a diagnosed disability or disorder. Only three participants disclosed that they had a diagnosed mental health issue. However, from what was disclosed during interviews, several more parents may have either had undiagnosed mental health issues, or did have a diagnosed mental health issue but chose not to talk about it.

As mentioned above, parents should not be defined only by these vulnerabilities. I would like to engage readers in their stories so that where they have come from, the experiences that have shaped who they are, and what they have to say is truly reflected in the pages of this thesis. The following section provides an introduction to the parents who were interviewed. Throughout the forthcoming analysis, more about their situation and personalities will come to light, providing insight and context into their perceptions on child neglect, parenting, and a range of associated issues. Each participant has been given a pseudonym and I have deliberately not included specific demographic details to protect their identity.

## 5.3 Profile of the participants

*Bree*

Bree began using heroin as a teenager recreationally with her friends and boyfriend. Drug use was a way to escape the trauma of being abused as a child and to numb the pain from her boyfriend's violent attacks against her. Years later Bree's children would be removed for

reasons related to her continued drug abuse and violent intimate relationships. Bree's children are being cared for by separate relatives and she still sees them semi-regularly at the discretion of their carers. Bree has successfully completed lengthy and intensive drug rehabilitation, is employed, and is working to meet all the requirements to have her children restored. Bree is fortunate to have a very strong support system of family and friends in the community.

*Mandy*

Mandy lives with her partner and daughter from a previous relationship. Mandy has experienced extensive violence from her daughter's father and other previous partners. Having witnessed domestic violence against her mother, and suffering physical beatings from her alcoholic father, Mandy has the insight to recognise how she has followed her mother's path of choosing violent relationships. Mandy also has a history of smoking marijuana, abusing alcohol, and has been taking anti-depressants since she was a teenager. Despite this history, Mandy graduated from high school and has since attained multiple TAFE qualifications.

*Jasmine*

Jasmine lives with her partner and young child and has another baby on the way. She also has five other children who are currently in long-term foster care. The children were removed for several reasons associated with child neglect, including domestic violence and parental drug and alcohol abuse. When I interviewed her, Jasmine and her partner were living drug-free and working to get their other children back. Jasmine and her family are relatively new to the community. The family had moved to get away from drugs and Jasmine is concerned about where she has been placed in the town through public housing. Jasmine does not like the temptation of the ready access and exposure to drugs and worries that it is not a safe area to raise her children.

*Tracey and Paul*

Tracey and Paul have recently started a relationship and they are expecting their first child together. Tracey has three other children from previous partners and this will be Paul's first child. Tracey had a difficult childhood. She left home when she was a young teenager and not long after that she had her first child. Paul and his family have lived in the town all his life and his family is stable and intact.

Tracey is currently struggling with managing her children's behaviour and lives in fear of her ex-partner who continues to harass and intimidate her.

*Nick*

Nick is a young teenager who is about to become a father. His girlfriend was having their baby at a hospital in a neighbouring town during our interview. Nick has been exposed to extensive violence and trauma. His father is an alcoholic and drug dealer and is currently in prison for child sexual abuse. Nick's mother is a drug user and has recently put an Apprehended Violence Order (AVO) on Nick, prohibiting him from living at home. Nick is currently couch-surfing at various relative and friend's houses. He was recently released from juvenile detention where he spent a few months for a break-and-enter charge. Nick has the support of a few family members, especially his Great Aunty who he regards as his saviour.

*Rachel*

Rachel is a single mum to three young children with another baby on the way. She had her first child as a teenager and secretly suffered years of physical and emotional torment from her partner. A couple of years ago she decided to flee the relationship and moved to the town. Rachel was very concerned about her children witnessing the violence against her and recognised that her children demonstrated physical and psychological effects. Rachel now has a new partner and her children have been much happier.

*Ryan*

Ryan is a single dad caring full-time for his two young daughters as their mother left the family nearly a year prior. The family is currently homeless and has spent the last several months relying on different family and friends to accommodate them. When I spoke with Ryan he was expecting to soon be placed in public housing. Ryan grew up in a stable and loving family. As a teenager he rebelled and found a life of crime and drugs. Since becoming a father and the primary carer for his children, Ryan lives drug-free and has turned his life around.

*Karen and Bill*

Karen and Bill have been together for many years. They have three adult children and two much younger children. Both of their younger children were removed from Bill's care when Karen went to gaol for a short period a couple of years prior. Bill has an extensive criminal record and a history of drug abuse. When Karen was released from gaol the couple had to fight to get their children restored to their care. They were successfully granted restoration of both of their children; however, at the time of interviewing them, only their older child had returned. When I interviewed them their baby had been gone for 18 months and the restoration process was long and very stressful.

*Kelly*

Kelly is a single mum of two who recently moved to the town to be closer to family support. As a child Kelly endured physical abuse and neglect from her drug-using mother and she took responsibility for her younger siblings when her mother was unable to care for them. Kelly had a close relationship with her grandma and was placed with her permanently by DoCS at the age of 12. Kelly was determined to not follow her mother's example and detests drugs and violence. She had her first child when she was a teenager and has a good relationship with her children's father who lives in a nearby town.

*Lorraine*

Lorraine is a single mother to four teenage children. Lorraine was in and out of a very abusive relationship with her children's father for many years and no longer sees her ex-partner. Lorraine feels as though her entire life is consumed with dealing with problems with her children, such as their school suspensions, fighting with other kids in the town, and their general mistreatment towards her and each other. Lorraine has aspirations for further education and a job but feels the issues with her children take up all her time.

*Sue*

Sue is a single mother living with her two school-aged children. Sue also has several teenagers and adult children who live out of home or with her ex-partner. Sue had an abusive childhood and violent relationships with her children's fathers. Sue suffers from severe depression and is struggling to look after her children. Her ex-partner also prevents her from seeing the older children which adds to her distress. When I met Sue she was in desperate need of supports and services but was not accessing any. After the interview I referred her to one of the family support workers and now she is accessing a range of their programs and services.

*Vicky*

Vicky has just moved to the town in the hopes of providing a better environment for her three children (two she is the kinship carer for), particulary her teenage son whose behaviour she described as becoming out of control. Vicky also has several adult children. Many years ago Vicky's older children were removed for reasons related to family violence and her drug abuse. After getting her life back on track, all her children were returned two years later. Vicky is the kinship carer to her two youngest children, her extended family, who have been permanently placed in her care by DoCS.

*Rosie*

Rosie moved to the town several years ago when she met her partner and they have since had two children. Rosie's baby has physical disabilties which require regular travel and many specialist appointments. This is financially draining and very stressful for the family. Rosie does not have much family support and her partner works away from home for extensive periods of time.

*Mel*

Mel and her husband have six children. The family moved to the town a few years ago. Not long after they arrived in the town Mel's partner was incarcerated for a few months. Mel was due to give birth to their youngest child, and having no support in the town she approached DoCS to provide respite care for her children while she was in hospital. Instead, DoCS removed all six children, including their youngest child at birth. Mel and her partner had to fight for several months to have her children restored. Mel reports that to this day she does not know, nor does she want to know, why her children were removed. She is just glad to have her family together and wants to forget that it ever happened.

*Tanisha*

Tanisha lives with her partner and newborn baby. Tanisha was removed by DoCS as a child because of domestic violence and her mother's drug abuse. Tanisha has four children. She had her oldest two children as a teenager and still has a strong support system in her older children's paternal grandparents. Her older children live with their grandparents most of the time and her third child from another relationship was removed by DoCS as a baby when Tanisha went to gaol on drug-related offences. Tanisha is currently taking methadone legally to overcome her heroin addiction and hopes to have her third child restored in the future.

*Cheryl*

Cheryl and her long-time partner had their first child when Cheryl was a teenager and now the couple have three teenage children. Cheryl and her siblings were removed from her parents for a couple of years when she was a young child because of family violence and drug and alcohol abuse. Her exposure to this as a child is reflected in her responses throughout the interview. Drugs have destroyed Cheryl's extended family and she disapproves of all drug use and domestic violence.

## 5.4 Professional participants

Nine human services workers were interviewed for this project; five were Aboriginal and four were non-Aboriginal. The roles of these workers included child and family support workers,

early childhood nurses, Aboriginal education officers, and a police officer. Workers were recruited from a variety of local organisations consisting of Barnardos Australia, the Aboriginal Medical Service, the local primary school, and NSW Police.

An additional five workers also participated in the first community forum. These included a youth worker and a family support worker from the Aboriginal Medical Service, a community engagement worker from the local council, and a youth engagement worker from Barnardos. Data generated from these community forums are also reported in the findings.

As identified in the literature in section 3.2, the way child neglect is understood by professionals usually depends on the workers' role and purpose. Gaining the views of human service workers from a range of different roles in the community was important to investigate the similar or differing professional perspectives and practices when identifying and responding to situations where a child may be at risk.

## 5.5 Community profile

The research was conducted in a rural town in Central Western NSW upon the lands of the Wiradjuri people. Wiradjuri Country is bound by the three rivers, the Macquarie, the Lachlan and the Murrumbidgee, and is the largest Aboriginal group in NSW (Coe 1989:3). The town itself has a population of several thousand people, and almost double that in the Local Government Area which includes smaller towns and farm lands. Aboriginal people make up approximately a quarter of the population within the town. The community has asked to remain anonymous. To protect their request I will not provide specific details about the town; instead I will provide a more general overview of the demographic information and will omit references that identify the town. Most of this information was sourced from ABS Census data.

The town is one of extreme social disadvantage (Vinson & Rawsthorne 2015). Many people are poor, as evidenced by the unemployment rate in 2012 which is more than double that of the state average. Further, the median weekly family income in NSW is nearly three times the rate in this town. About half of the population live in mortgaged or owned properties; however, there is a larger percentage of public housing compared to the rest of the state.

The town is significantly lacking in key resources and services. There are limited options for shopping in the town. While there are supermarkets, there are very few clothing, homewares and furniture/appliance shops. Leisure activities for families, adults and children are limited in the local area, with a couple of parks, a local pool, a skate park, limited access to computers at a drop-in centre, and a few pubs and clubs. However, getting around can be difficult as there is no public transport within the town.

The community also has limited education and employment options. One of the local services provides basic TAFE training in limited subject areas such as computers and hospitality for those who want to further their education. However, employment opportunities are scarce in the town and there is a perception that businesses use the 'it's not what you know but who you know' approach to filling vacancies which makes it difficult for some people to get a job. Many participants raised the issue of nepotism and discrimination as barriers to an already limited job market. For those that are employed, the main areas of industry are predominantly agriculture, farming and public administration, with an emerging tourism industry including ancient Wiradjuri sites, beautiful landscapes and wineries. For those seeking employment outside of the town, access to private transport is essential. A train comes once a day, in the middle of the day, outside of commuting work hours, to take people to the nearest bigger town 45 minutes away. This makes travelling to neighbouring towns for work, appointments or shopping extremely difficult.

There are no locally-based drug and alcohol rehabilitation facilities, or domestic violence support services and refuges, despite the overwhelming need for these services to be readily accessible. Police services are also very limited. The small police station closes at 2am and police from the neighbouring community 45 minutes away travel to the town after hours. Crime is a serious concern for residents in the town. Published crime statistics from 2012, when the fieldwork for the project was conducted, showed that the town was highly overrepresented in violence-related crime, sexual assault, break-and-enter crimes and malicious damage to property.

The town does have a well-established Aboriginal Medical Service which is central to service delivery for many Aboriginal families. It offers a range of health and allied health services including family support. Barnardos Australia is a key non-government organisation servicing the town and they provide a variety of child, family, and community programs including the Brighter Futures early intervention program for at-risk families. A limited number of church-run and charitable organisations also assist people in the town.

Despite the lack of services in the community, those services that are available are highly valued and positively received by those that use them. Many participants generally think of the town as their home and feel a sense of belonging to it. Further, parents see the town as close-knit with a strong sense of community and support for families.

# CHAPTER 6: PARENTING EXPERIENCES AND PERCEPTIONS ON CHILD NEGLECT

The following two chapters will present the findings of the research. Chapter 8 will provide a thorough and cohesive analysis of the findings and address the research questions with the support of relevant literature.

## 6.1 Introduction

This chapter explores the main themes that emerged during interviews with participants about their perceptions on child neglect and parenting. Parents' responses indicated a general consensus about what child neglect is, how it is caused, and how it can be prevented. However, there were contrasting views about Aboriginal-specific parenting styles and cultural differences regarding child neglect. Professional perspectives collected through interviews and community forums provided an insightful explanation to why parents have particular views and added an additional layer of understanding.

The chapter begins by discussing participants' views and experiences on parenting, their help seeking behaviours, and their interactions with services. Parents' thoughts on their Aboriginality and views on discrimination and racism in the town are then explored. I then discuss participants' perceptions of child neglect followed by the views on two issues that were raised as having a significant impact on individuals, families, and the town as a whole: children wandering the streets, and families' experiences with the education system. Finally, I will explore the perceptions on cultural differences and raise the complexities of identifying cultural norms and crossover between Aboriginal and non-Aboriginal parenting.

## 6.2 Personal and parenting experiences

This section presents findings on what parents enjoy about being a parent and what they find difficult. It also explores their views and experiences on seeking help from services and supports and what influences these views. Parents' experiences with government services are then discussed.

### 6.2.1 Parenting joys and difficulties

Participants were asked what they liked about being a parent. Common responses were about the happiness that children bring and the joys of 'watching them grow'. The language parents used was relatively consistent. Some of the responses are provided below:

> *I love watching them grow up. I love watching their little smiles on their faces when they've achieved something (Mel).*

*I love being a parent because I can see the different things that my son learns, the many things that I can give to my son, and the rest of my children when they come home. I love watching them grow (Jasmine).*

*I guess I like obviously the joys of the girls I wouldn't trade, but it's good cause I still like even after being a mother for 13 years I still pick up new stuff and learn so that's good that way (Tracey).*

*The joys of having your children around, seeing them succeed in everything they're trying to do. Yeah seeing them just grow up (Rosie).*

*I just like the fact that I love someone I could never live without, the company and the joy that they experience (Kelly).*

A few parents talked about the reciprocal love of the parent-child relationship, and how having a child makes them feel loved:

*Watching them grow, and just the little things they do…I enjoy it, I like it, makes me feel like you're loved by someone and you know what I mean they're loved and you're loved back…I enjoy taking them out and just seeing the smiles on their faces when you do things with them (Karen).*

*I love the unconditional love, it doesn't matter what you do, how bad you screw up, they're going to love you, she's always going to be there, there's always someone connected (Mandy).*

*Unconditional love (Tanisha).*

All of these women had difficult upbringings. These comments, particularly Mandy's, are interesting because it suggests that they may have felt unloved or rejected growing up, and how from their children they feel loved.

When asked what they liked about being a parent, a few parents responded by talking about how hard it is to be a parent. These parents were distressed and struggling with managing their children's behaviour and various other problems:

*What do I like about being a parent? Well all I'm going to say is it's tough being a parent you know…These kids are testing me because I've never raised a kid after a certain age because they've been taken off me and…it is hard, you know (Sue).*

*Well it's bloody hard, but I'm getting there, look after them, trying to get them everything what they want, but it's not enough money, I'll feed them dress them, put a*

*roof over their heads, you know take them places, they won't behave themselves (Lorraine).*

I also asked participants what they found difficult about being a parent. Some parents talked about trying to set a good example for their children, needing to have patience, and the responsibility of having to take care of every aspect of their children's needs and lives. Most parents commented that managing their children's behaviour as the main challenge of parenting. This applied to handling tantrums in toddlers, to disciplining naughty behaviour in older children, to managing risky actions, dishonesty, or delinquency in teenagers. Several parents were having or have had problems in the past with their teenager's behaviour including lying, sneaking out, drinking or using drugs, and criminal activities.

Participants were also asked what they worried about. Some parents mentioned financial stress and not having enough money. The main worry parents had was not having enough money to buy their children what they wanted, especially at Christmas time or birthdays. Many families described their situation as living 'pay day to pay day' and some expressed difficulties paying bills and making ends meet. One parent sometimes sacrificed her own dinner to make sure there was enough for her children, while other parents fell behind on the rent and electricity bills to prioritise food for their family or other more urgent costs.

## 6.2.2 Help seeking and support

I asked participants about the formal and informal supports and services they received. Some parents had the support of their own parents and extended family to help with their children. The extent of this support ranged from having family members babysitting occasionally, or minding the children overnight, to having the children live with them the majority of the time.

Local services and groups were also a good source of social and practical support as they reduced social isolation and helped people make friends. For Lorraine coming to a local parenting group was a break from her school-aged children who were continually being suspended and sent home from school:

Lorraine: *They play up on whoever looks after them, and carrying on silly and fighting and that's what I've got to put up with and nobody will take them to give me a break.*

Me: *So do you ever get a break from them?*

> Lorraine:     Only when they're at school, half a day or something like that but other than that I'm stuck with them that's why I come here for a few hours.

Most families in this project were accessing services from Barnardos such as a parenting social group, children's' playgroup, participating in parenting courses and programs, and a homework centre and breakfast club for children. Some families were also current or previous clients of an early intervention service, 'Brighter Futures', to assist families in need of intensive and ongoing support for a range of vulnerabilities. Participants were generally happy with the service they were receiving from Barnardos and found this to be a safe and supportive organisation:

> That's what helps me get through things because I've got all this support network and if I didn't think they were good people or if I felt they weren't helping me in any way, I wouldn't continue going to the groups (Jasmine).

> They're pretty good in the [town] community, helpful, they help ya, they get their programs up and running. If it weren't for them you'd be sitting around bored doing nothing (Ryan).

Community groups, such as those run by Barnardos were significant for families, particularly those newer to the town, for creating a sense of community. It enabled people to gather and become friends and support networks for each other and their children:

> I go to mums and bubs groups. I've got great friends down there that I'm bonding with now. So yeah, I do feel part of the community (Jasmine).

> With Barnardos and a couple of the women here, they're very happy and they have me and the children on board to help me in any way they can and support and come in the groups. The children have groups down here I'll come with them and we all support each other (Vicky).

> I've been doing mother's groups and things like that and playgroups, take [my son] to playgroup…Yeah gets us to be around community members too (Karen).

Several participants used the local Aboriginal Medical Service (AMS) and found it to be a valuable resource that offered a range of services:

> [The AMS] is pretty good down here, like for free dentist and stuff like that. And if they're pretty sick they'll see the kid straightaway. Because when they're Aboriginal

> *kids they sort of get sick a lot, like with their nose and ears and stuff like that…because it's an Aboriginal community here it's pretty good, like they treat them good (Rachel).*

> *[The AMS] have been good to us they've done heaps for us…they're sticking by us and they're helping us… I do counselling and that down there…just someone to talk to because I needed someone to talk to when I was going through all this stuff with DoCS and I feel like I can talk to her though, I feel like I can open up and tell her what I need her to hear (Karen).*

Other local services participants used included various charities, the Police-Citizens Youth Club, the community centre, and Alcoholics Anonymous. Local community organisations or programs were also a way for participants to identify themselves as being a part of the community. Parents talked about volunteering at the school canteen, sitting on the P&C committee at school, volunteering at the preschool, and engaging in sporting groups and recreational activities.

There were mixed responses, however, on whether or not participants felt a part of the local Aboriginal community. Those born and raised in the town commented that they felt a part of the community, while others who had moved into the community in recent months or years commented that it was hard to feel accepted into the Aboriginal community, and while people were nice and welcoming, that they did not feel as though they were truly a part of it:

> *I found that with the people that have been here for years and generations and decades, know each other and they've got the more say so type thing, if that makes sense (Mel).*

> *I feel like I can voice my opinion, like I'm from – I'm part of the community, I can – this is my town so I've got a say over it (Tanisha).*

Parents held different views on the idea of feeling supported in caring for their children. For instance, Mel had several formal and informal supports, including day and overnight care for her children from neighbours and friends who babysit, and practical and social support from community organisations. Still, she reported not feeling supported enough as a parent:

> *Well my biggest thing, tough, probably tough about being a parent, is probably the lack of support, community support, neighbour support, family and friends support (Mel).*

Mel and her family moved to the town a couple of years prior and had no other family in town. She disclosed having difficulty asking services for help when she needs it and has a history of depression.

Parents expressed mixed views about the idea of getting a break from their children. For example, Vicky is a single mum and kin-carer with school-aged children and talked about taking five minutes time-out while she watches her children play outside from the veranda. By contrast, Cheryl is a parent with teenage children and a partner and talked about not getting a break very often, despite occasionally going on a holiday without her family for a couple of weeks at a time. Parents with school-aged children identified school as the time they get a break from their children. These findings indicated that having support and access to services, or getting a break from your children, did not have a direct correlation to how supported or stressed parents felt.

Parents associated not having enough money with being seen to be a bad parent. Some parents were reluctant to ask for help as this left them vulnerable to being exposed as financially struggling. This was an internal perception, impacting on how parents felt about themselves, and an external perception about how they felt other people viewed their ability to parent:

> …especially where you go to places like Salvos and then you think oh I don't want to go and ask them to help us because is DoCS going to find out or um, like, just yeah especially when it's financial, you do you get worried you think that they think that I can't look after my kids (Karen).

> I wouldn't ask for help…I'd grin and bear it and then I'd wait til next pay day and I'd pay like double on my rent just to make my confidence go back up again (Mel).

These comments indicate that they would rather struggle temporarily than let people or services know that they were short of money. Throughout their interviews Mel and Karen expressed their fear of DoCS and that they didn't want DoCS to know if they are financially struggling, because to them DoCS perceive how much money you have with the quality of parenting you can provide.

Some parents acknowledged that there were times when they couldn't cope and were in need of social supports. Sue said she was not coping but did not want to ask for help because she thought that asking for help would mean she had failed her children. She had recently sought mental health counselling, but had not worked up the confidence to approach other services. Mandy had been diagnosed with a mental illness but avoids seeking counselling services because she knows all the workers personally and doesn't like them. This extended to other services also, with Mandy stating that she refuses to use key local services because she does not like the people that work there.

Former drug users, and those who have been in prison, felt particularly judged and excluded from the community. This stopped some of these parents from using services and seeking help for their problems:

> Yeah they think you only want it because you need more money to spend on drugs or you know shit like that…it used to stop me from going, I wouldn't three years ago I wouldn't go to [the AMS] and ask them anything, you know like I wouldn't go near any of the organisations here to ask them to help me in any way, you know I'd go and help myself by doing my criminal activities back then (Bill).

This reluctance to engage with services extended to job seeking. Some commented that it is hard to get a job with a criminal record, particularly in the town, as employers seem not very supportive of those seeking second chances.

Most parents were reluctant to ask services for help because they feared DoCS intervention. This finding is consistent with the literature (see section 3.7) which identifies an ongoing reluctance of Aboriginal people to access services, particularly those related to child protection (Litwin 1997). For instance, Mel, Jasmine and Bree believed seeking help from DoCS led to their children being removed. They stated that they would never again disclose to DoCS workers that they needed help, or accept any support they offered. These parents were also terrified at the thought of asking other services for help, despite recognising that there are times they need help, as Jasmine commented:

> And if I feel that I need food, I'm too scared to go to Salvation Army and ask for food, even though I'm not doing the drugs anymore (Jasmine).

Vicky also talked about how this fear of DoCS prevented her from seeking help for her drug problem, which ultimately led to her children being removed:

> It was my fear. There was a lot of people that said why don't you just go and ask them, no, I don't want help. I wouldn't go for help because I knew they come in and take our children (Vicky).

These comments indicate that parents generally do not distinguish across service types. They are aware of mandatory reporting requirements so expect that all services are affiliated with statutory child protection services. The parents interviewed are currently using services as mentioned above, though in a limited way both due to a lack of services and their personal reluctance to engage.

The few parents who stated that they would not be scared to seek help said that they haven't had any experience with DoCS. These parents believed that those who fear DoCS intervention do so because they have something to hide. It remains unclear if people are fearful because of previous experiences with DoCS or because of the social and cultural legacy of fear of harmful service intervention, as even parents who had not had their children removed expressed a reluctance to seek help. Another explanation may be that parents do not want to confront certain issues or be forced to change their lifestyle, and in asking services they may be exposing certain habits or behaviours that they know are inappropriate.

Despite the fears associated with help seeking, several parents acknowledged that it is good to ask for help. The provision of appropriate social supports for families was most frequently suggested to prevent child neglect. This was interesting as parents were highly critical of people who mistreat their children and perceived child neglect to be the fault of the parents. This suggests that parents attribute the cause of child neglect to interpersonal factors, yet prevention can be achieved from external factors. I suggest two explanations for this. The first is that intervention from outside agencies to provide assistance, whether welcomed or not, has become normalised in Aboriginal communities (Litwin 1997). The second possibility is that Aboriginal families either consciously or unconsciously have a desire to return to the more traditional cultural norm of communities collectively caring for children. Both explanations are valid; however, as the project site is a small town and participants from both community forums and interviews talk about the disappearing cultural norm of caring for all community children (as will be discussed later in the analysis), it is most likely the former.

Regardless of the reason the dilemma remains, as participants were clearly aware, that even though families need assistance the reluctance of receiving services prevents them from seeking this help. This can have adverse effects on the wellbeing of children and families. Parents who struggle with a range of vulnerabilities, and in many instances, complex and intergenerational issues, who do not seek help, risk their problems escalating and increasing the risk of child mistreatment (Fernandez 2007). There is an abundance of evidence to support that seeking support early enables appropriate supports and services to aid the family, thereby minimising the requirement for statutory child protection intervention (Watson & Tully 2005; Watson & Tully 2008).

### 6.2.3 Experiences in the service system

Several parents who previously engaged with services, particularly government services, described negative experiences. These parents expressed feeling completely powerless to

control, or at least negotiate, their service intervention. For instance, Jasmine talked about having no choice but to move to the town to access public housing. Prior to moving to the town the family was couch-surfing and living in their car (although both had suspended driver's licences) in a neighbouring town. Despite this, she and her husband were both working and living a drug-free lifestyle. This is unlike the lifestyle they had left behind three years previously when their children had been removed for neglect related to drug abuse and domestic violence. Here Jasmine expresses her frustration at being forced to leave her job and live in an area where drugs are readily accessible:

> *We weren't very happy about coming to [this town] because of the fact that we were going to lose our jobs and we'd have no way to travel back to [the other town to work] so that was going to be really, really hard. And then a change of lifestyle from two parents that lost their kids three years ago before going to [the other town], not knowing about work, being drug addicts, being neglectful to our kids, not doing the normal chores that a mum should be doing and things like that…I was so angry with Department of Housing for putting me here because they knew my situation. But I can't blame them, I guess they had no choice and I just took it because if I'm not going to get housing anywhere else then I have no choice but to take this house. But I am angry with Department of Housing because it's very hard. I come from this lifestyle of yes, the drugs and then you go and put me back in it again, like how does that help me? (Jasmine).*

Some parents commented on feeling powerless in their experiences with DoCS, specifically during and following the removal of their children. For instance, Bill and Karen's life was turned upside-down a couple of years ago when Karen went to gaol for violence against another woman. Bill was left to care for their two young sons, one only a baby. At the time Bill was withdrawing from methadone and was very sick. He left the baby with a neighbour and was not aware that this neighbour had had several of her own children removed. When DoCS found out, both of his children were placed in non-Aboriginal foster care and the family did not have access to an Aboriginal caseworker. Restoration of both children was awarded when they went to court and their older son returned when Karen was released from gaol. They were still waiting for their younger son to return at the time of the interview.

Bill and Karen talked about complying with all of the court conditions in order to have their children restored to their care, including Bill moving out of the family home:

> *He's done what they wanted, you know like he's done the hoops they wanted with*
> *rehab and everything like that I mean he's drug free he's been showing, he does*
> *urines all the time, why can't they just let him come home and us be a family again*
> *(Karen).*

Even though all these requirements continued to be met, they felt their lives continued to be under DoCS' control while they awaited their child's return.

Several parents who had their children removed talked about the feelings of hopelessness and despair they had when their children were taken:

> *DoCS didn't seem to understand what I was going through at the time and they*
> *weren't keen on listening either. They were like 'we've got your kids now, ha ha, what*
> *are you going to do?' And I fought like buggery to get them back. I was so tired, I even*
> *felt like giving up. I felt like hiring someone to go and kidnap my kids and me and my*
> *kids would go on the run for the rest of our lives. But then I realised, how would you*
> *support your kids? (Mel).*

> *When they first come in and take your kid you don't know where to turn you don't*
> *know what to do, you don't know who to turn to, I was stuffed I didn't know where to*
> *go what to do I was just sitting home here crying every day…I didn't know who the*
> *first person to go and see about why me kids were taken or how can I get them back*
> *or, once DoCS had them I thought that was it (Karen).*

Feeling unsupported and not understood during this time was clear. In Bill's case he felt he was in a no-win situation as he was ordered to go to rehab to have a chance at getting his children back; however, vacating his house and in effect becoming homeless would ensure that he would not get his children back:

> *When the kids were first taken I'd go to meetings with DoCS and they'd tell me you*
> *gotta go to detox and you gotta go to rehab and this house was, Karen was*
> *incarcerated at the time, she was in custody, and I said to DoCS I can't leave the*
> *house you know I can go to detox I'll do the detox bit but I have to go back to the*
> *house, because who's going to look after the house you know if we lose the house*
> *we'll never get our kids back from youse… (Bill).*

Tanisha was completing a six-month gaol sentence for stealing when her son was removed from her mother's care:

> *I was in gaol thinking what the hell is going on with my son – they made final orders*
> *that quick, it was like two court cases in a week and a half, and boom the final order*
> *is made, he's taken. I got a solicitor luckily – just got a solicitor to go to the second*
> *court case, and she rang me at the gaol and spoke to me, and she said Tanisha the*
> *judge knows nothing about you, she said for all she knows you're doing 12 years*
> *(Tanisha).*

Bree talked about DoCS' lack of transparency in informing her of parental rights or their
intentions to remove her daughter:

> *Well with [my son] I never heard of a Section 90[5], I didn't know you could get your*
> *kids back, I mean you don't even get legal advice here, you know what I mean. My*
> *son just got taken just like that, there was no put their hand out give you help… And*
> *with [my daughter], the day I was giving birth to her the DoCS worker come in and*
> *said…we have to take her and the whole nine months I was pregnant with her I had*
> *her room set up, I kept ringing DoCS every week to do urines, and let them know you*
> *know that I was doing good, and they come in and told me that they were taking her,*
> *the whole nine months they told me I could keep her (Bree).*

These comments demonstrate how these participants felt unsupported and uninformed about
their options to exercise their parental rights from the time of removal through to their court
cases. Mel and Bree expressed that they were unaware of why their children were removed.
Further, Bree was not informed of her right to apply to have final orders reversed for her son
under a Section 90 until she learned this at rehab after final orders had been given and her
daughter had been removed. This was also raised as an issue at the recent inquiry into Out-of-
Home Care where professionals reported that families have not been legally assisted or
supported to apply for a Section 90 (Senate Community Affairs Committee Secretariat
2015:234).

Additionally, Karen and Tanisha were unsure why they had to fight to have their children
restored once they were released from gaol as their children were removed not from their
care but from that of a family member. These issues have been identified elsewhere in the
literature (Ivec et al. 2009), and the examples provided above suggest the importance of policy
and practices to inform parents of their rights and supports after their child has been removed.

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[5] A Section 90 application can be made to the NSW Children's Court to rescind final care orders when
significant changes have been made since the care order was instated.
http://www.community.nsw.gov.au/docs_menu/parents_carers_and_families/out_of_home_care_tran
sition/policies_procedures_and_tools/children_court_case_management/section_90_applications.html,
Date accessed 27 Sept 2015.

Section 3.4.7 of the literature review chapter discusses previous research that similarly found parental feelings of powerlessness when interacting with service systems.

This section has explored participant's experiences with the service system, particularly their feeling as though they are excluded from decision making and decisions about their family are under the control of the government. There are many different areas where participants have reported feeling powerless to control or change the situation and these will be discussed throughout the analysis.

## 6.3 Aboriginality and discrimination

This section explores the issues associated with Aboriginality, particularly what Aboriginality means to participants, and how this is experienced within the town in regards to other people in the community, service provision and discrimination.

I didn't specifically ask participants about their Aboriginal identity, rather this topic arose naturally during the course of interviews with most participants and some parents talked about their Aboriginality more than others. Overall, these findings demonstrate the complexity of individuals' identities.

Kelly's mother is Aboriginal and Kelly has a difficult relationship with her mother as she was removed from her home as a child and was cared for by her grandmother. Kelly's father is an ongoing source of support and is non-Aboriginal. Kelly has grown up distancing herself from her Aboriginality, emphasising that it is not very significant, as a way to avoid being labelled or discriminated against:

> *...and that area's just one tiny aspect as I said we're not brought up in a traditional*
> *[way] and it goes way back on my mum's side and we don't really talk about it much,*
> *and for a long time there we didn't say we were Aboriginal because it was kind of*
> *embarrassing, which is bad to say it, it is sad to say it, because um you know like you*
> *shouldn't be embarrassed of your heritage, but when all that stuff goes on, you know*
> *people do discriminate against you (Kelly).*

Kelly's reluctance to call herself Aboriginal for fear of being negatively stereotyped is a common response among fairer skinned Aboriginal people who do not strongly identify with their heritage (Bennett 2014:184).

Both of Mandy's parents are Aboriginal but her father spent all of her childhood rejecting their Aboriginal heritage and expressing racist attitudes against Aboriginal people. Despite this, Mandy commented that she 'grew up being Aboriginal because being in [this town], all my

family is here'. However, now in adulthood Mandy does not have a strong identification with being Aboriginal and, as will be elaborated upon later in this section, like her father she too has developed hostile feelings towards Aboriginal people. Mandy described her identity below:

> *I don't say I'm anything, if someone asks me what I am I'm Aussie, I'm me. There shouldn't be any black or white anything, that's my view on it, that's not being racist I don't think, it's not being against the whites, it's not going against the blacks (Mandy).*

Despite this comment, some of the remarks Mandy made during the interview suggested that she is uncomfortable with her fair complexion. She talked about a time she was being verbally abused by an Aboriginal person and was called a 'white c\*nt', then went on to justify the colour of her skin before drawing on examples of her family's identifying physical features as a kind of proof that she was in fact Aboriginal:

> *Because my family is Irish and Aboriginal, I got the Irish. My father has got the smallest button nose, boong[6] nose, [my daughter], she flattens her nose all the time but it's not my fault (Mandy).*

She then went on to comment on her daughter's skin colour that 'she's very brown god bless her'. Cheryl was another participant that spoke of her fair skin colour and how this can be a hindrance to safely identifying as Aboriginal in public without being challenged:

> *Well like you tell people that you're Aboriginal and they look and go 'no you're fucking not, you're a white gubba' and all this crap (Cheryl).*

It is not uncommon for Aboriginal people of fairer skin to experience racism by both other Aboriginal people and non-Aboriginal people alike and feel as though they need to keep proving their background. Bennett (2014) explains that the ongoing experience of lateral and non-lateral violence against lighter skin people causes some to withdraw from the Aboriginal community, as is the case with Mandy, and possibly her father (Bennett 2014:186).

Lateral violence occurs when members of a group project negative attitudes onto their own people through destructive behaviours such as discrimination, racism, stereotyping and violence. It also manifests through mediums such as gossiping, criticising or judging others and back-stabbing (Australian Human Rights Commission 2011:54). Lateral violence is argued to be the result of social inequalities and traumas experienced by Aboriginal people since the time of colonisation (Australian Human Rights Commission 2011:56). A more detailed discussion of

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[6] *Boong* is a derogatory slang term for an Aboriginal person

lateral violence is provided in section 3.4.2. Examples of lateral violence are found throughout the data. Jasmine, who was relatively new to the town, alluded to lateral violence when she made a comment about her observations of the way people interact within the community:

> *I think there's a lot of judgement and a lot of backstabbing but other than that, I don't know if it's racism, I don't know …sometimes I think everyone has got nothing better to do but to judge others and…I can't work out why you do it because it's not like any one of you that are talking or doing the judgement are doing anything different to each other (Jasmine).*

Some Aboriginal people internalise racism and adopt the negative attitudes and stereotypes about Aboriginal people, turning it inwards and towards Aboriginal people generally (Bennett 2014:186). Examples of this were provided during several of the interviews. For instance, Mel was raised without a strong Aboriginal community influence. Mel talked about her conflict with being Aboriginal due to her estranged relationship with her father which has resulted in her not identifying as Aboriginal for most of her life:

> *It took me a long time to realise my Aboriginality because my father is Aboriginal and I want nothing to do with my father. That's why I classify myself as not being Aboriginal because I don't want nothing to do with my dad. And I tell everybody that I am Aboriginal but I don't want to be one because of my dad… (Mel).*

Mel further internalised her dislike for her father and has generally applied it to Aboriginal people. An example of this related to her experience as a child where she was left alone by her parents:

> *When I was growing up as a child, my mum and dad used to walk out on us all the time, whether it would be just five minutes to get their breath back or whether to go out and you won't see them for hours… And my dad's an Aboriginal and I have noticed it around town, Aboriginal families will just go out and leave their children at home while they went and either did their drugs or they went down the street to buy their groceries or something like that (Mel).*

Here Mel generalises that Aboriginal parents are perpetrators of supervisory neglect, and further expressed her belief in the stereotype that many parents are leaving their children unsupervised for the sake of their drug addiction. This is despite the fact that her mother was non-Aboriginal and equally responsible for leaving her unsupervised as a child.

Participants talked about how they have found Aboriginal people, or themselves, to be the victims of discrimination in the wider community. This is reflective of the strong divide

between Aboriginal and non-Aboriginal people in the town that was mentioned by many interview participants and during the community forums. According to participants, racial tensions are quite high in the community, with white people resenting Aboriginal people because they have a sense of entitlement to do whatever they want, and Aboriginal people feeling that non-Aboriginal people look down on them and negatively stereotype them. Kelly articulated this point, commenting:

> *Well coming at it from both sides of the fence I wouldn't say, I mean I think there's discrimination and racism from Aboriginal and from white because you know even though I am Aboriginal I think that sometimes certain Aboriginals go, 'well I'm Aboriginal, what are you going to do about it', like they think that they're entitled to more than what they're really entitled to, and then in the same aspect I think the white people look down on the Aboriginals and go 'well you're Aboriginal you're nothing, not important'... (Kelly).*

Mandy echoes Kelly's view, expressing her resentment for the benefits that she believes come with identifying as Aboriginal. She feels that non-Aboriginal families are treated unfairly and struggle financially compared to Aboriginal families:

> *Well I find because my father tried to raise us as white, I found growing up everything is more accessible to Aboriginals than us. My brother's missus, she's black, all the medication she buys or needs is free, I've got to pay for everything and I'm on the same benefits as her, I don't understand that... ... how is that equal rights, that's not fair (Mandy).*

These comments from Mandy and Kelly demonstrate that they have adopted mainstream negative beliefs and stereotypes against Aboriginal people and in doing so are perpetuating the endemic problem of lateral violence. Aboriginal people do not only have racist attitudes from non-Aboriginal people to contend with, but also from their own people (Bennett 2014:185-186).

Several of the workers provided a professional insight into the vulnerabilities experienced by families in the town, and explained how Aboriginal families suffer higher levels of disadvantage compared to non-Aboriginal families, as commented by Carmen:

> *You've got your upper class and you've got your lower class, and it's so – and they put 90% of the Koori's into the lower class (Carmen, Aboriginal Worker).*

While Aboriginal families experience poverty alongside many white families, several workers reported that the social response to white people from services was different to that experienced by Aboriginal people:

> With the Aboriginal families it's pretty hard around here to get houses and whatever else because you're Aboriginal, and if your family name is whatever people target – oh you're this family. But Aboriginal families have more – yeah they have more struggles in life to get things done and get things achieved, like housing, Centrelink, jobs … (Yvonne, Aboriginal Worker).

> So there is certainly racism and you see it as an outsider but with accessing services, it's the gatekeepers of the service that can impede someone going. So as an Aboriginal person, if you go and you're treated like shit you won't go back, that sort of stuff, and it might just be the gatekeeper; it might be the receptionist, it might be the person on the phone. But then you're reluctant the next time to access the service next door, so you get that. So between your literacy levels and understanding of systems, public service systems particularly, and then the way you're treated, compounds that reluctance to access the service. So it's very rife – very rife (Lisa, non-Aboriginal worker).

Participants also commented that Aboriginal people were treated differently by the police compared to non-Aboriginal people; for instance, Aboriginal people were reportedly more likely to be stopped and searched and less likely to be given a lift home. Racism and discrimination against Aboriginal people were reported in other areas. Real estate agents were accused by participants of withholding private listings from Aboriginal clients and providing to non-Aboriginal clients. At the local public swimming pool staff reportedly hassle and reprimand the Aboriginal children more than other children.

Many participants commented that staff in supermarkets and retail shops follow people known to be drug users or criminals to make sure they don't steal anything. However, this is also commonly experienced by Aboriginal people:

> When you go into a shop they'll watch you. I think it's – at Target Country which you probably can't blame them because a lot of them are in there stealing so, for their habits and stuff like that. But at Woollies and that, you could go in there with the young kids and they'll get followed and stuff like that but I don't know if that's their job or not. But you see white kids in there and they're not following them, like it just makes you think (Rachel).

*When I first got out of gaol, I was shoplifting, if I'd go into Target or whatever they'd follow me, which is karma, that's just common sense… but like I've seen them just follow people who they think might be shoplifters and they're not, at the supermarkets and that are pretty bad for it (Tanisha).*

*My word, I've walked in there and I've said to them 'excuse me will you stop peeking around the corner at me! Walk with me if you think I'm going to thieve' (Karen).*

Karen stated that she tries to explain to her child that it is not that he is being picked on, it's just that a lot of Aboriginal kids steal and that's why he's getting watched:

*I'd tell him they're not really picking on him they're just watching all the Aboriginal kids because a lot of them do thieve in there and I'd just tell him the truth what happens and then that's why you're getting watched mate (Karen).*

Karen's response to her child demonstrates her desire to protect him from feeling victimised. During interviews it was common that despite providing examples of being treated unfairly, when asked if discrimination was a problem in the town, several participants replied no. Similarly, findings from LSIC found that 69% of 1389 Indigenous parents reported that they have never been the subject of unfair treatment or discrimination (FaHCSIA 2009:46).

I raised this findings during interviews with workers and during the second community forum; everyone suggested that discrimination is such a part of the town culture and people experience it so often that they see it as normal. It may also be that Aboriginal people have internalised these negative stereotypes and in-turn assume that they are true, and in doing so are perpetuating the lateral violence within the Aboriginal community (Australian Human Rights Commission 2011:63-64). Karen disclosed that this experience of being watched in supermarkets makes her feel 'uncomfortable' and 'no good'. However, in her comment to her child that 'they're not really picking on you', and just accepting that it is the way Aboriginal people are treated, she does not identify this as discrimination.

These attitudes expressed by parents are an indication of the type of messages they are transmitting to their children. Some of these children will learn that it is normal and somewhat acceptable to be discriminated against; others will think that it is OK to make judgements and stereotype people who share your cultural background, or people generally. As many of the participants drew on experiences of being discriminated against in the community, their children may grow up feeling inferior and the victim of unfair treatment. Racism and discrimination can have adverse effects on mental wellness, including enhancing the vulnerability to use adverse methods to cope such as substance abuse and violence (Parker

2010:6). Further, the belief in the community that Aboriginal people are more neglectful to their children than non-Aboriginal people can have negative implications for the next generation of parents who may accept this to be true.

## 6.4 Perceptions on child neglect

The analysis now turns to participants' perceptions on concepts of child neglect. Participants were asked several questions to prompt a discussion about how they view and explain child neglect. Parents generally held strong opinions about what constitutes child neglect and what makes a 'good' parent.

Three key concepts emerged during the interviews as central to the way these parents perceived child neglect. These are:

1. The notion of *parental responsibilities* to care for children appropriately

2. The idea that children should always be the *first priority* of their caregiver, and

3. The role of *parental intent* in describing a situation as child neglect.

These concepts will be introduced in this section and will be a significant part of the ongoing discussion of findings throughout the analysis.

### 6.4.1 Parental responsibilities

Most parents included not providing for the physical and practical needs of the child in their description of child neglect, and this was generally mentioned in conjunction with other factors such as inappropriate supervision and discipline. In this way child neglect was largely viewed to be the fault of the parents and parents were not fulfilling their responsibilities to their children. Some of the ways parents described child neglect include:

> *Parents who take absolutely no notice of their kids or any of their needs, they let them run around all day in an un-changed diaper, or needs to be fed and they just don't feed it (Mandy).*

> *Simple things like not feeding them, not bathing them, right down to smacking them (Tanisha).*

> *You don't interact with your kids, you don't sit down and talk to them…they're never clean, they're getting around dirty, they're always looking for a feed, you've never got food in your cupboards, hitting them around, not chastising them the right way (Karen).*

> *Kids aren't getting treated properly, it could be physical it could be verbal, neglect comes in many forms of ways really (Ryan).*

Descriptions of child neglect focused on parental behaviour and their capacity and intention to meet their child's physical needs more so than their emotional needs. Parents' definitions did not include consideration of environmental causes such as living in high-risk and disadvantaged communities. This is consistent with the parental-deficits theory of child neglect discussed in section 3.3.1. Further, parents did not talk about meeting higher level needs beyond food, clothing, shelter, such as providing security, and a sense of supporting their children's sense of belonging (Maslow 1943). This was a persistent theme throughout the interviews as participants perceived the main priority for caring for children to be meeting their basic needs.

Participants also commented that children were neglected when parents 'push them away', 'ignore', and 'pay no attention' to them. There was obvious consistency in the language these parents used when talking about parent's responsibilities to be emotionally and physically available to their children:

> *If you can't even give your kid that five minutes while you have nothing else to do, then that is total neglect. That is so unfair to the child. Our kids don't ask to be brought into this world, we bring them in this world (Jasmine).*

> *It's not the children's fault they were brought into the world and I feel like if you have children and you can't look after them you know mentally, physically, financially, emotionally then you shouldn't have them, it's not right, it's wrong (Kelly).*

> *Because kids shouldn't be brought into the world just to be neglected, I mean you fall pregnant, you have a baby, you brought that baby up to look after it, do you know what I mean, like, not just turn it away or push it away… (Karen).*

> *You just can't have the baby and then throw it away whenever you want, you got that baby there for the next 18 years of your life, 25 years of your life (Ryan).*

That several parents used similar choice of words suggests a common view that parents have a responsibility to actively engage with their children. Such comments also reflect the cohort of parents interviewed. That so many parents commented on the need for parents to pay attention to their children, not throw them away, and that children did not ask to be born, reinforces this parent blaming perspective when children are maltreated or removed. It is also telling of the experiences of the participants, as each of these parents reported being neglected as children, or have children who have been neglected, or both.

Parents drew on their own past experiences as children to describe child neglect, suggesting that opinions of child neglect have been developed through these experiences. This is significant because it provides insight into the extent to which these experiences have influenced their perceptions and their practices as parents. For instance, Tracey mentioned that her parents were drug users and she was exposed to this as a child. She is against any drinking or drug use around children and defined child neglect as 'letting the kids be in a dangerous environment' (Tracey). She talked about this further, disclosing that as a new mum she moved away from family to avoid exposing her children to drugs or alcohol in the home.

Mel's definition of child neglect included 'walking away and leaving them in the house', and then disclosed that 'we'd be left at home as little children' (Mel). However, she also expressed wanting to be able to leave her children, the oldest being 9 years old, at the local park, but is unable to because it can be a dangerous environment:

> My kids should be able to go down to a public park or to the skate park and enjoy themselves for an hour or so. It gives [my husband] and I five minutes to just, you know. I know where my kids are, they're safe, I'm going to go and have a coffee (Mel).

Thus, Mel's perception of supervisory neglect included leaving your children at home for hours, as she experienced as a child, but does not extend to being left in public places. In this way Mel is not replicating her parents' behaviour, which she disapproves of, but she has the same inclination to leave her children by themselves. However, Mel's reluctance to leave her children on their own at the local park also aligns with current social attitudes that it is generally not safe to leave children alone in either public or private places, which would have been much more socially acceptable when Mel was a child.

Some parents talked about how they were beaten as children, either as a form of punishment, or during their parent's drug/alcohol-fuelled rage. These discussions led to parents talking about how terrible this was for them as children and subsequently they do not want to follow in their parent's footsteps:

> I didn't like being belted as a kid you know, and I think things would have worked a bit better if I was talked to instead of belted you know, and so yeah, my own decision I'd say I weren't going to belt my kids because I got belted (Bill).

> I don't believe in smacking so I discipline them by yelling at them, and when I'm yelling I think you need to stop yelling and talk calmly to them 'cause they're probably

*going to respond better. But you just get so angry that you yell 'cause you don't believe in smacking cause my mum was quite violent (Kelly).*

*I'm trying to be a better parent instead of yelling and screaming and ranting and raving, but sometimes they just push your buttons…my mum taught me how to yell and scream and rant and rave like you learn stuff from your parents (Sue).*

These comments reiterate the intergenerational nature of parenting patterns and the difficulty of breaking these learned behaviours.

Parents also provided several instances where they drew on their own past behaviour to describe child neglect. For example, Bill said that child neglect is when you 'leave [your child] with somebody else'. Interestingly this was, as he understands the situation, the reason his children were removed from his care. Cheryl referred to child neglect as letting your children wander the streets; however, she also talked about how her children used to 'piss off' during the night and that she hoped the police would bring them home safely. Cheryl and Bill believe these examples of behaviour to be child neglect, however, did not indicate that they themselves have been neglectful. It may be that by not identifying their descriptions of child neglect with their own behaviours, they are distancing their personal experiences from the conversation and in turn do not have to confront responsibility for the situation.

Conversely, Jasmine and Vicky described the way they have treated their children in the past to explain how they view child neglect:

*I was being a neglectful mum…I did not have any food in the house, the house was like a pigsty, you would have took the kids and put them in a tip, you may as well have. There was no beds in the house…I was taking marijuana and ice at the time. I was drinking like a bottle of whiskey whenever I could get the chance to. And there was abuse, yelling and screaming, fighting all the time, police coming to the house all the time… (Jasmine).*

*I was just like not looking after them, like in food, clothes and sending them to school and showing that I loved them and that, like I sort of pushed them away…all I was worrying is about getting drunk, stoned and using drugs (Vicky).*

In these comments Vicky and Jasmine have acknowledged how their own behaviour has been neglectful. In doing so it also provides insight into their understanding of what is acceptable and unacceptable parenting behaviour. Both participants had their children removed from their care and Jasmine has completed many parenting programs which she attributes to improving her understanding of her behaviour and the impact on her children. Vicky's children

were removed and restored to her care many years ago. Since then she has become a kinship carer[7]. Vicky has the benefit of time and reflection, as well as the processes of restoration and becoming a kinship carer to enhance her views on appropriate parenting.

## 6.4.2 Parental priorities

Another key concept that came out of the interviews from all parents was that child neglect was largely attributed to parents putting themselves first. Participants perceived child neglect to occur when parents were too preoccupied with other activities such as using drugs, drinking, gambling, or adult relationships, to the extent that these become a greater priority than meeting the needs of their children. Several of the parents provided examples of their views on the selfishness of parents both generally and more specifically to what they notice in the community:

> *There's little kids probably not even 13 walking the streets late at night and where's their parents? At the club or at home getting high or whatever (Cheryl).*

> *They don't have the children for the children…they want, just have a kid and get the money and go and do whatever they do and let the friggin' baby try and raise itself (Mandy).*

> *But there's a lot of them out there that worry about themselves I think more than the kids (Rachel).*

> *A lot of people I know, especially when they're young, they have a child and they go well I'm still number one they don't realise that it's like a little being (Kelly).*

The concept of 'good' parenting was seen as prioritising your child's needs above your own, and several of the participants described this as the way they parent in response to the question 'what makes you a good parent?':

> *I make sure they're right before I'm right myself, so that's something that I've always done I've put their needs before mine you know (Bill).*

> *I think that's what makes me a good parent because I'll give them whatever they want…I make sure they're first, they're number one before me (Kelly).*

> *My kids come first all the time…if they need something before me, well then they'll get it, like I'll go without. That's just how it is now (Rachel).*

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[7] Kinship care in an Indigenous Australian context is when a child is placed with a relative, extended family member, or person who shares a cultural or community connection to the child.

> *I only buy enough food for pay day to pay day and if I run out of that food, I'd rather give it to the kids than feed myself (Sue).*

It is interesting how parents have reported their own parenting in these positive ways, yet no one talked about instances of good parenting in others. When expressing their views on parental priorities, all examples provided were of negative parenting behaviours, rather than talking about the instances of good parenting they have observed within the community.

Parents also often mentioned that child neglect included not having any food in the house for children; however, this was not related to not having any money and more so to do with how parents spent their income on other things. Many parents commented that parents who neglect their children prefer to spend their money on drugs, alcohol or gambling rather than on food and other essentials for their child. For example, Lorraine commented, '… and the parents, all they want to do is smoke drugs and too busy drinking and don't buy food. That is neglect' (Lorraine). These comments also reinforced the context within which these families live, highlighting that poverty is a key issue as parents have to make decisions around what to buy and how to prioritise their limited income. However, if the parents have an active addiction it may be unlikely that they believe they have a choice at all.

## 6.4.3 Parental intent

Another concept parents identified when discussing child neglect and adequate parenting was the intentions of the parents in a given situation. Some responded that 'good' parenting was about trying your best to care for your children, while others talked about meeting their children's needs and some people mentioned both:

> *[What] makes me a good parent is I'm always here for my kids all the time…They're always fed, showered, they've got a roof over their head…I'm doing the best that I can at the moment (Rachel).*

> *Oh I try pretty hard for them and give them what they want and need (Tracey).*

> *Well I know then what the kids do, I look after them, feed them, try to keep the house clean, um, do everything for them, keep them in school, but if I'm not a good mum I don't know what else to do (Lorraine).*

The concepts of parental priorities and responsibilities identified in the data are closely linked with the idea of parental intent in that parents may try to enact these concepts but they may or may not always succeed. Further, children can still be at risk of harm of neglect despite parent's best efforts to provide for their needs. As discussed in section 3.2, the literature on

child neglect debates whether to attribute neglect to the intent of the parent or the consequence of their actions (Dubowitz et al. 1993). An example from the data highlights this issue: Bill thought it was in his baby's best interest to allow a neighbour to care for his child while he was withdrawing from methadone and his partner, Karen, was in gaol. Bill did not know this neighbour very well and was unaware that she previously had several of her own children removed. Consequently, Bill's baby was removed from his care as he had placed his child in what DoCS considered a high-risk environment. This situation also raises the issue of parental capacity as Bill may have intended to leave his child with an adequate carer; however, due to being ill and needing urgent respite, he did not have the ability to choose the most appropriate course of action.

While the concept of intent is more subjective, the consequences of a parent's actions are more readily observable, as in this example of Bill leaving his baby with an inappropriate carer. Bill did not know the carer well enough to know that she had her own children removed and chose to leave his child in her care without knowing this history. This is telling of both his idea of parental responsibility, i.e. who is appropriate to care for his child, and his mindset regarding priorities, i.e. he was feeling so ill that he felt he had to leave his child in the care of a neighbour he didn't know very well.

The different expectations that participants had regarding adequate parenting demonstrated that while parents considered intent to be a significant factor in caring for children, the way parents understood intent was not homogenous. What was consistent between participants, however, was that participants generally spoke about good and bad parents/parenting in absolute terms as opposed to sometimes good or sometimes bad. It may be that intent is a way for participants to minimise the polarity between good and bad parenting behaviours.

### 6.4.4 Discussion of key concepts

The key concepts that emerged from the data have just been introduced. These are that adequate parenting entails making your child your *first priority* (for example, by putting their needs over the needs of parents) and fulfilling your parenting *responsibilities* (which may include, for example, feeding and bathing your child). The third concept is related to considering the *intentions* of the parent (as opposed to consequences of actions or inactions) when assessing parenting adequacy and child neglect. These concepts are applied to many of the topics identified in the discussion over the next three chapters. This section discusses these concepts in relation to some more general findings.

One of the main views raised by participants was that many parents in the community are lazy. This view can also be linked to these key concepts, as parents who neglect their children have been described in this way because they are too lazy to fulfil their parenting responsibilities, and in doing so are prioritising their own wants above their children. Several of the parents criticised either other parents in the community or themselves for being lazy and attributed child neglect to laziness:

> *I think a lot of people are just lazy, well they're selfish for putting their needs first (Tracey).*

> *I think it's laziness a lot of it, I think they think they want a kid and they're not ready for it (Kelly).*

In these comments participants are associating laziness with being selfish or unprepared to be a parent rather than a more traditional understanding of laziness where people can't be bothered or are unwilling to do what needs to be done.

Other parents commented on their own laziness. Jasmine reflected on the way she neglected her children in the past which led to their removal. She described her home as 'a pigsty' and used the word 'lazy' to describe her behaviour:

> *Now that I think back on it…I think I was lazy. I think I was, I don't know, people say I was depressed. I don't know what depression is, so. I feel I think it was just laziness and I just lost all goals of looking after the children (Jasmine).*

Sue also commented that she should be putting in more of an effort to keep her home clean for her children but that she finds it too hard to make the effort:

> *I want to be a better parent…I want to be able to give the kids a lot more than what they've already got, you know like a decent home… I want to get stuck into my house up there, get rid of the clutter and stuff you know so they've got room to play…but I know it's going to take time and stuff like, it's the time I haven't got because I look at it and it's like nup, can't be bothered (Sue).*

Sue's comment reinforces this idea of parental intent because she has the intention of cleaning her home for her children, but is not motivated to do it. Sue is on anti-depressants 'to calm me down and stuff' and insists that 'I'm trying to be a better parent instead of yelling and screaming and ranting and raving'. She is struggling to cope with her two younger children in her care, as well as losing custody of her older children to her ex-partner. Sue also linked happiness and good parenting with a tidy home; however, she was struggling to keep her

house this way. She insightfully talks about how her untidy house is a reflection of how she is feeling:

> *I showed [my neighbour] some photos last night of [my children] when they were babies and I was getting [my older children] and she was like my house was clean. My house is all clutter now 'cause I just couldn't be bothered after [my ex-partner] not letting me have [my older children] you know like I just went downhill…she seen in the photos that I was happy and stuff like that because…I was seeing the kids, but now I just yeah (Sue).*

As Yvonne, one of the Aboriginal workers suggested, what may appear as laziness on the surface may in fact be a parent struggling with a multitude of complex and overwhelming issues, making it difficult to focus on parenting effectively. Yvonne also talked about the poor living conditions of many of her clients, and suggested that mental wellness is linked to a clean house:

> *Sometimes the house is just like that because it's overwhelming and there's too many children. They just need a boost to get – most of our clients we get they've lived like that and just moved houses all the time just to get rid of their rubbish…sometimes people are just brought up like that and they just live in filth so they've just…some have got a mental disorder and just don't know how to do it, it's too overwhelming at times (Yvonne, Aboriginal worker).*

This comment suggests that living in an unclean home is a norm for some of her client families. These living conditions are influenced by a variety of factors that make it difficult for the parent to manage their ongoing issues as well as maintain their home. As demonstrated by Sue's example earlier, they are used to living this way, and feel powerless to make any change.

Many Aboriginal people, including those in this study, are dealing with ongoing poverty, discrimination, unresolved traumas, relationship problems, and substance abuse. Further, feeling unsupported and judged can exacerbate the situation. Throughout the analysis there are many examples of parents criticising other parents for their choices or behaviour. Parents are consistently reaffirming negative stereotypes of Aboriginal people, for instance, casting them as lazy, and in doing so are further internalising these perceptions and reinforcing a sense of powerlessness, both within themselves and projected onto the community. In the context of these circumstances it is understandable to see how parents can have difficulty finding the motivation to do what needs to be done. It also demonstrates how children's needs may get left behind in all the chaos of everyday life.

In light of the prevalence of these factors, and the context of the participant community as an Aboriginal community, this thesis argues that one explanation for these attitudes and behaviours is historical trauma. Historical trauma refers to the ongoing and entrenched traumas that affect a group of people within a particular community. Overtime the legacy of trauma, and accumulation of new traumas, has a severe impact on the functioning of individuals and groups of people (such as families) within the community that can span generations (Evans-Campbell 2008a:320). Historical trauma manifests itself through symptoms including violence and lateral violence, passivity and feeling powerless, low community cohesion, and substance abuse (Stanley et al. 2003:7; Erikson 1976:302), all of which are prevalent in this community according to the views of participants. The next two chapters will draw out these issues further.

### 6.4.5 Human services workers' views on child neglect

Workers definitions of child neglect were generally consistent with parents' definitions, as consistent with the literature presented in section 3.8. However, workers' views on child neglect were more concerned with the consequences to the child rather than the intent of the parents. Workers also used language that was more consistent with child protection policy, aligning with the current literature on child neglect. For instance, several workers defined child neglect to be when a child's needs 'are not being met' (Dubowitz et al. 1993:12). The following two examples of workers' identification of child neglect come from one Aboriginal and one non-Aboriginal worker from different local services:

> *Sometimes we go out to do home visits and that, and the house is a complete mess, and you can see that the child looks dirty or malnourished, very small for their age or whatever. In the school – you can see it in the school with the way they – they've been not interacting with the kids, and their clothes are dirty, they don't have any lunches or whatever. Sometimes in the community a lot of people tell you something that's going on (Yvonne, Aboriginal worker).*

> *Well I would see signs of fiscal neglect, they'd be dirty, their clothes would be dirty, their health might be being neglected because they didn't have good weight, they were very skinny. They're maybe not being fed properly, which then is going to be affecting their ongoing development in all areas in ways that can be very difficult to catch up on later, psychological… then you might see behaviour in a child that would make you think that the child's basic emotional needs weren't being met. The child*

*might be very fearful and withdrawn, or the child might be very aggressive, or there*

*might be other behaviours too… (Ruth, non-Aboriginal worker).*

These examples are similar to parents' descriptions of child neglect. This consistency in how both workers (across different services) and families view child neglect suggests a social, or at least community-wide, consensus on basic standards of caring for children, which consisted mainly of the physical needs of providing children with food, a relatively clean home, and ensuring that children are bathed and clothed.

However, workers did not conceptualise child neglect from a parent-blaming perspective, unlike the parents. This finding is consistent with previous empirical research which found that parents judge other parents more harshly and have more stringent standards of adequate parenting than workers who place more emphasis on the role of structural factors in child neglect (Rose 1999:475; Dubowitz et al. 1998:236). Professionals in this project highlighted the social issues and risk factors associated with child neglect and caring for children more generally, such as unstable housing, poverty, lack of parental education, and domestic violence. This suggests that while there is very little difference in the way workers and parents recognise child neglect, there were different explanations given to the causes of child neglect.

## 6.4.6 Children wandering the streets

The first community forum identified that supervisory neglect was a big concern for the safety and wellbeing of children in the town. A particular issue was that many children and teenagers frequently walked around the streets without an adult at any time of the day and night. This concern was confirmed during interviews, with all participants expressing that children wandering the streets unsupervised was a serious problem in the town. Besides concern for children's safety, participants also commented that children walking the streets were a concern for the wider community as they commonly engage in vandalism, risky behaviour, drinking and drug taking, and even violent crime.

The issue of children wandering the streets is a key element in understanding the community and the families. A vignette, located in the box below, was used to initiate a conversation about the views of interview participants on this issue. Here I will provide an analysis of parents' perceptions of supervisory neglect, particularly in relation to children wandering the streets, and integrate findings from the vignette into the discussion. Additionally, insight from the workers was valuable and is drawn upon throughout the analysis.

## Vignette 1: Supervisory neglect

> *There's a party going on at the Simpson's and all the family and distant relatives are visiting from all around NSW. A bunch of the kids get bored and decide to wander around town to amuse themselves. It is midnight and the kid's ages range from 7-15 years.*

### A community norm

As already mentioned, parents commented that children wandering around unsupervised was very common in the town. However, parents conceived this issue in a contradictory manner: while parents did not agree with children walking the streets, and believed it to be a problem, they also believed that it was generally seen as normal.

Most parents believed that children walking the streets was not specific to Aboriginal or non-Aboriginal groups. Parents talked about the various community and familial factors that contribute to a normalisation of children wandering around unsupervised. For instance, children and teenagers wandering around town has been common for years, as several parents commented that they too did this when they were teenagers. However, they also commented that back then the town was much safer and they were not necessarily doing anything wrong:

> *I wouldn't say wandered around, I went to my friend's house late, stuff like that on the weekends, and probably on school nights too… I suppose to a certain extent I was a bit bad, as in getting out after dark, but I never got around drinking or things like that (Tanisha).*

> *People around my age now, we didn't get into crap like they're doing now. We would just walk from one end of the town to the other and go home say 2:00 or 3:00 in the morning and then yeah, go to school like the next day (Cheryl).*

These comments by Cheryl and Tanisha are interesting because they admit to walking the streets as children late on a school night and imply that it is acceptable because they were not doing anything wrong.

Despite participants confirming that many young people roam the streets after dark, no one admitted to permitting their own children to do this and in fact made comments to the opposite affect:

> *Well some parents yes you know let their kids roam the streets, but I don't know much about it, I just keep my kids off (Lorraine.)*

*...she's snuck out the window and I've just phoned the coppers on her (Tracey).*

However, despite some parents saying that they will not let their children wander the streets at night, it appears that some of their children have done it anyway:

*I've finally found that a few months ago when her, and [her friend], and one of their schoolmates asked if they could sleep at a friend's house and slept somewhere else (Tanisha).*

*...with my kids, when the coppers did see them out on the streets they would bring them home because some of the coppers like we're friends (Cheryl).*

*I don't let them go out and when they do go out to friends places I say don't roam the streets, and tell their parents, don't let them roam the street (Lorraine).*

A few of the parents described the seriousness of the offences being committed in the town, supposedly by young people at night:

*Breaking into houses, breaking into shops, breaking windows, throwing rocks on houses and everything, and burning houses down. Or they're stealing cars (Cheryl).*

*They get into mischief, wreck other people's stuff and they can't replace it, and then you've got to prove it's them and then you ring the police they don't come to your call, and if they come they come about four, five, six hours later and they missed it all. I had trouble down [street] throwing rocks and half the time the police don't even come (Lorraine).*

Another factor that may contribute to this being perceived as a norm is that in traditional Aboriginal cultures it was natural that children would roam around of their own accord, under the guidance of older children, as they were considered to be autonomous people with the ability to make their own decisions (Atkinson 2002:37-38). However, the circumstances now have changed and this has become a dangerous issue for children, as commented by Mary:

*When I talk to people that are older than me, years ago that's how life was, like they were allowed to walk around and they come home on their own accord. But years later, the century or the age we're in now, it's a lot different. So too much drugs and too much alcohol so the parents wouldn't know what they're doing (Mary, Aboriginal worker)*

Despite children wandering around being an inherited behaviour within the community, spanning generations, it is now a social problem due to the recent increase in high-risk behaviours and crime being committed in the town.

## Parental responsibility

Parents commented that one of the main reasons for children wandering around the streets is because their parents 'don't care', are 'lazy', or are 'too busy' with their own needs and wants. This is reflective of the key concepts identified about parent's prioritising their own needs above those of their children nor choosing to meet their responsibilities, as a way to conceptualise child neglect:

> *It's just them being lazy… kids are going to be kids, they're going to wander, they're going to want to explore. The kids just – they want to go out and be kids, whereas the parents just want to stay indoors and do nothing (Mandy).*

> *…the parents are too busy doing their own thing… (Tanisha).*

> *They don't really care I suppose, that's what it boils down to they just don't care (Karen).*

When asked where the parents of these children are, participants provided very similar responses:

> *Sitting at home, smoking drugs, drinking. All [this town's] just drugs (Nick).*

> *They're probably getting drunk or getting high or getting laid, putting it politely (Cheryl).*

> *They're probably on drugs. That is the biggest thing here is drugs (Rachel).*

Participants perceived that parents are to blame for their children wandering the streets either because they are choosing to let them do that, or because they feel powerless to control the situation. The idea that parents do not want to stop their children from wandering the streets aligns with the other key concept identified in the data, that is, parents choosing to neglect their responsibilities to care for their children, to ensure their safety, and to set boundaries:

> *I don't think they've got anyone at home that has rules or they're not stable at home, it's just they're allowed to do what they want to do…They've just got no-one at home to tell them right from wrong, they're just all over the place (Rachel).*

> *I think it comes down to parents, like 'oh you're home from school, get out of my face, leave me alone', do you know what I mean, 'go away, go for a walk, find something to do'…(Kelly).*

This is also about neglecting to meet parental responsibilities. Other participants reported that parents feel unable to stop their children walking the streets:

*I suppose there are parents who are still good parents even though their kids are nine years old getting around by themselves and that, because some of them are just real little men who want to run off and that. But at home they've still got a clean house, they're still well fed, they're still looked after (Tanisha).*

*…and I think it tends to be a lot of the kids that parents can't handle and even if they said 'don't go anywhere' they're going to go 'f-you' and still go do it, like a lot of the older boys, teenage boys that just sort of run amuck and things I've noticed… a lot of them there's no discipline and they don't really know how to control them (Kelly).*

It is interesting that some parents feel powerless to control their children, or empathise with parents who feel this way, but then also blame other parents for letting their children roam around as though they do have some control.

The idea of children leaving the house as a survival strategy, to escape adult business or fighting, or to find food, was also raised:

*Some kids are just wandering around because their parents aren't home and they'll just go to their mate's house for dinner or whatever else. It's sort of a survival for the kids here (Yvonne, Aboriginal worker).*

*I have witnessed for myself in this town a family having an argument out the front and their kids have literally walked off. And these kids were, the youngest would have been about four years old and the older one would have been about seven. The seven year old grabbed the four year old by the hand and walked out…If you're more worried about you and your husband arguing over when your next fix is to be worried about where your children are, you shouldn't have kids (Mel).*

These comments also highlight how the issue of children wandering the streets is inextricably intertwined with poverty, drugs and violence.

## Community responsibility

The question was posed to participants if it would be acceptable for someone in the community to reprimand children if they were doing the wrong thing while unsupervised in public. This question was asked to gauge from participants their sense of a collective efficacy in looking after the safety and wellbeing of children in the town. A sense of a collective community to look after the welfare of all children, while a central aspect of traditional Aboriginal cultures, is also the cornerstone of current child protection policy and initiatives in Australia (COAG 2009).

A few parents commented on what they would do if they saw a child doing the wrong thing, or how they would like people in the community to respond if their child was doing the wrong thing:

> *With my kids, I appreciate it. It teaches my kids that I'm not going to stand up for it, you're not going to stand up for it, and neither is the community. So yeah, I do believe that the community needs to stand in (Mel).*

> *I'd expect them to do that with my children so I'd do that with them (Bree).*

> *Yeah if I see someone's child that I know mucking up I'll say, 'ace it up or else I'm going to tell your mum and dad, get out of that' or whatever (Tanisha).*

All parents agreed that people in the community should intervene if they see children doing something wrong, either by saying something to the children or their parents directly, or by calling the police to manage the situation. However, there was a strong view that in reality, due to the increase in violent delinquent behaviour and hostile defensive parents, many people mind their own business and don't intervene:

> *It's like you want to get out there and tell the c\*nts to get home and this that and the other, but you can't tell them to get home because they'll, 'I'm going to tell my mum on you', and then they'll be coming down and getting up you, it's like it's a no-win situation, you know I keep to myself as much as I can (Sue).*

Some participants commented that many of the children have no fear or respect for authority and will not listen to parents, community members or even the police. Several participants raised the issue of stricter social and state regulations regarding parental use of corporal punishment that have been introduced in recent decades (AIFS 2014). They argue that as the physical discipline of children is much more restricted it has contributed to the community's lack of control and willingness to intervene when children do the wrong thing. Children are aware of their rights and workers believe that they will use this against well-meaning adults who are trying to ensure their safety:

> *See where years ago when we were growing up, the police in [this town] were able to take you home or kick you up the backside or whatever, and have said to the parent look I've kicked her up the backside because she was out on the streets…Nowadays god, police do that to these children then they're up for an assault or yeah (Nadine, Aboriginal worker).*

*I think it's a lot with the systems change too, you can't discipline your children no more, you can't – yeah there's a lot of rules that come along with – I think it has been for the good but sometimes the kids are playing it a lot with their parents, especially when they get into high school and they learn the rules. You can't touch me, and you can't do this, and you can't do that – so the parents have got no say over them (Yvonne, Aboriginal worker).*

These comments reflect the perceived lack of control and sense of powerlessness that people in the community, including both parents and workers, feel over their ability to manage children and young people in the town.

Taking a different perspective, Mary suggested that another reason people in the community might not take an unsupervised child home is because of the child's unpredictable home environment:

*Not anymore, because of the increase in the drug issues and then the domestic violence, if you return a kid home and the parent was on drugs, you wouldn't know what's going to happen. So it's a sense of responsibility but then also a sense of fear for that person's wellbeing (Mary, Aboriginal worker).*

Mary raises the point that children may not be safe on the street or at home. Ultimately the decision of which environment is best is being left up to the child and those who influence them, such as other children in similar situations, because adults are reluctant to intervene. A similar issue was discussed in the first community forum where workers commented that children in the town act as a support system for one another in lieu of a supportive home environment:

*That's their support, the other kids…cause I've seen kids down the street, they have money and they pool their money, they pool their own resources, like I've walked into Coles…I saw them outside they were counting their money up and they said, 'you'll buy the drink and you'll buy the chips…' (Andrea, Aboriginal worker).*

In addition, workers also talked about children growing up in a situation where they care for themselves regardless of whether they are at home or not. Olivia made the powerful comment, 'we have a group of young kids actually raising themselves'. She goes on to say:

*They get up in the morning, get themselves to school because mum and dad have been hung over from the night before, so they get themselves dressed and get to school. They come home in the afternoon and mum and dad might not be there, or they might be drinking again, so then they wait for tea if they're lucky mum or dad*

*might make it otherwise they'll make it themselves. So we've got a group of kids that are actually supervising themselves (Olivia, non-Aboriginal worker).*

From this insight it is easy to see the natural progression to children being in public places on their own whenever they want, as they are essentially expected to use their own discretion and be responsible to make their own choices. Workers also commented that children generally start leaving home to wander the streets from a young age, 'I've seen little kids walking around, six and up' (Yvonne, Aboriginal worker), so that by the time they are in high school it is just a normal part of their life.

The reality that families cannot rely on people in their community to look out for their children while they are unsupervised in public is an important finding. This study found that parents are more likely to raise their children either in isolation, or just within their family. However, while parents are isolating themselves, children are coming together on the streets. Aboriginal culture traditionally values role modelling within the community and extended family to rear and educate their children (SNAICC 2011:37). In this circumstance however, adult role models are scarce and children are left to their own devices and therefore rely on modelling and support from each other.

This section has discussed the significant issue of supervisory child neglect in the context of children wandering the streets. With its beginnings as a safe community and cultural norm, it has now evolved into a serious risk for both children and people in the community. Violence, crime and substance use is common within the town and on the streets children can be exposed to this lifestyle as both a victim and a perpetrator. However, in some instances the home environment is equally dangerous for children and they are forced from their homes as a survival strategy. This action reflects the lack of protective behaviours from parents and offers insight into the context within which these children live.

### 6.4.7 Education and schooling

This section discusses participants' experiences and attitudes towards education, school and the implications this has for employment and in-turn, life opportunities. The first community forum suggested that views on education and schooling needed to be explored during interviews as these attitudes and experiences are a fundamental influence on other areas of life.

Of the 18 parents interviewed only two had completed Year 12 and attained their Higher School Certificate (HSC). This statistic is below that of the wider Australian population, where the high school completion rate for Indigenous students is 37% at 2008 (ABS 2011). Ten

parents went on to participate in and/or complete TAFE courses in adulthood. Given that most of the parents continue to be unemployed, for various reasons, it may be that at least some undertook TAFE courses as a part of government welfare incentives and requirements. Most parents had school-age and preschool-age children and a few had children that had left school. Parents generally stated that they believed getting an education was important for children, although workers suggested, and the data showed, the opposite: that parents did not act in ways that showed that they valued their children's education. This will be discussed below. The service responses to problems within schools, such as bullying, attendance and suspension will also be explored and the impact this has on attitudes to schooling and school retention.

## Value of school and education

Most parents believed that the early learning environment for young children at childcare and preschool was important to help them get ready for school, particularly to develop their social skills, and learning to be away from their mother. Most of the children of parents interviewed had attended preschool or childcare. Preschool is provided at a subsidised rate for Aboriginal families and disadvantaged families are eligible for discounted child care fees. The local preschool also offered a pick-up and drop-off service, making early learning easily accessible for local families. Additionally, some parents have accessed childcare that is fully paid for through the government funded early intervention program Brighter Futures.

Participants talked about their own parent's attitudes regarding attending school when they were young. The comments were mixed as several talked about their parents being strict in enforcing school attendance, while others recalled their parents being indifferent to whether or not they attended. Parents mostly commented that it was important for children to go to school and a few mentioned that their children only took days off when sick; however, others talked about being a bit more relaxed with school attendance and having trouble getting their children to go to school:

> *My 13 year old [is] skipping it and wagging it and like. She was always, like she wouldn't even stay home unless she was really sick and had no choice, and she was always like straight A and but yeah lately, I think the last couple of months, she's let it slip really bad... (Tracey).*

> *Some days you just want to have a mother daughter day, I pinch a day here and there with her, but you've got to go to school, you've got to have a brain, you've got to know and have your own opinion on what the world is (Mandy).*

*I slept in yesterday and they slept in so I didn't let them, didn't worry about school, they turn around and say it's your fault mum you slept in, you know and I didn't even hear my alarm so must've been dead tired (Lorraine).*

Most parents commented that they believed schooling and education to be important for their children and for their future:

*It's very important, that's your literacy skills, maths, everything like that there, you don't know how to spell well you can't do much in life, it's more or less education is a big thing (Ryan).*

*I think school is very, very important. That sets them up for what they choose to do in the future. And without the education, then you give them no choice but to fail in life I think because with an education they'll either fail or they'll succeed. But without giving them that education, then all you give them is failure (Jasmine).*

Despite these comments suggesting that parents value school and support school attendance, their actions imply that some parents do not really see attending school as a priority over, to draw on the examples above, quality family time or sleeping in. This was reiterated by workers and also by a couple of the parents below, who talked about how they thought high school was a waste of time:

*I can't even remember what I learned at school. I don't know how to do maths anymore, I don't use punctuation anyway, I can't even remember what, like I think it's important to go, but I don't use really what I learned, so I don't know it's kind of pointless…I honestly think school is more important for social and discipline just to teach them that it's not just about sitting at home and doing nothing in life, you do need to get up, you do need to go to work, you do need to do things in life. But I don't think it's important in the sense of learning things, because like I said, I wouldn't use what I learned today (Kelly).*

*I only did Year 11 and 12 because I didn't know what I wanted to do, and I still don't know what I want to do. I've never used it once, not once…my Year 12 certificate, I've never used it, I've used all my other [TAFE] certificates … (Mandy).*

The true value that parent's held for school was further challenged by their attitudes towards their children finishing school. Most parents did not see the relevance of children going through to Year 12. For instance, Rachel commented of her children:

*If they just want to do Year 10 and then finish, well then I'm going to be happy with that. As long as they don't leave before that, yeah I'll push them to that but after that, yeah it's whether they want to keep going on (Rachel).*

Some children are leaving school before gaining the Year 10 certificate, including four of the participants. It was not uncommon for children to leave school prior to the legal age of 14 and nine months; for instance, Nick was expelled in Year 7. While this is classified as educational neglect by definition, in Nick's case he has resigned to the fact that he will not be returning to school and was not undergoing any alternative schooling options. The reasons for this were not known. Sue also talked about her children leaving school early:

*[One son] dropped out of school when he was in Year 9 I think it was, so'd [my other son] Year 7, or Year8, something like that (Sue).*

Sue's comment, showing her uncertainty over when her children left school, further demonstrates that children leaving school early is seen as somewhat normal to some of these participants.

Perhaps one of the reasons that participants did not see the importance of completing the Higher School Certificate is because they generally did not hold aspirations of higher education for their children, and if they do, they do not see this as a reality, as expressed by the comments below:

*As a kid I never got told when you grow up you've got to go to Uni or do your Year 10 or Year 12 and you got to study and when I'd come home it would be chuck the homework and off I go out and play sport or something (Bree).*

*I want my kids to go to Uni, I really do want them to go through school and go to Uni, but I always think where are we going to get the money for them for that (Tanisha).*

These comments suggest that some parents don't talk to their children about their educational goals and plans for the future. In Cheryl's comment below, higher education isn't even thought about for her daughter:

*Me:        Does she have aspirations to go to Uni or anything?*

*Cheryl:    Don't know…Like I told her, her first kid is going to be 51, when she has hers.*

This comment is reflective of Cheryl's expectations for her daughter to not fall pregnant as a teenager like she did, and nothing to do with her education and career goals after high school.

Most parents believed that getting a job was more useful and important for their children than completing their high school education. For instance, Cheryl talked about her sons leaving school in Years 11 and 12. Her older son left just two weeks before the HSC; however, she believes that if he did not leave voluntarily he would have been expelled because 'the principal was just an arsehole at the time'. Cheryl was happy for her son to leave school because he 'sort of had a bit of a job', which suggests that for Cheryl even an uncertain job opportunity is valued over completing high school. This is not surprising considering she had the same experience, stating 'I left when I was in Year 11 because I went straight to a job' (Cheryl).

Despite this, most parents believed that getting an education was important to getting a good job, and having a good job is important to succeed in life:

> *On government money you're not going to be able to survive, have what you want and have a lot of stuff. And you need, because these days everything is so expensive and you need the decent, a decent education to get into a decent paying job (Rosie).*

> *Very, if you're not educated how can you get a job, I suppose unless you're a cleaner or something like that, but I mean if you want a good job in life you can't get by on a cleaners wage or whatever (Tanisha).*

> *You've got to have an education before you get a job. If you don't have the education you don't get a job, you're on the dole for the rest of your life (Cheryl).*

> *These days you can't get a job if you're not educationed enough. I mean the only job that you'll probably get, if you're lucky, is packing shelves at Coles or Woollies. But that's not a job (Mel).*

Several parents expressed their regret at not completing their own high school education:

> *I'm a parent that only went to Year 9 and equivalent, I wish I could turn back time and do Year 10 and Year 12 (Ryan).*

> *I think it's really important, it was not important at all when I was at school, but if I knew then what I know now I would have stayed (Tracey).*

Most parents had negative experiences of school which was attributed to bullying from other children, not liking their teachers, and not enjoying being in the classroom. The reasons for leaving school included getting a job, becoming pregnant, or getting expelled.

Workers discussed the cultural and intergenerational attitudes of not valuing education and schooling and the reasons for this:

*You see that as very acceptable in Aboriginal families, not to send their kids to school in any sustained way…I think it's not valued. If school wasn't very good to you, then you don't value it for your children, you don't see why it would, and so therefore you wouldn't necessarily make a big effort to get them there. And then if you have other things impeding you, like you're sad or under the influence of drugs or whatever, you won't do it (Lisa, non-Aboriginal worker).*

Here, Lisa is raising the issue of educational neglect which was identified by participants as a significant problem in the community. Educational neglect occurs when children are not sent to school, or are allowed to truant, and when their additional schooling needs are not addressed (Watson 2005:5). Andrea talked about the cycle of low parental education and how this could cause parents to neglect their own children's education:

*Part of the neglect is that a lot of the parents, especially Aboriginal parents, they're not educated themselves, so why are they going to push their kids? … A lot of the neglect is from the parents because of their lack of education (Andrea, Aboriginal worker).*

Mary echoed the above quote and explained how an incomplete education has a significant impact, and can be the cause of, all the other vulnerabilities that contribute to child neglect:

*I think the low parent education would be the main factor and I think that would then cause all these other issues to follow after, like because they're not very well educated then they turn to drugs or alcohol which leads to mental health issues which leads to domestic violence doesn't it?...I think because they haven't got that learning ability to start with because of all the backlash in schools. Like if you're a problem child and you're going to go through your school life, most percentage of the time as being on suspension aren't you. So when you leave by Year 10 you're really not going to know anything anyway are you? (Mary, Aboriginal worker).*

Here, Mary has suggested that a lack of education is the pathway through which many parents experience social dysfunction and disadvantage. She also raises the issue of institutional neglect, where children are not provided with optimal learning opportunities because they are consistently in trouble and on suspension. This will be discussed in further detail in the next section.

### Managing problems in schools

Most parents said that their children had been bullied at school. This experience was distressing for the entire family and may be another reason that children do not attend or

engage fully in school. Parents were also more preoccupied with bullying or social issues at school rather than academic achievement/learning, as this seemed to have a greater bearing on their child's wellbeing.

Many parents commented that they did not feel comfortable approaching the school if their child was having problems. Parents reported that the school was unhelpful when their child was bullied. A couple of parents, frustrated by the school's inaction, took matters into their own hands and threatened the bullies. This led to further conflict with the school and within the community.

In some instances, as explained by workers, the lateral violence between families and people in the community is continuing in the school yard between children:

> *The kids a lot of the time carry on what's going on between the parents or the cousins and they don't even know what it's about, but 'I'm not allowed to talk to you. I can't mix with you' (Carmen, Aboriginal worker).*

> *What actually happens is we get a term of bullying say in the high school, it comes from the families and the families are all involved in this external bullying (Olivia, non-Aboriginal worker).*

Olivia and Carmen go on to discuss how it is common for the victim of bullying to get into trouble for fighting back:

> *I've seen it so much is you've got the kids that are a bit slyer than the others and they start, and then the other ones retaliate and they're retaliating, but those are the ones getting caught so there's that double edged sword (Carmen, Aboriginal worker).*

> *I've got a serious problem with girls in Year 7 and 8 at the moment. You get a certain amount of kids who gang up on certain kids, and those certain kids who are always ganged up on are actually thrown out of school and they are not the ones actually instigating it, but they're the ones that tend to finish it (Olivia, non-Aboriginal worker).*

This is what happened with Nick, who reported that he was expelled in Year 7 after fighting back against bullies who tormented him every day at school:

> *I wanted to go back to school, been trying for months and months and months to get back in, but it's just not going to work for me...I talked to the big big principal and he told me no you can't come back in because what's going on, and I said what do you mean going on, and he said well once someone starts on you, you just hit them and*

*like they hit you, and you don't walk away, you just hit them back. And I said that's only defending myself, and he said I know that but there's too many people in the school want to fight you and you want to fight them (Nick).*

Lorraine's children are going through a similar experience. Mary explains how the school responds to these situations, speaking particularly about Lorraine's children:

*I've got a client, her two that are in high school, they're constantly being suspended. Like that's the way they deal with this, suspend them, suspend them, and see well how in the hell are they going to learn? But her kids are always being targeted for bullying and suspension, and that seems to be the cycle in the high school as they're getting older and closer to that age of being put out altogether (Mary, Aboriginal worker).*

Other workers also reported that the high school commonly suspends children as a strategy to keep them away from the school:

*What they actually do is they put them out for 21 days, so that's three quarters of the month gone, they come back for a couple of days and then they put them out for another 21 days, and they can do that three times. So we're saying that within three months, within a term, the kid might only be at school two or three days of each term because the kids are continually expelled for 21 days (Olivia, non-Aboriginal worker).*

This strategy encourages the child to not engage in school and consequently drop out early. Through continual suspensions some children are feeling victimised. Nick's attempts to return to school have been unsuccessful, and he feels further discouraged by his Juvenile Justice worker who suggested that he get a job rather than try to return to school, despite being legally too young to leave:

*I got a bail officer that was trying to get me back into school but he said you might as well get out and get a job (Nick).*

Nick's perception of the situation reflects how powerless he feels to influence his choice to return to school.

Several parents commented that either they or their children decided to leave school before they were expelled. Olivia, one of the workers, discussed the importance of encouraging parents to advocate for their children; however, many parents don't because they do not recognise the importance of school, or they do not feel comfortable in the school environment:

*The problem is that lack of understanding that they can actually advocate for their kids… it's all about showing them how they can do that. It's just a little thing when I go and a kid's being suspended, I drag the parent with me or when a kids going back to school and the parent might not want to go (Olivia, non-Aboriginal worker).*

The perceived lack of support for children to continue their schooling, both from the school, coupled with the low aspirations that parents have for their children, perpetuates the ongoing lateral violence and in many instances acts as a self-fulfilling prophecy. For example, Aboriginal parents have low expectations of their children's educational attainment. This is reinforced at a community level and, as a result, Aboriginal students generally have poor educational outcomes. Teenagers who leave school by their own volition may feel as though they are exerting control over their lives; however, in doing so are reinforcing the cycle of poor education and intergenerational disadvantage.

While it could be argued that there are poor educational outcomes for non-Aboriginal vulnerable students as well, the data shows that participants believe that Aboriginal children are targeted negatively within schools and this may be one reason to account for the poor school retention rates for Aboriginal children. For instance, several examples were provided where participants felt that children had been victimised or excluded by teachers at school because of their Aboriginality or their social circumstances. Sue talked about not being able to afford the correct school uniform for her children and the teacher reprimanding her children for it. She describes feeling belittled when she went to the principal with this problem:

*They came home and said to me 'mum we got in trouble today because we didn't have our proper uniform on'… I goes down to that principal's office I said 'don't appreciate this', I said I don't appreciate [the teacher] telling the kid's they've got the wrong uniform on, why can't they come to me instead of telling the kids?...I know I'm a single parent, I know I haven't got their proper uniforms but I'm doing my best… he started to look down on me and then I started crying… (Sue).*

This perception of being looked down upon that Sue described is also a reflection of the internalised feelings of her own self-worth as being inferior to the principal, which is representative of the entire interview where she exhibited a low self-esteem and refers to herself as a bad mother.

Several workers believed that Aboriginal children in particular were being treated unfairly by teachers within the school because of their family name. For instance, if a teacher encounters a student for the first time but has previously taught their sibling, cousin or other relative and

found them to be a trouble maker, they will assume the same of that student and automatically 'give up' on that child, 'tarring the kid with the brush' (Carmen, Aboriginal worker). Yvonne echoed this point, commenting that with Aboriginal children she has found that 'in the schools they don't really worry about them, they just put them in the naughty class and then that's it' (Yvonne, Aboriginal worker). Likewise, Mary made a similar comment:

> *There is a per cent of racial attitude towards Indigenous kids at school. Like they're only Aboriginals, they're dumb, they don't, they're not going to go anywhere (Mary, Aboriginal worker).*

Both the parents and the school are accountable for the school attendance and performance of children. For children to engage and thrive at school, both the school and the parents need to support children in their learning. However, participants in this project, particularly the workers, have reported that the school and the parents have low-expectations for children's educational outcomes and this is undermining their success at school. Further, bullying between children and a personal clash with classroom teachers can hinder children's focus and motivation to learn; when parents do not or cannot advocate for their children, the family's experiences of school are even more tarnished. Additionally, the schools in this town, particularly the high school, are one location that facilitates the ongoing violence between students. As will be discussed further in the next chapter, violence is a regular occurrence for many people in the community in both public and private spaces, and schools are struggling at a structural level to contend with such a normalised view of violence. As a result, the individualised responses to students may be less than adequate for those students.

The experiences of many participants in schools demonstrates the significant social, institutional and personal barriers that students must overcome in order to fully engage in school and perform well. Parents have to manage experiences of systemic discrimination, bullying, and institutional policies such as suspensions, all of which can be intimidating and overwhelming for the entire family. In addition, parents are trying to navigate these situations without themselves having completed or thrived at school, making them less likely to either be motivated to, or have the capacity to ensure their child is receiving an optimal schooling experience. Further, school and education is generally not valued or prioritised because it is not considered to be a safe or supportive environment for children and their families. The lack of engagement in school and lack of educational or career aspirations that parents have for their children is a significant factor in the proliferation of social disadvantage for these children. Without an education, children are highly unlikely to access opportunities to break out of the cycle of poverty. As such, these children are more likely to carry on

intergenerational disadvantage and feelings of powerlessness, reinforcing their susceptibility to associated high-risk behaviours.

## 6.5 Perceptions of cultural differences on parenting and child neglect

Participants were asked if they thought child neglect is understood differently by Aboriginal and non-Aboriginal people. This was an important question to develop an understanding of the role that participants' culture has in their views on adequate parenting practices and if/how this may differ between Aboriginal and non-Aboriginal cultures.

The responses were not straightforward. Overall participants did not believe there were major differences between the way Aboriginal and non-Aboriginal people viewed child neglect, though many participants talked about differences within Aboriginal families. Parents' views were also often contradictory and not always aligned with traditional Aboriginal cultures. This diversity of opinion is reflective of the diversity and complexities in the way people identify with, express, and understand their Aboriginal culture. For this question, workers' perspectives during interviews and community forums were particularly valuable to provide insight and interpretation to the views of parents. However, these too were at times contradictory and ambiguous.

While parents had difficulty identifying cultural parenting differences when asked directly, a few parents talked about the experiences of growing up in an 'Aboriginal family'. For instance, Ryan described his family growing up as, 'pretty close being an Aboriginal and that so we were a very big group, always stuck together'. Tanisha talked about how she learned to parent through growing up around children in an extended family, 'I think it's when we're growing up, like we see it and – most Aboriginal families are big families so you just grow up around family, around babies, and yeah you just learn to do it'.

Bill and Karen also commented about how their family lives as a part of the extended family and community:

> *Karen:*    *Aboriginal families they're close, we're a close family, you know, and we all stick together and like um, after time you see aunties and aunties, sisters and sisters, living together with their families you know what I mean, we're all close*

> *Bill:*    *We're all a sort of very close knit community you know like, Aboriginal people*

> Karen: Yeah, even in the community with Aboriginal people we're all close everyone knows everybody.

Several parents also talked about the responsibilities of caring for younger family members when they were children. Bill talked about how his older siblings and extended family were responsible for the younger children while his parents were working:

> …the older ones would be looking after us, you know looking after the younger ones…the aunties and uncles were around a lot too, so you know like, my mum's sisters and that, her older nieces, they come and live with us here and there, I mean so there was always someone there growing up that would be letting you know what to do (Bill).

Lisa, a non-Aboriginal worker also provided a description of sibling responsibility, arguing that it is something children are taught to do from a young age as it is intrinsic to their role in the family:

> And then there's the whole thing about who's the guardian of the child. Like, little babies are very much between the aunties and the mother and the grandparents and that sort of stuff, but once they're toddlers, they're the responsibility of that sort of primary school age kids, like 'You watch your brother out in the yard', that sort of stuff, where other people would consider a 10-year-old shouldn't be watching a two-year-old play in the backyard. But that 10-year-old's grown up to be – like, it's gone and fetched the nappies and the bottles and all that through that child's life, that's that role of the older brother/sister….It is very different but it's not like one day you get a 10-year-old that's never had any responsibility and go 'You look after the two-year-old' (Lisa, non-Aboriginal worker).

Lisa explained that these child rearing practices are a part of the culture and therefore are not seen as child neglect; however, it is the impact of drug, alcohol and mental health issues which contribute to parents 'not making responsible decisions for [their] children'. Examples of this were provided by research participants. In Karen's case she was the oldest of 11 children and frequently cared for her brothers and sisters when her father and step-mother were drinking:

> Dad and [my step-mother], they used to drink when we were younger, but dad worked, while dad was at work, [my step-mother] would be getting drunk and yeah I had to look after the kids there and I'd look after them and do what I had to do for them, get tea ready (Karen).

Karen holds resentment for having to care for her siblings as she missed out on being a child herself:

> It was hard, it was wrong because I was only a young kid myself and I was trying to do things that an adult should be doing, and it wasn't up to me, I couldn't even live my life properly, I was more an adult before my time I s'pose… I'd make sure they were alright too like if they [my step-mother] was drunk and dad came home from work and dad would arguing with her then, what are you doing drinking la la around the kids…(Karen).

Vicky babysat for her aunties when they wanted to drink and also helped her grandmother with caring responsibilities because she was avoiding going home to her mother who was often angry:

> I looked after most of my cousins or my auntie's children when they might drink or want a babysitter…I started when I was nine, so I started cooking and my grandmother taught me to cook and…She was looking after her grandchildren so I chipped in and helped her out and got a little bit of pocket money. She was a bit old so needed a bit more help, and we only lived around the corner, my mum and my siblings. We would spend more time around our grandmothers because Mum used to be growly and so we took to helping' (Vicky).

It is important to emphasise here that parental drug and alcohol use being the motivator for children caring for younger siblings is not a part of Aboriginal culture. It is imperative that cultural norms are not mistaken for behaviours that have evolved through generations of trauma and social deprivation, and in-turn negative stereotypes about Aboriginal people and culture have developed. Some extreme examples of this are the misconceptions that physical and sexual violence against women and children are a part of traditional customs (Kelly 2014:5-6).

Workers discussed the cultural norm of extended family caring for children in Aboriginal cultures, but noted that many parents today tend to take advantage of this:

> They don't understand where you have a child and you can just dump it off to aunty and that's the way they live like. I wouldn't do it but that's just the way it is, extended family (Mary, Aboriginal worker).

> Aboriginal families are more family centred… because when you're an Aboriginal family everybody looks after everybody and as such parents will leave their children with their brother, or sister, or mother, or whatever else, and they'll think oh well

*they're with them, I'll go and spend all their money, they'll get a feed off mum and*
*dad or whatever. They think that's good parenting (Yvonne, Aboriginal worker).*

While Yvonne suggests that parents believe good parenting is making sure your children are appropriately supervised, she also commented that by doing so parents are placing considerable strain on their family members:

*They don't see that their mother, the grandmother is struggling on an old person's*
*pension and they've got to feed these six kids. They don't see that really, they just say*
*yeah mum will look after them, or nan will look after them (Yvonne, Aboriginal*
*worker).*

An interesting finding here is that although parents believed it was good parenting to prioritise your children above all else and to fulfil your parenting responsibilities, workers have reported that parents frequently take advantage of these values, relying on family to take care of their children while they do what they want to do. However, the data also showed that while some rely on family to help them, other parents are raising their children on their own and don't have external supports. Thus workers' explanation of Aboriginal family functioning is only one example of the diverse ways in which Aboriginal families are living today.

Parents generally had trouble articulating how they thought child neglect or parenting was understood differently between Aboriginal and non-Aboriginal families; instead of talking about differences in views on child neglect, several people talked about instances of child neglect. This suggests that parenting styles were not formulated from a single worldview and parenting is influenced by a range of environmental sources, including non-Indigenous family and friends, TV and media, and agencies such as DoCS and non-government support services that provide parenting support services.

Members of the second community forum provided some explanations for why parents had difficulty identifying Aboriginal-specific parenting norms and views on child neglect. Some of these explanations are contradictory to the findings, highlighting the complexities in the data. For instance, they suggested that traditional Aboriginal child rearing is less practiced because parents are increasingly raising their children in isolation rather than collectively. The traditional extended family approach to child rearing has been lost largely as a reaction to former child removal policies where many Aboriginal children were labelled as neglected and removed when living with extended family. Consequently, parents believe that only they should be responsible for raising their children, though this was not explicit in the data. Further, when Aboriginal parents did not adopt white child-rearing practices children were

removed. This is a reference to the Stolen Generations described in Chapter 2 where thousands of Aboriginal children were taken from their families under Assimilation policies (HREOC 1997). The literature on historical trauma supports this explanation and argues that, due to former policies, many Aboriginal cultures could not be passed down to future generations and over time kinship systems have eroded and traditional practices lost (Evans-Campbell 2008a:327-328). As a result, Aboriginal communities have become fragmented and the parents are unable to raise their children in a way that includes the role of the extended family and the wider community. Today, younger Aboriginal parents raise children more according to mainstream cultural norms and many cannot identify as strongly with Aboriginal ways of parenting.

This explanation aligns with the data to an extent. Of all the parents interviewed only one was living in a household with extended family. The data also found very little sense of community responsibility to raise children collectively, and this finding, that families raise children in a more individualised way, may explain this. However, several examples were provided indicating that Aboriginal parents do rely on extended family, mostly their own parents, to help them with their children. However, the extent to which parents relied on, or had the option to rely on, family support varied greatly.

The community forum also provided another possible explanation for why some interview participants did not comment on culturally specific ways of caring for children. They suggested that many Aboriginal parents are aware of traditional practices that have been taught by grandparents or elders, but are also aware that they are expected to behave in accordance with white ways of parenting. Parents then become fearful or guarded to share their parenting styles or perceptions because it is not seen as appropriate to white society and in some cases, are considered as child mistreatment. Members of the forum determined that therefore there is a conflict within the community between those parents who have adopted the white perception of what 'good' parenting is, and those who continue to parent according to Aboriginal cultural norms.

There were subtle examples of this latter explanation reflected in the data, both by parents and members of the first community forum – specifically in relation to how perceived cultural parenting norms are mistaken for neglect or abuse by non-Aboriginal people. A significant example of this was physically punishing children. Many of the participants, both workers and parents, commented that smacking children has always been seen as an acceptable form of punishment. Rosie talked about how today this differs from the preferred strategy for disciplining children:

*In a way there's different types of punishment as well. Like with the Aboriginal, it's
more a good smack more than what it is like taking things off you or stuff like that,
there's a difference. With white people they prefer, yeah you're barred, you go in your
room, do this and do that, but with Aboriginal people you get a smack, now go and
do the right thing and we'll leave it at that sort of thing (Rosie).*

However, not all Aboriginal people share this view as represented by Bill and Kelly who
commented earlier in this chapter that they don't believe in smacking. Further, findings from
the LSIC study found that only 7% of 1687 Indigenous parents reported having smacked their
children as a form of discipline (FaHCSIA 2009:41).

Rosie goes on to comment how it is now legally and socially unacceptable to hit your children
and as a result, these parenting practices are now conveyed as mistreating children:

*But a lot of people do see that as a neglect kind of thing but it's not, it's their way of
dealing with the problem because everybody deals with their problems differently.
And a lot of it is like, and I do say with the law now like a lot of it is the government,
the government is partly to blame as well because they say you're not allowed to hit
your children and this and that (Rosie).*

This issue was also raised in the first community forum by workers in a small group discussion
who pointed out that 'years ago we could smack our kids on the arse…a little smack' (Yvonne,
Aboriginal worker), but 'that's called abuse now' (Roxanne, Aboriginal worker). Additionally,
workers noted that as children cannot be physically disciplined 'Aboriginal people think there
is lack of discipline' (Yvonne, Aboriginal worker) both within the home and in the community
today. Roxanne makes the comment that as a child if you were doing the wrong thing in public
anyone could 'give us a slap', but Yvonne continues, now you 'can't even hit your own kid
anymore' (Yvonne, Aboriginal worker).

What is interesting about these perceptions is that workers and parents alike refer to smacking
children as a cultural practice when the literature indicates that traditional Aboriginal families
did not use physical punishment against their children. Various sources state that children
were often taught about safety and positive behaviours through storytelling and scare tactics
using demons or spirits to frighten children from doing the wrong thing (Bamblett 2013;
SNAICC 2011). An explanation for this misconception may be that Aboriginal families adopted
physical punishment to discipline children after colonisation and it is recognised as a
contemporary cultural norm, one that is shared by many cultural groups around the world,
including many Western families. Thus it is just assumed that this was always part of the way

that families and communities have raised their children because for generations people have not known any different. This discussion then raises a question of what 'traditional' Aboriginal parenting actually consists of and what this way of parenting means for these people. This has highlighted the complexity of labelling particular behaviours as Aboriginal and non-Aboriginal and will be explored further in the discussion chapter.

Workers also discussed that perceptions on smacking is where one difference between the Aboriginal and non-Aboriginal culture lies, as was commented, 'if a white person sees a black person slapping their kid, they will call it child abuse' (Roxanne, Aboriginal worker). However, this comment may be more about the perception that Aboriginal people are being continually judged and looked down upon by non-Aboriginal people than it being about cultural differences.

The issue of feeling unable to discipline children was raised by both parents and professionals in both public and private settings, by people both local and new to the town. This suggests that it is a common problem for the Aboriginal community, and many people feel that their parenting ways are being hindered by changing social norms of acceptable parenting. Consequently, many people have not adopted effective alternative options to discipline and control their children's bad behaviour. This lack of parental and community discipline in the town is identified as one of the reasons that Aboriginal young people are engaging in delinquent and dangerous behaviour, and people are at a loss at how to manage this ongoing problem in the community.

The interviews also revealed that some parents perceived child neglect to be the same for all people regardless of Indigenous status. For instance, Sue commented that some white families in the community are in similar circumstances to Aboriginal families, and in this sense they were as likely to neglect their children as the neglect was associated with financial means:

> *The upper classes wouldn't think of doing that 'cause they're always got the money and Aboriginals and stuff and some lower class white people, they just can't afford it (Sue).*

Several participants also commented that they did not think there was any real difference between the way Aboriginal and non-Aboriginal families view child neglect. For instance, Kelly stated:

> *No I don't think so, not for me no I mean neglect is neglect, just because the colour of your skin or your background doesn't make you feel any different (Kelly).*

A few of the workers made similar remarks. For instance, Claire, an Aboriginal worker commented regarding parenting skills:

> *I think someone's either got it or you haven't, regardless of what colour you are. At the end of the day it's what you're doing (Claire, Aboriginal worker).*

Kristy, a non-Aboriginal worker also found there to be little differences between Aboriginal and non-Aboriginal parents, stating that parenting practices are individual to each family:

> *I don't think you can generalise. Like I don't think you can say that Aboriginal families would feel differently about it than white families because I think there'd be different families in each culture and they look at things differently. Like I think there's a lot of white families that would have not much knowledge on what neglect is, and then there'd be a lot of Aboriginal families that have a higher standard to what neglect would be (Kristy, non-Aboriginal worker).*

Kristy, who is relatively new to the town, further commented on how she has found there to be less differences in parenting between the two cultures than she was anticipating:

> *I think the biggest eye-opener for me was that I thought there would be all these massive differences in how kids are raised and that, but they're just not hugely different (Kristy, non-Aboriginal worker).*

Karen and Bill also raised the issue that the legacy of stereotyping Aboriginal people as bad parents is still prevalent in the community, despite many non-Aboriginal families in the town living alongside Aboriginal families in social disadvantage:

> *Karen:*     *A lot of people look at Aboriginal people and think that we're…*
>
> *Bill:*     *We're just neglectful anyway…It's still the same…I don't think it's changed there…there's people in the white community that are just like us, you know what I mean*
>
> *Karen:*     *But then they'll look down at us or look at us and say we're bad parents and they're no better, you know what I mean.*

The stereotyping of Aboriginal parents as more neglectful than non-Aboriginal parents was also raised by a few of the parents. Tanisha suggested a lack of parenting knowledge among some Aboriginal communities, particularly those in more rural and remote areas, because they are much less educated about child abuse and neglect than white people:

*I suppose some Aboriginal people – a lot of them are very educated people but a lot of them aren't. The further west you go out, they're not very educated people sort of thing, like a lot of them are, but some of them aren't. So, I don't know how to say it without kind of sounding racist, but most white people are smarter than people out that way, so they've learnt about child abuse and that sort of stuff – neglect and that, they know about it sort of thing. But out that way it's not really taught…So they wouldn't know – they'd know certain things of what is child abuse but not every little thing. I suppose no one would know every little thing, but they would know more I think, that's probably how I see it between the two cultures, yeah (Tanisha).*

Tanisha's comment was surprising as she proudly and strongly identified with her Aboriginality. It is a reflection of the type of environment that Tanisha has been raised in, where the stereotypes that Aboriginal people are not as smart as white people has been ingrained, and she has retold this as her personal belief.

The criticising or negative stereotyping of Aboriginal families from participants, whether intentional or not, was an undercurrent within many of the interviews. While this was an unexpected finding, it is not uncommon for Aboriginal people to adopt and perpetuate negative stereotypes against their own people as an act of internalised racism as was discussed earlier (Bennett 2014:186).

This issue of participants negatively stereotyping other parents in the community was raised with participants during the second community forum to provide an insider's interpretation. One explanation was that these perceptions come from those who have grown up without a strong cultural identity or do not have much to do with their community. These attitudes have been 'white washed' and they don't see their comments as racist because they view them as normal. Another possible explanation raised in the community forum was that these stereotypes are seen as a part of Aboriginal culture. People have normalised and accepted the problems within Aboriginal communities as a part of the culture; it mirrors the views of those around them, or they are influenced by other outlets such as media and social assumptions. This is also an identity issue of what being Aboriginal means to them because growing up in a high-risk, negative environment has conditioned them to believe that all Aboriginal people experience the same problems. These explanations strongly reflect the concept of lateral violence mentioned earlier, whereby Aboriginal people tend to project abuse, discrimination, and critical judgment back onto their own people (Langton 2008).

## 6.6 Summary and conclusion

This chapter has explored the experiences of participants in the community and how these relate to their parenting and personal behaviours, such as help seeking and service engagement. It has introduced a range of social issues prevalent within families and communities which impact on the wellbeing and sense of self-worth of children, parents and families.

At times individuals were contradictory and conflicted in their own views, and there were many instances of opposing views between participants, both parents and the workers. This demonstrates the ambiguous nature of a topic such as views on parenting and child neglect, as people's perceptions are relative and unfixed. Parents' views on child neglect were influenced by their own experiences in childhood and their experiences of being a parent, either good or bad. Additionally, what they have observed in the town to be examples of poor parenting have also informed their views on child neglect. This chapter also found that parents frequently expressed feeling powerless to control or change their own situation; however, they tended to blame others or insist others have the power to be autonomous when talking about other parents' situations.

This chapter introduced the main concepts that participants identified in relation to their understanding of child neglect. The findings indicated a consensus that good parenting was about putting your children first and fulfilling your parenting responsibilities to your children, as well as mixed views on the role of intent as to whether a child was neglected. The value of identifying these concepts alone is not particularly revealing in and of itself, rather it is what these concepts mean to different participants that is significant. This chapter begins to explore how participants understand these concepts in regards to parenting and child neglect generally, supervisory neglect, and schooling and education.

This chapter demonstrated that the lived experience of being Aboriginal is often challenged, both by the individual and within society, reinforcing identity conflict and having an insecure sense of self. The blatant examples of discrimination within this small community are such that some people feel that they are better off not identifying as Aboriginal; others agree with mainstream views and negative stereotypes about Aboriginal people, perpetuating lateral violence and powerlessness within the Aboriginal community. Many of these issues will be further developed throughout the analysis.

This chapter also discussed the diversity of perceptions surrounding Aboriginal parenting norms, including that some people could not identify culturally-specific child rearing practices.

There was also considerable confusion as to what behaviours are specific to Aboriginal cultures and what are products of Australian society more generally. These findings suggest that cultural identity is not polarised for individuals and rather their parenting norms are attributed to a range of internal and environmental influences.

Participants are contending with ongoing and intergenerational social disadvantage, discrimination and powerlessness, and challenges to service engagement and extensive intervention from DoCS – including child removal. These factors can significantly influence the views and behaviours of parents; views on child neglect were developed within the ecological context within which families live, both in the past and present.

This chapter introduced the theory of historical trauma in relation to the data and suggests that this theory is a fitting one for understanding child neglect in an Aboriginal community context. The following chapter builds on this argument, examining the perceptions of substance abuse, and family and community violence, by drawing on the concepts that emerged in this chapter, and discusses how these relate to the overall experiences of historical trauma, and in turn, contribute to child neglect.

# CHAPTER 7: PERCEPTIONS OF, AND EXPERIENCES WITH, RISK FACTORS ASSOCIATED WITH CHILD NEGLECT

## 7.1 Introduction

The findings in this chapter provide valuable insight into participants' views of adequate parenting and how this can be achieved or compromised when risk factors such as family violence and substance abuse are prevalent. It explores the ideas that have arisen from the data, such as participants' perceptions that violence is normal within both public and private spaces, and the role of parental intent and responsibility in these situations of domestic and family violence. Participants also discussed their opinions on using drugs or alcohol around children and under what conditions this is acceptable.

During interviews participants shared their personal experiences and sources of regret or sadness. Many revealed they had been victims of violence, while some mentioned being perpetrators of violence. Others talked about their drug addictions, which in most situations, in conjunction with other factors, led to their children being removed. Many parents also disclosed their own experiences of family violence or exposure to substance using adults as children, and how this has affected their behaviours and choices as parents. Some parents demonstrated they were aware of intergenerational patterns of risky family behaviours and commented on their desire to break these cycles and improve their situation for their children.

Parents provided insight into their involvement with services within the town, and practitioners spoke of their responses to helping families in vulnerable situations. All participants commented on the scarce resources in the town, the general lack of police presence, and the crucial need for more services and programs in the town, or better access to services in neighbouring towns.

This chapter elaborates further on the community issues that were raised in the previous chapter, namely that violence and powerlessness are frequently experienced. The fieldwork for the project occurred in the midst of an ongoing and escalating crisis of drug abuse and increase in violent drug-related crime. This analysis seeks to capture the fear, frustration and sense of powerlessness that people were experiencing in the town.

## 7.2 Community, family and domestic violence

Parents' views about violence, were discussed at length during interviews. Parents talked about violence both within the community and within and between families, and also through the vignette which asked about their thoughts on domestic violence and how it relates to child

neglect. The vignette in the box below worked well as an icebreaker for many participants to open up about their experiences with domestic and family violence either in their own adult relationships or as children. Nine mothers talked about being in abusive relationships and seven parents talked about being exposed to domestic and family violence in childhood.

**Vignette 2: Domestic violence**

> *Lulu has three children who are eleven, eight and three years old. For years Lulu's partner Doug has been emotionally and physically abusive towards her. During the last incident the police were called and Doug was arrested. The police also made a report to DoCS because the children were in the house at the time.*

The main finding from the interviews was that family violence, and violence in general, was considered a regular occurrence within the community. Within participant families, violence appears to either be accepted or not recognised as a problem. However, this was strongly contrasted with parents' perceptions that children should not be exposed to violence and an awareness of the impact it could have on children. Participants all believed that domestic and family violence was not a good environment for children. However, opinions were mixed regarding domestic violence being a form of child neglect. This was usually determined by the intentions of the parent to protect their children.

Another finding was that many parents assumed that the victim, who is usually the mother, has a choice about staying in the violent relationship. In contrast, survivors of domestic violence reported feeling powerless and fearful to leave the relationship. The data indicated that service responses to domestic violence, or lack of, were reported as a main barrier to women escaping violence. Participants also recognised intergenerational patterns of violence and the impact that family and domestic violence can have on children. Overall inconsistencies were found between examples of behaviour and participants' perceptions.

## 7.2.1 The normalisation of violence

For some of the participants, violence appeared to be a typical response for managing situations both within families in the privacy of the home, and in public. Several parents talked about violent altercations they had had with people in the town and family members as though they were regular occurrences. Ryan talked about his ongoing feud with someone that escalated when he was attacked in front of his children:

*I got attacked by a knife three times off a bloke. Last time he done it I hit him over the head straight over the skull, fractured his skull in six places, and yeah my girls were with me when that happened the last time (Ryan).*

Lorraine talked about frequently trying to protect her teenage children from getting into fights:

*I'm a single mum and everyone comes around the house and wanting to fight them, even grownups and everything, and I've got to fight for them and protect me and protect the kids as well so it makes it very hard (Lorraine).*

A few parents commented that they were not violent in nature and did not raise their children to be violent. Such statements were then contrasted by them recounting instances where they used violence, even against their own children, or have encouraged their children to use violence. For instance, one of the questions asked how parents would teach their children to handle a situation where they were not treated fairly. Cheryl's response to this was to:

*Just go and tell us, tell me or their father or tell someone that they trust or, yeah my kids would probably do the opposite. Punch the crap out of them (Cheryl).*

Cheryl's assumption that the unfair treatment in question was violence related, or would provoke a violent response, implies that violence is expected. Further, the difference between what Cheryl says she would advise her kids to do and what she thinks they will do suggests that her children have been brought up to use violence defensively. This was evident in the following comment explaining how she told her daughter to retaliate against a school bully:

*I said if he keeps it up, you just do what you do to your big brother. And she goes 'I can't do that Mum' and I said 'Yeah you can'… if he pisses her off, she grabs by the mmm [testicles], pulls down, as he's coming down, she twists around with it, as he's coming down gives him an uppercut (Cheryl).*

The fact that Cheryl knows that her daughter has done this to her brother, and then encourages her to do it to someone else, further suggests that violence is viewed as a normal response and it may be that this is the only effective response that they know of to manage conflict.

The normalisation of violent behaviour is evidenced in several interviews where people don't view themselves as violent but then talked about their past actions which demonstrated the contrary. For example, Nick said:

*I've never hit a kid in my life, except for my brothers and that and the people who want to fight me and hit me back, yeah I don't like violence myself (Nick).*

Such comments indicate that violence is so common in the community that it is just a part of everyday interactions. This is illustrated by Lorraine's comment below. Lorraine has had problems with children and teenagers being violent and damaging property where she lives and she has reported it to the police:

> Well they keep telling me to go and put an AVO on them and everything like that but why do that you might as well start with the whole town (Lorraine).

In relation to violence within intimate relationships specifically, a couple of parents commented that it was acceptable to tolerate domestic violence if it happened infrequently, or if it was not physical. For instance, Mel recalled when her partner was emotionally abusive early in their relationship; however, she does not recognise this as domestic violence and calls it 'emotional attachment':

> My husband couldn't let me go anywhere for two and a half years because he was so emotionally attached to me, like he loved me to death and he was afraid that if I went anywhere I would do the unthinkable and cheat on him and everything like that. I couldn't talk to anybody…and I wasn't allowed to go anywhere…I wanted to kill myself basically…I was like, being stuck with this man that loves me forever and I'm now too afraid to walk out my door in case he'd want to kill me or something like that because if he can't have me nobody else can (Mel).

Mel's perception of domestic violence is not uncommon. Findings from the National Community Attitudes Towards Violence Against Women Survey showed that women are likely to identify non-physical violence against women as less serious compared to physical or sexual assault (Cripps & Webster 2013:4).

Mel also talked about it being acceptable to tolerate physical violence to an extent:

> It's like if my husband was bashing the shit out of me, I'd be too afraid to leave him because that's my husband, I love my husband. But it will get to the point where enough is enough, you know what I mean. Like once yeah, I'd brush it off. The second time I'd be asking questions. The third time I'd be gone. I wouldn't be stopping for it. And he's never hit me, thank God, touch wood (Mel).

Tolerating violence may be a learned behaviour as Mel disclosed that her father was violent towards her mother before they separated. She has also developed the view that domestic violence is physical as this is what she was exposed to as a child. This may explain why she does not recognise non-physical violence as domestic abuse.

Kelly had similar views to Mel. When reflecting on the vignette where a mother experiences years of domestic abuse, Kelly comments:

> *It depends on how often he does it, do you know what I mean? Like some domestic violences are like once every three or four months, you know it's always not every single night sometimes. Like I had a girlfriend where it's sporadic and they're good for a long period then it snaps once and then it's good do you know what I mean (Kelly).*

From the above description of her friend's relationship, it indicates that Kelly viewed episodes of violence as anomalies in the relationship rather than patterns of abuse. Kelly did not disclose ever being in a violent relationship; however, it seems her views about accepting domestic violence are shared commonly within the community. Lisa works with young mothers and reported on the prevalence and acceptance of domestic and family violence in the town:

> *Family violence is absolutely an accepted norm. So our young clients, who are 15, 16, 17 and even in their early 20s, consider family violence as a norm of the relationship… and it's seen as a bit of 'Oh well, if I do the right thing, I won't get hit', so that's a real absolute issue. We wouldn't have a client who hadn't been exposed, either lived with it or been in a relationship (Lisa, non-Aboriginal worker).*

Parents acknowledged the damaging effects of domestic violence on children and talked about the need to protect children from it; yet the data has clearly demonstrated a tolerance and desensitisation to violence among the participants.

## 7.2.2 Parental intent

There was a consensus among participants that domestic and family violence is not a positive environment for children. However, there were contrasting views as to whether or not domestic and family violence was a form of child neglect. Some parents implied that naming domestic violence as a form of child neglect depended on the intention of the parents. For instance, Tracey commented that domestic violence is not child neglect if the mother tries to protect her children:

> *Not if she's trying her best and like trying I guess for the kids not to see it or trying to get out of it, like I guess there's some situations you can't really see coming, but no kid really should need to witness it or watch it (Tracey).*

Tracey is drawing on her own experience, as she endured years of violence from two previous partners and for many years tried to leave the relationships. Cheryl shared a similar view and

used her experience as a child to explain her understanding of child neglect in relation to family and domestic violence:

*In one way yeah and one way no because yeah, mum was trying to protect us and dad was at the same time, but yeah it was a bit hard (Cheryl).*

Cheryl believed that both her parents were trying to protect her and her siblings. In this way she saw her father as both perpetrator and protector. He was violent against her mother but in situations of family violence between her dad and her uncle, as she recalls, he tried to shield the children from this. This illustrates how family members can adopt different roles depending on the context of violence.

Jasmine thinks that parents are unaware that it is not normal or healthy for children to be in this environment because they have grown up around violence and don't know any different:

*The majority of parents out there are not understanding what they're doing. There's not enough education on it… some parents need to be educated on this and they don't mean what they're doing. And yeah there's others that just really don't care, they're very selfish, they're very careless and are doing it. And that's when it is neglect, when they're being careless about it and knowing that it's wrong… And some parents, they grew up in it so they believe that that's the right way to live and there's no-one there to tell them otherwise (Jasmine).*

Jasmine's view comes from her own experience, being brought up around family violence and then staying in an abusive relationship for many years. After her children were removed, Jasmine and her partner participated in parenting and self-help courses. Violence is an ongoing issue for some of these parents; however, in Jasmine's case she and her partner are more aware of this problem and have learnt some strategies to minimise the chance of their disagreements becoming aggressive or violent:

*There's still problems like we have, like any relationship, but we've learnt to, because of classes we've done, we've learnt if we can't agree, then one needs to walk away or we both need to stop talking about it because it will just end up – because we still have, well I still have anger management but because I've done an anger management class I've learnt how to control my anger. So my anger could just click at any moment if I don't agree with something. So we've learnt to just either stop talking about the conversation or take a breather (Jasmine).*

Rosie perceived domestic violence as being a form of child neglect because it is poor modelling and because it distracts parents from supervising their children:

*They're teaching their kids it's okay to actually hurt someone else. And while they're actually fighting, the other children, they could be getting into stuff, like anything that's not meant to be there, they could run away and they'd be walking the streets and too scared to go home so they're sleeping out (Rosie).*

Rosie is suggesting that because the parents are too caught up in their fight to pay attention to what the children are doing or how they are feeling, that they are neglecting them. This aligns with the discussion earlier in this chapter about the concepts of parental intent and priorities.

This view of domestic violence implies that the mother has a choice to actively participate in the fighting with her partner. This issue of choice is discussed further below.

### 7.2.3 A matter of choice

Another theme that arose from the domestic and family violence data, which is closely related to the role of parental intent, is the view that the victim, usually the mother, has a choice to stay with the perpetrator. This aligns with the parents' explanation of child neglect, that it is the fault of the parents or mother. This is representative of gendered norms within society that mothers are responsible for the caring role of children, extending to protecting them from exposure to violence (Swift 2002:120-121). The assumption that mothers have a choice to leave violence was also identified in the National Community Attitudes Towards Violence Against Women Survey, where 63% of 341 Aboriginal respondents believed that women can leave violent relationships if they really want to (NSAC 2013:7-8).

Several parents commented when discussing the vignette on domestic violence that the mother is neglecting her children by staying in an abusive relationship and not protecting her children from this behaviour:

*…if she's stupid enough to go in there well that's her own fault, why bring the kid into it (Mandy).*

*I'm like well, she's let this go on for so long, she's as much guilty as what he is. She could have walked away, she could have rung the police (Eryn).*

*…and she should have left him like years ago when he first started (Cheryl).*

*They should be a better mother and despite what they want to do just get the kids away from it, whether you want to go yourself or not, you should for the sake of your kids (Tracey).*

*If they want to have that relationship of bashing around, well the kids stay with*
*someone else (Rosie).*

*A mother shouldn't sit around in a house where she's going to get bashed every day,*
*she should leave straight away. I wouldn't want my kids to see it (Ryan).*

These views represent another example of normalised violence whereby they resolve that the mother should leave the relationship rather than addressing the acts of violence to begin with. Not one participant placed the blame back on the perpetrator in the vignette and said that he should be accountable for his actions. This gendered perception of domestic violence is attuned with the literature which identifies the social problem that the mother is very often blamed for staying in the relationship (Meyer 2011; Holt et al. 2008:801). This was powerfully reiterated by Lorraine who said of herself 'stupid bitch me, had to keep on going back to him'.

Survivors of domestic violence contrasted the view that women have the ability to leave by talking about feeling trapped in their relationship, as though they had no choice but to stay for reasons such as fear, powerlessness, and having nowhere to go:

*When I was seven and a half months pregnant he kicked a table into my stomach, I*
*had a bruise all around here and I walked out, and I wasn't going back, but I had*
*nowhere to go. I stayed out the front in the gutter… was crying because I didn't know*
*where to go, I had nowhere to go, I had to go back (Mandy).*

*And he'd always say if I left he'd do this and do that, so that was a big reason why I*
*didn't go… you just get that thing where you just think, if I leave, is he going to come*
*after me, is he going to take my kids. And that's why I just thought, I'd just live like*
*that until this day and I thought no, not anymore (Rachel).*

*I didn't know really what he was capable of doing, and at the time I had no one over*
*here it was just me, like my mum and that didn't live here, so I guess I tried to go but I*
*didn't really try that hard enough (Tracey).*

In contrast to the participants who lived with their partners, Tracey and her ex-partner never lived together which made leaving the relationship difficult. As they were already in separate houses it was not as though the relationship could be ended by moving out. Consequently, her ex-partner continued to terrorise her:

*I just ring the police usually, or in the end I made someone stay with me at the house*
*all the time so I wasn't there alone… Like we used to wake up and he'd be standing at*
*the end of your bed… (Tracey).*

Additionally, living in a small town also made it hard to escape your ex-partner and feel truly safe both inside and outside the home, as commented by Tracey:

*He has people watching me and following me around, like when, since living in the place I'm in now, I've only been there two or three months, but like I've had people smash windows there, I've had people get through the windows and look through the windows, and turn the power off (Tracey).*

Mandy also disclosed that the only place she felt safe was inside her home because she has a big dog for protection from her ex-partner. She fears walking around town for both her and her daughter because she is still scared of what her ex-partner may be capable of. Mandy still lives with this trauma, commenting 'I see him and I start shaking…he really scares me'.

Feeling powerless to leave a violent relationship is fuelled by a perception that the victims are alone and that services such as the police will not help them (Meyer 2011). This was also evident in the data. Mandy talked about the lack of police support when she was trying to escape her violent ex-partner:

*They saw him bashing the crap out of me in front of [my daughter] when she was 13 months old, they took him out of my house, I did a statement the next morning. [The police officer] lost the paperwork so he couldn't give me the AVO. [My ex-partner] started stalking me, they still denied me an AVO. I was denied an AVO 12 times, I had to end up leaving [this town] and going [away] for three months, and staying with my girlfriend, just to get away from him (Mandy).*

Workers in the community have also found that police do not prioritise domestic violence:

*We've had a young woman go up to the police station to report it and they said 'Look, your bruises aren't even enough. There's no point us pursuing it'; they didn't even take her name. We got the Liaison Officer and they soon jumped to attention, but that sort of attitude – and I don't know whether they're just overwhelmed with the job or whether they – there's some good policemen but there's been some pretty ordinary incidents happen too (Lisa, non-Aboriginal worker).*

These views are validated by the reality that there are very limited services, both generally and related to domestic violence in the town. Some of the workers who were interviewed elaborated on this issue:

Lisa:   *We've tried to access emergency housing for family violence lots of times for different crisis things, and can't get it; we have to go through*

> *Housing for emergency housing because the women's refuge would be full or whatever – it's huge.*

*Me:*    *And so, are you able to get priority housing quite quickly if there's a crisis?*

*Lisa:*    *Emergency housing for 28 days, or they do week to week now for 28 days, but after that it's no. Because of the housing situation in [this town and the regional town] – it's very hard to get a house…*

*It is hard, unless you have like emergency situations, to get outside services down there…If the police are called to a domestic situation and they feel that the victim and the children need to be removed they will transport them to the refuge up here (Katelyn, non-Aboriginal worker).*

*Most often women that are needing to seek safety, that's one area where we're sort of probably more disadvantaged than [the regional town] because we have to transport them, or there's not good emergency accommodation overnight, and yeah it's very difficult to – sometimes the police can be very helpful in taking someone to safety, they've been known to do that. Sometimes community services act quickly, but other times they don't (Ruth, non-Aboriginal worker).*

These comments highlight the difficulties of leaving violent relationships. In addition to their fears and anxieties about leaving the relationship, the mother also has to overcome practical barriers to still meet their children's needs, such as accessing accommodation and finances. Thus her capacity to leave is significantly compromised. These factors reinforce the argument that many mothers may feel that staying is not a matter of choice, as leaving is not a possibility.

Additionally, the context within which these mothers live also obscures their choice to leave the relationship. As violence is so normalised within the community it is more out of the ordinary to leave their partner because it is generally viewed as just a part of the relationship.

### 7.2.4 Exposure and impact of violence on children

Exposure to violence as an infant or a child can have a significant impact on children, resulting in trauma that can affect them into adulthood (Holt et al. 2008) (see section 3.5.4 for literature on this). Parents were aware of this and some talked about the impact that this exposure has had on their children:

*…they went through a bad time but, nightmares and things like that…They'd wake up crying thinking that the house was on fire, because this is what their father would tell them he was going to do to me. Because they seen the whole thing when he bashed me because he made them sit there and watch (Rachel).*

*Yeah and then in the end [my daughter] was getting really bad nightmares, she was starting to bash into me as well. Because of him throwing her down and hitting her head in the ground she'd throw her head into the ground whenever she'd chuck a tantrum, and it didn't matter what the floor was – concrete and she'd go whack (Mandy).*

*Just like when my girls sort of seen me and that bloke have our fight with the knife you know what I mean, they've got to live with that the rest of their lives. That could have traumatised them, you know what I mean, seeing things like that there (Ryan).*

Several parents also recalled witnessing violence between their parents when they were children. For instance, Mandy said:

*My mum had a very violent relationship, my dad was a drunk… he bashed her in car one night in front of us three and mum left him, or made him move out the next day… he nearly killed her that night I think, she stopped breathing (Mandy).*

Nick, who was only 14 years old at the time of the interview, and about to become a parent, provided insight as someone who has experienced and witnessed extensive family violence. His following comment highlights just how normal violence was in his home:

*Me:          How does it make you feel when you see all that?*

*Nick:        I was a little bit sad but then I got over it you know.*

*Me:          Were you scared seeing your dad so violent?*

*Nick:        No not really because I was used to it, I seen it all the time.*

Additionally, Cheryl and Nick talked about how they coped when their parents would fight, capturing the desperation of young children seeking out the comfort of their siblings and trying to ignore what was happening:

*One parent would fight with the other parent and they would fight in front of the kids and smash walls, smash doors and windows and that, so yeah. We used to go in our rooms and close our doors. Just sort of block it out. But it was hard… we would be in our own rooms but all of us would end up in the one room (Cheryl).*

*We would just go in the room while they were fighting and yeah, sit down turn the music up or movie or something, yeah but then when we walk out of the room like to get a feed or something we'll get bashed. He'll stop bashing mum and then bash one of us (Nick).*

Nick's comment also reiterates the physical danger to children during violent episodes within families. In Nick's family the violence was fuelled by his father's drinking, as was the case in Mandy's family. Mandy also disclosed being the victim of her father's violent attacks during assaults on her mother:

*…sun shines out of his arse to everybody. But I suppose I tell people, try and be his kid, the person you see is a totally different person to what I see when I get home…I see a man who gets two beers into him and he bashes the shit out of my mum, and my sister, and all of us. Not the same person (Mandy).*

Here, Mandy has also touched on the emotional torment associated with exposure to domestic violence. Her father was a likeable man in public, but abusive in private; as such his family were isolated in their fear and suffering. Further, Mandy's father was not violent when he wasn't drinking and she described him as 'sober, he was a really good bloke'. This inconsistent behaviour from her father would add to her confusion and conflicting feelings towards him, especially as a child.

## 7.2.5 Intergenerational violence

Domestic and family violence are well recognised as a serious problem in the town among the workers participating in the project. Katelyn, a police officer specialising in domestic violence who provides outreach support to families in the town, felt that violence was a bigger problem amongst Aboriginal families in the town, particularly due to the entrenched intergenerational cycle of violence within families:

*There probably is a higher risk when you have a high Aboriginal population. It is lack of services, it's also lack of education on parents… history will show that, and me having worked at [the town] on and off since 1987 I've seen these children turn into adults who now have their own children and they've grown up in that same history of domestic violence with their own parents, so unfortunately it is a cycle that just keeps revolving around and around (Katelyn).*

Katelyn's observation that the risk of intergenerational violence is higher for Aboriginal families is evident in the literature on historic trauma. Trauma scholar Judy Atkinson identified

the cycle of violence prevalent in Indigenous families, stemming from the devastation associated with colonisation and subsequent generations bearing inherited traumas and feelings of aggression and injustice from assimilation and child removal policies. This caused people to adopt high-risk behaviours, such as violence and substance abuse, in response to these ongoing traumas that then are recycled and compounded with each new generation (Atkinson 2002:184-186).

Furthermore, the data clearly indicates that the community is affected by historical trauma, that is, trauma that exceeds just that of an individual and family, and permeates through the entire community (Evans-Campbell 2008a:320). This was evident through the presence of dysfunctional behaviours such as crime, drug abuse, child abuse and neglect, and violence and lateral violence (explored in the previous chapter), all of which people feel powerless to overcome.

Parents too are aware of inherited patterns of domestic violence. A few mothers commented on their ex-partner's violent upbringing:

> *His dad used to bash his mum a lot and I think that's what he's seen and he's just done it from there. But I still say that's no –that's still no point to do it (Rachel).*

> *[My child's] grandfather he um he lives in gaol as well and I think for some, I don't know why, but I think [my ex-partner] followed his footsteps, he thought he wanted to be like his dad and yeah he just, he's a lot like his dad in all different ways, like hitting women and yeah (Bree).*

> *Well he didn't have much of an upbringing either apparently. His father threatened to shoot 'em all and this that and the other (Sue).*

Even at the age of 14, Nick could identify intergenerational patterns of behaviour by reflecting on his family experience:

> *Me:        And why do you think your dad is so angry and violent?*

> *Nick:       Probably 'cause his family come out violent.*

Additionally, he also acknowledged poor parental modelling from both of his parents:

> *Well my dad teached me to grow up in like a violent way, but I never took that way, I'm sort of the person who's the quiet one and my mum, she just does drugs and that, so I didn't follow her either (Nick).*

However, dismissing learned behaviour is easier said than done, as is demonstrated in the following comments:

> Me:        So what are you going to do if somebody uses drugs around your child?
>
> Nick:        Probably bash them.

> Me:        Why do you think you would be a good dad?
>
> Nick:        Because I'm not like anyone else, like I would never hit my kid on my life. I've never hit anyone younger or that, but I've only hit the people older than me like 14 and up but I've never hit a 14 down, I don't know why, I just don't like hitting people younger than me

> Me:        What else is there to being a good parent besides not hitting your kids?
>
> Nick:        Sending them to their room, all that there kind of stuff, that's all I will be doing with my kid.

Nick couldn't provide any examples of parenting outside of punishment without prompting. This is not surprising considering Nick was unable to remember any happy memories with his own family. He believed that his parents cared more about drugs and alcohol than looking after him and his siblings. His father is a physically and sexually violent alcoholic who is currently in prison for sexually abusing his sister. Additionally, within his family, the violence was ongoing even after his father had been removed from the home:

> [My mum] put an AVO on me…because me and my brother had a fight because he was saying that he would kill my kid and that, so me and him had a fight over it and yeah she kicked me out and put an AVO on me (Nick).

Both being a victim of violence and exposing children to domestic violence are in itself learned behaviours because it is normalised from childhood. This was recognised by participants; for instance, Mandy openly talked about how she has followed in her mother's footsteps:

> It's like monkey see monkey do, if the child grows up seeing it they think it's normal… you either grow up being like your mother or the exact opposite, and I got in the habit of my mother's – yeah, alcoholic woman bashers I guess (Mandy).

Mandy goes on to talk about how she is trying to ensure that her daughter does not become a victim of violence by learning to defend herself:

*I proved to her that you don't sit there and cop it. I want her to be able to protect herself, being a pretty girl, being a girl in [this town], you've got to be able to protect yourself anywhere. I want to get her into martial arts when she's a bit older so she can actually defend herself (Mandy).*

Likewise, Rachel talked about how she is trying to stop the cycle of violence with her sons:

*You can't blame his upbringing because you either learnt from that or you're going to grow up and do the exact same thing as what your father did, and that's what he's done. And that's why I just don't want my kids to turn out anything like him, which is I'm doing my best, yeah to drum it in their heads that you don't do it, you don't touch any kind of girl at all (Rachel).*

Lorraine had an on-again-off-again relationship with her partner for many years as she found it financially difficult as a single mum. She expressed that although she can't give her kids the best in life, it is better than staying with her ex-partner and hoped her children will not repeat her mistakes:

*I might yell at them once in a blue moon when I had enough of them, but well I'm not saying I'm a good mum or a bad mum or the kid's perfect or anything like that, but it's only the best way I can, get them away from that and when they grow up and have a family themselves, I don't want them to be like what I am (Lorraine).*

Despite removing herself and her children from her abusive relationship, violence is an ongoing issue within the family and a behaviour that Lorraine's children now consider acceptable:

*My eldest one, the one 18 now, well when he was going to school when he was younger he still skipes [bitches] about it, he hit me and I gave him two black eyes, followed him to school and the teachers were going to ring the DoCS. I was right behind him and I said well if he wants to hit me you can still ring the DoCS, you know I just done what I had to do, had to be a woman and a man to knock 'em down and never seen DoCS that time (Lorraine).*

This comment from Lorraine about needing to 'knock 'em down' implies she has come to see her son as a perpetrator of violence, like her husband, and needed to show her power in the relationship. After this incident, Lorraine's son was then beaten up at school by the other children when they learned he had hit his mother and Lorraine found this not only acceptable, but justified:

*He deserved what happened and he come home and he had bleeding nose and bashed up face and kids got stuck into him at school you know, what can you do, because they didn't like kids hitting their own mother, and the teachers agreed with me, I would do the same thing, but I was honest about it (Lorraine).*

These comments are reflective of the attitude towards violence in the community, that it is acceptable for violence to be punished with violence. The family was still struggling with violence when I spoke to Lorraine, as she disclosed about a recent fight she had with her son and his girlfriend for fighting with his younger siblings:

*I thought a smack in the mouth the pair of them would be good, but they tried to charge me but the coppers just laughed at them…because he came and seen me 'what's the go with [your son]' and I said 'well he's picking on the kids and you know and I smacked him in the mouth and told them to wake up to themselves' (Lorraine).*

Lorraine did not seem to acknowledge her actions as perpetrating the cycle of violence; rather, she believed that she was disciplining her children, as is evident from what she says next:

*They deserved what they got…because I'm not a fighter and everyone thinks I am, but I don't bring my kids up being a fighter (Lorraine).*

Despite Lorraine's desire to not be violent or raise violent children, the opposite has occurred from what she has reported. However, her self-perception that she is not a violent person reveals how violence is just a part of everyday life to the extent that it is not even realised. Further, the response from the school and the police is telling of the high tolerance to violence within the wider community.

This section has argued that the context within which participants in this project live is heavily influenced by violence between individuals, families, and within the wider community. Children are exposed to violence as a part of their normal everyday lives at home, in schools and in the streets. Avoiding exposure to violence of any kind seemed improbable, and as such the idea of incorporating exposure to domestic and family violence as a form of child neglect is called into question. The relationship between violence and child neglect, and implications in light of these findings, will be discussed in the following chapter.

## 7.3 Drug and alcohol use

Violence is not the only high-risk behaviour that is somewhat acceptable, as tolerance of substance use within the community is also prevalent. The analysis will now focus on participants' experiences and views on drug and alcohol abuse and how this relates to child

neglect and adequate parenting. For an overview of the prevalence of drug and alcohol use and the impact of families in Indigenous communities see section 3.5.5.

## 7.3.1 Drugs in the community

All participants agreed that drug and alcohol abuse was common within the community, and was identified as a contributing factor in family breakdown and child maltreatment. Many people commented on the high prevalence of violent crime and home invasions in the town and this was largely linked to increased drug use, particularly crystal methamphetamines, or 'ice'.

Many participants felt scared, trapped in their circumstances, and unable to change the situation. It is important to understand the environment within which these families live as it contextualises participants' attitudes towards drug and alcohol use. The comments below provide a snapshot of the parents' and workers' views on drugs in the community:

> *This town is just really, really bad to the point where like people have nothing better to do but take drugs and run around the streets and I don't know, from what I hear, rob people and things like that. So I'm scared (Jasmine).*

> *It's sad, like it is, but that's the biggest thing here is drugs because it's so small, that's all people talk about is drugs…places get robbed or your house gets broken into or something like that. People say everywhere has been getting broken into but I've been lucky, I think because I've got a dog… (Rachel).*

> *I've got drug dealers living across the road on the corner, drug dealers up the road and drug dealers behind the back of me...The lady on the corner from my place yesterday, her little Jack Russell was hung. Someone got into her yard and hung her Jack Russell. You know it's like I'm scared for my dogs, I'm scared for my kids I'm scared for myself, you know all these break and enterings, like there's one here the other week down there they broke in and bashed him up pretty bad and he's in Sydney hospital, apparently they killed his dog too, you know it's like and they're only doing it cause they need the money for their drugs (Sue).*

A week or so prior to the interviews an elderly man was severely beaten during a home invasion in the town and that is the incident Sue is referring to. The offenders were believed to be on ice. Carmen, one of the workers also talked about this incident:

> *This ice, it seems to be steal from your mother to get another hit. And it just becomes such a destructive drug to families. You're not safe in your own home anymore. Only*

*last week there was a man who actually lives in [this town]… Four people 6:30 in the morning went into his home and bashed him… And I mean that's probably monthly at least. So these drugs are just really ripping the town apart (Carmen, Aboriginal worker).*

Nadine also commented on the drug ice and its impact on the town and families:

*If I could guess one thing [this town] needs is to get the drugs out of town, you know let them do it somewhere else, you know we've got a good little community and ice is just bringing it down. And the kids you know we see the change in them, the struggle in them, like it's sad for them (Nadine, Aboriginal worker).*

Participants commented on the ease of access to drugs. Cheryl and Lisa, one of the workers, commented:

*And if you've lived in this town, you know when a shipload is coming in and that...Fire crackers. ..Yeah if they let them off down this end they're getting it down that end, if they do it down that end it's coming up this end (Cheryl).*

*I work in this town and I can tell you where you can buy drugs, so that's bad that you can identify drug houses (Lisa, non-Aboriginal worker).*

A few common themes have been identified from these comments. First, drug use is well known and to an extent normal within the community. Despite this, most participants talked about drugs ruining the town and families, and attributed the rise in violent crime to drug use, particularly ice, of which none of the parents interviewed admitted to currently using.

Participants also talked about how exposure to the drug culture and drug paraphernalia could not be avoided, even in your own home. For instance, Cheryl's home used to be bombarded with needles when her children were young:

*Well when we were living down the other end when [my daughter] was starting to walk, [my partner] comes out the front and finds like half a dozen needles on our front lawn…And in our backyard because they were just throwing them anywhere. And she'd only just started walking. So we just moved out of there and moved up this end of town (Cheryl).*

Then just recently Mel also talked about finding an unwelcome surprise at one of the local parks:

*We were down at the [park] about two weeks ago with our kids and one of my kids noticed that there was something red on the ground and I said 'Well don't touch it, I'll*

*go up and have a look at it' and it was a syringe…I told the council workers this and they said 'Well we can't do much about it' (Mel).*

The participants not only spoke about the general drug use in the community, but also disclosed about their own experiences using drugs. More than half of the participants have had substance abuse problems, or were children of drug users or alcoholics, and provided a valuable insight into the lifestyle of families with drug addicted parents. Participants' perceptions and experiences relating to drug and alcohol use is discussed further below.

## 7.3.2 Parental drug use

During interviews participants were presented with a vignette about drug use and a vignette about alcohol use. The purpose of the interviews and vignettes was to find out parent's views on how drug and alcohol abuse relates to child neglect. It was not designed to examine their own drug or alcohol use, or their exposure to this as children. Anything personal parents shared about this was offered voluntarily. Ten participants disclosed having had previous drug or alcohol addictions as teenagers or adults, and nine talked about being exposed to drug or alcohol abuse as children.

The 'drug use' vignette was developed with local workers to ensure that the issues raised are relatable to families in the town who live in vulnerable situations. It was a valuable opportunity to explore how participants perceived parental drug use and what they see happening in the community when families are impacted by drugs. The vignette is presented in the box below.

### Vignette 3: Drug use

*Tammy is a single mum with five kids ranging from ten to two years old. The two year olds are twins. Tammy has been using drugs for several years but tries not to let it interfere with looking after her kids. Tammy has trouble getting up in the mornings so the older children usually make breakfast, dress the younger ones for school and childcare, and pack whatever food they can find into paper bags for lunch. The kids wake Tammy up when it is time for her to drop them to school.*

*One morning Tammy's Brighter Futures worker popped around for a home visit and noticed that Tammy seemed very groggy, the kitchen floor was stacked high with dirty nappies and other rubbish, and there wasn't much food in the house. When the Brighter Futures worker asked what was going on Tammy said that she was fine, just very tired because of the twins keeping her up and she was tidying the house and going shopping later that day.*

Several parents believed that the mother in this vignette was trying to hide her drug problem from the Brighter Futures[8] worker because it was really out of control. They also believed that she was lying about intending to shop and clean later in the day. Their reasoning for this was that they have either been in that situation or seen it before:

> I think she's lying, yes. And I know that because of myself. I've been there, done that. That's straight out a lie. If the house is not clean in that moment…to me, no she was not planning on cleaning that house and yeah she just got caught, so yeah (Jasmine).

> That's a cover up. That's a cover up story saying she was going and doing shopping, because I've seen a lot of people around here that have had DoCS come in… Usually when you know someone's coming you'll tidy up a bit but I think she was withdrawing and neglecting the kids (Bree).

> She's full of shit…I see that every day…yeah, that's why it's shit how DoCS – they give 24 hours' notice or whatever it is before they come and visit, they shouldn't do that…that's a lot of time to go to Coles (Mandy).

Several parents made the comment that the mother was prioritising her drug use over caring for her children. As discussed previously, this has been identified as a key concept related to understanding neglect:

> Those kids are missing out on heaps. Parents are thinking about their habits more than they are thinking about their kids, it should be the other way around you know what I mean, there should be food in the house, she should go down and pay the bills, do what she got to do first, and then get what she's got to get, so yeah kids come first no matter what, no matter what you are or what you're on, you've got to bring them number one (Ryan).

> It just seems like she's starting to give up and worry more about the drugs and not worrying about the housework or stuff like that, yeah (Rosie).

> She's thinking more of when's her next fix than she is of the kids. She said it right there in the story that she tries not to let it affect raising her kids, well to me that comes across is my drugs are more important than my kids. I'm trying my damn

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[8] Brighter Futures is a government funded Early Intervention Program which provides a range of support services to families experiencing vulnerabilities, including intensive case management, child care assistance, brokerage, and access to parenting programs. Brighter Futures is delivered by non-government organisations.

> *hardest to not let my drugs affect me raising my family. That sounds guilty right there (Mel).*

Further to this idea of equating good parenting to prioritising your children, parents also touched on the issue of parental responsibility, another key concept from the data, and talked about the mother not making the right parenting choices to provide a safe and nurturing environment for her children:

> *...she's chosen her drugs over making sure that the house was at least not perfect, but at least tidy enough for the kids to run around. And there should have been food in the house (Jasmine).*

> *That's neglect. Whether you're on drugs or not, you've got to clean your house, that's where you live, your environment (Rachel).*

Overall parents agreed that exposure to drugs and alcohol was not a positive environment for children. However, some believed that children can be well cared for despite having a parent who uses if they still function as a parent and put their children first. Further, the literature discusses the concept of child neglect to be when children are not given 'minimally adequate care' in terms of their basic needs (Wolock & Horowitz 1984). Parents have identified this also when talking about drug users functioning as parents to meet basic needs:

> *I still will say drug use is not positive and it's not a good lifestyle to choose for the parent or the children. It's not a nice atmosphere, but if you're a drug addict, because I'll tell you there are drug addicts that I know that I will go to their fridge, there's food in their fridge, their house is clean, their children are dressed and have the best of the best...I still do have drug addict friends that I talk to that are respectful people. They have a car, they have a job, they – this is the thing what DoCS don't understand (Jasmine).*

> *You can still be a good parent being on drugs...it's just like being on alco – I mean drinking of an afternoon, some parents drink and yeah it's just the same and they can still look after their kids sorta (Karen).*

In light of this and the idea of a 'functional' drug user, it suggests that drug use may or may not impact on a parent's ability to meet their children's needs. Further, some people talked about 'too much' drug use not being acceptable, suggesting that using drugs to the extent that it doesn't get out of hand and start to impact on the children and their ability to parent is acceptable:

*If it's going to be too much drugs in the house because they can't look after the kids, don't have it at all, but some people can't do it (Lorraine).*

*I know people that use drugs socially and that, and they've got no problems raising their children, but when you're using too much and you can't get out of bed, and your house is like that, there's something wrong (Mandy).*

Additionally, the type of drug used appeared to influence participants' opinions on whether or not drug use is an issue in relation to child neglect. Several parents did not view marijuana as a problem drug. For example, Nick talked about not using drugs, just 'a bit of pot but that's all'. Mandy also said she 'wouldn't worry' if her child started smoking marijuana when she gets older, and Karen and Bill minimised their son's drug use, saying he just 'smokes a bit of pot'. Bree disclosed to previously smoking marijuana around her son, 'I was smoking pot when he was with me'; however, this was not concerning to her – what was concerning was that 'apparently the drugs have been laced around here' and she had unintentionally smoked ice that was mixed with the marijuana. These comments suggest a consistent attitude towards smoking marijuana, that is, that use of this drug is not perceived as a part of the drug problem. In contrast, participants generally spoke about ice as being an evil drug that destroys families and is ruining the town.

Only one parent disclosed that they were a former ice user. Jasmine believed that it was when her and her partner started using ice that her life began to fall apart. She started severely neglecting her children, and her husband's violent behaviour grew out of control:

*I'd smoked pot all my life and I'd never been to that point where I'd neglected my kids like that. I believe it was the ice…that's when life went down track…six months to a year, me and him had so much of the drug that he literally was doing crazy things that I got scared of him…to me he was just a different man and something needed to be done (Jasmine).*

Jasmine went to DoCS for help. Jasmine's children were removed from the home a few weeks later. DoCS had been monitoring the family for several years prior to this as there was domestic violence and other concerns for the safety of the children. However, the problems in the family escalated to the point where the children needed to be removed once the parents became addicted to ice.

In light of the understanding that parents did not perceive the drug use itself to be child neglect, but rather how it impacts on family functioning, those participants who admitted to a

past drug dependency were asked how they managed to still be a good parent while they had an active drug addiction:

> *You make sure they're right before you touch your drugs I suppose, you make sure your kids are right before you can touch anything, you know what I mean (Karen).*

Here Karen reiterated a concept common within the data, that good parenting entails putting your children's needs above your own. Karen and Tanisha also talked about the importance of not exposing their children to drugs as one of the ways to manage being a drug user and caring for children:

> *They didn't know we were on, smoking cones or not, you know like at the time so, which is a good thing. I'd rather them not see that and they don't see it in the house, then they don't think it's happening (Karen).*

> *You don't take your kids out looking for drugs, don't do that.... If I say I'm going to get my methadone – I don't say that, I say I'm going to the hospital. I don't actually tell my kids, or they don't – like I don't take them there, they've never… (Tanisha).*

In contrast Vicky admitted that she did expose her children to drugs in the past, but acknowledged that it was not an appropriate environment for children:

> *I was home with the children, I just made the kids come with me when I went, but it wasn't a nice place to take children, or any place to take children where they sell drugs and these people were off their faces or drunk; you didn't know what would happen. So I just bought my drugs and went home and stayed home with the children all the time (Vicky).*

These comments suggest the standards of appropriate behaviour around drug using parents, which is that if you do not take your children with you to buy drugs, or don't do it around them, then you are using drugs more responsibly than parents who directly expose their children to drugs. This does not consider that children still may become aware of their parents' drug use by smelling it, noticing a difference in their behaviour, or finding drug paraphernalia.

The interconnection between family support and drug use was also raised by several parents who talked about how they relied heavily on their families for support to look after their children while they were on drugs:

> *If I got too bad that's when they'd go to my mother-in-law (Tanisha).*

> *Sometimes I'd leave them with my aunty and never come home for two or three days (Vicky).*

*I had my brother and my sister there as well, and they were there for support to help me look after the kids because of how much drugs I was taking. They knew that I was going to need someone to be standing by me for the kids (Jasmine).*

*Like my son never wanted for anything, I mean, I just weren't there in the present because I was always on the drugs and you know he had his nappies, his milk and everything, but my sister would always try and snap me out of it to be there present (Bree).*

However, while this support is good for the children to ensure their safety and wellbeing, it may also enable the parents to continue to use drugs. Bree identified that having such strong family support enabled her drug use, as she knew her children would always be looked after:

*Me:          So you had your family around you?*

*Bree:        Yeah, they would always look after him when I'd go to get me stuff*

*Me:          Did that make it easier for you?*

*Bree:        It did. I think if they would have put their foot down I wouldn't have really, yeah.*

An interesting undercurrent to these comments was that parents talk so much about providing for their children's needs at the physical and practical level despite their drug use, but they do not acknowledge the emotional impact of their drug use, and leaving their children with family members, may have on their children's sense of attachment, abandonment, and feeling loved. One reason for this may be because it is culturally acceptable for Aboriginal parents to leave their children with relatives, although this is in a very different context related to the caring roles of extended family. As mentioned in the previous chapter, parents who do rely on family to care for their children while they are on drugs place considerable burden on carers and family resources. Further, literature on drug-using parents has discussed the impact of parental drug use on children, regardless of intent. Dawe and colleagues (2000) argue that the nature of having a drug addiction as a parent will mean that there are times, such as when obtaining drugs, under the influence of drugs, or withdrawing from drugs, when parenting capacity is diminished. During these times parents may be unable to maintain consistent routines and responses to their children, which can be distressing and impact on emotional and learning development of children (Dawe et al 2000:11).

This discussion has also raised the issue of parental choice. As previously discussed, these parents expressed feeling powerless in many of areas of their lives. Perhaps the decisions that

they made around parenting and using drugs is their way of taking back some sense of autonomy as they have made these rules, to draw on the examples above, to not take children to drug dealers, and to leave them with family when getting high. While parents in an active addiction may feel that they have no choice but to use drugs, they do have the capacity to make decisions whether or not to expose their children to this environment. However, while they have perceived that they had made choices to be a responsible drug using parent, these choices are still quite limited.

### 7.3.3 Parental alcohol use

Many parents believed that drinking and being drunk around children was wrong. Reasons given for this included that it was a risk to children's safety due to potential exposure to domestic violence, or vulnerability to sexual abuse; disruptive to children's sleep and routines; and emotionally damaging for children and their sense of feeling safe, secure and comfortable in their home or around their family. These views are consistent with the empirical literature which has found a number of vulnerabilities in children exposed to parental alcohol misuse and associated dangers, including those mentioned by parents (Bromfield et al. 2010:4).

The vignette on alcohol use was developed with the first community forum and was seen as a key issue to raise during interviews because many children in the community live in families where alcohol misuse and associated risk factors, such as violence, are prevalent. The vignette on alcohol use is described in the box below.

**Vignette 4: Alcohol use**

*Tom and Julie have seven year old Ashley and three year old Tyson. They both enjoy drinking with their friends and have a rule that during the week only one of them will drink at a time so the other one can look after the kids. Every weekend both of them normally get drunk and sleep in. Ashley plays mummy in the mornings on the weekend and looks after her little brother while her parents are sleeping.*

Participants generally did not think the parent's behaviour in this vignette was acceptable, particularly on the weekends when Tom and Julie spend all night drinking and then sleep in the next morning leaving their 7-year-old to care for their 3-year-old. The consensus from participants, including all parents, was that this situation was an example of child neglect. Parents and workers alike elaborated on their reason for labelling this child neglect, which included exposing children to alcohol abuse, and leaving children unsupervised.

Despite most parents believing that it was wrong for the parents to be sleeping in while the children were awake, a few of the workers commented that this would be a norm for many of the parents in the town and two parents admitted to doing this. In Kelly's experience her children are well behaved and if they get up earlier than her, she does not view it as a problem. Therefore, Kelly responded that it was OK for the children to be up while the parents were sleeping, provided the younger child was low-maintenance for the older one. In contrast, Sue's children are not so well behaved when they get out of bed earlier than her:

> *No, it's like that's a disaster waiting to happen there, like and I know for a fact I generally sleep in in the weekends and the kid's getting up to mischief it's like no, you wake up and all the stuff's out of the fridge and then you're in a cranky mood because you've got to clean it up (Sue).*

The interesting thing about Sue's comment is that even though she believes that it is a poor parenting decision to stay sleeping while your children are awake and condemns the parents in the story as being neglectful because of this, she does this herself. This is one of many examples where participant's views did not reflect their own behaviour.

The main concern for workers was not that parents were drinking around children, which workers thought was acceptable as long it was not to excess, but that the children were left unsupervised the following morning:

> *Well it's child neglect because while that child is trying to be the role of the mother, anything can happen. Like if they're near a stove or they're running a bath they could get burnt or, so it's definitely child neglect (Mary, Aboriginal worker).*

Ruth, a non-Aboriginal worker, was the only participant to suggest that depending on the circumstances this may not constitute child neglect:

> *Well it just depends on how everything is setup in the home, what time they actually got up – it's too broad. I mean 9:00 is different from midday, and it's sort of like the security of the yard, what's the food, what's – when was the nappy last changed of the little one, stuff like that (Ruth, non-Aboriginal worker).*

This comment by Ruth aligns with other research that shows non-minority workers are more lenient than minority group parents (Rose & Meezan 1995; Rose 1999). Generally non-Aboriginal workers in this sample were less likely to judge and label a particular situation as child neglect compared to Aboriginal workers and parents. Further still, parents were generally found to judge parents more harshly than workers overall.

Participants had differing opinions about having one parent sober while the other parent drinks during the week. Some agreed that this was acceptable if the drinking parent was only doing so in moderation, and they believed that the parents were being responsible by ensuring that one parent was alert and properly caring for the children. A couple of parents added that it would be better if the drinking was not brought into the home so children were not exposed to it:

> *That's a good idea but I would say not at home; you want a drink you go to your mate's place or wherever....my rules, there's no alcohol in my house and no smoking, and if you want to drink go somewhere else (Vicky).*

Other parents disagreed with the idea of one parent drinking in the home for a number of reasons. For instance, Cheryl was concerned that it could lead to domestic violence, 'no because in case one parent has a fight with other parent, what's the kids going to see?', whereas Rachel was concerned that the drinking parent would be useless if needed in an emergency, 'If you need another person to help you because someone's choking, how are you going to get help when she's drunk or he's drunk?'. Bill commented that the rule was unrealistic, commenting that 'It's not going to work, it's not believable if they're alcoholics…one can't take a drink without the other, that's the way it is'. These comments suggest that participants view drinking as an activity that is usually done excessively until the person is drunk.

Most workers found the rule for one sober parent in the house to be a good one, and in fact this reflected their own advice to families regarding safe drinking strategies, as commented by Kristy:

> *Well, it's really good that during the week they have one drinking and one supervising. We always say that with our families – we say that if you're going to have a drink, then make sure there's someone sober out there for the kids. Because, I mean, it's a bit hard to say, 'Just don't drink at all' (Kristy, non-Aboriginal worker).*

Kristy's comment also reiterates how drinking in some families is so much a part of the lifestyle that it isn't even an option for them to not do it, so workers must adapt their support strategies with this in mind. This is another example where parents viewed the situation as less acceptable than workers. However, a few of the workers also commented that such a normalised experience of alcohol use was very unhealthy for parents and the entire family:

> *I think there's other issues for drinking to that extent all the time, and I think that even when there is a function and you're going out and one person being a quite*

*capable adult would be good and is a good practice. But I think that drinking all the*
*time, that you have to take turns in it, no, it's a bad normalisation of alcohol in a*
*family anyway (Lisa, non-Aboriginal worker).*

Here, Lisa has suggested that the need for parents to take turns drinking implies that drinking for them is more than just a recreational activity and more likely to be an alcohol problem that is masking other problems and traumas. Some of the underlying issues that cause people to drink so excessively, particularly `Aboriginal families, comprise of intergenerational cycles of trauma and experiences of ongoing social deprivation (Stanley et al. 2003:11).

Some participants also talked about the behaviour described in the vignette as teaching children that it is normal to drink and get drunk all the time, and increases the chances of children becoming alcoholics when they grow up:

*They're not going to know any better, you know you copy your parents, they might be*
*alcoholics when they grow up you know (Sue).*

*…putting thoughts and stuff in their minds as well and not teaching them the right*
*way about it…I think if they see their parents do it then they'll think it's OK to do it too*
*(Tracey).*

In contrast, Bree did not see a problem with drinking, or drug taking around children, as her childhood was happy despite substance use in her family:

*I was brought up around alcoholics and my dad was an addict and never did us kids*
*go without or be neglected, like I felt the love from my mum and dad and my*
*grandfather used to drink and never was we mistreated from any of them and our*
*elders, you know (Bree).*

Bree provides the perspective of an adult who was raised around alcohol and drug abuse and believes it to be normal and acceptable behaviour. Jasmine and Karen held similar views that drug users and alcoholics can be good parents, and all three were raised by a substance abusing parent and are recovering drug addicts themselves. Bree had her children removed for child neglect related to her drug use, and has many regrets about her past actions both generally and as a parent. Despite this, she still holds the opinion that it is acceptable for children to be exposed to this lifestyle as she recalls these memories from her own childhood as positive ones.

A couple of participants said that drinking responsibly around children was acceptable, and believed that it teaches children responsible drinking habits, but conditions were put on this.

For instance, Jasmine commented that if you choose to drink you still have to be prepared to look after your children regardless of how you are feeling:

> *…as long as you're being responsible with your kids and you're aware that you've got to be prepared for if you're going to have a night on the grog, be up for your child on time and get through the day with your child sick or not. But if you can't do that, then don't have a drink (Jasmine).*

This comment by Jasmine is not so much about drinking specifically but more so reiterates the perception that has been previously discussed that good parenting is about making responsible choices in the best interests of your children. Conversely, child neglect was viewed as when parents do not put responsible measures in place, such as adequate supervision. While many parents did not think that exposing children to alcohol provided a positive or safe environment, they were more concerned that children were being cared for; they considered leaving children inadequately supervised a bigger risk to children's safety.

## 7.3.4 The impact of drugs and alcohol on families

While drugs and alcohol use is somewhat accepted or tolerated within the community participants talked about the impact that it can have on families and acknowledged that it was harder to optimally provide and care for your children while you are on drugs:

> *Even though I was on the drugs, I still tried to be the best parent I could but in a way maybe yes, the drugs took over me because, a little bit, because I was not being there as a parent anymore. My son was sitting in a room all the time watching cartoons all day, and the other kids were just running around doing whatever. So that's when I think I lost my parenting skills is when I started the ice (Jasmine).*

> *I did ask some of the communities for help, for food and milk for the baby and that went on…it went on a regular basis, on payday, even ask on pay days and I'll sit back and you know, doing wrong and the kids are looking for bread or feeding or there wasn't much there (Vicky).*

> *There is a lot of neglect around drug users and the kids, moneywise with buying their food each week, some people that are on drugs, they'll scratch and scrimp from week to week and they'll just buy the basics to keep their families going and um the rest of it will go on their addiction…like that's the way it affects them, by instead of filling the cupboards, by half filling them and using the rest of the money, and the kids are missing out on how can I put it, they're not getting full meals each day. They're eating*

*but they're not eating properly, that's how neglect, that's how it will affect the family (Bill).*

*On drugs, when they're on yeah...yeah they don't get as much, the kids don't get as much as what they should be getting, they miss out on a lot when you're on drugs, I mean they're not neglected, they still get but they're not getting what they should be getting (Karen).*

However, Bill and Karen did not admit that their children ever went without because of their drug use, with Bill commenting that he sacrificed his own meals in favour of his drug habit to ensure his children still ate well:

*I'd cut corners meself, you know, like instead of buying chops and sausages for me I'd make sure there was enough for the kids first and I'd eat noodles or something, it don't matter to me, as long as they're not neglected (Bill).*

Yvonne was sceptical of parents' capacity to prioritise their children over their addictions. From her very extensive personal and professional experience with families in the town, Yvonne commented that it is generally not the case that drug users ever really prioritise their family over their addiction:

*I think they're telling you lies when they say they put their – just living in the community and having family members of mine on drugs – I've just seen it all first-hand that it's always drugs first and the families last (Yvonne, family support worker).*

Here, Yvonne raises the issue of social desirability bias in self-reporting research. This is where participants may be inclined to respond to the researcher's questions in a way that casts them in a more favourable way (Smith 2007:914). This is a risk with most research projects. I used a few different strategies to minimise social desirability bias and these were explained in Section 4.4.2.

The workers from the local primary school commented on how they have seen the impact that drug addiction can have on children and families overtime:

*Ice is a fairly bad drug and it's pretty full on here and it's knocking them about...Yeah you can see, gradually just see too how there's good parents that are hitting the ice and you can all of a sudden see the downfall, they can keep it together for how long, but after that, it's got them and it reels them in (Claire, Aboriginal worker).*

*The biggest issue is their attendance and because they have no food then the majority of them don't send them... And they don't get out of bed, too tired ... And you can*

> *actually see in the school which children actually do get up themselves and get*
>
> *dressed, get their siblings dressed, and also bring them to school, and you can see*
>
> *who's packed their lunches and stuff (Nadine, Aboriginal worker).*

This comment by Nadine also highlights poverty as a main issue affecting families when spending is prioritised on drugs, as some parents prefer to not send their children to school at all rather than send them without lunch. This may also be convenient for parents who don't have the capacity to get their children to school due to their drug or alcohol use the night before. These comments also highlight the ecological context of the impact of parental drug use, as children's needs are not being met at home, and how this extends to impact on children's performance and attendance at school.

Clare went on to further comment on the financial pressures of drug use on families:

> *A lot of families, they're big families, you know there's four, five, six, kids, like it's just*
>
> *hard living when you're sitting at home, they don't give you a great deal of money*
>
> *and then mum or whoever does drugs like, that's a lot of taken out of the fortnightly*
>
> *or weekly money from Centrelink (Claire, Aboriginal worker).*

A few parents talked about stealing to support their drug habit because their welfare payments went to providing for their home and children. This was a way to maintain their addiction without their children missing out on food and other necessities. For instance, Karen revealed that she used to do this:

> *A lot of the drug use affects, it's more crime, it's more crime and what they do to*
>
> *support their drug habit. Some parents yeah they'll spend all their pays, but a lot of*
>
> *the thing I reckon is more crime, like shoplifting and things like that to support your*
>
> *habit, like um…That's how I supported my habit when I was on drugs years ago, I'd*
>
> *shoplift to support my habit, but my pay would go on my kids and they didn't miss out*
>
> *at all. Then they got what they wanted and I got what I wanted, but it didn't come*
>
> *out of their money (Karen).*

Most of the parents who disclosed having a past drug addiction also talked about ending up in gaol due to their drug use, specifically that they would steal to support their addiction and were caught:

> *I've stole, I've done gaol, I've done a lot of things in my little life, for drugs (Bree).*
>
> *That's one of the reasons why I've done so much gaol over the years too, through my*
>
> *addiction (Bill).*

> *I went off the rails a bit when [my child] was 12 months old and I ended up in gaol (Tanisha).*

Here one of the significant consequences of drug use is parents turning to crime and then going to gaol. This has implications for children's attachment to their parents, as well as their sense of feeling safe and stable with a consistent carer and home environment. None of these issues were raised during interviews as participants were more concerned that they were continuing to meet their children's physical needs while they were on drugs, even though the risk of shoplifting was that they would be forced to be apart from their children. In Tanisha and Bree's case their children have been permanently removed.

Another interesting finding from two participants was that growing up they preferred their parent to be on drugs because the risk of violence against the family was lessened when the abusing family member had access to their drugs. For Jasmine this was a difficult realisation because she knew her father's life was at risk every time he would use heroin, yet the alternative was that without drugs he would be violent:

> *We believed that it was the kind of drug that he could not stay away from and it was going to kill him one day because of how many overdoses, ambulance coming in and things like that and mum struggling. And when he didn't have it, the abuse mum got and things like that (Jasmine).*

Nick disclosed that he preferred his parents under the influence because the only time his parents were in a good mood was 'when they had drugs in their system'. Nick also talked about his mother being much nicer to him when she is on drugs:

> *'cause when she's off it she goes off her head, 'ah go do this go do that' and then thinks I'm her slave and then when she's on it she's real calm and polite (Nick).*

These comments from Nick and Jasmine suggest that drug use became so normal within the family that the drug using parent could only function appropriately when on drugs to the point that this altered state was considered better for everyone. This demonstrates the effect that drug abuse can have on children to warp their perceptions in a way that they think a drug affected parent is better than the alternative. Nick is still quite young and admits to smoking marijuana. In Jasmine's case she followed her father's footsteps and became addicted to drugs. At the time of the interview, Jasmine and her partner were drug-free and committed to remaining that way for their youngest child and to work towards their other children being restored to them. They were actively engaged in community support groups and have utilised many parenting and personal development courses over the years. Their biggest temptation

was remaining drug-free in a town where drugs were so easily accessible, but so far they have succeeded:

> *[DoCS] don't come and see me, they don't tell me what I need to do. Everything I do is just off my own bat…we're working towards, he's working towards getting a job. And I'm working towards, we're both working towards these kids coming home… [I] know what I'm going to lose if I relapse again. But within saying that, bloody oath it's hard… But we worked together. We just worked through it and we'd talk it out and we'd continue to say to each other if we don't stay strong, if we don't stay positive, then yeah we are going to break. And then we tried to stay away from everyone as much as we can, like and just I'd just go to my groups…temptation is always there, it's never going to go away. It's a matter of how you mentally control it (Jasmine).*

A few of the other participants talked about learning from their mistakes and improving their lifestyle. For instance, Vicky talked about the improvements she has made in her life in the last several years since having her children restored to her care, and more recently since becoming a Kinship carer:

> *Now I'm pulling my head in and doing good, so I'm really pleased with myself, I've got my licence and getting a job I wouldn't ever thought of getting…I don't want to sit at home and take drugs and drink or smoke marijuana. There's a big world out there, why wouldn't I get off my butt to realise if I'd done it earlier, I mightn't have got my children taken off me (Vicky).*

> *I was a bit of a bad kid. Went off the rails when I was about 13, then sort of with drugs too, then went through all of that there kind of stuff, met my woman, settled down had me first kid… that sort of just changed my life cause I was sort of robbing everyone, doing whatever I could do, and yeah sort of changed all my life for me two girls (Ryan).*

Here, Ryan has suggested that he made the active decision to change his lifestyle for his children. Having this experience of turning his life around explains Ryan's views throughout the interview that parents do have choices and can change their situation. This comment supports one of the key concepts to emerge from the analysis, that parents view child neglect and adequate parenting to be about the choices that parents make to ensure their children are safe and well.

### 7.3.5 Reasons for drug and alcohol abuse

Some parents talked about the reasons they started using drugs to begin with. These comments suggest that parents mostly used drugs as a way to cope with their circumstances or to avoid past trauma:

> *You see that a lot of them end up addicts because they've seen so much and my biggest one was blocking stuff out, that's why I used drugs to stop all. I didn't have to think about it, but the problem was there the next day when I was straight, but yeah, the problem was always there the next day, yeah (Bree).*

> *Yeah, I got all depressed because my first cousin passed away, and she was more like my sister…got all depressed and that, and just ended up getting on the drugs and stuff, and that led to gaol (Tanisha).*

> *It was hard, I lost two members of my family, ones that were close, and friends asked me to come to a party and got introduced to drugs. I could have said no but I didn't (Vicky).*

> *Sometimes when you choose to take drugs, its most of the time, because it makes you feel better about your lifestyle or it helps you get through the day better. And sometimes it's because something's happened to you in your life and you take the drugs as an excuse to forget (Jasmine).*

Jasmine came from a violent home where there was severe drug abuse. She was living in a violent relationship with her partner and had recently lost her baby to SIDS before she started using ice. Her use of ice grew out of control, and her children were removed for child neglect:

> *Well I'd smoked pot all my life and I'd never been to that point where I'd let my, neglected my kids like that. I believe it was the ice a little bit I don't want to blame the drugs altogether because I feel that it doesn't matter how much drugs I was taking or alcohol I was drinking, I should have been still aware of what was going on in the household and what appropriate, like how appropriate I should have been acting and what I should have been doing for my kids (Jasmine).*

Here, Jasmine raises the previous argument that the drug use itself is not grounds for child neglect. Her disclosure of years of drug use prior to using ice is very telling because she perceived herself to still be an adequate parent despite her drug use. Further, Jasmine takes responsibility for her drug use and does not want to blame neglecting her children on her drug addiction. Instead she talked about how she chose to not behave appropriately as a parent.

Kelly also raised the concept of choice by commenting that she made the decision to not replicate her mother's behaviour:

> I think I learned what not to do with my mum, like I won't touch drugs I don't smoke cigarettes, I very rarely drink alcohol, obviously because I seen that with her and I thought I would never ever want to do that with my kids. Like it's just a horrible life, so you know I think I learned more so what not to do than what to do because she wasn't the best parent (Kelly).

Many of the parents discussed the issue of intergenerational parenting patterns. Some spoke about how they will not continue the cycle of drug or alcohol abuse, like Kelly in the quote above, while others commented on how their children have continued or stopped the cycle. For instance, Vicky is pleasantly surprised that her adult children have not developed drug or alcohol addictions, whereas Bill and Karen's adult sons openly smoke marijuana:

> I am very proud today… They're not silly children, because I just thought they would be, but...They can see what I went through and being through DoCS and have been pushed around a little bit (Vicky).

> Two of my eldest ones smoke pot and um, I tried to teach them right from wrong there, but that was just with all their mates and all their mates smoked so they smoked and you just couldn't stop it (Karen).

Karen and Bill do not acknowledge their role in influencing their children's drug use, despite admitting they smoked marijuana for many years as parents, instead attributing his drug use to peer group influences. While it may be true that their friends have some influence, the impact of parental modelling to which children are vulnerable cannot be ignored and is recognised by some participants. For instance, Mandy commented on the repercussions of being exposed to alcoholism during childhood:

> They'll either become alcoholics or they'll hate people that drink, because I used to see it with my dad all the time and I turned into a full blown alcoholic. My sister, she turned the other way and doesn't drink, she hates alcoholics...(Mandy).

A few of the workers also reiterated this point drawing on what they see happening within families in the community:

> And most of the young boys are involved in drugs because there's not... Well a lot are just following the cycle. Like dad or granddad is on drugs, dad's on drugs, son's on

*drugs, so it's a lot of that cycle and I don't really know how you're going to break it (Mary, Aboriginal worker).*

*These kids know what it does to you, they can see it. You know they've been able to see it all their life. It's right before their eyes but that's what they're used to, that's all they know … Yeah it's sad, you know most of the kids are good kids and then they're just down that same path too, and young…You know they're not even finishing high school and they're into it (Nadine, Aboriginal worker).*

Roxanne also touched on this point and further discussed the idea that parents may feel they are keeping their children safe by letting them drink or take drugs where they can control the environment:

*It's a good and it's a bad thing is that when the kids go out and they'll start smoking and drinking and stuff, and some of the parents would rather them do it in front of them, but that's what it comes down to. You've got your mirror imaging and learned behaviours but you've also got what the parent thinks that's best, so they'd rather their kids be home smoking and drinking than down the street (Roxanne, Aboriginal worker).*

This decision for parents to allow their children to drink alcohol or use drugs in the house further reinforces the perception of these behaviours as acceptable. This is turn perpetuates the cycle of drug and alcohol misuse and helps to facilitate the social conditions of poverty and disadvantage within the community.

### 7.3.6 Service responses

Participants were asked if they believed that the vignette scenarios warranted involvement from DoCS and, if services were to be involved, what they believed would happen and what should happen. Most parents commented that they believed DoCS should intervene with the family in both of the vignettes, either to warn them that their behaviour is unacceptable, to monitor the family, or to help them to change their behaviour.

Several parents commented that removing a child from the family home should only happen as a last resort when all other options have been tried and failed:

*I think they need to get involved and not take the children away, maybe make the parents aware of the wrong in it and maybe if the parents are still not willing to listen, maybe make the parents do a group or something. It depends on the person because you can't make someone do something unless they want to. It never works*

*unless that person wants to do it for themselves. Other than that I think they should try every avenue before they take their children; but if nothing works then, then yeah I think the children should be taken (Jasmine).*

*I think um maybe not take the kids straight away but step in, tell them to lift their game, you know you've got to start doing some counselling with a D&A worker, right try'n get yourself off whatever you're on, and if that doesn't happen then take the next measure (Bill).*

*Well I think they should investigate it. I think they should follow up. I think DoCS should send someone around there once a week or something like that to check up on this person and I think DoCS need to offer the mother some drug therapy or something like that (Mel).*

This last comment by Mel suggests that some parents see DoCS as a service provider rather than a statutory agency with minimal service delivery. Despite parents suggesting that DoCS should first offer support to the family, some believed that in reality DoCS would probably immediately remove the children from their parents:

*Could take their kid off her, big possibility 'cause DoCS are like that you know, could be the smallest thing and you could lose your kids, you know what I mean, most probably yeah DoCS would come involved crack down on her (Ryan).*

*I think they take action probably straight away, they'd probably take the children (Tracey).*

A few parents believed that the children in the vignettes were at a high enough risk that they should be removed. It is interesting that even though it was the belief that the children would be removed, they also thought that DoCS should still be involved with the family. This suggests that families consider DoCS intervention to be a default response or the only option when families experience situations that put children at risk, despite demonstrating that they are aware of other services in the town.

A few parents commented that DoCS would probably not do anything about the situation until there were multiple reports or until something bad happened, and drew on their own experiences to illustrate this opinion:

*Well I don't know how true it is or not but I've heard they've got to have at least five reports before they do something to like um, a scenario of mine. I've been told I've*

*had DoCS called on me quite a few times but they won't do nothing about because it's not serious enough (Sue).*

*My personal experience, probably nothing. Probably take them a year to investigate the family, like they did with mine. I really don't think DoCS would probably do anything. They'd probably just thank the person for making the report and then send them on their merry way (Mel).*

Workers held this view also, with a few drawing on their experiences and anecdotal situations where many reports have been made and the family is still not investigated:

*I've been following our deputy principal on one case and it is nearly well, sometimes it's everyday, sometimes its every second day, he will make a report…Well the issue with the child the other day was that the stepdad actually was stabbing mum or something with a pair of scissors and he accidently got her…It's been going in all yeah, two years. And then you know you get another report where the children have been at home, the father got out of gaol, there's been some, mum's been bashed or whatever, and those children have been removed from the house (Nadine, Aboriginal worker).*

*Yeah some of them that we do look within the community and you think, why haven't they removed that child, there's been numerous reports and what not put in. Then a couple of weeks later the child's been removed for something – just a one off thing or whatever. Yeah so it's a funny system (Yvonne, Aboriginal worker).*

These comments by Yvonne and Nadine also highlight the perception of inconsistent family intervention provided by DoCS. Many of the parents and participants raised this issue, stating that it is difficult to predict which children DoCS will remove as some children that they believed needed to be removed have remained at home, while other children are removed unnecessarily. Participants often drew on 'horror stories' of how other people in the community, their family members, or people that they knew, mistreated their children and DoCS have not responded. This was usually to justify what a good parent they were compared to the parents in these examples, and in some instances, question why these people still had their children when theirs had been removed.

Workers believed that DoCS probably would not respond to the drug use vignette scenario for two reasons: (i) because the situation does not meet the criteria for 'risk of significant harm', and (ii) because the local DoCS office, located in a town nearly one hour away, is inundated with reports and is considerably understaffed. Carmen and Kristy commented on this issue:

> *Because of their workload, they'll probably just leave whatever needs to be done to the Brighter Futures worker anyway (Carmen, Aboriginal worker).*

> *I don't think they'd do much at the moment, with the 'significant risk of harm' because none of the kids are in immediate danger. We know it's neglect but I think with that one single incident, unless there were prior reports and a cumulative significant risk of harm, nothing would happen. I think they'd probably refer it to Brighter Futures (Kristy, non-Aboriginal worker).*

Regarding the drug use vignette some workers commented that if this was a one-off incident then it was not necessary to involve DoCS. It was suggested instead that more intense casework and more frequent visits by the Brighter Futures worker was needed. Most workers were of the opinion that only if they return and find the situation escalating after several visits would a response from DoCS be warranted:

> *I think work with them rather than walk in and take [the children], start working with them, like I know they're overloaded with their work but I don't know, some need to start working with them instead of reporting them (Claire, Aboriginal worker).*

Nadine talked about the importance of keeping the family together for the wellbeing of both mother and children:

> *Well the kids would be very sad if they left her, because it's not the kids' fault this is it, this is the part where you know it's not the children that are at fault here, it's the parents, so yeah to take all those little kids off one mother could probably make it worse for her you know she could go into harder drugs or things like that (Nadine, Aboriginal worker).*

This comment by Nadine is interesting because she talks about the impact that the child's removal would have on the mother. As a child protection agency, DoCS' primary concern is the safety of the children.

In regards to the alcohol use vignette most workers held the same opinion as the parents, that DoCS should be involved with the family in some capacity, particularly because the parents were sleeping and leaving their children unsupervised after drinking all night. The two workers that did not think DoCS should be involved were Ruth and Lisa, who are both non-Indigenous. Ruth thought there was not enough justification for DoCS intervention based on the vignette, whereas Lisa believed that while appropriate services needed to be involved with the family, 'I don't see DoCS as having any positive contribution to a situation like that because they don't have the staff and they don't have the skills' (Ruth, non-Aboriginal worker). Lisa went on to

comment that 'as much as they're trying to say they're not the big bad policeman with the big stick, that's the only service they provide here' (Lisa, non-Aboriginal worker), despite some parents indicating that they think DoCS provide support services. This comment by Lisa is an interesting one because it reinforces the belief that the only role that DoCS have in the community is reprimanding families and removing children, which may be warranted because early intervention and out of home care services are both provided by non-government organisations. However, it also raises questions about the consistency of the concept of risk of harm across services and between workers, and highlights the subjective nature of assessing situations as child neglect. Furthermore, it also reiterates a point made earlier in the chapter, that there are differences in the way Aboriginal and non-Aboriginal workers assess issues in Aboriginal families, in this case that Aboriginal workers are more likely to perceive this situation as warranting a DoCS report than non-Aboriginal workers. This is contradictory to the suggestion in the literature that one of the reasons for the overrepresentation of Aboriginal children in care was due to workers not being culturally aware or empathetic of cultural norms or historical factors (Bamblett & Lewis 2007:45).

The data collected about services in the community suggest that parents are actually aware of the services that can support them in different situations. They identified, however, a number of barriers to accessing these services. As discussed in Section 6.2.2, parents are hesitant to seek help for various reasons, including fear of government intervention, shame, or not wanting to use the service because they don't want others to know their business or don't like the staff. Another key barrier to service use identified by participants, particularly for families in this town and similar isolated communities, is that many of the services are inaccessible or non-existent. For instance, the methadone clinic is at the local hospital, but to undergo detox and rehabilitation, service users have to travel to regional towns and cities up to 5 hours away. This is assuming the service user is even accepted into the treatment centre as waiting lists are often long. Lisa talked about the lack of much needed services in the town:

> *We have a drug and alcohol worker who comes one day a fortnight, but that's even if anyone wanted to address their issues... and you have no police, no access to anything very close for detox or rehab, and you have no supported housing for families if your mother wants to go into detox or rehab...Statistically, last weekend it came out how much more drug and alcohol and acts of violence and housing were here – something like four times the State average and they don't even have a 24 hour police station (Lisa, non-Aboriginal worker).*

The issue of limited access to police assistance Lisa is referring to was raised by many participants as a massive hindrance to fighting the drug issue. Many of the participants, both workers and parents, expressed their frustration that there is a significant lack of police presence in the community. Several participants commented that there are only two or three police on duty at any one time, ensuring that their response to some issues take hours and sometimes even days. Additionally, the police station closes at 2am and if the police are required after this time, which happens often given the high incidence of crime, police need to travel from the neighbouring town which is nearly an hour away:

> *A 24-hour police station wouldn't be too much drama around you know. Not enough, two coppers in a town is wrong, need more…you know people can steal cars, light fires…(Lorraine).*

> *There was a big write up in the paper when the police station first opened how it was a 24 hour police station, it's not a – they're lucky to be there at three o'clock in the afternoon (Mandy).*

> *I think their knock off time is 2:00 in the morning. So for any activities or break and enters, they often are after that time because they're not on (Mary, Aboriginal worker).*

> *Yeah, there's a lot of drug dealers in [this town] for a little town, probably have a raid every couple of years. They know who the drug dealers are and nothing gets done…The people fight at the end of – down the road from my street over drugs and what not, and no police, no nothing, there's nothing for that, they'll let them kill each other, they're only fighting over drugs and that's that. Yeah they don't really care, they just – another time they'll sit at the other end of the drug dealers house and they'll get whatever off the people coming out of the house but they don't worry about going to the house and getting all the drugs…(Yvonne, Aboriginal worker).*

A couple of family support workers talked about the way their service responds to and supports families where there is drug and alcohol use. Many of the families in this community are experiencing multiple, complex and intergenerational problems of poverty, violence and mental health issues. This is often compounded by drug and alcohol misuse that is part and parcel of life in the community. As such, parents are open with workers about their substance use; rather than alienating parents by reprimanding their drug or alcohol use, workers try to manage it in a way that children remain safe and exposure to risks associated with this lifestyle are minimised. As Yvonne explains:

*We talk to our parents and we try and – you know you can't get them off the drinking and whatever and whatever, and we try and make sure the kids are okay, like a single mum, if she wants to go out partying Friday night – so we say to her organise some overnight care or day care that is – so the children are safe. She gets to go out and – yeah, everyone's happy (Yvonne, Aboriginal worker).*

Kristy, being newer to the community, provides an interesting insight from someone who was an outsider getting a culture shock. She echoes Yvonne's comment above but she does so in a way that highlights the subjectivity of perceptions of child neglect as a town compared to the city she has moved from:

*Coming out here, if the children are safe, the parents use when they're in bed or if there's a safety plan or if they're with someone else, then it's not an issue….I was shocked that workers could say like, 'As long as it's done safely and not around kids it's fine because they probably won't be able to get off it anyway', and I thought, 'Oh, well that's quite a negative viewpoint'. But on the flipside, like they're honest with us, they're upfront; they often are trying to cut down or on methadone as well… (Kristy, non-Aboriginal worker).*

These comments from the workers highlight the effort that goes into being a good parent on drugs. A significant amount of thought and preparation needs to be done in order for children to be well cared for and not impacted by their parent's drug use, such as arranging to acquire drugs without their children, and planning for their care when parents are on drugs and coming down from drugs. This is a lot to expect of a parent who is trapped in a drug addiction. However, it also reiterates the level of tolerance for drug use in the town, and the parenting expectations that are good enough to deem minimally adequate parenting. While these strategies to plan for drug use and implementing safety plans is good in theory, it is unclear whether or not they are successful.

This section has discussed the significant role that drug and alcohol use has within the community. Many people in the community are fearful in public and in their homes of drug users high on ice. This fear is sharply contrasted by the view that it is at the very least minimally acceptable for parents to use drugs as long as they can still function effectively as parents. One reason for such a view is that drug use is so common within families it is often considered a part of everyday life. Further, the prevalence of drug use within the community is so great that participants feel tempted to engage in it, unable to stop their children from being exposed to it, and powerless to change the situation. As a result, children are growing up in

families with a high level of need and conditioned to believe that their exposure to drugs are normal adult activities.

## 7.4 Summary and conclusion

This chapter has presented the findings on participants' perceptions of substance abuse and violence and how it relates to concepts of adequate parenting and child neglect. It has uncovered a diversity of views from parents, identifying that while there is a general conceptualisation of child neglect and adequate parenting, guided by the idea of putting children first and meeting children's basic needs, the complexity lies in how people understand these minimal standards and how they are enacted. These views offer further dimension for analysis because in many instances their comments often don't match their stated behaviour.

This diversity of views demonstrates just how complex it is to construct these standards of parenting, not just for families but also for workers who have the difficult task of assessing and making decisions on the risk to children, taking into account both practice standards and contextual factors.

From the issues raised in this chapter it is obvious that violence is a normal, albeit damaging, factor within the community that permeates across private and public spaces. Violence needs to be recognised as a wider community issue than simply violence between partners and family members. This perception of violence has contributed to barriers in the service system to respond to violent crime as it is regarded as normal and therefore not a serious issue. Such a desensitised view of violence has created a culture of acceptance of abuse within the family to the extent that victims feel that it is not necessary to leave, or if it gets bad enough, are powerless to escape. As such, it is easy to see how exposure to violence is not considered within parents' conceptualisation of child neglect.

The data also indicated that participants have a high level of tolerance for people using drugs under the condition that they are still functioning as a parent. Even those participants who did not use drugs generally seemed to think it was acceptable, though not ideal, for parents to take as long as the situation is managed. Additionally, there was generally not a strong view that alcohol around children was wrong, even from the workers, with only a small number of parents commenting that any drugs or alcohol around children was not acceptable. As such minimally adequate parenting was viewed not in terms of a parent's emotional and psychological coherence, but rather meeting their children's physical needs: as long as there is food in the cupboard, your house is relatively clean and you get out of bed, this is relatively good enough.

Many of the participants in this study are from families where there has been intergenerational drug abuse. Some have continued this cycle of addiction and strived to overcome it with varying degrees of success, while others have refused to repeat the behaviours of their parents and relatives. Whether or not drug use was intergenerational, parents expressed that drug use was usually a coping mechanism for current or past stressors and trauma and made easy by the availability of drugs in the local community and minimal policing.

The complex and entrenched problems of violence and drug and alcohol abuse are not improving because of unresolved and ongoing traumas at the individual, family and community level. This historical trauma is facilitated by community members feeling powerless to change their circumstances. Additionally, the lack of local services available to support people and groups to overcome these problems is also contributing to the continuance of historical trauma.

The next and final analysis chapter provides an in-depth and critical discussion of the issues raised in this and the previous chapter, with the view of ascertaining what these findings mean for improving policy and practice for working with Aboriginal families and communities.

# CHAPTER 8: DISCUSSION

## 8.1 Introduction

My motivation for undertaking this project was to give Aboriginal parents the opportunity to contribute to the knowledge-base on child neglect and child protection issues. Despite the significant overrepresentation of Aboriginal children in the child protection system, particularly related to neglect, very little is known about how child neglect is perceived and what helps or hinders a quality upbringing of children in Aboriginal families and communities.

There is a widely held belief that Aboriginal children are targeted by the child protection system because non-Aboriginal workers, who comprise the bulk of caseworkers, are not aware of Aboriginal parenting norms and are mistaking cultural family practices for child neglect (Litwin 1997:337; Senate Community Affairs Committee Secretariat 2015 2015:231-234; Nigro 2014:5). This critique of the child protection system is long-standing and warranted during and in the wake of assimilation policies. Further, previous practices have caused harm to Aboriginal communities because workers removed children for what they believed was in the 'best interest' of the child, when in reality it resulted in family breakdown and further trauma (Bamblett & Lewis 2006; Cripps 2012). In recent decades the government has been working to develop best practice policies and procedures for working with Aboriginal families to minimise the risk of cultural misunderstandings (New South Wales Government 2009). Despite this, there is evidence that suggests cultural misunderstandings are still prevalent and this is one of the reasons that Aboriginal children remain overrepresented within the child protection system (Senate Community Affairs Committee Secretariat 2015:231-234). Another recognised contributing factor to the high rates of children involved with child protection agencies is the significant social disadvantage, poverty, violence and substance abuse experienced within many Aboriginal families and communities that has been discussed at length throughout this thesis (for detailed discussion on these issues see Sections 3.5 and 3.7). Both of these theories are valid and important to understanding the context of Aboriginal families' interactions with child protection agencies, and to help explain the disproportionate number of Aboriginal children in the child protection system. This thesis has attempted to identify not only how the community conceptualises child neglect but also the factors that influence these perceptions. In doing so this will expand the understanding of Aboriginal families' experiences and how this relates to their interactions with the child protection system and human services.

The previous two chapters have reported the findings from this research project. This chapter begins with a summary of the findings presented in Chapters 6 and 7, followed by a discussion of what these findings mean in relation to the research questions. Drawing on theory and previous research introduced in Chapters 2 and 3, this chapter examines how these findings relate to existing information, and highlight how this project has contributed to improving knowledge in the area of Aboriginal perceptions of child neglect. I also discuss the importance of uncovering the factors that influence these perceptions and the circumstances within families and the community that make it difficult to care for children. Finally, I will briefly reflect on my position in the research and how this influences the research outcomes.

This project posed three research questions to develop an understanding of Aboriginal parents' views on child neglect, as well as the understanding of Aboriginal and non-Aboriginal support workers.:

> Question 1: How do Aboriginal parents and human services workers in a rural community perceive child neglect? Are there similarities and differences in these perceptions?

> Question 2: What factors influence perceptions of child neglect by Aboriginal parents and human services workers in this community?

> Question 3: What challenges do Aboriginal parents experience in caring for children?

The next sections discuss the main findings of this project in relation to the research questions together with the relevant literature. These questions are intertwined and at times difficult to discuss separately: peoples' views are influenced by a variety of factors which are shaped by their personal and social environment, so there is some overlap to the discussion below.

## 8.2 How do Aboriginal parents and human services workers in a rural community perceive child neglect? Are there similarities and differences in these perceptions?

Participants' perceptions and descriptions of child neglect aligned with the literature and mainstream expectations. Descriptions of child neglect focused on children being deprived of their physical needs, such as providing them with food, clothing, and maintaining their hygiene, and being inadequately supervised. Parents also drew on their own previous experiences as children or on their own parenting experiences to describe what they believed

to be good or bad examples of parenting, suggesting that views on child neglect were experiential rather than abstract.

Three key concepts were identified from interviews with parents as central to the way they perceived child neglect. These were:

1. The notion of *parental responsibilities* to care for children appropriately

2. The idea that children should always be the *first priority* of their caregiver, and

3. The role of *parental intent* in describing a situation as child neglect.

Child neglect was primarily attributed to the parent prioritising their own needs and wants above those of their child, which could result in the child becoming at risk of physical or emotional harm, or expose them to social deviance. Parents believed that parents who are too preoccupied with other activities, be it substance abuse, gambling, or adult relationships to the extent that these become a greater priority, are potentially neglecting their children. Similarly, good parenting involves fulfilling parental responsibilities. Parents identified this as going beyond just meeting children's basic physical needs of providing food, clothing and shelter, but also included appropriate supervision, discipline and paying them attention. Parents who did not meet these responsibilities in favour of their own priorities were neglecting their children. Participants attributed the responsibility to parents when a child is neglected, indicating that participants have adopted a parental-deficit understanding of the cause of child neglect (Polansky et al. 1981). This is not unexpected, as generally the blame for child neglect has fallen onto parents, particularly mothers (McSherry 2004:728-729), and Aboriginal parents (Cripps 2012:28; Burns et al. 1999:194). The other issue raised by participants was the extent to which the intentions of the parent or caregiver were taken into consideration when a child is neglected. Parents had mixed opinions on this, much like the academic literature where the intentions of the parent as opposed to the consequences to the child are also a lively area of debate (Dubowitz et al. 1993:11-12).

Parenting standards in previous studies on the perceptions of child neglect were measured using rating scales and vignettes. I used vignettes for the purposes of eliciting participants' subjective views on a topic but did not use a quantitative measurement. Instead my basis for measuring parents' standards of adequate practices is based on what the literature indicates as very serious or less serious incidents of child neglect (see Section 3.8). Generally, the findings in this study are consistent with the findings regarding parenting standards in previous research (for example, Rose & Meezan, 1995; Rose, 1999). Parents generally believed it was unacceptable to leave children unsupervised. Most parents also believed it was wrong to

expose children to drug use (although many discussed that using drugs when children were not present was acceptable), and all believed that violence in the home was not an ideal environment for children. This indicates that families who experience vulnerability similar views on child neglect and parenting standards as the literature, policies, and general social attitudes. This in turn suggests a consensus between mainstream understandings and understandings of child neglect for this group of Aboriginal parents.

Professional views on child neglect were generally consistent with parents' views in this study. However, there were differences in the way service providers explained the cause of child neglect. Both Aboriginal and non-Aboriginal workers emphasised that social disadvantage has had a significant impact on the quality of caring for children, while parents had a more individual-deficits perception where they attributed blame to parents when children experienced neglect.

Aboriginal workers and parents were more likely than non-Aboriginal workers to label a particular situation as child neglect; parents were generally found to judge other parent's behaviours more harshly than workers overall. This finding is consistent with the literature. For instance, Rose and Meezan (1995) found that mothers generally viewed instances of child neglect more seriously than professionals (Rose & Meezan 1995:482). Dubowitz and colleagues (1998) concurred with this, finding that professionals had a significantly higher threshold for viewing a situation as concerning, compared to parents. One reason may be that workers are repeatedly exposed to high-risk situations and have a skewed view on standards of care (1998:241). In this study, workers discussed tolerating drug and alcohol abuse in families, and developing safety plans with the parents so they could continue to use drugs or alcohol and yet still ensure their children were safe and adequately cared for. This may be explained by workers adapting to the conditions within the community where the presence of drugs and alcohol is so common within families, with little opportunity for rehabilitation, that it is something they have come to accept (Tanner & Turney 2003:26).

To sum up the response to this research question, parents expressed a low tolerance for instances where children's needs were not met or where children were placed in unsafe situations. Parents firmly believed that parents must be responsible for their children and prioritise their needs above all else. When parents fail to do this, children become at risk of neglect. The way parents understood the idea of parental responsibilities and prioritising children's needs differed, but all attributed the blame for child neglect on parental behaviours when talking about other people. However, when discussing their own circumstances, blame for their problems or parenting difficulties was attributed to external factors beyond their

control. The findings also suggested that parents held similar views on parenting standards and expectations to workers and mainstream society more generally. Parents' expectations of adequate parenting were not always reflected in their own actions or family circumstances. This contradiction between views and reality highlighted the complexity of participant's lives and the reasons for this are explained in response to the next research question below.

## 8.3 What factors influence perceptions of child neglect in Aboriginal parents and professionals in this community?

The project found that perceptions of child neglect are influenced by a number of contextual factors at all levels of the ecological system.

### 8.3.1 Aboriginality and mainstream influences

The international literature found that there is a general consensus across cultures and socioeconomic groups regarding adequate standards of caring for children (discussed in Section 3.8). This was similarly found in this project as participants did not explicitly state that they were parenting in a way that aligned with any particular culture. When asked directly, many participants could not identify differences between Aboriginal and non-Aboriginal ways of parenting or understandings of child neglect. This suggests that a variety of different factors influence the way parents perceive adequate parenting and norms of caring for children, to the extent that there is no distinction between the understanding of Aboriginal and non-Aboriginal parenting practices.

While parents in this study perceived child neglect in a way that was consistent with participants in previous studies, emphasising the need to provide physical and nurturing care to children, some also conveyed that they have adopted the negative assumptions that exist about Aboriginal parents. Mainstream perceptions have historically stereotyped Aboriginal parents as neglecting their children (HREOC 1997; Burns et al. 1999). These stereotypes were expressed by participants believing other Aboriginal parents to be lazy, neglectful, and lacking in parenting skills. This suggests that through the construction of racial stereotypes about Aboriginal people, they have also been adopted and perceived as true in some instances by Aboriginal people. These attitudes are examples of internalised racism and contributes to a sense of powerlessness which is another factor influencing perceptions of child neglect.

### 8.3.2 Feeling powerless and social comparisons

Parents' responses to scenarios of potential child neglect indicated that they did not find child neglect acceptable and they held parents accountable when children came to harm. They

believed that parents had a choice to exercise their parental responsibilities and ensure their children were not at risk. Examples of this included exposing children to domestic violence or parental drug use. However, when speaking about their own situation, parents were less likely to feel accountable and instead believed that the situation was beyond their control. Parents ascribed their feelings of powerlessness to many different sources. For instance, limited community resources, and a reluctance to seek community supports, prevented parents from accessing services and pursuing education or employment aspirations; government departments dictated where parents would live and the conditions under which they could access their children; and in schools or at the supermarket, parents felt that their family were victims of racial discrimination. This sense of powerlessness also extended to and impacted on parenting. For example, not being able to control the behaviour of children was another source of feeling powerless. In casting themselves as powerless, parents relinquished the culpability for their situation because they felt as though they had no choice but to accept it as they had no power to change it. Feeling powerless is significant to perceptions of child neglect; parents don't feel like they have the power to parent as they would like. While parents understand what is required to adequately care for children and protect them from risk, the realities of their situation prevents these standards from being actualised.

This tendency for parents to be critical of the behaviours of other parents was an unexpected finding; this resonates with social comparison theory whereby people in negative situations feel better about themselves by comparing their situation to someone they believe to be in an even worse situation (Wills 1981). Parents who engaged in risky behaviours explained how in their situation it was excusable because they had measures in place to minimise the impact on their family and to ensure their children's basic needs were met. This is also represented in social comparison research. For example, one study found that heroin users made distinctions between heroin addicts who were able to function in family and work life compared to those who could not engage in normal everyday living (Furst & Evans 2014). Stigmatising others in the group helped participants circumvent feeling stigmatised and inferior within their own families and communities more generally (Furst & Evans 2014:140).

### 8.3.3 Living in poverty

Living in poverty or financial hardship also seemed to influence parents' perceptions of child neglect. Parents' descriptions of child neglect were largely focused on the basic needs of the child, such as those suggested in 'Maslow's hierarchy of needs' (introduced in section 6.1) (Maslow 1943). This is consistent with previous studies exploring views on child neglect that found low income families were more preoccupied with physical care and middle class families

with emotional care (Dubowitz et al. 1998:240). Dubowitz and colleagues found that African American groups rated physical neglect as the most serious type of child neglect. They suggest that physical care is at the front of their minds and because it is their first priority they regard it as more important (Dubowitz et al. 1998:240). This was also true of participants in this project who mostly discussed physical care rather than emotional care or affection. Poorer parents usually experience more stress and parents experiencing more stress have been found to show less emotional support to their children (Dubowitz et al. 1998:240). Thus the high level of stress experienced by parents in this project may contribute to the reason they were more concerned with children's physical needs compared to emotional needs.

Parents emphasised the importance of a clean home, children being bathed and dressed nicely. These attitudes are reminiscent of the historical legacy of Aboriginal families' experiences of living on missions where the station manager regularly inspected their homes and children to ensure they were clean. If they weren't this could be considered evidence for neglect and the children could be removed (Read 1984). This was also evident in the international literature. For instance, Swift (2002) reviewed child protection case files and found that workers and mothers believed that the quality of caring for children was often reflected in household cleanliness; parents would therefore ensure their home was tidy before visits from the workers (Swift 2002:104). Likewise, Dubowitz and colleagues (1998) suggested that an overemphasis on the importance of cleanliness and well-presented appearance may stem from historical factors of impoverishment and the legacy of stereotyping African American's as poor and dirty (Dubowitz et al. 1998:240). This was in contrast to Evans-Campbell's (2008) study on American Indian/Alaska Native parents, who found that parents rated vignette items related to poverty and environmental deprivation as much less serious than other issues like substance abuse and inadequate supervision (Evans-Campbell 2008b:134).

### 8.3.4 Situations of risk as normal

Despite finding that views on adequate parenting align with mainstream standards, there is a significant contradiction that weaves through the findings which is that parents harshly judge other parents for being neglectful, yet there is a high tolerance for risky behaviours such as violence and drug use. It is as though the risk factors are viewed as separate issues to child wellbeing because child neglect happens regardless of these behaviours.

Some parents who participated in this study believed that children can be well cared for despite having a parent who uses drugs or alcohol if they still function as a parent and put

their children first. A previous study by Baker and Carson (1999) on the views of drug-taking mothers supports these findings. They found that mothers avoided acknowledging their 'bad' parenting behaviours and explained how they cared for their children despite their drug use by meeting their practical needs, protecting them from harm, and not exposing their children to drugs (Baker & Carson 1999:357). This idea of a 'functional' drug user suggests the view that drug use itself is not an indication of adequate parenting, but whether their lifestyle and also their personality allow them to separate their children from their substance use. However, parents overall agreed that exposure to drugs and alcohol was not a positive environment for children – this is also consistent with the literature (Baker & Carson 1999; Rose 1999; Evans-Campbell 2008b). This highlights a clear discrepancy in the views of parents' whereby they acknowledge the potential risk of using drugs and alcohol around children, yet believe that this does not have to be an indicator of child neglect.

Perceptions of violence were also contradictory. Parents acknowledged the damaging effects of exposing children to violence and the need to protect children from it, yet there was a tolerance and desensitisation to violence among the participants. Violence was prevalent within the community; children were exposed to it in both private and public spaces, including at school, in the community, and at home. It is very much a part of everyday life for these families. Existing literature discusses the prevalence of violence in disadvantaged communities (Swift 2002:120-121). For instance, respected Aboriginal leader Lowitja O'Donoghue commented on the normalisation of violence within Aboriginal communities and the negative implications this has for children:

> Many children are growing up in communities where violence has become normal and an ordinary part of life and this has resulted in a generation of young Aboriginal people who are engaging in high risk behaviours, misusing alcohol and other drugs, trying to function in spite of profound emotional and physical damage, trying to form loving relationships, even though they are confused about what love is and, most terrifying of all, harming themselves and killing themselves at unprecedented rates (cited in Williams et al. 2013:8).

School was named as a place where there was a lot of fighting and violence, particularly secondary school. Participating in violence or bullying was reported by parents as the main reason that students receive suspension or expulsion. This suggests that the school is struggling to deal with this normalised violence and the result is an inappropriate individualised response, within the parameters of the school that does not solve this community-wide problem.

Violence was either viewed as acceptable or not recognised as a problem. Being in a violent relationship was not out of the ordinary, and considering the financial and resource practicalities, and implications of leaving a violent relationship, participants did not feel compelled to leave until the violence became unbearable. Many participants also thought that victims of domestic violence had a choice to stay in the relationship. This view suggests the belief that victims have the agency to overcome the barriers that keep them in their situation. This opinion also aligns with the way parents viewed child neglect, that it is the fault of the parents or mother (Swift 2002:120). Those participants who were survivors of domestic violence contrasted the view that women have the ability to leave by talking about feeling trapped in their relationship, as though they had no choice but to live with it for reasons such as fear, powerlessness, and having nowhere else to go. These barriers were also mentioned in the literature. For instance, Myer (2011) reported that victims often feel blamed and unsupported by the criminal justice system (2011:270). This issue was raised more than once in interviews, where victims found the police to be unresponsive, and even sceptical and critical of their pleas for help to leave a violent relationship. Interestingly, however, participants who were survivors of domestic violence were also critical of mothers who stayed in a violent relationship. This may be because they were reflecting on the situation from the other side. They had come to realise that they did have the power and resilience to overcome violent relationships; it was just not something they could recognise at the time.

In light of these findings, that violence is normalised and invades both public and private spaces, this raises questions for the child protection system. What does this normalised violence mean for system responses where children are removed when there is violence in the home, but in reality violence is everywhere? Caseworkers are trying to protect children from being exposed to or being victims of violence, but how can this be achieved when it is a part of everyday life? Clearly this problem transcends the bounds of individual and family issues, indicating that community level responses are required.

To summarise, in response to this research question, the findings showed that perceptions of child neglect are influenced by a variety of interrelated factors. Participants did not identify their parenting practices as being specific to Aboriginal culture, and in contrast they appeared to be more aligned with mainstream perceptions. Additionally, evidence of internalised racism, normalised risk-factors such as family and community violence and substance abuse, as well as experiences of poverty, all contributed to parents feeling powerless in many areas of their lives which had a significant impact on how they perceived their capacity to manage their circumstances and care for their children. Parents' perceptions influence and are influenced by

their personal and social environment and experiences. The challenges that these Aboriginal parents experienced and how this makes parenting their children more difficult will be discussed in response to the final research question below.

## 8.4 What challenges do Aboriginal parents experience in caring for children?

Parents identified a variety of issues that created difficulties in caring for their children. Many of the families experienced entrenched social disadvantage, poverty, intervention from the child protection and criminal justice systems, and trauma. Collectively the community is experiencing historical trauma due to the accumulation of old and unresolved traumas, and new traumas compounding the grief and hurt even further (Atkinson 2013). Historical trauma is situated at a social level and directly impacts on people within the community (Brave Heart & DeBruyn 1998). It manifests through a variety of ways, including feelings of powerlessness and lateral violence. An unexpected finding was that Aboriginal parents in this community are raising their children primarily within the confines of the family home and less in a collective or communal way. This is in contrast to many other Aboriginal communities and traditional child rearing practices. This is a significant finding and will be firstly discussed to address this research question.

### 8.4.1 A shift in parenting norms

The living situations of families in the community were quite diverse. While living around extended families had been the experience of most parents when they were children, many of these parents were now raising their children on their own with the support of only a few close family members. Children were being raised less in a collective/community environment. There may be a few reasons for this cultural shift. First, and relevant to this particular community, is the possibility that many families are more isolated because they are not originally from that community. Even when families have lived in the town for years, as far as the community is concerned, that is not long at all. So they are not really considered members of the community, contributing to their sense of isolation. Unless new people are introduced into the community as a friend or extended family, then to the elders and traditional owners they are just like any other stranger living in the town (V Freeman 2015, pers. comm., 24 November). This was confirmed by several participants who had moved into the town up to several years prior to the interview.

This contributes to the creation of a fragmented community. Here you have a group of Aboriginal people who come from different areas living together, some whom are local to the area and some that are not. However, the fact that they are all Aboriginal people brings them together as a community. But this is not an Aboriginal community in a traditional sense where they are bonded by long-standing kinship systems that they understand, honour, and which guide their day-to-day interactions. Much of this knowledge has been lost. This is really important to being able to understand both the fragmentation within the community and the lack of a collective community environment. Taking these considerations into account is significant for developing and delivering appropriate services to the community.

### Box 8.1 My personal reflection on this finding 1

*Reflecting on the last few generations within my own family I too can recognise this cultural shift in child rearing practices and lack of community identity. My pop was brought up in a large Aboriginal community surrounded by extended family wherever he went. While he didn't always have stable housing, there were always stable people around him and someone to take care of him. My dad had a stable home and a large Aboriginal community, while I had a stable home but no sense of Aboriginal community because I was raised away from Country and rarely visited my dad's side of the family after my parents separated. I had an Aboriginal identity but no Aboriginal community, and what is an Aboriginal identity without an Aboriginal community? You kind of make it up as you go along, finding out bits and pieces of information from different sources, some positive, some negative, a lot of it stereotypical. You don't really know how to be Aboriginal or what it means without that community identity. This is something that I am realising the older I get and the more interaction I have with my extended family and community. Having no sense of community, I wasn't really taught how to have an Aboriginal identity and this is the same for some of the participants in this project.*

A less cohesive and increasingly high-risk community has also led to parents voluntarily disengaging from the wider community. Aunty Hazel Collins, the founder and spokesperson for the group 'Grandmothers Against Removals', recognised this during a recent discussion on a panel of Aboriginal experts discussing child protection issues. She commented, 'communities are fragmented and broken down. We live in individual houses with a much stronger focus on individual ownership rather than collective sharing. This contributes not only to community breakdown but also to poverty as people are no longer looking out for one another' (Awaken

2015). An example similar to this was the lack of community responsibility in caring for children. Children in the community were left to their own devices as parents are preoccupied with their own priorities or cannot control their children. Many children choose to go, or not to go to school, care for siblings, and wander around town with groups of other children at their own discretion. In addition to a lack of parental monitoring, there was also a lack of community responsibility. Unlike traditional Aboriginal communities, where members would collectively care for children, people in the town do not help or intervene with other people's children for fear of negative repercussions, such as abuse from the parent or child. An implication of this is that children are lacking adult role models to guide them about adequate behaviours, culture and everyday life skills. Instead, children are turning to each other for support and looking to older children to model their behaviour. This is concerning if these older children too lacked good adult role models; this increases the likelihood that risky behaviours continue from one generation to the next. It also means that children grow up without learning parenting skills themselves and miss out on learning about their culture. This finding is in stark contrast to the common belief that Aboriginal people live in communities where everyone takes responsibility for the care of all children.

The lack of focus on community caring for children is also a response to past government policies which removed children living in traditional extended family settings (HREOC 1997:40). As a result children are not provided the opportunity to learn from adults or their community elders. This has contributed to the erosion of cultural knowledge and practices, resulting in the fragmentation of kinship ties and systems. One observable way this is evident is through the shortage of Aboriginal kinship carers to look after the high numbers Aboriginal children placed in out-of-home care (Arney 2015:9). This contextualises this project's findings more broadly and suggests the cultural shift of families living separately without that sense of kinship or community responsibility. An implication of this is that it poses a significant barrier to the implementation of the Aboriginal Placement Principle (detailed in Section 2.5), as a shortage in Aboriginal carers is one of the main reasons why many Aboriginal children are placed in the care of non-Indigenous families (Arney et al. 2015:7-9). However, Arney and colleagues (2015) argue that the reason for this is not the unwillingness of Indigenous people to care for their kin, but rather that the practical and financial responsibilities required to care for extra children could not be met by potential carers (Arney et al. 2015:10). This assertion by Arney and colleagues (2015) does not dispute my claim that there is a cultural shift in responsibility for caring for children; on the contrary, it reinforces it as an additional barrier to families and communities maintaining kinship ties.

An implication of this cultural shift in parenting is that the lines are blurred between Aboriginal and non-Aboriginal cultural parenting norms. The strongest example of this in the findings was the assumption from parents and workers alike that physical punishment of children was a part of traditional Aboriginal culture; however, there is no evidence in the literature that this is the case – quite the contrary (Atkinson 2002:30). I queried this with Aboriginal advisors and elders recently, asking why these participants might think that physically disciplining children was a cultural norm. One explanation suggests this was a learned behaviour that parents adopted on missions. This advisor recalls that growing up on a mission the parents never hit the children. It was the mission manager's job to discipline the children, not the parents, and they would use physical punishment. She suggested that parents saw this behaviour from an authority figure and perhaps believed that was how they were supposed to behave to their children and adopted these practices as their own (V Freeman 2015, pers. comm., 24 November). I then spoke with two elders who built on this idea and suggested that parents took to hitting their children because they believed this was expected of them if they wanted to be seen as complying with government expectations of them as parents. It was related to the fear of children being removed and parents adopting practices that they thought would help keep their families together. Subsequent generations then accepted these practices as a part of their culture (N Ingram 2015, pers. comm., 11 Dec; G Ferguson 2015, pers. comm., 11 Dec).

The prominent influences of other environmental factors, such as Western cultures and parenting norms, reinforced through service intervention, media and non-Aboriginal family and friends, must also be considered as a contributor to this cultural shift of families living in a less communal way. This was evident in that parents did not see themselves as parenting in a distinct Aboriginal way; they weren't consciously assessing their parenting as aligning with a particular culture at all. In light of this it has been challenging at times to understand the extent to which these findings are about Aboriginal parents either in this community or Aboriginal parents generally, or how applicable this research is to all parents who are struggling in highly disadvantaged communities. My strategy for ensuring this project was specific to Aboriginal people included interviewing only Aboriginal parents and focusing on the literature of historical trauma, lateral violence and powerlessness in an Aboriginal context.

This discussion raises significant questions for the operations of the child protection system, as how does the system ensure fairness and equality to clients while at the same time accommodating the circumstances of different groups, specifically Aboriginal people? This becomes a point of contestation when the circumstances for Aboriginal families are the same

as non-Aboriginal families, as was reported by participants in this project. The differences were related not to the living conditions or vulnerabilities, as many Aboriginal and non-Aboriginal families in the town experience poverty, violence, substance abuse and other social pressures. Rather, the broader social factors that perpetuate disadvantage particular to Aboriginal families are points of difference, which is racism, discrimination, and historical trauma. These issues are discussed further below.

## 8.4.2 Historical trauma

Issues related to historical trauma posed a significant challenge to caring for children which manifest in various ways. Intergenerational and collective trauma, lateral violence, and feelings of powerlessness were evident in the experiences of participants in the community. While these factors are interrelated and impact on and facilitate one another, to highlight the significance of each issue I have separated them into three sub-sections below.

### Intergenerational and collective trauma

Intergenerational trauma refers to the transfer of trauma between parent, child and subsequent generations. This trauma may manifest in the form of psychological or behavioural issues, or social dysfunction (Evans-Campbell 2008a:328; Raphael et al. 1998:331). The majority of parents in the project disclosed being exposed to a range and multitude of vulnerabilities during their childhood, including physical abuse and neglect, family violence, and exposure to parental substance abuse. Most of these participants reflected that this exposure has impacted them negatively in adulthood, and many have replicated these behaviours as parents themselves. While some parents have committed themselves to avoiding such lifestyles, all still bear the emotional scars and resentment from these experiences; for many, they experience guilt that they have at some point followed in their parents' footsteps. All of the participants in the study shared the same desire to break these intergenerational cycles to provide a better life for their family in the future. This has occurred to varying degrees of success as a number of individual and social factors create challenges for the participants. For some, intergenerational parenting styles and behaviours have been so ingrained that parents may want to improve their situation but cannot identify what the issues are and how to overcome them. An example of this was the limited aspirations parents had for their children's education and career prospects, as reaching Year 10 was generally considered a high achievement. This was despite the acknowledgement of the importance of education to improving life circumstances. Another example was that the intergenerational nature of behaviours such as violence and substance use creates a sense that they are normal. This

perception can be a barrier to seeking help as the participants were not aware of a different lifestyle (Stanley et al. 2003:12).

For those that were aware of their vulnerabilities and needs, one significant barrier to help seeking was the fear of asking for help. Participants were very conscious of the dilemma that families need assistance from services, yet the fear of external intervention stopped them from seeking this help. Many parents were reluctant to seek help from services for a number of reasons. Some reported not wanting to use local services because they did not like the staff, or felt judged by or knew the staff, and did not want them to know their business. Another barrier to service engagement was the fear of child protection intervention – this was expressed by most participants, particularly those who have had their children removed. This is common among Aboriginal families more generally due to previous child removal policies (Bamblett & Lewis 2006:45). Parents made little distinction between service providers and their role in monitoring their parenting. As participants were aware of mandatory reporting requirements they viewed all people in authority as a threat to the integrity of their family (Menzies & Gilbert 2013:52). The fear of child protection services therefore restricted their access to most other service types. However, it is important to note that most of the parents I spoke to were engaged with services that they had a trusting relationship with, such as Barnardos and the Aboriginal Medical Service, suggesting that the participants in the research are not as hard to reach as the many other families in the community who were not engaging with any services. Three of the four participants recruited through snowballing were not using any local services, though there was clearly a need.

For many of these parents it was the norm to grow up around violence or drug and alcohol abuse, and for child protection services to intervene with the family and neighbouring families over generations. Those who have attempted to avoid this lifestyle show their insight into how they were raised, and how they would like to improve on this for their own children. For those who have succeeded by overcoming these vulnerabilities it demonstrates their determination and resilience to make a better life for themselves and their children. However, while parents expressed a desire to improve conditions for their children, the interpretation of this is limited to providing children with adequate physical care and preventing them from being exposed to vulnerable behaviours. Aspirations such as children excelling academically, completing their schooling, or pursuing a career were not encouraged or valued, which may be an intergenerational issue as the majority of participants did not complete school and most prioritised finding a job over studying towards a career.

## Lateral violence

The parents in the project, and many others in the community, are experiencing significant interrelated and ongoing problems and in many instances are responding to these stresses in ways that place their children's safety and wellbeing at risk. Parents and their families then continue in a cycle of social disadvantage, engaging in high-risk behaviours, and feeling trapped and powerless to change the situation. Despite the prevalence of these broader issues, parents did not recognise their connection to problems within families and instead criticised others for the vulnerabilities in their lives and their parenting behaviours. A key theme that strongly emerged from the data was parents putting each other down, or feeling that people in the community generally put each other down. This is expressed by parents feeling that Aboriginal people show discrimination and racism towards other Aboriginal people; by perpetuating negative stereotypes about Aboriginal people; and through being critical of other Aboriginal parents' parenting in the community. These ways in which parents were exchanging negative attitudes towards one another are examples of lateral violence.

The parents participating in this project were extremely diverse in the extent to which they expressed their cultural identity, highlighting the complexity and uniqueness of Aboriginal identity. Despite long-standing stereotypes fuelling public assumptions of how Aboriginal people should look and behave, in reality Aboriginal people are proudly diverse and in a healthy environment these differences are embraced (Maddison 2009). Where lateral violence is present, rather than celebrate the diversity in expressions of Aboriginality, it is used as a mechanism to divide Aboriginal people and communities (Australian Human Rights Commission 2011:68). This attitude represents the impact of previous government policies associated with assimilation that quantified Aboriginality and declared who was considered Aboriginal and who was more fitting to assimilate into white society (Maddison 2009). As Maddison argues, 'the racialised divisions that have historically been imposed on Aboriginal people were, at least in part, a conscious attempt to limit Aboriginal protest and resistance' (Maddison 2009). These policies spurred an ongoing social debate regarding authenticity of Aboriginality (Gorringe et al. 2011). When faced with scepticism or criticism regarding your Aboriginal heritage, as I and participants in this research know first-hand, it can be not only offensive but also very hurtful because it calls into question your entire sense of self and belonging. This is felt even more deeply when the attack comes from another Aboriginal person, as commented by Aboriginal and Torres Strait Islander Social Justice Commissioner Mick Gooda:

While Aboriginal and Torres Strait Islander peoples still have to deal with media and broader community ignorance and insensitivity about who is a 'real Aboriginal person' it is distressing that so much of the venom about identity conflict comes from within our communities (Australian Human Rights Commission 2011).

It was not uncommon in the project to find examples where participants expressed internalised racism and negatively stereotyped Aboriginal people. This is also a form of lateral violence where:

Acceptance of attitudes, beliefs or ideologies by members of stigmatised ethnic/racial groups about the inferiority of one's own ethnic/racial group (e.g. an Indigenous person believing that Indigenous people are naturally less intelligent than non-Indigenous people (Paradies et al. 2008:4)

This quote reigned true, particularly in regards to how a few participants believed that Aboriginal parents were more neglectful and less likely to be educated about appropriate parenting than non-Aboriginal people, reinforcing the evidence for lateral violence in the community.

Gooda argued that lateral violence is largely associated with disadvantage, and will continue to manifest as long as Aboriginal people continue to suffer social inequalities. He asserted that Aboriginal people will remain angry that their 'human needs, and ultimately [their] human rights' are not being actualised, and this anger will be directed inwards and towards those within the community (Australian Human Rights Commission 2011:67-68). One particular way this was exhibited in the findings was related to students leaving school early. Aboriginal parents expressed low expectations of their children's educational attainment, with most participants' adult children not completing high school. These attitudes were reinforced at an institutional and community level with reports that students do not feel supported by the school to complete high school. This leads to poor Aboriginal educational outcomes and communicates to the student that a range of their needs, such as access to further employment, education and economic opportunities, self-esteem and freedom to make decisions, will not be met (Australian Human Rights Commission 2011:67). In situations of lateral violence, those who feel powerless try to create a sense of power through their actions; for example, when teenagers leave school by their own choice, as in this study, they feel as though they are exerting control over their lives. However, in doing so they are reinforcing the cycle of poor educational outcomes and unmet needs. Gooda acknowledged this cyclical affect, commenting 'the problem is that this interaction between powerlessness, unmet needs

and disadvantage is cyclical. The more harm we do to ourselves through lateral violence, the more risk factors increase for disadvantage' (Australian Human Rights Commission 2011:68). Additionally, in leaving school early, these young people are committing a self-fulfilling prophecy as they are behaving in the exact way that is expected of them by those who have not supported them. The damaging consequence from students experiencing both lateral violence and institutional discrimination related to their schooling is that they feel negatively about learning and institutions, and continue this cycle of not completing their education. This in turn affects other areas of their lives.

Self-fulfilling prophecies are considered common within Aboriginal communities, 'so often do Indigenous Australians hear that they are sick, lazy and unproductive that they internalise these opinions and become convinced of their own unfitness' (Australian Human Rights Commission 2011; Fforde et al. 2013). This attitude was prevalent among the participants in the project, with many using the word 'lazy' to describe themselves and other people as parents. Participants also drew a strong connection between the idea of being lazy and child neglect (discussed in Section 6.4.5). Participants not only described themselves as lazy, thereby internalising these stereotypes, but overall harshly criticised the parenting of others in the community. Gooda argued that when Aboriginal people criticise others, these others in the community then become more 'deserving' of lateral violence, as their parenting is even more inadequate than the perpetrators (Australian Human Rights Commission 2011:70). Consequently, parents lose respect for one another and community cohesion breaks down.

Lateral violence can be detrimental to children in a number of ways. Children may become perpetrators or victims of lateral violence by continuing the conflicts of their family members and taking these into school (Australian Human Rights Commission 2011:132). Professionals in this project confirmed that this was happening in the community. Additionally, lateral violence disrupts the holistic development of children as they are denied the opportunity to physically, emotionally, spiritually and culturally grow (Langton 2008). Marcia Langton (2008) has written that children are the most vulnerable victims of lateral violence (2008). When lateral violence and powerlessness are present in families and communities it has a significant adverse impact on children. They become exposed to, involved in, and victims of violence, drug and alcohol abuse, supervisory neglect, and lack of aspirations for their future.

While it was common for parents in this project to negatively judge other parents as being to blame for problems within families, when talking about their own situation parents generally attributed blame to external factors they believed that they were powerless to change. This will be the focus of the next sub-section.

### Feeling powerless

Parents felt powerless in many situations and the problems that participants' described as placing limitations on their lives were generally explained by something they could not control. Many examples of this were provided in the study (see Section 8.3.2). For instance, participants expressed feeling unable to stop children from roaming the streets and parents were concerned that they could not control their children because they cannot use physical discipline. In other examples, parents attributed their own or their children leaving school early to being bullied or treated badly by the staff, rather than this being at least partly caused by their own actions. These instances are expressions of their own powerlessness. They have absolved themselves of parental responsibility because the blame lies elsewhere, it is beyond their control (yet for others, the blame lies with the parents). That workers also support and agree with parents in these views, both validates the parents' feelings of powerlessness and demonstrates how a sense of powerlessness is prevalent at a wider community level.

The town itself needs to be acknowledged as a significant character in this project contributing to residents feeling powerless. The lack of key community resources creates a significant barrier to attaining relief from poverty, and achieving self-empowerment and a sense of safety and overall wellbeing. This includes scarce education and employment opportunities, very few community and allied health services, regional isolation due to very limited public transport to neighbouring towns, an escalating problem of drugs and violent crime, and systemic discrimination and racism. Many of these factors reflect the wider society and the challenges faced by many Aboriginal communities (NSW Ombudsman 2011), particularly those in regional and remote areas.

**Box 8.2 My personal reflection on this finding 2**

Two months after my family and I travelled to the town to conduct interviews I reflected on the experience to a group of colleagues. In preparing for this discussion I wrote the following notes:

> *The plan was to spend two weeks there with my family. I didn't anticipate how difficult this would be…the emotional rollercoaster of being in that town, interviewing vulnerable and socially disadvantaged families. I found my own mood and feelings towards the town starting to mimic those of the interview participants, I was anxious, fearful, depressed. Mark and Zoey were isolated and Mark and I began snapping at each other. Like a 'black cloud of hopelessness' over the town. This is the way some people described living there and it was rubbing off on us... I could really empathise with how parents felt because I felt it too (reflective journal 12 Feb 2013).*

This excerpt reiterates the community level issue of a collective, even contagious, sense of powerlessness. It is something that really cannot be comprehended until it is experienced first-hand and this is a significant justification for the argument that addressing these issues at only the individual or family level will not be effective.

However, thinking reflexively about this I also have to consider that this perception has been constructed in collaboration between me and participants during interviews and the community forum (Pillow 200:178). While there is strong evidence that many people in the community feel powerless, had I interviewed a different group of people, would I have experienced these same feelings and uncovered similar findings?

While participants commented about once loving this town because it was their home, they also commented on the social problems in the town and most people talked about a desire to move away. Geis and Ross (1998) in their study on perceived powerlessness in high-risk neighbourhoods found that while poverty was prevalent in poor neighbourhoods, it was not the poverty that fostered perceptions of powerlessness, but the perception of a disordered neighbourhood (Geis & Ross 1998:241). They argued that when residents are consistently exposed to unfavourable conditions and events in their environment 'people learn that they are helpless to control important life outcomes', such as living in an area that is not affected by drugs, crime and danger (Geis & Ross 1998:243). This realisation, Geis and Ross (1998) conclude, 'creates a sense of powerlessness' (Geis & Ross 1998:243). This theory is relevant to the findings from this project, as participants repeatedly discussed the need for changes to

occur in the town, yet were comfortable to remain passive bystanders believing that they couldn't do anything to improve the situation. Participants generally felt that making a difference to the community was beyond their control, as a lack of local services and an unsupportive local police force would prevent any real sustained change to the town. This response is expected from people who feel powerless, as explained by Geis and Ross:

> Perceived powerlessness forms the mental bridge between external conditions and emotional and behavioural responses. Through continued experience with objective conditions of powerlessness and lack of control, individuals learn that their own actions cannot produce desired outcomes (Geis & Ross 1998:233).

As already established, participants in this research felt a sense of powerlessness in many aspects of life and to reiterate the quote above, the consistent exposure to experiences where the individual feels they do not have any control creates a role of passivity and powerlessness.

Parents demonstrated through their descriptions of child neglect that they were aware of what are considered adequate practices of caring for children. However, as discussed previously, these perceptions and standards did not reflect the reality of parenting in the town. Is their sense of powerlessness enabling parents to not fulfil their parenting responsibilities they know they should undertake? Is this lack of feeling in control leaving children vulnerable to the risk of neglect? Likewise, all parents stated that children should be the first priority, but differences between how they see adequate parenting and their parenting capabilities in reality creates a barrier to actualising these beliefs. This passive way of living that comes with feeling powerless can spill over into parenting; where children are not guided by a strong adult authority, this may result in a permissive household where parents have difficulty managing their children (Achtergarde et al. 2014:169). If people in communities go from feeling powerless to becoming empowered, what does this mean for their views on child neglect? It may be that they remain the same, as this study found that parents' standards and expectations for good parenting aligned with workers (and in turn, statutory child protection thresholds), and rather people's actions may change to become more consistent with their views because that sense of not being in control of their lives is diminished. However, changes need to be made for this to happen. Implications and recommendations for the service system in light of the findings of this study will be discussed in the next and final chapter of this thesis.

To summarise the findings from this research question, the main issues that were identified as creating challenges in caring for children for this group of Aboriginal parents were related to community level factors. The finding that parents were raising their children in isolation

carried implications for the supervision of children, supports for the family, and the cultural identity and wellbeing of participants. This lack of shared parenting practices could also be associated with historical trauma, which manifest through social problems such as lateral violence, intergenerational high-risk behaviours within families and the community, and a general sense of powerlessness preventing personal and environmental improvements. Added to this was the lack of service engagement, or inaccessible services and community resources, intergenerational poverty, unemployment, low education and limited opportunities, or knowledge of opportunities that might improve conditions. This is the ecological system within which many parents try their best to raise their children.

## 8.4 Reflections on my influence on the research

This study has told many stories. It told the story of one rural community in NSW and the struggles faced by many of the Aboriginal families who live there; it introduced the story of how Aboriginal families understand parenting and child neglect; it retold the stories of these families and their lived experiences as parents; it recounted the challenging journey of conducting Aboriginal research; and finally, it was my story. During this project I have twice embarked upon the journey of motherhood, alongside my roles as researcher, student, social work graduate, wife, and Aboriginal woman. Omitting my voice from this project would not capture the whole story of this project, for it is my interpretation and understanding of these other stories that are expressed throughout these pages (Pillow 2003). All knowledge is generated within the contexts of a social situation (Davies 2012:749). As the researcher it is important to contextualise the project from my own standpoint and make explicit that who I am would have had an impact on all stages of this project, beginning with conceptualising the research all the way to writing these words. If someone else was to conduct this project they may have had very different experiences and outcomes.

### 8.4.1 Reflecting on the interviews

I was very fortunate to be introduced into the community by an Aboriginal leader who was highly respected in the town. Having her support for the project paved the way for elders and decision makers in the community to approve the research. As a result, the research was welcomed by the community from the outset. I was more concerned about engaging the parents. I hoped that being Aboriginal and a fellow parent would work in my favour. My physical presentation was likely to have a big impact on the interview interaction and the assumptions the participants made about me (Del Busso 2007). I tried to be as informal as possible and hoped that presenting in a T-shirt and thongs rather than a blouse and heels

would put people at ease and offset the requirement to impose paperwork and use a voice recorder. I took the time to engage parents and let them know who I was. I offered yarns about my family and shared both humorous and emotional parenting stories with them. I found that different approaches worked for different people: some were more receptive after we talked about friends we had in common, others felt more confident to share their views after we spoke about the injustices of the child protection system. Most participants were happy to talk and had strong and passionate opinions they wanted to communicate. A few participants were harder to engage than the rest and I found myself utilising a lot of my social work training. For a couple of the participants I had to work extra hard to engage them and tread carefully so not to cause them to disengage once they started opening up about their stories and views. Other participants wanted someone to listen to their stories and felt 'like a counselling session', as described by one parent. Parents shared with me stories of their darkest days: being sent to prison, losing care of their children, being beaten in front of their children, falling deeper into a drug addiction, and the grief of losing children who had passed away. Parents also talked about their plans and dreams for the future. The way I conducted myself and the tone of the interview depended on the mood of each interview set by the participant. The most important thing was that I was receptive to how the participant was responding to the interview, and how they were feeling more generally. For example, several of the parents were visibly distressed and trying to cope with personal issues. This also suggests that the current state of mind of participants may also have an impact on the interview and their responses; however, that is not to say they would provide different responses if they were in a happier mood, it is just something to be aware of. In all, the interviews were successful and I can only assume that who I was and how I was introduced into the community had either a minimal or a positive impact on the data collection.

### 8.4.2 Representing the stories

I came into this project fresh from completing my social work degree. In line with this training I approached this project from a strengths-based perspective. Despite the research being in the area of child neglect I was set on being positive and optimistic about the circumstances of the research participants and their futures. When I stayed in the town to complete the interviews my perception of this thriving collective community began to shift as I 'caught' the negativity, feelings of hopelessness and powerlessness experienced by families in the town. Simultaneously I became very familiar with the literature on child neglect, disadvantaged communities and historical trauma. A lot of this literature uses deficit-like language when describing families and communities. Somewhere along the way my perceptions, and in turn,

my writing began to echo the language used in this literature and the negative perceptions of participants. I am sharing this because it is important to understand my own standpoint coming into this research and how this shifted through the research journey. I have been contending with the tension between staying true to my own ideals of communicating a strengths-based approach to the study and representing the story in the way it emerged from the interviews and community forums. By choosing the latter I have bypassed my initial intention to avoid a deficits focus to retell these stories in a raw and confronting way that emphasises family and community needs. I would like to declare that I am still not comfortable minimising strengths and resilience of families in favour of highlighting the problems; however, to not report on these issues in the way they were told by parents would do a great injustice to these stories and downplay the struggles within the community. The internal dialogue that I trigger through writing in my reflective journal has helped me to acknowledge this personal shift in my perceptions about families and the community so that I become aware of my own biases, judgements and sources of discomfort on my own writing (Malacrida 2007).

## 8.5 Concluding summary

In this chapter I have analysed the key findings from the project and responded to the three research questions with the support of relevant literature. Overall, I did not find that there were major differences in the way Aboriginal parents and workers viewed child neglect, as was consistent with previous research. I also found that Aboriginal parents regard adequate parenting and views on child neglect in a similar way to mainstream society. Therefore, I posit two conclusions from this. The first is that the differences in Aboriginal and non-Aboriginal perceptions of child neglect is not the primary reason for the overrepresentation of Aboriginal children in the child protection system. I acknowledge that this is a controversial claim and contextualise this argument within the bounds of this study – one rural community in NSW. Thus, if views are generally consistent across social groups and Aboriginal and non-Aboriginal people hold similar views, then the second conclusion is that Aboriginal people are living in situations that make it very difficult for them to align their ideals with what is happening in reality.

The diversity of Aboriginal people participating in this study was also highlighted. This was prevalent through the findings and challenges widely held assumptions about Aboriginal families living within large families and communities that share child caring responsibilities. I also found that cultural norms were unclear or confused with non-Aboriginal ways of parenting, indicating that parents did not identify with a particular culture when it came to parenting.

I found the prevalence of traumas, lateral violence and powerlessness is both caused by and perpetuates further the social conditions that make it very difficult to adequately care for children. I am not implying that lateral violence and powerlessness are unique to Aboriginal communities. I am reporting that these factors were prevalent, and from an Aboriginal perspective they were racially motivated and related to other issues specific to Aboriginal communities, such as historical trauma. This is the first study to explore child neglect within the context of historical trauma and lateral violence, and I argue that these are influential factors to child neglect in Aboriginal families and communities. As these factors are prevalent at the community level I argue that a community response is what is needed to address child neglect within these families. My final conclusions, implications from the research, and directions for further research will be discussed in the next and final chapter.

# CHAPTER 9: CONCLUSIONS

## 9.1 Project summary

The aim of this project was to help to develop an understanding of child neglect from an Aboriginal worldview. This was investigated by exploring parents and workers' perceptions on child neglect, the factors that influence these perceptions, and the challenges that Aboriginal parents face in caring for children. The project took place in a rural town in Wiradjuri Country in New South Wales. I interviewed 18 Aboriginal parents: 14 mothers and four fathers, as well as nine Aboriginal and non-Aboriginal human services workers. Data was also collected during the two community forums that consisted of local human services workers and community members in the first and second one, and the addition of several parents in the second community forum.

I utilised an Indigenous research methodology at all stages of the research. This was to ensure that the project was culturally sensitive and competent, and so the Aboriginal community could be actively involved in the various stages and decision making about the project. As an Aboriginal woman and mother I decided to also use a reflexive approach and reflect on my position in the research throughout the project. This improved my understanding of the role of power dynamics in the generation of knowledge, as well as my contribution to the research processes and outcomes.

Chapter 1 of this thesis introduced the research problem, aims and scope. It also explained who I was, why I was undertaking the project, and the significance of examining such a sensitive research area. Chapter 2 discussed the history of Aboriginal child protection policies and practices, the construction of conceptualising child neglect for Aboriginal and non-Aboriginal people, and the current service system ideologies and models in NSW. In Chapter 3 I discussed the theoretical perspectives of child neglect. I argued that an ecological perspective, incorporating historical trauma, was a plausible explanation for child neglect in Aboriginal families and communities. I also reviewed the ecological risk factors for child neglect and the empirical research on perceptions of child neglect.

Chapter 4 introduced the research methodology and data collection and analysis processes. I explained how an Indigenous research methodology was the most appropriate approach for this project and recounted the various and complex components experienced during this research. Chapter 5 provided a profile of the community for this study and introduced each of the research participants.

Chapters 6 and 7 presented the analysis and findings of the research. Chapter 6 focused on general perceptions of child neglect, parenting, help seeking, and the factors that support or make parenting difficult for participants. It also explored the views on supervisory neglect and education and schooling. Chapter 7 focused on the findings related to perceptions of parental drug use and violence, and the prevalence of these risk factors in the community. Chapter 8 provided a critical discussion of the key findings from the previous two chapters and responded to the research questions. I also touched on the implications of the findings and preliminary conclusions which will be detailed further in this chapter in the broader social and political contexts. This final chapter also discusses the contributions of the research project and directions for further research.

## 9.2 Contributions of the research

This research has made a significant contribution to understanding Aboriginal parents' perceptions of child neglect, and the different underlying factors that influence these views. I have identified a theoretical perspective for approaching child neglect within an Aboriginal context that has not been previously considered in the literature. This research has gone beyond the widely accepted and known risk factors for child neglect and uncovered how the underlying issues of historical trauma, lateral violence and powerlessness in Aboriginal communities has a significant impact on families and communities. I have also added to existing knowledge regarding parents' and professionals' perceptions of child neglect. I have drawn similar conclusions to previous research, notably that minority parents and workers have similar views on child neglect, and that parents have a lower tolerance for exposing children to unsafe situations compared to workers.

These contributions shed light on the reasons for the overrepresentation of Aboriginal children in the child protection system due to neglect. Although there is a wealth of literature and commentary to the contrary, I argue that the consistent views between workers and parents, and in some instances, the more stringent parenting expectations of parents, indicates that the high rates of Aboriginal children receiving child protection services cannot be primarily attributed to cultural misunderstandings. Rather, the influence of factors associated with extreme disadvantage and historical trauma within Aboriginal families and communities was glaringly evident.

This thesis has also challenged the commonly accepted idea that people in Aboriginal communities take responsibility to collectively care for all children. This was certainly not the case in this study area, specifically because participants feared negative repercussions if they

involved themselves in other people's business. This also highlighted the diversity of Aboriginal families and showed how participant families in this study were living very differently to the common assumptions that Aboriginal families live within supportive extended kinship and community networks. Likewise, for these families the lines were blurred between Aboriginal and non-Aboriginal cultural norms. This may also account for why the study did not find stark cultural misunderstandings as being a significant factor for child neglect within the community.

## 9.4 Implications and future directions

This section will discuss the implications from the research findings on child protection policy, service delivery, and understanding the diversity of Aboriginal communities. This section also suggests where further research would be beneficial to further inform the knowledge generated through this project.

Parents' views on good parenting and child neglect aligned with the literature, mainstream ideas and professional views. Further, parents did not explicitly state that they parented in an Aboriginal way or in a non-Aboriginal way. This indicates that the way parents perceived their own parenting was not focused on cultural parenting styles and so the extent to which being Aboriginal has a role in their parenting is difficult to disentangle from other factors. This raises considerations for service intervention when engaging with families. Child protection agencies attempt to be culturally sensitive to the norms and practices of other cultures (New South Wales Government 2009). However, workers have their own biases and prejudices about the way people from particular cultures and socioeconomic backgrounds care for their children. In line with this, workers may carry particular assumptions about the way Aboriginal people parent their children. This research has found that this group of Aboriginal parents do not really identify differences between Aboriginal and non-Aboriginal parenting. Therefore, workers must be aware of this large diversity within cultural groups and be mindful of the different role of Aboriginal culture in the lives of families. Some families may identify proudly as being Aboriginal, but for whatever reason cannot explicitly identify Aboriginal parenting norms. Instead they are raising their children in a way that is much more consistent with Western practices. However, it is also important for workers to understand the impact of historical trauma and associated factors such as racism and discrimination (Herring et al. 2013:108). These are still prevalent for many families, so even though they don't see themselves as parenting in an Aboriginal way, being Aboriginal still has an impact on their parenting and other parts of their lives. Thus, it is not just the actual parenting practices within the family that workers need to be conscious of, but also how their cultural background may

impact on their social experiences. This understanding comes from getting to know the family, their community connections and personal beliefs, as well as their previous experiences with the service system from their perspective.

Similar to this was the absence of parental figures, or elder role models in the community. There wasn't a shared approach to caring for children. It was also widely believed that parents were disengaged from their children's lives because they couldn't discipline them or were preoccupied with their own priorities to keep them off the streets. As there were no strong adult role models in this social setting, children looked amongst themselves and older children for mentors. This is problematic because it facilitates engagement in risky behaviours and promotes an environment where children lack opportunities for learning cultural or parenting practices.

These points raise significant implications for the implementation of the Aboriginal Placement Principles. The current generation of parents in this community utilised a more individual-focused parenting style and were less willing to take responsibility for other people's children. This signifies a shift away from traditional cultural practices of caring for all children within the community. This is of serious concern when Aboriginal children are being removed at very high rates and already there are only a small number of Aboriginal kinship or foster carers compared to the number of children in care (Senate Community Affairs Committee Secretariat 2015 2015). This urgent need to increase the number of Aboriginal kinship carers is unlikely to be actualised and this increases the likelihood that Aboriginal children will be increasingly placed in non-Aboriginal care, putting them at risk of being excluded by their Aboriginal families and communities and compromising their Aboriginal identity. This individual-focused child rearing approach also suggests that parents have not had the opportunity to learn from their elders or community leaders about parenting, and this may be another reason why these parents identified less with an Aboriginal-specific parenting style.

A main finding was that the factors influencing the problems within families were evident at a community level through experiences of historical trauma, violence, lateral violence, racism and discrimination, and an established drug and alcohol culture. In light of this I argue that changes need to be made to the way services are delivered to address these broader issues (Stanley et al. 2003:4). Services are generally funded in a way that adopts an individual or family level approach; it is about particular parents with particular problems and assisting them to overcome these problems through, for example, counselling or education (Dubowitz et al. 2004:345). However, this is only addressing the immediate issue at a personal level. This cannot bring about permanent change if the conditions in the community are unable to

accommodate what is required to sustain improvements for families. The fundamental way that services are configured is not fit to meet this need. A number of factors contribute to community-level problems including under-resourced police, discrimination within the schools and at the shops, and the lack of employment opportunities. Thus focusing on individual parents and their problems does not address the underlying problems in the community; this contributes to the fragmentation of the community and further isolation of families. Any one service or intervention is likely to be ineffective if it is not part of a broader community initiative. An example from the research was that violence was normalised within the community and was prevalent in both public and private settings. The implication of this is that children are being exposed to violence in a variety of locations, and therefore the concern is not just that children are being exposed to domestic or family violence within the home, but potentially anywhere in the town. This raises considerations for the concept of child neglect and the way caseworkers respond to violence. Service interventions due to domestic or family violence arise out of a 'failure to protect' the child from being exposed to or victims of violence; however, the parameters of 'failure to protect' become unclear when children are being exposed to violence on a regular basis outside of the family home. This suggests that the problem of violence around children needs to be addressed at a wider community level. This argument has also been noted in the literature. Scott (2014), in her review on child neglect comments on the ecology of child neglect and the role of the community in influencing the health and wellbeing of children and families (Scott 2014:14). She also argues that child protection responses that are inclusive, empowering residents through responsibility and active participation, 'have the capacity to improve the overall wellbeing of children and families who live in that community and reduce child maltreatment' (Scott 2014:14).

Additionally, it needs to be recognised that these issues within the community are not going to be resolved quickly. Long-term funding and resources for these programs and services are required (Bessarab & Crawford 2013:106). From an economic and service system perspective, while this is a timely investment, it is actually more efficient and cost-effective to address these underlying causes of family problems, rather than focusing on the symptoms. From a family and community perspective, addressing these issues at a community level is the most feasible way to tackle issues such as violence and drug use in individuals (Scott 2014). As long as these behaviours are perceived as normal, or at least tolerated, they will continue, and shifting this perception at a community level improves the likelihood of individuals changing their personal actions. Additionally, if people change in one area of their lives, no matter how small, it increases their sense of empowerment and can have a flow-on effect in other ways.

This also promotes positive community conditions for minimising conflict and enhancing community cohesion and belonging. Implementing services at any level must be from a trauma-informed perspective, and to be effective with Indigenous populations, organisations must have a significant understanding of the impact of historical trauma on Aboriginal communities, including how it continues to manifest in their everyday lives both within their community and with mainstream society and government (Atkinson 2013; Herring et al. 2013). Working with clients from a trauma-informed approach prioritises individual and cultural safety, client decision making powers and autonomy, integrated supports, and an emphasis on healing and recovery through relationship building and promoting self and community empowerment (Atkinson 2013). Trauma-informed practice is an emerging area in the human services sector, with several workshops and training programs available, some designed specifically for children and Indigenous communities (Atkinson 2013).

To effectively address the needs of clients, a number of barriers to the effectiveness of the human service sector need to be considered. First, the sector is under-funded and workers are over-burdened with high caseloads. In rural and remote areas they often experience professional isolation and limited opportunities for career development and training (Roufeil & Battye 2008). Second, trauma-informed service provision is necessary when working with Aboriginal communities; organisations need to ensure staff are appropriately trained and acutely aware of the historical context affecting Aboriginal people (Atkinson 2013; Herring et al. 2013). A lack of staff and limited resources within the service sector can cause organisations to neglect this requirement or place pressure on one staff member to carry this responsibility (Herring et al. 2013:114). Finally, lateral violence has also been identified as a significant issue within the health profession (for example Griffin 1997; Stanley et al. 2007), and is being increasingly recognised between Aboriginal workers in the human service industry (Australian Human Rights Commission 2011). The problem of lateral violence in the workplace is being increasingly addressed through the delivery of professional workshops to promote awareness and prevention (Gorringe et al. 2011). While this was not investigated in this project, it is a serious issue which needs to be considered as it impacts on staff retention and wellbeing.

While I argue that change is needed at the service system level, this would be useless if families are still unwilling to engage in services. Parents in this project acknowledged that external supports, including service provision, is a key way to prevent neglect despite the fear of engagement due to the possibility of a child being removed from their care; however, they resolved that the prevention of child neglect lies in the provision of adequate social supports and programs for families. As was demonstrated by three parents in the project, when parents

don't want to engage with services at all, their problems can escalate and when they do receive services they are then at a statutory level which they have very little control over (Bromfield et al. 2010:20). This perpetuates their feelings of powerlessness because they are not voluntary agents of service intervention. As such they are unlikely to have a positive experience with the service which exacerbates this fear, distrust and reluctance to engage in services.

The legacy of child protection and child removal policies is a key source of this suspicion and resistance to engage in mainstream services is identified in the literature (Litwin 1997:231). Interventions with families have historically been paternalistic and implemented under the ideology that Aboriginal people need saving and the government should decide what is in their best interests (Stanley et al. 2003:18). While policies today pay much more respect to the importance of Aboriginal self-determination, parents in the project who had engaged with government services had negative experiences and felt unsupported and powerless to negotiate or control the decisions being enforced upon them. Particularly when interacting with child protection authorities, some participants complained that their children were removed with no prior warning, and following removal they were not provided with any information or support from DoCS caseworkers. Similar experiences were expressed to the recent Senate Inquiry into Out-of-Home Care. It was reported that Aboriginal children were often removed unexpectedly (Nigro 2014:3), and that, once removed, families were not supported or provided with legal advice or information regarding restoration of their children (Senate Community Affairs Committee Secretariat 2015 2015:231;234; Nigro 2014:5). These examples emphasise the problems within the statutory child protection system to provide supportive and comprehensive services to families, particularly because a priority of the department is to keep children with their biological families. Workers need to maintain open and transparent conversations and interactions with biological parents and family members so that they can be aware of and participate in decisions concerning their children at all stages of intervention, not just pre-removal. Further, parents need to be, and feel that they are, adequately supported to do this.

The project also found that parents were worried that, due to mandatory reporting, all services were part of the statutory child protection system and parents did not distinguish between statutory and non-statutory services. An implication of this is that the fear of DoCS removing children prevents families from engaging with any other services. Most families in this study were engaged with Barnardos or the local Aboriginal Medical Service, although those recruited through snowballing were not using any services. Participants recruited

through snowballing also had the most need to use services. Taking this finding into consideration, further investigation is needed into the approaches of services that manage to engage hard to reach families, and the experiences of those families using these services.

To continue thinking more immediately and more locally about the project, and the implications that it has within the limitations of the current service system, I suggest a number of steps to address some of the issues raised in the findings. First, generating awareness and education about lateral violence within the community would be beneficial. This is a strategy that workers could employ within their existing resources and current interactions with clients in the course of parenting programs, playgroups and home visits. They could also use other platforms, such as social media, the local newspaper, or speaking at community events, to raise the concern of lateral violence to the broader community. Additionally, lateral violence was first identified in an Aboriginal context between colleagues in the workplace. Therefore, starting this awareness at the professional and service level would be useful to build a cohesive approach to combat lateral violence in the community. Second, I found that feelings of powerlessness were contagious, as even the workers exhibited feeling powerless to change many of the problems in the town. To counteract this, steps to promote autonomy and empowerment are needed. As this sense of powerlessness resides at a community level, I suggest a community wide strategy or project to enhance a sense of collective agency and liberation. It might be something as small as a 'clean up Australia' campaign, as long as it is something that the community can all do to feel as though they are taking responsibility to improve their town. This will then have a flow-on effect for individuals to feel empowered to make changes in other areas of life. Finally, this project has given professionals a greater understanding of the views of their clients and the impact of factors such as historical trauma and lateral violence on their views and parenting. This could be utilised in their everyday work with families. I would suggest resource sheets or similar documentation be developed for workers, adapted from this thesis, so that they have readily available access to the insights of their clients. For instance, several families were unaware that they could apply to have their children restored to their care following permanency placement under a 'Section 90'. Having this information in a resource sheet could prompt workers to discuss this option with clients and in doing so empower them with the knowledge and hope for the future.

Further research replicating this study in other locations would be very useful to further develop or contest the project findings. Each Aboriginal community is unique and developing an understanding of the perceptions of child neglect and the factors impacting on views and

actual experiences from multiple communities would be highly beneficial to child protection policy and practice.

## 9.5 Concluding statement

This thesis set out to develop an Aboriginal understanding of child neglect. The research has uncovered that Aboriginal parents' views on child neglect are complex and diverse, much like the experiences of Aboriginal people more generally. While the definitions of child neglect between participants were similar, the way these were understood was relative to each parent and at times contradictory. Generally, parents' perceptions were also similar to mainstream views and expectations which highlight the changing nature of cultures across generations. This is important because it suggests that the issue is not necessarily that Aboriginal communities understand child neglect differently to the rest of society, but rather that there are factors present that are preventing parents from meeting these standards.

The project has revealed a number of factors prevalent within families and the community which include but are not limited to experiences of racism, discrimination, lateral violence, intergenerational trauma, and entrenched poverty. These issues which perpetuate social disadvantage are ongoing and very difficult to overcome. I argue that this is particularly because of an overwhelming sense of powerlessness experienced by individuals, but also prevalent at a community level. While the problems contributing to child neglect are happening at an individual, family and community level, it is the broader factors that largely determine the factors under which child neglect may occur. Until social attitudes change, until political agendas not only support but act aggressively and consistently to support and empower Aboriginal communities to improve things their way, until systemic and institutional racism and discrimination can be eliminated, parents are going to continue to feel powerless. In continuing to feel powerless they will take that hurt out on each other through family, community and lateral violence. They will continue cycles of risky behaviours, such as drug and alcohol abuse, and children will remain at risk and victims of neglect and abuse. This means that there will continue to be a discrepancy between parents' views and parents' behaviours, as these standards are unable to be actualised. Nothing changes. These conditions will more than likely be replicated by their children, and the overrepresentation of Aboriginal children in the child protection system will continue. Parents demonstrated that they do not accept child neglect and they are acutely aware of how to parent well; they just need the structural and social supports, self-empowerment, and safe service systems, to help them meet their children's needs.

I cannot generalise these findings to all Aboriginal parents, or even all Aboriginal parents in this community. I can only base my conclusions on the findings from these research participants, and make assumptions based on other knowledge from previous literature and research. However, these findings are highly significant and worth further investigation to determine if these views and underlying factors of historical trauma, powerlessness, and lateral violence are prevalent and impacting on parenting in other communities and cultures. More immediately, the findings need to be declared so that changes can be made to improve the circumstances for this community, and these families who very generously shared their stories.

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**HUMAN RESEARCH ETHICS**

**COMMITTEE (HREC)**

04-Jul-2012

Professor Ilan Katz

Sydney NSW 2052

Dear Professor Katz,

**HREC Ref # HC12377**

**Child safety and wellbeing from an Aboriginal Worldview: Understanding child neglect in Aboriginal families and communities.**

Thank you for the above application for ratification of the ethics clearance given by the Aboriginal Health & Medical Research Council Ethics Committee (Ref 839/12) to Professor Ilan Katz for the approval period from 21-Jun-2012 to 30-Jun-2013.

The Executive noted the above application at its meeting held on 03-Jul-2012, and is pleased to advise it is satisfied that this protocol meets the requirements as set out in the National Statement on Ethical Conduct in Human Research*. The Deputy Vice-Chancellor (Research) has accepted the Committee's recommendation.

Please note that the UNSW HREC period of approval for this project is valid for the duration of the approval period given by the Primary Ethics Committee.

Sincerely,

Andrew Metcalfe

Presiding Member

Human Research Ethics Committee

Aboriginal Health & Medical Research Council
of New South Wales

# AH&MRC ETHICS COMMITTEE

21 June 2012

Professor Ilan Katz
Social Policy Research Centre
Goodsell Building
University of New South Wales
Kensington NSW 2052

Dear Professor Katz

**Child safety and wellbeing from an Aboriginal Worldview: Understanding child neglect in Aboriginal families and communities (839/12)**

The Aboriginal Health and Medical Research Council (AH&MRC) Ethics Committee has considered your application received on 31 January 2012 for ethics approval for the above project. The email of 15 June 2012 from Mrs Belinda Newton containing additional information is considered to form part of the application.

**The Committee agreed to approve the application subject to the Standard Conditions and Special Conditions of Approval below:**

Standard Conditions of Approval (where applicable to the project)
1. The approval is for a period from 21 June 2012 until 30 June 2013, with extension subject to providing a report on the research by 30 June 2013.
2. All research participants are to be provided with a relevant Participant Information Statement and Consent Form in the format provided with your application.
3. Copies of all signed consent forms must be retained and made available to the Ethics Committee on request. A request will only be made if there is a dispute or complaint in relation to a participant.
4. Any changes to the staffing, methodology, timeframe, or any other aspect of the research relevant to continued ethical acceptability of the project must have the prior written approval of the Ethics Committee.
5. The AH&MRC Ethics Committee must be immediately notified in writing of any serious or unexpected adverse effects on participants.
6. The research must comply with:
   - the *AH&MRC Guidelines for Research in Aboriginal Health – Key Principles*
   - *National Statement on Ethical Conduct in Research Involving Humans* (April 2007)
   - the *NSW Aboriginal Health Information Guidelines.*

7. The final draft report from the research, and any publication or presentation prior to that report where new data or findings are presented, must be provided to the AH&MRC Ethics Committee to be reviewed for compliance with ethical and cultural criteria prior to:
   - any submission for publication; and/or
   - any dissemination of the report.
8. A copy of the final published version of any publication is to be provided to the AH&MRC Ethics Committee.

<u>Special Condition/s</u>
9. Provide the Ethics Committee with a signed Organisational Consent Form or Letter of Support from the relevant Aboriginal Community Controlled Health Services (ACCHS) or alternative Aboriginal Community bodies as stipulated in your application.
10. Information about avenues of referral, in case of emotional distress, should be provided for all participants.

Please acknowledge receipt of this letter and your acceptance of the above conditions within fourteen (14 days).

We would also appreciate your agreement that the AH&MRC may, on request, obtain access to the data obtained from the research in order to assist the future development of policy and programs in Aboriginal health.

Included, please find an Annual Progress Report pro forma for use at the end of the term.

On behalf of the AH&MRC Ethics Committee,

Yours sincerely,

Val Keed
Chairperson
AH&MRC Ethics Committee

*What does a child need to be safe and well?*

*How does your community make looking after children easier?*

# Are you an Aboriginal parent or carer?

# Would you like to share your views on child safety and wellbeing?

I am a Koori PhD student from the University of NSW and I would like to find out what our mob thinks about child safety and wellbeing.

I am looking for Aboriginal parents and carers who would like to be interviewed about their views on parenting, the good things and the tough things about bringing up children, and how they are supported in the community.

I will be in town for two weeks in December and if you would like to sit down for a yarn about this please contact me, BJ Newton, on [number] email b.newton@unsw.edu.au

**$$$ As a thank you for your time you will receive $50 cash $$$**

**What makes a good parent?**

*What parenting behaviour is not OK by our mob?*

*What makes looking after kids difficult for some Aboriginal families?*

# Child safety and wellbeing from an Aboriginal Worldview

## INFORMATION SESSION FOR THE [TOWN] COMMUNITY

## MONDAY 8TH OCTOBER, 2012 11:30-1:30PM @

## [VENUE]

### Do you work with Aboriginal children and families in [town]?

### Would you like to have an active input in designing this study so it is appropriate for families in your community?

I am a Koori PhD student from the University of NSW and I would like to find out what our mob thinks about child safety and wellbeing, and I need your help!

**At the information session I will:**

- Provide a strong evidence base as to why this research is needed and why it is important for you to be involved
- Provide information and an agenda about the upcoming knowledge gathering community forum

**Please pop by anytime between 11:30-1:30pm to meet me, have a cuppa and a chat about the project and how you can be involved.**

### LUNCH PROVIDED!

For more information please contact me, BJ Newton on [number] or b.newton@unsw.edu.au

# Child safety and wellbeing from an Aboriginal Worldview

## KNOWLEDGE-GATHERING COMMUNITY FORUM

## MONDAY 22ND OCTOBER, 2012 10:30AM-2:30PM @

## [VENUE]

### Do you work with Aboriginal children and families in [town]?

### Would you like to have an active input in designing this study so it is appropriate for families in your community?

This project aims to develop an understanding of child safety and wellbeing, focusing on child neglect, from an Aboriginal perspective.

Through a whole of community approach this study will draw on the expertise of the local community to ensure that this project is designed and reported in a way that meets the priorities and reflects the voice of Aboriginal families and community members.

You are invited to attend a Knowledge-Gathering Community Forum which aims to:

- Make important decisions about the project on behalf of the community
- Develop interview questions appropriate for families

**Please arrive at 10:15am to ensure a prompt 10:30am start.**

### PLEASE RSVP BY MONDAY 15TH OCTOBER

to BJ Newton [number] or b.newton@unsw.edu.au

Lunch is provided. Please let me know if you have any dietary requirements.

# CHILD SAFETY AND WELLBEING FROM AN ABORIGINAL WORLDVIEW

## COMMUNITY FORUM & PRESENTATION OF FINDINGS

## Are you interested to know what local Aboriginal families think about child safety and wellbeing?

This research project, carried out in partnership with Barnardos, has aimed to develop an understanding of child safety and wellbeing, from an Aboriginal perspective.

Interviews have been conducted with local Aboriginal families and human service workers. I will be presenting preliminary findings and encouraging your feedback on what I have found so far. Doing so helps to ensure that the project truly reflects the voice of the community.

Some of the findings to be discussed include views on:

| | |
|---|---|
| Child neglect and parenting | Substance abuse |
| Domestic violence | Education |
| Aboriginality and identity | Concerns in the community |

### PLEASE JOIN ME ON

### MONDAY 21ST OCTOBER, 2013 11AM-1PM @

### [VENUE]

### PLEASE RSVP BY MONDAY 14TH OCTOBER
to BJ Newton [number] or b.newton@unsw.edu.au

Lunch to follow!

UNSW | Arts and Social Sciences
THE UNIVERSITY OF NEW SOUTH WALES

SPRC
Social Policy Research Centre

Approval No 839/12

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM FOR KNOWLEDGE-GATHERING
COMMUNITY FORUM PARTICIPANTS

## **Child safety and wellbeing from an Aboriginal Worldview**

*(This is for you to keep)*

Hello**,**

You are invited to participate in a research project aimed at developing an understanding of child safety and wellbeing, specifically child neglect, from an Aboriginal perspective. You were selected as a possible participant in this study because you work closely with Aboriginal families or you are a member of the local Aboriginal community.

If you decide to participate, you will be an active participant in a knowledge-gathering community forum aimed at developing interview schedules that are appropriate for Aboriginal parents and carers. The forum will also discuss important decisions about the project that will be made on behalf of the community. With your permission I will contact you again in mid-2013 to invite you to participate in a follow-up forum aimed at interpreting the results of the research.

Your overall participation in these forums will contribute to developing an understanding of local Aboriginal knowledge and expertise in the area of child safety and wellbeing.

During the forums, I would like to take notes and, with your permission, record the discussions so that my notes are more accurate. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law. If you give your permission by signing this document, I plan to discuss the results in my doctoral thesis. In any publication, information will be provided in such a way that you cannot be identified.

At the completion of this study I will be presenting the findings in person to the community within which you live/work. All participants will also receive a summary of the thesis and will be provided with more information upon request.

Your decision whether or not to participate will not prejudice your future relations with the University of New South Wales. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any complaints regarding this research you may direct them to either:

- The Ethics Secretariat, The University of New South Wales, Kensington NSW 2052 AUSTRALIA (phone 9385 4234, fax 9385 6648, email ethics.sec@unsw.edu.au).

- The Chairperson, AH&MRC Ethics Committee P.O. Box 1565 Strawberry Hills NSW 2012 (Phone: 9212 4777).

Any complaint you make will be confidential and will be investigated promptly. You will be informed about the outcome.

If you have any questions, please feel free to ask me. If you have any additional questions later, please contact BJ Newton on 02 9385 4013 or b.newton@unsw.edu.au and I will be happy to answer them.

**THANK YOU VERY MUCH FOR YOUR TIME** ☺

**AH&MRC ETHICS COMMITTEE**

**MODEL CONSENT FORM**

# INDIVIDUAL PARTICIPANT

**Project:** Child safety and wellbeing from an Aboriginal Worldview

**Principal Researcher:** BJ Newton

**Research Organisation:** Social Policy Research Centre, University of NSW

I, ………………………… ……..……………………………………………………..

have consented to participate in the above research project on the following basis:

1.  I have received the Participant Information Statement and have had the opportunity to ask questions. I understand the purpose of the research and my involvement in it.

2.  I have the right to withdraw my consent and cease any further involvement in the research project at any time without giving reasons and without any penalty. This will not affect any services that I receive.

3.  Any information I provide during the course of this research will remain confidential. Where the results of the research are published, my involvement and my personal results will not be identified

4.  I understand that discussions may be voice recorded, but will be secured and then destroyed at the completion of the project.

5.  I understand that if I have any complaints or questions concerning this research project I can contact the principal researcher, the Chairperson or CEO of the local Aboriginal Community Controlled Health Service, the ethics secretariat of UNSW; or the Chairperson of the AH&MRC Ethics Committee

☐ *I give permission to be contacted again to participate in the follow-up community forum in mid-2013* (you do not have to participate in the follow-up forum if you don't want to).

*You can contact me on*

       *Phone:……………………………………………………*

       *Email:………………………………………………...*

*Name*: …………………………………………………………………………………….

*Signature* …………………………………………..… *Date* …………..……………..

*Witnessed by* ……………………..………………… *Date* …………………………...

*Researcher's signature* : …………………………………………

*Date* ……..…………………

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THE UNIVERSITY OF NEW SOUTH WALES

**REVOCATION OF CONSENT**

## **Child safety and wellbeing from an Aboriginal Worldview**

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales.

**……………………………………………**           **...................................**

Signature                                  Date

**……………………………………………**

Please PRINT Name

The section for Revocation of Consent should be forwarded to:

Professor Ilan Katz

Social Policy Research Centre

University of NSW

Kensington NSW 2052

**UNSW** | Arts and Social Sciences
THE UNIVERSITY OF NEW SOUTH WALES

**SPRC**
Social Policy Research Centre

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

FOR PARENTS AND CARERS

# Child safety and wellbeing from an Aboriginal Worldview

*(This is for you to keep)*

Hello**,**

You are invited to participate in a research project about understanding child safety and wellbeing, focusing on child neglect, from an Aboriginal perspective. You have been invited to participate in this study because you are an Aboriginal person who is a parent or carer.

**What is the project about?**

This project has to parts:

To find out how Aboriginal families and communities view child safety and wellbeing

To find out the different reasons that some Aboriginal parents and carers can have trouble looking after their children

**Who is conducting this project?**

I am a Koori PhD student and this is my research project. I am being supported by the Social Policy Research Centre at the University of New South Wales, and the National Health and Medical Research Council to carry out this study. Barnardos Australia are also partners in this project.

**What would I have to do?**

Sit down with me for a yarn that will last one or two hours, but can be shorter or longer depending on how much you have to say. I would like to interview you more than once.

If it is OK with you I would like to voice record our conversation so that I can go back and listen again and make notes about anything extra important that you had said. No one else but me will hear the recording and it will be deleted after the project is over.

**What will I talk about?**

Our yarn will be about your views about child safety and wellbeing, specifically child neglect, within Aboriginal families and communities. We will be discussing your thoughts on good and bad parenting behaviours and the different reasons why parenting can be difficult in Aboriginal families.

**Do I receive anything for contributing?**

To thank you for contributing you will receive $50 cash for two interviews and $25 for every interview after that if you have more to say.

**What are the risks of participating in this project?**

We will be talking about the many challenges that many Aboriginal people and communities are faced with. If you feel upset by anything we have spoken about then you can talk to your Barnardos caseworker who will refer you to an appropriate service. Or on the attached sheet I have recorded some numbers for telephone counselling or details of services that might be able to help you. If at any time during the interview you become upset and would like to stop just let me know and the interview will finish right away.

**What about confidentiality?**

Any information you provide in this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law.

The findings from all interviews with families, workers and community members will be discussed in a community forum, and if it is OK with you, I may present a summary of your story, along with the stories of others, in this setting. I will change your name and any necessary details so you will not be identified.

If you give your permission by signing this document, I plan to discuss the results in my doctoral thesis. In any publication, information will be provided in such a way that you cannot be identified.

Please be aware that if you tell me something about a child being unsafe I am required by law to notify the Department of Community Services.

**How will I be told about the findings from the project?**

When this project is finished I will be presenting the findings in person to your community. All participants will also receive a summary of the thesis and will be provided with more information upon request.

**What if I don't want to take part or what if I change my mind later and want to leave the study?**

It is fine if you choose not to take part in this research. Your decision whether or not to participate will not prejudice your future relations with the University of New South Wales. If you want to withdraw from the research all you need to do is fill out the withdrawal form you have been given and return it to UNSW using the details on the form.

**What if I have a complaint?**

If you have any complaints regarding this research you may direct them to either:

- The Ethics Secretariat of the Human Research Ethics Committee of UNSW as follows:

  The Ethics Secretariat

  The University of New South Wales

  Kensington NSW 2052

  Phone 9385 4234,

  Fax 9385 6648,

  Email ethics.sec@unsw.edu.au.

OR

- The Chairperson of the AH&MRC Ethics Committee as follows:

   The Chairperson

   AH&MRC Ethics Committee

   P.O. Box 1565

   Strawberry Hills NSW 2012

   Phone:  9212 4777

Any complaint you make will confidential and will be investigated promptly. You will be informed about the outcome.

If you have any questions, please feel free to ask me.  If you have any additional questions later, please contact BJ Newton on 02 9385 4013 or b.newton@unsw.edu.au and I will be happy to answer them.

**THANK YOU VERY MUCH FOR YOUR TIME** ☺

**AH&MRC ETHICS COMMITTEE**

**MODEL CONSENT FORM**

**INDIVIDUAL PARTICIPANT**

**Project:** Child safety and wellbeing from an Aboriginal Worldview

**Principal Researcher:** BJ Newton

**Research Organisation:** Social Policy Research Centre, University of NSW

I, ………………………………  ……..……………………………………………………….

have consented to participate in the above research project on the following basis:

1. I have received the Participant Information Statement and have had the opportunity to ask questions. I understand the purpose of the research and my involvement in it.

2. I have the right to withdraw my consent and cease any further involvement in the research project at any time without giving reasons and without any penalty. This will not affect any services that I receive.

3. Any information I provide during the course of this research will remain confidential. Where the results of the research are published, my involvement and my personal results will not be identified

4. I understand that interviews may be voice recorded, but will be secured and then destroyed at the completion of the project.

5. I understand that if I have any complaints or questions concerning this research project I can contact the principal researcher, the Chairperson or CEO of the local Aboriginal Community Controlled Health Service, the ethics secretariat of UNSW; or the Chairperson of the AH&MRC Ethics Committee.

☐      I would like to receive a summary of the findings when the project is complete.

Email/                                                                                                      address:

.........................................................................................................

☐      I have received the $50 cash payment

*Name*: ………………………………………………………………………………………

*Signature* …………………………………………..… *Date* …………..……………..

*Witnessed by* …………………………..……………… *Date* …………………………...

*Researcher's signature* : …………………………………………

*Date* …..…………………

☐      I have received the $25 payment for an additional third interview

*Signature*…………………………………….. *Date*………………

---------------------------------------------------------------------------------------------------------

THE UNIVERSITY OF NEW SOUTH WALES

**REVOCATION OF CONSENT**

## **Child safety and wellbeing from an Aboriginal Worldview**

I hereby wish to **WITHDRAW** my consent to participate in the research described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales.

……………………………………………….                    ....................................

Signature                                                                          Date

…………………………………………………

Please PRINT Name

The section for Revocation of Consent should be forwarded to:

Professor Ilan Katz

Social Policy Research Centre

University of NSW

Kensington NSW 2052

UNSW | Arts and Social Sciences
THE UNIVERSITY OF NEW SOUTH WALES

SPRC
Social Policy Research Centre

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM FOR   HUMAN SERVICE PRACTITIONERS

## Child safety and wellbeing from an Aboriginal Worldview

*(This is for you to keep)*

Hello**,**

You are invited to participate in a research project aimed at developing an understanding child safety and wellbeing, specifically child neglect, from an Aboriginal perspective.  You were selected as a possible participant in this study because you work closely with Aboriginal families.

If you decide to participate, I would like to interview you face to face to talk about your views on child neglect within Aboriginal families and communities. We will be discussing your thoughts on good and bad parenting behaviours, and the different factors that can make looking after children difficult in Aboriginal families. The interview should take no more than one hour, however the duration is flexible to accommodate how much or how little you have to say.

During the interview, I would like to take notes and, with your permission, record the interview so that my notes are more accurate. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law. If you give your permission by signing this document, I plan to discuss the results in my doctoral thesis. In any publication, information will be provided in such a way that you cannot be identified.

At the completion of study I will be presenting the findings in person to the Aboriginal community within which you work. All participants will also receive an executive summary of the thesis and will be provided with more information upon request.

Your decision whether or not to participate will not prejudice your future relations with the University of New South Wales. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any complaints regarding this research you may direct them to either:

- The Ethics Secretariat, The University of New South Wales, Kensington NSW 2052 AUSTRALIA (phone 9385 4234, fax 9385 6648, email ethics.sec@unsw.edu.au).

- The Chairperson, AH&MRC Ethics Committee P.O. Box 1565 Strawberry Hills NSW 2012 (Phone:  9212 4777).

Any complaint you make will be confidential and will be investigated promptly. You will be informed about the outcome.

If you have any questions, please feel free to ask me.  If you have any additional questions later, please contact BJ Newton on 02 9385 4013 or b.newton@unsw.edu.au and I will be happy to answer them.

**THANK YOU VERY MUCH FOR YOUR TIME** ☺

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THE UNIVERSITY OF NEW SOUTH WALES

## AH&MRC ETHICS COMMITTEE

## MODEL CONSENT FORM

### REVOCATION OF CONSENT

## Child safety and wellbeing from an Aboriginal Worldview

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales.

……………………………………………                                    ....................................

Signature                                                                                     Date

……………………………………………

Please PRINT Name

The section for Revocation of Consent should be forwarded to:
Professor Ilan Katz
Social Policy Research Centre
University of NSW
Kensington NSW 2052

**AH&MRC ETHICS COMMITTEE**

**MODEL CONSENT FORM**

# INDIVIDUAL PARTICIPANT

**Project:** Child safety and wellbeing from an Aboriginal Worldview

**Principal Researcher:** BJ Newton

**Research Organisation:** Social Policy Research Centre, University of NSW

I, ………………………… …….………………………………………………….

have consented to participate in the above research project on the following basis:

1. I have received the Participant Information Statement and have had the opportunity to ask questions. I understand the purpose of the research and my involvement in it.

2. I have the right to withdraw my consent and cease any further involvement in the research project at any time without giving reasons and without any penalty. This will not affect any services that I receive.

3. Any information I provide during the course of this research will remain confidential. Where the results of the research are published, my involvement and my personal results will not be identified

4. I understand that interviews may be audio-taped or videotaped, but the tapes will be secured and then destroyed at the completion of the project.

5. I understand that if I have any complaints or questions concerning this research project I can contact the principal researcher, the Chairperson or CEO of the local Aboriginal Community Controlled Health Service, the ethics secretariat of UNSW; or the Chairperson of the AH&MRC Ethics Committee.

☐ **I would like to receive a summary of the findings when the project is complete.**

Email/ address:……………………………………………………………………………

*Name*: ……………………………………………………………………………………

*Signature* …………………………………………..… *Date* …………………………..

*Witnessed by* ………………………………..……………… *Date* …………………………...

*Researcher's signature* : ……………………………………Date …..…………………

**Interview schedule- parents and carers**

This project is trying to find out about the views of Aboriginal families in [community] regarding parenting, supports and services, and ideas about child neglect. There are no right or wrong answers, and this is about finding out your thoughts, not to make any judgements about you or on your parenting abilities.

The first part of these questions will ask about you, your family and your thoughts on parenting, and the second part will ask you your views on different issues that relate to child neglect. Then we will talk about your experiences of living in [community].

**Part one- Your story and experiences**

**About you and your family**

1. Can you tell me about yourself and your family? Explore:
   a. Who is in the family now (use a genogram if appropriate)? Who lives with you?
   b. Can you tell me about your children? (prompts- their personalities what's good and difficult about them? your relationship with them?)
   c. Who else is important in your life? (e.g. partner, friends etc.)
   d. Can you tell me about your childhood? (prompts- where you went to school? your living situation as a child? how you were brought up?)
2. What do you like about being a parent? What do you find difficult about being a parent?
3. How would you describe the sort of parent you are? (e.g. strict, easy going)
4. What makes you a good parent and what would you like to do better? (e.g. patience, quality time with children)
5. I'm interested to know how Aboriginal parents learned to look after their kids- how did you learn to look after your kids? Is parenting something you were taught, from whom/what?
6. Who do you look up to as being a good parent? What qualities do you like about them as a parent?

**Your strengths and resilience (where children are still living in the home)**

7. Do you get help with your kids? (who helps you? how do they help you?)
8. Do you ever get a break from your kids? (Do you go to work? have time to go out with friends?)
9. Are there ever times that you worry about how well you can give your kids everything they need? If so, what particular things in your life cause you to worry? (prompts- money, relationship difficulties, health concerns)
10. When you feel worried about these things, how do you cope? (What do you do to cope? ways you enjoy time out? someone you confide in?)
11. If you or someone in your family had a problem, would you seek help? From who?

12. Because of the history of child removal, many Aboriginal families worry about asking for help to different services. Does the fear of someone reporting to DoCS ever stop you from going to services for help?

**Where children have been removed**

13. Do you get to see your children? (how often, under what circumstances?)
14. Where are your children living? How do you feel about them living there?
15. Can you talk to me about how your children came to be removed from your care?
16. Before your children were removed were you receiving any help? (explore)
17. What do you think about DoCS' reasons for removing your children? Do you agree?
18. What kind of help do you think would have made a difference?
19. What is/was your relationship like with the DoCS caseworkers?
20. Have you had any cultural misunderstandings with DoCS caseworkers?
21. Have you had any other experiences with DoCS concerning your other children or as a child?

**Part two- Your views on child safety and wellbeing**

**Views on child neglect**

22. When you hear the words 'child neglect' how does it make you feel and why?
23. What do you think child neglect is?
24. Why do you think child neglect happens?
25. What do you think needs to happen to stop children from being neglected?
26. Do you think child neglect is understood differently between Aboriginal and non-Aboriginal people? Why or why not?

**Vignettes**

I am going to tell you a few quick stories now. They each focus on a different topic where children could end up being harmed or unsafe. The stories are made up, but they are based on real things that parents and kids may do, and problems that families face. After each story we can talk about what you think.

- **Supervisory neglect**

*There's a party going on at the Simpson's and all the family and distant relatives are visiting from all around NSW. A bunch of the kids get bored and decide to wander around town to amuse themselves. It is midnight and the kid's ages range from 7-15 years.*

1. What are your first thoughts after hearing this story?
2. What do you think about the kids wandering around without an adult? Is it something that you think is more culturally acceptable among Aboriginal families in this community?
3. Do you think the parents are being neglectful?
4. Do you think it would be acceptable for someone in the community to go crook on the kids if they were doing the wrong thing?
5. Is this the sort of situation DoCS should be involved in?

- **Alcohol use**

*Tom and Julie have seven year old Ashley and three year old Tyson. They both enjoy drinking with their friends and have a rule that during the week only one of them will drink at a time so the other one can look after the kids. Every weekend both of them normally get drunk and sleep in. Ashley plays mummy in the mornings on the weekend and looks after her little brother while her parents are sleeping.*

1. What are your first thoughts about this story?
2. What do you think about Tom and Julie's rule for one parent to drink at a time during the week?
3. What do you think about young children being around this lifestyle?
4. Could Tom and Julie be neglecting their children? (If yes, how?)
5. Is this situation something DoCS should be involved in? (If DoCS got involved what do you think they would do? What should they do?)

- **Domestic violence**

*Lulu has three children who are eleven, eight and three years old. For years Lulu's partner Doug has been emotionally and physically abusive towards her. During the last incident the police were called and Doug was arrested. The police also made a report to DoCS because the children were in the house at the time.*

1. What are your first thoughts about this story?
2. What would be the best way of helping this family?
3. When children are exposed to domestic violence it's called a form of child neglect because the parent or carer is 'failing to protect' them from it. What are your thoughts on this? Do you agree? (why/ why not?)
4. Do you think DoCS should or shouldn't be involved in this situation? (If DoCS got involved what do you think they would do? What should they do?)


- **Drug use**

*Tammy is a single mum with five kids ranging from ten to two years old. The two year olds are twins. Tammy has been using drugs for several years but tries not to let it interfere with looking after her kids. Tammy has trouble getting up in the mornings so the older children usually make breakfast, dress the younger ones for school and childcare, and pack whatever food they can find into paper bags for lunch. The kids wake Tammy up when it is time for her to drop them to school.*

*One morning Tammy's Brighter Futures worker popped around for a home visit and noticed that Tammy seemed very groggy, the kitchen floor was stacked high with dirty nappies and other rubbish, and there wasn't much food in the house. When the Brighter Futures worker asked what was going on Tammy said that she was fine, just very tired because of the twins keeping her up and she was tidying the house and going shopping later that day.*

1. What are your first thoughts about this story?
2. Why do you think Tammy is going on with Tammy? How is this impacting on her parenting?
3. What is your opinion about Tammy's mental health and wellbeing? (do you think she seems happy, stressed, depressed)
4. What do you think about the older children getting the younger children breakfast and ready for school?
5. What are the problems Tammy might be struggling with and need help with?
6. What services in the community might be able to help Tammy and how?
7. Based on what is in this story, do you think that the Brighter Futures worker should make a report to DoCS? (why or why not?)
   - If yes, what do you think DoCS would do? What should they do? What else should the BF worker do?
   - If no, what should the BF worker do instead?


**Views on education and schools**

This next set of questions is about your views on how important education is.

27. **\*** Do any of your children go to child care or preschool?
28. Do you think going to child care or preschool is important for children? If yes, why?
29. How important do you think school is for your children? Why?
30. Were you encouraged by your family to attend and do well at school?
31. Can you please tell me about your experience of school when you were a child/teenager?
    a. What did you like/ not like about school?
    b. Did you ever feel picked on or treated unfairly at school by other kids or teachers?
    c. Was there anyone at the school you could turn to if you needed help? (AEO, favourite teacher, principal?)
32. What year did you go up to in school? Have you done any TAFE/Uni or other training course?
33. How important do you think education is to getting a job?
    If school aged children:
34. **\*** How are your children going at school?
35. **\*** Can you tell me about a time your children have come to you with a problem they had at school? How did you handle the situation?
36. **\*** Do you feel comfortable talking to your children's teachers or principal if you had a problem or needed assistance?

**Part three- About your community and experiences**

In this next section we will talk about your experiences of living in [community]

**About your community**

37. Can you tell me about your community? (prompts- things to do? getting around? access to services? Employment opportunities? etc.)
38. Do you like living here? (in current dwelling- big enough, safe/secure, functional/ in area)
39. Do you feel like you are a part of the community? Why/ why not?
40. Do you think that you know enough about the different services in the community that you know where to go if you needed assistance (this is where I can introduce community services guide)?
41. Can you tell me about your experiences with organisations or services in the community?
42. * Have you had any experiences either as a parent or as a child with DoCS? (if yes- can you tell me about these experiences? were they supportive/ stressful/ helpful/ worrying? Allow for unstructured conversation depending on the response)
43. Have you had any experiences with the police? (If yes- were they supportive/ stressful/ helpful/ worrying? Allow for unstructured conversation depending on the response)

**Experiences of discrimination**

44. Do you think discrimination or racism is a problem in [community]? (If yes, explore reasons and examples)
45. Have you ever experienced any unfair treatment against you or your family in your community or somewhere else?
    If yes,
    a. What kind/ how was it targeted, i.e. racial, family name, relatives, gender, stereotypes
    b. How do these experiences make you feel? (Does it affect your self-esteem or wellbeing?)
    c. Has being treated unfairly ever gotten in the way of you reaching goals or doing something that you want to do?
46. How do/would you teach your children to handle a situation where they are not treated fairly?

**Interview schedule- Human Service Workers**

**About your organisation and community**

1.  Can you tell me about your workplace and what you do?

2.  Can you tell me about the community where you work? (demographics, availability of services, transport access etc.). Is this the same community where you live?

**Social factors**

1.  What are some of the social and environmental factors that make meeting children's needs difficult in this community? (for example, lack of services or transport)
2.  (show risk factors table) As far as you know, what are some of the common risk factors vulnerabilities within families and the community that may contribute to child neglect?
3.  Can you talk about some of the reasons that you think Aboriginal children in particular may be at a higher risk of being neglected? (e.g. intergenerational issues; harder to get a job because of discrimination)

**Definitions of child neglect**

4.  How do you define child neglect?
5.  How would you identify a child that may be at risk of neglect?
6.  How often do you come across a child who may be experiencing neglect in your work?
    a.  What are types of neglect? (supervisory, educational, medical, physical)
    b.  What are the general living and social circumstances of these families?
7.  Do you believe child neglect is a significant problem in your community? What kinds of child neglect?
8.  Do you think Aboriginal parents would define neglect/ inadequate parenting differently to how it is perceived by non-Aboriginal parents or workers? How so?
9.  How do you think Aboriginal families today are affected by past injustices against Aboriginal people?

**Vignettes**

I am going to tell you a few quick stories now. They each focus on a different topic where children could end up being harmed or unsafe. The stories are made up, but they are based on real things that parents and kids may do, and problems that families face. After each story we can talk about what you think.

- **Supervisory neglect**

*There's a party going on at the Simpson's and all the family and distant relatives are visiting from all around NSW. A bunch of the kids get bored and decide to wander around town to amuse themselves. It is midnight and the kid's ages range from 7-15 years.*

6. What are your first thoughts after hearing this story?
7. What do you think about the kids wandering around without an adult? Is it something that you think is more culturally acceptable among Aboriginal families in this community?
8. Do you think the parents are being neglectful?
9. Do you think it would be acceptable for someone in the community to go crook on the kids if they were doing the wrong thing?
10. Is this the sort of situation DoCS should be involved in?

- **Alcohol use**

*Tom and Julie have seven year old Ashley and three year old Tyson. They both enjoy drinking with their friends and have a rule that during the week only one of them will drink at a time so the other one can look after the kids. Every weekend both of them normally get drunk and sleep in. Ashley plays mummy in the mornings on the weekend and looks after her little brother while her parents are sleeping.*

6. What are your first thoughts about this story?
7. What do you think about Tom and Julie's rule for one parent to drink at a time during the week?
8. What do you think about young children being around this lifestyle?
9. Could Tom and Julie be neglecting their children? (If yes, how?)
10. Is this situation something DoCS should be involved in? (If DoCS got involved what do you think they would do? What should they do?)

- **Domestic violence**

*Lulu has three children who are eleven, eight and three years old. For years Lulu's partner Doug has been emotionally and physically abusive towards her. During the last incident the police were called and Doug was arrested. The police also made a report to DoCS because the children were in the house at the time.*

5. What are your first thoughts about this story?
6. What would be the best way of helping this family?
7. When children are exposed to domestic violence it's called a form of child neglect because the parent or carer is 'failing to protect' them from it. What are your thoughts on this? Do you agree? (why/ why not?)
8. Do you think DoCS should or shouldn't be involved in this situation? (If DoCS got involved what do you think they would do? What should they do?)

- **Drug use**

*Tammy is a single mum with five kids ranging from ten to two years old. The two year olds are twins. Tammy has been using drugs for several years but tries not to let it interfere with*

*looking after her kids. Tammy has trouble getting up in the mornings so the older children usually make breakfast, dress the younger ones for school and childcare, and pack whatever food they can find into paper bags for lunch. The kids wake Tammy up when it is time for her to drop them to school.*

*One morning Tammy's Brighter Futures worker popped around for a home visit and noticed that Tammy seemed very groggy, the kitchen floor was stacked high with dirty nappies and other rubbish, and there wasn't much food in the house. When the Brighter Futures worker asked what was going on Tammy said that she was fine, just very tired because of the twins keeping her up and she was tidying the house and going shopping later that day.*

8. What are your first thoughts about this story?
9. Why do you think Tammy is going on with Tammy? How is this impacting on her parenting?
10. What is your opinion about Tammy's mental health and wellbeing? (do you think she seems happy, stressed, depressed)
11. What do you think about the older children getting the younger children breakfast and ready for school?
12. What are the problems Tammy might be struggling with and need help with?
13. What services in the community might be able to help Tammy and how?
14. Based on what is in this story, do you think that the Brighter Futures worker should make a report to DoCS? (why or why not?)
    o If yes, what do you think DoCS would do? What should they do? What else should the BF worker do?
    o If no, what should the BF worker do instead?

**Coding frame- Aboriginal perspectives on child neglect**

| Parent node | Child node | | Description |
|---|---|---|---|
| **Community** | About | | General info about the local community. |
| | Problems and community concerns | | Problems, concerns and vulnerabilities in the community, e.g. lack of transport, police 2am close. |
| | Community strengths | | Strengths in the community. |
| | High risk neighbourhood | | Where the participants talk about areas of/ living in areas of [the town] that are high risk or growing up in high risk neighbourhoods. |
| | Discrimination | | Discrimination or racism in the community. |
| | Community responsibility | | About the community responsibility to look out for children, about 'protecting children is everyone's business'. |
| | Problems in schools | | All general issues and problems relating to the schools, e.g. lack of funding, teachers neglecting duty of care. |
| | | Bullying | Information about bullying in the school and how it's being managed. |
| | | Discrimination in schools | Information about or instances of discrimination in schools in town. |
| | | Suspension and expulsions | Information about students being suspended or expelled. |
| | Services | | Services in the community. |
| | Other | | Anything else about the town. |
| **Child neglect** | Perspectives | Definitions | Participant's definition of child neglect. |
| | | Prevention | Thoughts on how to prevent child neglect. |
| | | Aboriginal/Non-Aboriginal differences | Views on the differences in the way Aboriginal and non-Aboriginal people view child neglect. |

| Parent node | Child node | | Description |
|---|---|---|---|
| | | Causes | Views on causes of child neglect. |
| | | Feelings | How child neglect make's participant's feel. |
| | Contributory factors | Drug and alcohol | Views about how drug and alcohol use contributes to child neglect. |
| | | Domestic violence | Views about how domestic violence contributes to child neglect. |
| | | Poverty | Views about how living poorly or struggling financially can contribute to child neglect. |
| | | Intergenerational vulnerabilities | e.g. child removal, drug use, domestic violence |
| | | Other | Other contributory factors, e.g. the area. |
| | Types of neglect | Physical neglect | Where the participant talks about physical neglect. |
| | | Emotional neglect | Where the participant talks about emotional neglect. |
| | | Environmental neglect | Where the participant talks about environmental neglect. |
| | | Educational neglect | Where the participant talks about educational neglect. |
| | Theories of child neglect | Parental deficits | Where participants describe neglect according to the parental deficits model – blaming parents. |
| | | Environmental deficits | Where participants describe neglect according to the social problems. |
| | | Interactional model | Where parents and social issues both contribute to child neglect – an ecological perspective. |
| | | Consequences for children | Where children are described as neglected, and its outcomes but no blame is given. |
| | Impact on children | | Where parents identify impacts of mistreatment in their children, or anecdotally. |
| | Attachment | | Where participant talk about attachment – may be from workers or from parents about attachment |

| Parent node | Child node | | | Description |
|---|---|---|---|---|
| | | | | with their children. |
| **Parents** | About parent and family | | | Parent/ family information. |
| | Parenting experiences | | | Experiences of being a parent. |
| | | Difficulties | | Difficulties of being a parent. |
| | | Positives | | Good things about being a parent. |
| | Learned parenting | | | Info about how parent learned how to look after children. |
| | Parent's role models | | | Who the parent looks up to as a good parent. |
| | Childhood | | | General information about participant's childhood. |
| | | How they were parented | | How parents were parented in their childhood. |
| | | Impact of experiences in adulthood | | Where the participant talks about how negative childhood experiences have impacted on them. |
| | | Vulnerabilities in childhood | Domestic violence | Information about exposure to domestic violence in childhood. |
| | | | Drug/ alcohol use | Information about exposure to drugs and alcohol in childhood. |
| | | | Child abuse or neglect | Information about being abused or neglected in childhood. |
| | | | Poverty | Information about living poorly as a child. |
| | | | Other vulnerabilities | Any other information about negative experiences or reasons for difficult living in childhood, e.g. single mother, teen mother. |
| | Key insights | | | Key comments providing insight into parent's beliefs or perspectives. |
| | Linking childhood to adulthood | | | Comments that provide insight into how perceptions or experiences in childhood have continued into parenthood/adulthood, e.g. putting up with domestic violence in adulthood because her mum did. |
| | Worries, fears and | | | Information about parent's worries or fears about |

| Parent node | Child node | | Description |
|---|---|---|---|
| | coping | | meeting their child's needs and how they cope. |
| | Resilience | | Examples of resilience in participants. |
| | Traumatic experiences | | Where the parent talks about traumatic experiences, e.g. death of a child. |
| | Supports | | Info about supports parent has. |
| | Vulnerabilities | | Info about the family's vulnerabilities overall. |
| | | Drug/ alcohol use | Information about drugs and alcohol in the family. |
| | | Domestic violence | Information about domestic violence in the family. |
| | | Child abuse or neglect | Information about child abuse or neglect in the family. |
| | | Poverty | Information about family living poorly. |
| | | Mental illness | Information about parent's mental illness. |
| | | Other vulnerabilities | E.g. young parenthood. |
| | Help seeking | | Information about the family's help seeking behaviour. |
| | Parenting behaviours | | Information about the type of parent the participant is, and how they act as a parent. |
| | Experiences with DoCS | | Information about experiences with DoCS either as a parent or child. |
| | Experiences with other services | | Information about experiences with other services in the community. |
| | Experience living in [the town] | Part of the community | Information about how included or involved in the community the participant feels. |
| | | Opinion of town and community | E.g. like/dislike living here, feel safe. |
| | Employment | | Information about the parent's employment status/ history/ aspirations. |
| | Education | Experiences and views | Parents own experiences and views on education and importance of schooling. |
| | | Higher education | Information about parent going to TAFE or |

| Parent node | Child node | | Description |
|---|---|---|---|
| | | | aspirations for higher education. |
| | | Children's experiences | Info about their children's experience of school. |
| | Child removal | Background | Information about the family history contributing to child removal. |
| | | Reasons for removal | Information about why the children were removed. |
| | | Contact and child situation and experience | Info about contact arrangements and the child's experience of being removed. |
| | | Experience with DoCS | Experience of working with DoCS during child removal. |
| | | Help needs prior to removal | How the family could have been helped prior to and to prevent removal. |
| | | Restoration | Where the parent talks about going for restoration for her children and processes/ how they got their children back. |
| | | Reflections | Parent's thoughts reflecting on child removal, e.g. It needed to happen to wake me up. |
| **Vignettes** | Supervisory neglect | | Code all data about this vignette together |
| | | Q.1 First thoughts | What are your first thoughts about this story? |
| | | Q.2 Kids wandering around | What do you think about the kids wandering around without an adult? Is it something that you think is more culturally acceptable among Aboriginal families in this community? |
| | | Q.3 Parents neglectful | Do you think the parents are being neglectful? |
| | | Q.4 Community rousing | Do you think it would be acceptable for someone in the community to go crook on the kids if they were doing the wrong thing? |
| | | Q.5 DoCS involvement | Is this the sort of situation DoCS should be involved in? |
| | Alcohol use | | |
| | | Q.1 First thoughts | What are your first thoughts about this story? |

| Parent node | Child node | | Description |
|---|---|---|---|
| | | Q.2 Rule one drink at a time | What do you think about Tom and Julie's rule for one parent to drink at a time during the week? |
| | | Q.3 Drinking around kids | What do you think about young children being around this lifestyle? |
| | | Q.4 Parents neglectful? | Could Tom and Julie be neglecting their children? (If yes, how?) |
| | | Q.5 DoCS involvement | Is this situation something DoCS should be involved in? (If DoCS got involved what do you think they would do? What should they do?) |
| | Domestic violence | | |
| | | Q.1 First thoughts | What are your first thoughts about this story? |
| | | Q.2 Helping the family | What would be the best way of helping this family? |
| | | Q.3 DV is child neglect | When children are exposed to domestic violence it's called a form of child neglect because the parent or carer is 'failing to protect' them from it. What are your thoughts on this? Do you agree? (why/ why not?) |
| | | Q.4 DoCS involvement | Do you think DoCS should or shouldn't be involved in this situation? (If DoCS got involved what do you think they would do? What should they do?) |
| | Drug use | | |
| | | Q.1 First thoughts | What are your first thoughts about this story? |
| | | Q.2 What's going on | Why do you think Tammy is going on with Tammy? How is this impacting on her parenting? |
| | | Q.3 Mum's mental health | What is your opinion about Tammy's mental health and wellbeing? (do you think she seems happy, stressed, depressed) |
| | | Q.4 Responsibility on older kids | What do you think about the older children getting the younger children breakfast and ready for school? |

| Parent node | Child node | Description |
|---|---|---|
| | Q.5 Problems with mum | What are the problems Tammy might be struggling with and need help with? |
| | Q.6 Useful community services | What services in the community might be able to help Tammy and how? |
| | Q.7 DoCS involvement | Based on what is in this story, do you think that the Brighter Futures worker should make a report to DoCS? (why or why not?) |
| **Opinion of DoCS/ CP system** | | Participant's views on DoCS and child protection system generally or specifically related to an issue. |
| **Aboriginal-specific issues** | | General issues specific to Aboriginal people. These may be opinions or observations about the town. |
| | Linking past to present | Info about issues such as stolen generations, trauma and colonisation and impacts on today. |
| | Aboriginal identity/ perceptions of Aboriginality | About how the participants identifies with their Aboriginality and how they perceive Aboriginality. |
| **Key quotes** | | Any ground breaking or good quotes that highlight a point really well. |
| **Insightful comments** | | Any points that offer insight into issues discussed, e.g. DoCS scared to remove Aboriginal children when BHR was released and now their kids are being removed. |
| **Powerlessness** | | Where issues of powerlessness arise, e.g. from DoCS, housing, or crime in the area. |
| **Workers** | Role and organisation info | About the workers role and organisation. |
| | Connection to community | Their connection to the community. |
| | Vulnerabilities contributing to child | What are some of the social and environmental factors that make meeting children's needs difficult |

| Parent node | Child node | Description |
|---|---|---|
| | neglect in community | in this community? (for example, lack of services or transport)<br>As far as you know, what are some of the common risk factors vulnerabilities within families and the community that may contribute to child neglect? |
| | Aboriginal and non-Aboriginal differences | What issues specific to Aboriginal people contribute to family problems or child caring difficulties?<br>Do you think Aboriginal parents would define neglect/ inadequate parenting differently to how it is perceived by non-Aboriginal parents or workers? How so?<br>Can you think of some examples that Community Services, or other organisations and services (e.g. Police, teachers, GPs) would call inadequate parenting behaviour/choices, but Aboriginal people would find acceptable? |
| | Definition of child neglect | How the worker defines child neglect in their job. |
| | Identifying neglect | How they identify child neglect in their work. |
| | Encountering neglect | How often and what specifically they encounter when they come across child neglect. |
| | Responding to neglect | How they respond to child neglect in their work, i.e. reporting and procedures. |
| | Thoughts on neglect in the community | About their thoughts about child neglect in their community, i.e. if they think it's a problem; why they think others may/may not see it as a problem. |