Maori Child Maltreatment: A Literature Review Report

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The maltreatment of Maori children in Aotearoa is a matter of grave concern. This report is based on the findings of a literature review which sought to gather together information covering the broad range of factors associated with, and contributing to, Maori child maltreatment. It includes prevalence data, information on inequalities for Maori, and addresses issues associated with making comparisons between ethnic groups. Also included is information regarding risk and protective factors for child maltreatment, the consequences and impact of child maltreatment, and exploration of interventions. Information pertaining to the prevention of Maori child maltreatment is a focus of this report, with particular emphasis on social marketing as one such tool.

There is a large body of international literature focused on child maltreatment, as well as on family violence, a broader category of study under which child maltreatment falls. Locally there has been a substantial growth of research and public education in the area of family violence. This is largely due to the government initiative "Te Rito: Aotearoa Family Violence Prevention Strategy"[1] and the resulting "Taskforce for Action on Violence within Families"[2] and the "Campaign for Action on Family Violence".[3]

Despite the substantial body of existing literature which includes information pertaining to Maori, local research on Maori child maltreatment in particular is scarce.

Definitions

"Maltreatment" is now a commonly used term in many health and social service arenas. According to the Ministry of Social Development, this term "is the internationally recognised generic term used to describe all aspects of abuse and neglect"[4].

The World Health Organisation [WHO] defines child maltreatment as,

> "All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power".[5]

[1] Ministry of Social Development (2002).
[2] Ministry of Social Development (2006).
[3] The Campaign was launced on 4th September 2007 and is led by the Ministry of Social Development and Families Commission, in association with communities. The Campaign is supported by ACC, the Ministry of Health and the New Zealand Police.
[4] Ministry of Social Development. op cit. p.v.
[5] World Health Organisation (2006, p.9).

Four types of child maltreatment have been distinguished, these are physical abuse, sexual abuse, emotional/psychological abuse, and neglect.

Child physical abuse has been defined as,

> "Any act or acts that that may result in the inflicted injury to a child or young person. It may include, but is not restricted to bruises and welts; cuts and abrasions; fractures and sprains; abdominal injuries, head injuries, injuries to internal organas; strangulation or suffocation; poisoning; burns or scalds".[6]

Child sexual abuse has been defined as,

> "The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim.[7]

Child emotional/psychological abuse has been defined as,

> "Any act or omission that results in impaired psychological, social, intellectual and/or emotional functioning and development of a child or young person. It may include, but is not restricted to: rejection, isolation or oppression; deprivation of affection or cognitive stimulation; inappropriate or continued criticism; threats; humiliation; accusations; inappropriate expectations of, or towards, the child or young person; exposure to family violence; corruption of the young person through exposure to, or involvement in, illegal or anti-social activities; the negative impact of the mental or emotional condition of the parent or caregiver; the negative impact of substance abuse by anyone living at the same residence as the child or young person"[8].

Child neglect has been defined as,

> "Any act or omission that results in impaired physical functioning, injury and/or development of a child or a young person"[9]. It can involve physical neglect, neglectful supervision, medical neglect, abandonment, and refusal to assume parental responsibility.

Child maltreatment occurs along a continuum and while some children may experience only one type of maltreatment (e.g., psychological abuse), many children experience more than one type of violence or abuse. WHO highlights the fact that as child maltreatment is most often linked to other forms of violence "it is therefore useful to view child maltreatment within a wider categorization of violence"[10]. This

[6] Fanslow (2002, p.84).
[7] WHO, op cit. 20906. p.10.
[8] Fanslow. op cit.
[9] Fanslow, ibid.
[10] WHO. op cit. 2006. p.8.

would be particularly so for family violence, which has been defined in Aotearoa as any act of physical, sexual and/or psychological violence/abuse by one family member against another. Forms of family violence include not only child abuse and/or neglect (maltreatment), but also partner abuse, elder abuse, sibling abuse and parental abuse.[11]

Contextualising Maori child maltreatment

It is well known that social, political, cultural and economic factors can cause substantial inequalities and disadvantages.[12] In exploring what may contribute to Maori rates of child maltreatment, it is helpful to consider the broader factors which contribute to inequalities between Maori and non-Maori in Aotearoa.

An exploration of factors which contribute to inequalities reveals that governmental influence on the status of Maori has been historically notable. For example, social and economic change in Aotearoa society during the 1980s and 1990s, with the implementation of major governmental reforms, had significant impact on Maori.[13] Such changes resulted in income support being targeted, market rentals for housing, privatisation of major utilities, user charges for health, education and other government services.[14] These changes resulted in substantially widened income inequalities in Aotearoa. The disproportionate impact of these changes on Maori caused inequalities to widen in key determinants of health, education, employment status and income, with hardship experienced by many Maori, associated with low educational achievement, low income and restricted employment opportunities.[15] The 1990s also saw a significant drop in resources going to Maori communities following 'mainstreaming' of Maori services.[16]

During this same period (late 1980s to early 1990s) rates of child poverty rose sharply.[17] These authors reported that,

> "During this period, inequality rose more in Aotearoa than in any of the 20 Organisation for Economic Cooperation and Development (OECD) countries for which comparable data is available. The key drivers were low wage growth for many working families, high unemployment and reductions in welfare payments".[18]

In exploring these inequalities more closely, certain persistent disparities between Maori and non-Maori on social and economic indicators can be described, as follows.

Robson, Cormack & Cram reported that the Aotearoa education system appears to consistently provide lower quality education for Maori than for non-Maori. Maori are more likely to leave school without adequate qualifications and more likely to study

[11] Fanslow. op cit.
[12] Woodward & Kawachi (2000).
[13] Belich (2001).
[14] Mowbray (2001).
[15] Howden-Chapen & Tobias (2000).
[16] Cunningham & Durie (1999).
[17] Fletcher & Dwyer (2008).
[18] Fletcher & Dwyer. op cit. p.4.

certificate level courses at tertiary level than degrees. Lower levels of educational attainment tend to result in fewer opportunities in employment, with employed Maori being more likely to work in service industries than non-Maori. Fewer opportunities also contributes to unemployment rates, evidenced by Maori aged 15 years and over having a higher proportion of unemployment (7.6% of Maori in June 2007) compared to Aotearoa European/Pakeha unemployment, at 2.6% in June 2007. Discriminatory processes in employee selection, employee placement and pay rates also contribute to different employment experiences for Maori.[19]

Maori who are employed earn significantly lower incomes than non-Maori. In 2006 the annual median income for Maori aged 15 years and over was $20,900, while that of non-Maori was $24,400.[20] In addition, latest figures (2003/2004) indicate that 27% of Maori children live in poverty (defined as a household income below 60% of the median household income) compared to 16% of NZ European/Pakeha children.[21] In Aotearoa there is concern at the extent to which children are being raised in conditions of socioeconomic disadvantage and poverty,[22] with 22% of all children in 2006/2007 living in poverty, i.e., below the 60% of contemporary median income threshold after taking household costs into account.[23] Children who live in poverty can experience a wide range of associated negative effects such as fewer life opportunities, risk of illness, damp and overcrowded housing situations, and family stress.[24] These types of experiences have been linked to adverse health, education and behavioural outcomes for children.[25]

For many Maori families, the experience of inequality across a range of factors results in a very poor standard of living. Crengle reported that in 2004, 40% of Maori families were living with hardship, as compared to 19% of Aotearoa European/Pakeha families.[26] In addition, aside from the more obvious negative effects of economic disparities, a range of social and health inequalities are present for Maori. For example, Harris et al investigated the effect of racial discrimination and deprivation on health inequalities between Maori and non-Maori, marginalisation of Maori, and unequal distribution of socio-economic resources by ethnicity. These authors identified racism, both interpersonal and institutional, as an ongoing significant contributor to both Maori health losses and inequalities in health between Maori and Pakeha in Aotearoa. This study emphasised the importance of interventions and policies to improve Maori health and recommended that any attempts to address these inequalities should take into account the health effects of racism.[27]

In her study on the health of Maori children, Crengle highlighted a number of health disparities for Maori children, including that the delivery of childhood immunizations is less effective for Maori children, that all-cause mortality rates for Maori children under 1 year of age, 1-4 years and 5-14 years are significantly higher than those for non-Maori children, and that hospitalisation rates of Maori children exceed those of

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[19] Robson, Cormack & Cram (2007).
[20] ibid.
[21] Fletcher & Dwyer. op cit.
[22] Jensen, Krishan, Hodgson, Sathiyandra, & Templeton (2006).
[23] Fletcher & Dwyer. op cit.
[24] ibid.
[25] Friesen, Woodward, Fergusson, Horwood & Chesney (2008).
[26] Crengle (2009).
[27] Harris et al., (2006).

non-Maori children for many conditions.[28] However, this author noted that mortality and hospitalisation rates were not simply due to differences in socioeconomic status alone and that other evidence indicates that Maori children are not cared for as well by primary care services.[29] This is not an unfamiliar phenomenon regarding Maori experience in the health sector, with other studies indicating that Maori can receive inadequate primary health care, differential service responses based on ethnicity, misunderstanding and misdiagnoses, ineffective treatment responses and ineffective community care/support.[30]

Inequalities between Maori and Pakeha are influenced by Maori exposure to over 165 years of colonisation, resulting in significant land and language loss, the breakdown of traditional Maori way of life, beliefs, values and philosophy, social structures and systems of discipline and justice, as well as loss of identity; all profoundly impacting negatively on social, cultural, economic and health facets.[31] The marginalisation of Maori has also been impacted by the process of urbanisation, associated isolation and dislocation from vital support networks for some Maori, with Maori whanau distanced from their whakapapa (genealogical links), reducing support from extended whanau and altering traditional roles within whanau.[32] Also significant in the processes of colonisation is the imposition of Western ideology and practices in the social, educational and legal realms.[33]

Internationally, similar patterns of inequality can be seen among indigenous peoples, and it has recently been reported that colonisation of indigenous peoples "has been increasingly recognized as a fundamental underlying determinant of health".[34]

Some authors have drawn specific links between the processes of colonisation and violent behaviour within Maori whanau, hapu and iwi[35] with Kruger et al stating that,

> "Survival has been expensive. The price is the loss of cultural knowledge, identity and practices, the breakdown and dysfunction of whanau, hapu and iwi, the confiscation and theft of Maori land and the pauperisation of Maori. The contemporary outcomes are epidemic whanau violence and systemic dysfunction".[36]

Research has shown that traditional Maori parenting was a responsibility shared by the extended whanau, and rather than being neglected, Maori children were more likely to have been indulged.[37] The Maori Reference Group for the Taskforce for Action on Violence within Families notes that "Maori women and children were highly valued in traditional Maori society and the general impression conveyed by

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[28] Crengle. op cit.
[29] Graham, Leversha & Vogel, 2001 cited in Crengle (2009).
[30] Arlidge et al., (2009); Durie (2004); Harris et al., (2006); NZ-CAOS Project (2003).
[31] Durie (1998, op cit. 2004.); Pihama, Jenkins & Middleton (2003); Balzer, Haimona, Henare and Matchitt (1997).
[32] Durie. op cit. 1998; Walker (1990).
[33] Durie (1994); Jackson (1987); Smith (1999); Walker (op cit. 1990)
[34] McShane, Smylie & Adomako (2009, p.19).
[35] Pihama, Jenkins & Middleton. op cit.; Balzer, Haimona, Henare and Matchitt. op cit.
[36] Kruger et al., op cit. p29.
[37] Mikaere(1994); Rickard (1999); Smith (2005).

early accounts is of kind and generous parenting".[38] Pihama, Jenkins & Middleton report that early historical accounts of Maori parenting and discipline indicate that Maori children were not punished by way of physical discipline[39], and Jenkins & Philip-Barbara concluded that violence within whanau historically was not tolerated.[40]

Colonisation and urbanisation have contributed to eroding cultural practices, with traditional sanctions no longer in place. Noted to be of particular impact is the shift in balance between collective and individual control over behaviour.[41] This breakdown of traditional cultural practices that would have once provided alternatives to violence is described as a crisis for Maori[42] and as contributing to the loss of protective factors which would otherwise have assisted Maori child maltreatment to remain a rarity.[43] Balzer, Haimona, Henare and Matchitt noted that "the Maori community's ability to impose and enforce sanctions against their own people dwindled as Pakeha institutions continued to resource, legislate and assert their right to define social norms and standards".[44]

Internationally, disparities between dominant and minority ethnic groups are a common picture for indigenous peoples. Studies have shown that rates of family violence, including child maltreatment, are higher for indigenous populations than non-indigenous populations.[45] The literature in this area highlights a common historical context, linking closely the relationship between the contemporary situations faced by indigenous peoples (e.g., high rates of poverty; high rates of violence) and a history of colonisation. The importance of understanding the impact of historical influences on indigenous peoples' contemporary wellbeing is considered critical in the family violence field,[46] a recommendation echoed in the local literature.[47]

Examining inequalities and making comparisons between populations based on ethnicity can be fraught with difficulties. This is largely due to the fact that multiple factors can contribute to the differences, ranging from historical influences and contemporary realities, to differences in the way data is gathered, classified and reported. For this reason it is critical to contextualise comparisons by providing information regarding those factors which appear to contribute to differences or inequalities between ethnic groups.

A number of authors in the child maltreatment field have drawn attention to the difficulties in attempting to make comparisons across ethnic groups, advising that it is important to exercise caution when examining statistics related to ethnicity. Child,

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[38] Maori Reference Group for the Taskforce for Action on Violence within Families (2009, p.8)
[39] Pihama, Jenkins & Middleton. op cit.
[40] Jenkins & Philip-Barbara (2002).
[41] Ritchie & Ritchie (1993).
[42] Kruger et al. op cit.
[43] Smith. op cit. 2005.
[44] Balzer, Haimona, Henare and Matchitt. op cit. p.23.
[45] Capobianco et al., (2003); Indian and Northern Affairs Canada Corporate Services (2005); Memmott et al., (2006).
[46] ibid.
[47] Balzer, Haimona, Henare & Matchitt. op cit.; Kruger et al., op cit.; Pihama, Jenkins, & Middleton. op cit.

Youth and Family & Ministry of Social Development [CYF & MSD][48] suggest that rates of child deaths by maltreatment should be interpreted with caution due to the fact that small changes in the absolute number of deaths can substantially alter death rates, i.e., the very small numbers involved in a small country like Aotearoa can produce highly volatile rates. Connolly & Doolan[49] concur with this viewpoint and add that for child maltreatment death rates the volatility of statistics becomes even more pronounced when the data is broken down further into ethnic groups.

Other factors can influence prevalence rates for any ethnic group. For example, fluctuations in reported figures relating to child maltreatment (particularly abuse and neglect) do not necessarily reflect changes in the prevalence of child maltreatment. Rather they may be influenced by a number of factors such as changes in reporting patterns, changes in administrations procedures, and differing levels of resources available[50].

Also highlighted as factors which may contribute to differences in child maltreatment rates across ethnic groups are those in which different ethnic groups are more likely to represented anyway, such as poverty. UNICEF reported that while higher levels of child maltreatment are often found in ethnic minority groups, "… it seems likely that the operative factor is not ethnicity but poverty (which disproportionately affects ethnic minority families)".[51] CYF & MSD go on to say that "No discussion on differences in the rates between Maori and non-Maori should ignore the underlying differences in socio-economic status, which are shown to be operative factors in increasing the risk of child maltreatment deaths".[52]

There continues to be some debate regarding the influence of the role of 'ethnicity alone' on violence rates in relation to theories of indigenous violence.[53] However, the literature maintains that it is more likely the higher representation of certain ethnic groups on measures such as poverty that contributes to higher representation on other measures such as child maltreatment and family violence.[54] An example of this is a recent international report investigating health issues faced by indigenous children (including Maori) which concluded that the problems faced by these children were the result of social rather than biological causes.[55] As Snowball & Weatherburn note, "The notion that propensity to violence is a feature of Indigenous culture is rejected by most scholars".[56]

In summary, it is important to view comparisons between ethnic groups with caution, taking into account the context in which the varying contributing factors occur and the influence they have on child maltreatment rates, rather than interpreting differences as being influenced by ethnicity per se.

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[48] Child, Youth and Family & Ministry of Social Development [CYF & MSD] (2006).
[49] Connolly & Doolan (2007).
[50] Ministry of Social Development (2004).
[51] UNICEF (2003, p.16)
[52] CYF & MSD. op cit. p.23.
[53] Snowball & Weatherburn (2008).
[54] ibid; CYF & MSD. op cit.; UNICEF. op cit.
[55] Crengle et al., (2009).
[56] Snowball & Weatherburn. op cit. p.218.

Prevalence of Maori Child Maltreatment

Approximately 4.2 million people reside in Aotearoa, of which 15% are Maori. Of the total population, 21.5% are children under the age of 15. Of the 15% that identify as Maori, 35% are under the age of 15. Overall, the Maori population is youthful, with more than half under the age of 22.[57] Maori women tend to have their children earlier than the overall Aotearoa population, with the median age of Maori mothers at 25.9 years as compared to 30.3 years for total population.[58]

Maori children are considerably over-represented in child maltreatment statistics when compared to other children in Aotearoa. Overall, research into child maltreatment rates show that Maori children are much more likely to be assessed as abused or neglected than non-Maori children[59] and die at twice the rate of non-Maori children.[60] In 2003, the rate of Maori children assessed as abused or neglected was 11.9 per 1000. Despite this rate representing a decrease from 13.0 per 1,000 over the period 1998 – 2003, it is significantly higher than that of 5.9 per 1,000 of non-Maori children over the same period.[61]

CYF & MSD[62] reported on hospital admissions as a result of intentional injury for children aged under five years for the period 2000-2004. In the five years to 2004, 426 hospital admissions for intentional injuries to children under five represented an average of 30 admissions per 100,000 children per year. Hospital admissions were not spread evenly across individual years in the 0-5 age range, as a larger portion of admissions was for those children aged under one year. The average annual rate of children aged under one year who were admitted to hospital for intentional injuries over this time frame was 73 per 100,000 and 20 per 100,000 for those aged 1-4 years. Over this same period, rates of hospital admissions for Maori children aged 0-5 years with intentional injuries were consistently at twice the rate for non-Maori children.

In regard to child death by maltreatment, internationally, a 2003 UNICEF report identified Aotearoa as having the third highest rate of child maltreatment deaths(out of 27 countries) at 1.2 per 100,000 children, trailing behind only the United States and Mexico, both rating at 2.2 per 100,000 children. In Aotearoa, in the five years from 1999 to 2003, the annual rate of Maori children who died as a result of maltreatment was 1.5 per 100,000 children. This rate is significantly higher than that of 0.7 per 100,000 non-Maori children over the same period.[63]

These same patterns of difference between Maori and non-Maori are evident also in the broader area of family violence. Maori have been described as "significantly over-represented as both victims and perpetrators of violence in families/whanau"[64] and the extent of whanau violence and significant impact it has on whanau, hapu and iwi health has been described as epidemic.[65]

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[57] Statistics New Zealand (2006).
[58] Statistics New Zealand (2007).
[59] Ministry of Social Development. op cit. 2004.
[60] Ministry of Social Development. op cit. 2006.
[61] Ministry of Social Development. op cit. 2004.
[62] CYF & MSD. op cit.
[63] Ministry of Social Development. op cit. 2004.
[64] Ministry of Social Development, op cit. 2002, p.9.
[65] Kruger et al., op cit.

In 2006, the New Zealand Police recorded 32,675 offences as being family-violence-related. The Police also gather information on a Family Violence Database, an operational database which is frequently updated (and therefore not statistically stable). The Police caution that the statistics provided by the Family Violence Database should not be compared to officially recorded crime rates. In 2006 Maori accounted for 30% of victims and 44% of offenders recorded in the database, as compared to 36% and 38% for Caucasians respectively, and 10 and 12% Pacific peoples respectively. Fifteen percent of total overall victims in the database were children.[66]

In the same year the Ministry of Justice recorded 4,432 applications to the Family Court for protection orders, of which 2,508 orders were granted. Protection orders can be applied for by any person affected by domestic violence, where protection is sought from the person named in the order. 6,384 children were involved in the total number of applications, of which 3,759 were covered by granted protection orders. Of those 3759 children, 24% were Maori.[67]

In 2006, the National Collective of Independent Women's Refuges recorded that 13,091 women and 5,549 children used refuge services. Of these, 43% identified as Maori, and 52% as Maori children. Witnessing or hearing abuse was the most common type of abuse experienced by children overall, with the next most common type of abuse experienced being psychological abuse, and physical abuse being the third most common.[68]

A report from the Youth2007 study which surveyed the experiences of 9,107 youth in Aotearoa also highlighted the degree of young people's exposure to violence in the home, finding that,

> "17% of those surveyed reported witnessing adults in their home hitting or physically hurting a child in the last year. The last time they had witnessed adults in their home hitting or physically hurting a child, 37 percent of students perceived it as 'pretty bad', 'really bad' or 'terrible'. Ten percent of students reported witnessing adults in their home hitting or physically hurting an adult in the last year. The last time they had witnessed adults in their home hitting or physically hurting an adult, 48 percent of students perceived it as 'pretty bad', 'really bad' or 'terrible'."[69]

Prevalence data paints a grim picture for Maori children and youth and it is clear that change is needed in order to reduce the numbers of Maori children experiencing maltreatment. It is also important however to contextualise this information (as previously discussed) in order to reduce the alarm often felt when viewing such data. For example, the Maori Reference Group for the Taskforce for Action on Violence within Families notes that,

> "although Maori children make up a significant number of the total number of child abuse cases, these children represent only a small minority of the total

[66] Families Commission (2009).
[67] ibid.
[68] ibid.
[69] ibid.

number of Maori children and young persons. Of course, no amount of child maltreatment is acceptable and the priority is to eliminate these statistics altogether. However, it is also really important for Maori to know, when they read disturbing headlines and statistics, that the majority of Maori children and young people are not maltreated but are loved and nurtured by their whanau".[70]

Risk factors for Maori Child Maltreatment

The experience of child maltreatment for Maori involves a complex interaction of many factors. It can occur within the historical context of colonisation which has reshaped the foundations of Maori society, and within a contemporary context of socio-economic disadvantage. Also influencing Maori child maltreatment rates (as well as non-Maori rates) are the broader risk factors identified in the research, those being individual factors, relationship and family factors, community and societal factors.

It is now accepted that no one single factor can explain why child maltreatment occurs, or why some communities have higher child maltreatment rates than others. Rather, it is widely agreed that it tends to be an accumulation and interaction of overlapping factors that results in child maltreatment.[71]

To account for the complex processes resulting in child maltreatment a number of ecological models or frameworks have evolved that consider the interactions between individual, relationship/family, and community/societal factors that may contribute to the occurrence of child maltreatment.[72] Ecological or integrated frameworks are also commonly utilised in the broader family violence field.[73] Also widely used in the child maltreatment field are contextual models, which provide a comprehensive framework within which multiple layers of risk factors can be identified according to each child's context.[74]

With regard to child maltreatment that ends in death, CYF & MSD note that "child death from maltreatment occurs predominantly in the context of poverty, psychological stress and limited support".[75] They identified six of the most common factors associated with increased risk of fatal child maltreatment as: being poor, having low education and being unemployed, being young, having poor mental health (including alcohol or drug abuse), being the victim of family violence as a child, and having a history of offending, and early offending[76]. With regard to child maltreatment more generally (not ending in death), poverty, low levels of family stability and domestic violence have been identified as important risk factors.[77]

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[70] Maori Reference Group for the Taskforce for Action on Violence within Families. op cit. p.8.
[71] Connolly & Doolan. op cit.; WHO. op cit. 2006; Woolley & Gregory (2007).
[72] Schorr & Marchand (2007); WHO. op cit. 2006
[73] Belsky (1980); Daro et al., (2004); Heise et al., (1999); Ministry of Health. op cit. 2002.
[74] Carr (1999).
[75] UNICEF (2003) and Staton et al (2000) cited in CYF & MSD (op cit. p.13).
[76] CYF & MSD. op cit.
[77] Sidebotham & Heron (2006).

Even more specifically, risk factors relating to individuals can be broken down into child characteristics and parent/caregiver characteristics. A number of child characteristics have been associated with increased risk of maltreatment. WHO cautions that characteristics "related to child does not mean that the child is responsible for the maltreatment it suffers, but rather that it may be more difficult to parent"[78] because of being, for example, an unplanned or premature baby, having low birth weight, being a multiple-birth baby (such as one of twins, triplets or more), having congenital anomalies, challenging temperament (e.g., difficult to soothe; slow to warm), challenging behaviour (e.g., hyperactivity, impulsivity or aggression), chronic or serious illness or disability, and being perceived negatively or as problematic by parents/caregivers.[79]

Parent or caregiver characteristics associated with increased risk of child maltreatment can include being a parent of younger age, having difficulty bonding with the child, having unrealistic expectations of the child, lacking awareness about child development, having inadequate parenting skills, low education, having depression or other mental health problems, having physical illness, having a history of maltreatment as a child, being socially isolated and lacking support, experiencing general stress, financial difficulties, family violence, and having poor impulse control and low tolerance for frustration.[80]

Relationship/family factors can include unintended pregnancy, having a large family, having closely aged children, the presence of family violence, partner conflict, financial stress and deprivation, and lack of a support network.[81] Child maltreatment is frequently found in the same settings as intimate partner violence[82] and it is often reported that witnessing and/or experiencing family violence can impact as a factor in the transmission of intergenerational cycles of violence.[83]

Community and societal risk factors can include tolerance of violence, social and cultural norms that promote or glorify violence, gender and social inequality, high unemployment, inadequate housing, poverty, easy availability of alcohol and local drug trade, lack of access to adequate health and social services, social and cultural norms that diminish the status of children and exposure to racism and discrimination.[84]

Much effort has been spent attempting to determine risk factors for child maltreatment, as well as the characteristics of perpetrators of child maltreatment. Given the inequalities that many Maori experience, and the fact that the Maori population is young overall, it is clear that exposure to risk factors may be elevated

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[78] WHO, op cit. 2006. p.14

[79] Centre for Social Research and Evaluation (2008); National Clearinghouse on Child Abuse and Neglect Information(2003); Sidebotham & Heron. op cit.; WHO, op cit. 2006; Woolley & Gregory. op cit.

[80] ibid.

[81] ibid.

[82] WHO (2009).

[83] Dixon, Brown & Hamilton-Giachristis (2005); Maori Reference Group for the Taskforce for Action on Violence within Families. op cit.; Sidebotham & Heron. op cit.

[84] Centre for Social Research and Evaluation. op cit.; National Clearinghouse on Child Abuse and Neglect Information. op cit.; Sidebotham & Heron. op cit.; WHO, op cit. 2006; Woolley & Gregory. op cit.

for some Maori children and their whanau. However, as Connolly & Doolan point out, in their study of child death by maltreatment,

> "It is important to note, however, that most people with some or even many of those characteristics never harm children. Individual and family resilience, access to timely, quality interventions, and other life opportunities can also reduce risk or remove it altogether. Factors overlap and interact, and the pathways to abuse are complex and varied".[85]

Protective factors for Maori child maltreatment

There exists a large body of literature focused on identifying and describing factors which contribute to Maori health and wellbeing. Many of these studies highlight the importance of secure cultural identity and cultural connections as critical factors for Maori wellbeing.[86] There is also currently a strong emphasis on Maori whanau ora - whereby the aim is for Māori families to achieve their maximum health and wellbeing,[87] in the broadest sense. As a principal source of strength, support, security and identity, whanau plays a central role in the wellbeing of Māori individually and collectively.[88] A stable whanau provides a platform of protection for Maori children, and is a key protective factor in the prevention and intervention of Maori child maltreatment.

Also frequently reported as a critical factor for Maori health and wellbeing is the improvement needed in the socioeconomic status of Maori, particularly in regard to reducing social and health inequalities. The importance of this is encapsulated in a recent report by WHO where it is noted that "reducing health inequities is, for the Commission on Social Determinants of Health, an ethical imperative. Social injustice is killing people on a grand scale" (p.ii).

Consequences of Maori child maltreatment

Although extensive literature has been undertaken into the effects of child maltreatment, it appears that very little research has been carried out specifically regarding the impact of such consequences on children of different ethnic groups. While not specifically focussed on consequences for children, there is a small amount of literature which describes some of the consequences of whanau violence for Maori, from a Maori perspective. Kruger et al concluded that violence damages "the wellbeing of whanau, hapu and iwi, and within that, individual Maori".[89] They also reported more specifically that violence damages wairua (spiritual wellbeing), hinengaro (intellectual wellbeing), ngakau (emotional wellbeing) and tinana (physical wellbeing), and also disturbs ihi (being enraptured with life), wehi (being in awe of life), and wana (being enamoured with life).[90] Disruption and damage to these elements of wellbeing results in negative outcomes for Maori in a wide range of areas, not only as individuals but also as whanau, hapu and iwi.

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[85] Connolly & Doolan. op cit. p.30.
[86] Durie. op cit. 2002, 2006; Marie, Fergusson and Boden (2008);Te Puni Kokiri (2007).
[87] Ministry of Health (2002).
[88] Ibid.
[89] Kruger et al. op cit. p.15.
[90] ibid.

Turning specifically to other consequences following child maltreatment, it is important to note that all forms of child maltreatment have been associated with detrimental child outcomes,[91] with considerable risk for maladaptive development across diverse biological and psychological domains.[92] WHO also concludes that the "health and social consequences of child maltreatment are more wide-ranging than death and injury alone and include major harm to the physical and mental health and development of victims".[93] While the studies below do not pertain particularly to consequences for Maori children, it is likely that the majority of consequences described would apply to a generic range of children, including Maori.

Childhood maltreatment can have profound and wide-ranging effects on later psychological and behavioural functioning. These can include difficulties with anxiety, depression, posttraumatic stress disorder (PTSD), dissociation, somatisation, antisocial personality disorder (ASPD), and drug and alcohol abuse, for example.[94] The impact of maltreatment on a child's developing brain has also been noted in more recent literature. Not only are children's brains highly susceptible to negative outcomes following physical maltreatment (such as being shaken as a baby or receiving blunt force trauma to the head)[95]; research has now provided evidence that prolonged exposure to severe or unpredictable stress (such as that caused by child maltreatment in the early years) also changes and damages the developing brain.[96] This leads to negative long term consequences for children in many areas of their lives.[97]

Research focusing on the age of onset of maltreatment has identified that the earlier the maltreatment occurs in a child's life, the more likely it is that the child will fail to achieve important developmental milestones, such as the development of self-regulation. This skill is important for functioning adaptively in emotionally challenging situations,[98] which a lack of in later life can lead to a greater likelihood of future psychopathology and emotional distress.[99] Kaplow and Widom[100] examined age of onset of child maltreatment and long-term mental health outcomes. This study found that earlier onset of maltreatment predicted more symptoms of anxiety and depression in adulthood, while controlling for gender, race, current age and other abuse reports. Later onset of maltreatment was predictive of more behavioural problems in adulthood.

Preadolescents who are directly abused at home and who are exposed to domestic violence are at risk for developing both short-term and long-term negative consequences, characterised by either internalising responses (e.g., withdrawal, depression, low self-esteem, somatic complaints, and anxiety)[101] or externalising

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[91] Kaplow & Widom (2007); Shackman, Shackman, & Pollak (2007).
[92] Cicchetti & Toth (2005).
[93] WHO. op cit. 2006. p.11.
[94] Connolly (2004); Putnam (2003); Widom (1999).
[95] Conway (1998).
[96] National Clearinghouse on Child Abuse and Neglect Information. op cit.; WHO. op cit. 2006.
[97] ibid.
[98] Cicchetti et al., (1981).
[99] Cicchetti, (1995).
[100] Kaplow & Widom (2007).
[101] Lonigan, Vasey, Phillips, & Hazen (2004).

responses (e.g., aggressive and delinquent behaviour)[102] Externalising problems are more likely to be present in boys than girls, with research indicating that girls are more likely to exhibit internalised symptoms such as depression, withdrawal and anxiety. Boys on the other hand, who may also become depressed and anxious, are more likely to exhibit externalising symptoms such as violence against peers and animals or acting out antisocially.[103] Child maltreatment is therefore also linked with criminality in later life, with an Aotearoa study confirming that maltreatment in childhood is a universal risk factor for antisocial behaviour, increasing later criminality by about 50%.[104]

Also important to consider are children's and young people's views of the consequences of maltreatment, an area not widely covered by the literature. Dobbs researched New Zealand children's views on physical discipline and reported that not only did children consider physical discipline to be "ineffective, physically and emotionally harmful"[105], but also that "hitting limited alternatives to resolve conflict and was harmful to their relationships with their parents".[106]

In addition to the human costs to child victims of maltreatment, the financial cost for Aotearoa is "staggering", estimated to be in the vicinity of $2 billion per year (i.e., in excess of 1% of GDP every year). This cost relates to immediate consequences (e.g., health care, child welfare service, and justice system costs), as well as ongoing health, education, and criminal consequences for child abuse victims in later life, and a decline in productivity as victims fail to meet their potential[107] (Grimmond, 2009).

Interventions for Maori child maltreatment

Given the range and complexity of factors contributing to child maltreatment, it follows that a variety of intervention approaches would be necessary to address the issue. In Aotearoa there is a wide range of strategies in place, spanning primary to tertiary arenas, and being provided by a variety of individuals and organisations.

There is a fairly substantial amount of literature describing and/or evaluating various intervention strategies in place in Aotearoa, however only a small amount of which relates specifically to Maori. Of the literature which does exist in this area, much focuses on the broader topic of Maori family violence. This literature has been utilised below. Also important to note is that the lack of literature does not represent a lack of Maori-led initiatives in the whanau violence and child maltreatment fields. It more likely represents the low numbers of formal publications on such initiatives.

In Aotearoa, CYF has the legal power to intervene to protect and help children who are being (or have been) maltreated. CYF work closely with the Police and the Ministry of Justice in this regard. While providing intervention services themselves, CYF are also a funding source for a variety of community organisations that provide services aimed at addressing child maltreatment. Programmes may also be funded,

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[102] Baldry & Winkel (2004).
[103] Baldry (2003).
[104] Caspi et al., (2002).
[105] Dobbs (2002, p.9)
[106] ibid.
[107] Grimmond (2009).

and/or provided, by the Ministry of Justice (e.g., programmes approved for children under the Domestic Violence Act 1995), Ministry of Social Development (e.g., Family Start), Accident Compensation Corporation, Women's Refuge, National Network of Stopping Violence Services, Jigsaw, Plunket and District Health Boards for example. Many organisations also offer services at a local level, such as Shine (previously Preventing Violence in the Home), based in Auckland. Services for Maori families are also often provided by local Maori health providers. In addition, children in Aotearoa are legally protected from the use of force for the purpose of correction under the Crimes (Substitued Section 59) Amendment Act (2007).

There have been a number of written contributions to the field of Maori family violence which are helpful for highlighting the broader concepts of addressing family violence, also applicable to addressing child maltreatment. In 1997, Balzer, Haimona, Henare and Matchitt wrote "Maori Family Violence in Aotearoa", a report sponsored and published by Te Puni Kokiri.[108] The report was based on research which aimed to investigate contributing factors to Maori family violence, the impact of this violence, traditional Maori approaches for addressing family violence, and strategies to enable Maori to eliminate violence. Indigenous views from Australia and the United States were also sought. These authors concluded that any approach to eliminating Maori family violence must involve Maori whanau, hapu and iwi in developing solutions, and include addressing both historical and contemporary contributing factors to violence. These solutions may include mobilising communities towards social change through the leadership of kaumatua and kuia, and whanau/hapu revitalisation and development; awareness campaigns and other resources designed for Maori which include Maori values and priorities; and funding provision so as to resource community service providers and training programmes. A further key conclusion was the importance of consistent governmental responsibility towards reducing Maori family violence, through collaboration with Maori and funding of services available for Maori. Similar conclusions are reached in later contributions to the field, where Maori concepts, knowledge and values were identified as important components in the development of family violence intervention programmes,[109] including those which more specifically address child maltreatment.[110]

Cargo, Cram, Dixon, Widdowson and Adair evaluated programmes provided for children under the Domestic Violence Act 1995, including one programme specifically tailored towards Maori children and their families (He Taonga Te Mokopuna). They reported that the programme was effective for Maori in terms of having successfully incorporated Maori values and concepts (tikanga Maori), and that "having Maori facilitators was extremely important to the Maori children and their whanau".[111] Having these elements as foundations of the programmes enabled the more educative parts to be received comfortably and within context. Such elements were also seen to be critical as effective for Maori in the Waananga Whakamana programme, a successful programme designed and run for high risk offenders in the Hamilton area. Whilst originally focused on adults, the programme progressed to incorporating whanau members also, including children. This programme reported prioritising not only a holistic approach to individual and whanau wellbeing, but also

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[108] Balzer, Haimona, Henare and Matchitt. op cit.
[109] Kruger et al. op cit.; Pihama, Jenkins & Middleton. op cit.
[110] CYF & MSD. op cit.;Ministry of Health. op cit. 2002.
[111] Cargo, Cram, Dixon, Widdowson and Adair (2002, p.121)

having the goal of working with Maori attendees to develop, strengthen and/or restore cultural identity in order to improve balance to their relationships with whanau and society.[112]

At a broader community level, ventures such as Amokura (Family Violence Consortium) are beginning to be developed. Amokura is an iwi led whole-of-community initiative in Tai Tokerau (Northland). The initiative is led by the Tai Tokerau Iwi Chief Executives Consortium (Consortium) which is made up of the Chief Executives of seven iwi (tribal) authorities. The initiative consists of four project areas that provide a whole of population approach to addressing family violence prevention and early intervention: research, education and promotion, professional development and training, and advocacy. Through Amokura, the Consortium aspires to facilitate whānau oranga (family well-being), through relationships with iwi, hapū, whānau and communities; along with co-ordinating a range of family violence programmes, initiatives and services.[113] This type of venture appears to be a sensible use of resources in terms of providing a 'hub' for the broader aspirations within certain rohe/areas (such as Tai Tokerau), and appears likely to be able to contribute well towards building "the capacity of whānau, hapū and iwi to resolve family violence issues within their own communities".[114]

Also at the broader whanau violence level, the Maori Reference Group for the Taskforce for Action of Violence within Families recently released it's report titled "E Tu Whanau-ora: Programme of Action for Addressing Family Violence 2008 – 2013".[115] The Programme of Action is guided by five goals; leadership, changing attitudes and behaviour, ensuring safety and accountability, effective support services and understanding and developing good practice, with the ultimate aim of the Programme being the attainment of whanau ora for all whanau members of Aotearoa. They describe whanau ora as being "more than just free from violence; it also involves having a strong sense of identity, being connected to your whakapapa, and reclaiming and cementing the principles of tikanga in a contemporary context".[116] The Programme incorporates a comprehensive five-year plan, expected to develop and evolve throughout the process of implementation. It covers the range of responsibilities from individual, to whanau, hapu, iwi and community levels, as well as covering suggestions for governmental commitment towards reducing Maori whanau violence.

Despite being able to provide these few examples from the literature, it is clear that further research outlining the effective elements of successful interventions specifically for Maori child maltreatment is much needed.

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[112] Atkinson (2003).
[113] Grennell & Cram (2008).
[114] ibid.
[115] Maori Reference Group for the Taskforce for Action on Violence within Families. op cit.
[116] Maori Reference Group for the Taskforce for Action on Violence within Families. op cit. p.6.

Preventing Maori Child Maltreatment

In keeping with the wide range of approaches towards intervention, there is a substantial body of literature in which different strategies for prevention have been studied and reported on. This section will focus specifically on the use of public education programmes as a useful approach in addressing child maltreatment. Centre for Social Research & Evaluation, in their literature review for the Campaign for Action on Family Violence, specifically sought to determine causes of child maltreatment that could be addressed by using a public education campaign. In order to do this emphasis was placed on primary prevention approaches (those which focused on the population at large), as this was a key purpose of the Campaign for Action on Family Violence. They identified six main approaches suited towards a public education campaign:

- Establish a positive view of children; valuing, respecting, and understanding them.
- Change attitudes and beliefs about physical punishment.
- Reduce adult partner violence and educate adults about the impact of it on children.
- Address alcohol and substance abuse by adults.
- Create accessible, responsive support systems for parents.
- Provide parent education and child management skills to all parents[117]

Prevention (and intervention) via social marketing and public education

Public education messages are a particular tool available for addressing the factors associated with child maltreatment. Such messages are designed to improve behaviour and impact on both individual and community wellbeing, and application of such strategies tends to fall under the category of 'social marketing'. Social marketing has been defined as "the use of commercial marketing concepts, tools and programmes designed to influence individuals' behaviour to improve their wellbeing and that of society,[118] where "the end goal of any social marketing campaign is to contribute to achieving a socially just society".[119]

A popular approach to social marketing is based upon the transtheoretical model, involving four phases of a behavioural change process.[120] These include pre-contemplation- not considering change, contemplation and preparation- considering change, the action phase- making change, and the maintenance phase - working to prevent relapse.[121] Interventions to change behaviour are targeted at these specific stages; for example, education is often the focus of those in the pre-contemplation phase, where as providing additional tools and options may be interventions for someone in the contemplation phase. This approach has been effective in increasing awareness and self-reported behaviour change.[122]

The effectiveness of a social marketing campaign can be assessed at five levels of social marketing awareness. These are: engagement and connection with the

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[117] (Centre for Social Research & Evaluation, 2008, p.17).
[118] Social Marketing Institute (1999).
[119] Donovan (2003, cited in Varcoe, 2004, p.2).
[120] Andreasen (1995).
[121] Prochaska, Di Clemente & Norcross (1992).
[122] Andreasen. op cit.

concepts, behaviour change, widespread and sustainable change in social norm and behaviour, overall wellbeing, and any noted improvement in social and environmental outcomes.[123]

Maori and the media

The use of media as a vehicle for addressing issues pertaining to Maori is quite controversial, as it has been proven to be detrimental, often perpetuating negative stereotypes of Maori. Media coverage of Maori has been described as typically characterised by negativity, sensationalism and stereotypical depiction, inaccurate and unfair portrayal of Maori and te ao Maori.[124]

In "The Portrayal of Maori and Te Ao Maori in Broadcasting", the Media Research Team[125] noted that,

> "There is widespread agreement that the portrayals of Maori and te ao Maori confirm negative stereotypes, portray Maori and te ao Maori inaccurately, and fail in various ways to provide balanced, fair and accurate reporting. Whether the media confirm or actually create negative views is less clear".[126]

Causes for this may be explained by "ethnocentric and monocultural media; few Maori reporters, editors and programme makers; and the majority of reporters having no knowledge of Maori tikanga, Maori-Pakeha relations and Aotearoa history in general".[127]. Existing research indicates that media reporting about Maori and Pakeha relations that consistently reproduces negative or limited constructions of Maori has the effect of undermining Maori self-determination and wellbeing.[128] As such, media representations and their effect on Maori are seen to contribute to the ongoing processes of colonisation.[129]

In a recent study of media coverage of Lake Taupo airspace, Nairn and colleagues used discourse analytic appraisal in the evaluation of racism in the Aotearoa media, drawing upon Pakeha discourse of Maori relations. Findings from the study described "one-sided coverage inaccurate, unbalanced and unfair, encouraging perceptions of Maori as hostile and disruptive social actors".[130]

The mainstream media presentation of issues relating to Maori and sensitivities around race and ethnicity mean that dealing with the issue of Maori child maltreatment publicly maybe problematic. For example, in the 1990s there was some resistance to using Maori child maltreatment statistics as a platform for debate in the fear of Maori being labelled 'Maori bashers'.[131]

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[123] Varcoe. op cit.
[124] Broadcasting Standards Authority [BSA] (2005).
[125] BSA. op cit.
[126] ibid. p.47.
[127] ibid.
[128] Walker (2002).
[129] Nairn, Pega, McCreanor, Rankine & Barnes (2006).
[130] Nairn, McCrenor, Rankin, Moewaka-Barnes, Pega & Gregory (2009, p.x).
[131]

Keenan, in his study “Hine’s once were warriors hell: The reporting and racialising of child abuse”, reported a tendency for newspaper articles to,

> “report cases of domestic violence by Maori by emphasising predetermined ideas about Maori people and behaviour, thereby sustaining simplistic racial dichotomies. A case in point is the reporting of a child abuse case where the ‘Once Were Warriors’ headline injected a ‘racial element’, encouraging readers to make logical connections between the child’s death and the work of fiction noted for its ‘intensely negative portrayal of Maori’.[132]

Social marketing in Aotearoa

Social marketing campaigns within Aotearoa which promote changes in behaviours or attitudes are becoming more common, with campaigns focusing on varying issues such as sun safety ‘Sun Smart campaign’, road safety ‘Land and Transport Safety Authority campaign’, mental health ‘Like Minds Like Mine campaign’ and environmental issues with the Auckland Regional Council ‘The Big Clean Up’.[133] However, using media as a way of increasing awareness of child maltreatment, specifically targeting Maori child abuse and neglect, poses a dilemma because of the way mainstream media construct issues of race and race relations in this country.

With the growing trend in social marketing, there is a need for more evaluation into the effectiveness of campaigns targeting Maori and other ethnic populations.[134] Of the few studies conducted to date, findings have identified responsiveness to audience needs as essential for health promotion campaigns.[135] The identification and understanding of racial and ethnic cultural differences (such as cultural appropriateness of material being sensitive and appropriate to a particular groups culture), along with the connection to health behaviour change processes is recommended to ensure campaigns are more relevant to these unique populations,[136] particularly Maori.[137] For example, the term ‘hitting’ was used as opposed to ‘smacking’ in the Maori focus segment of the NZ anti-smacking campaign in the 1990’s.[138]

Although there has been much controversy surrounding media representation of Maori, there has been some positive response from Maori towards previous media campaigns in the child maltreatment arena. In the mid 1990s promoting awareness of the unacceptability of child abuse was targeted in the ‘Breaking the Cycle’ public awareness campaign[139]. The campaign focused on various aspects of maltreatment in relation to parenting. Maori response appeared positive with up to 38% of Maori surveyed reporting that they had changed their parenting behaviour as a result of the television commercials.[140] This research identified Maori responsiveness to messages

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[132] Keenan (2000, cited in BSA, 2005, p.6).
[133] Perese, Bellringer & Abbott (2005).
[134] Ellis (2004); Perese, Bellringer & Abbott. op cit.
[135] Lefebvre & Flora (1988).
[136] Flora & Pierson (1997).
[137] Ellis. op cit.
[138] Blank. op cit.
[139] CYF, May 1995
[140] Colmar Brunton (1995, cited in Stannard, Hall, Young & Rout, 1998)

about child abuse and parenting and confirmed that despite the shortcomings of the media, it may still provide some effectiveness in reaching Maori. This indicates that when managed carefully, mainstream representation of Maori and the appeal of this type of media messages to Maori can be successful.

More recently, a social marketing programme aimed at changing how Aotearoa think and act about family violence has been developed by the Campaign for Action on Family Violence[141].The catchphrase 'Family Violence is not ok- It is ok to ask for help' was developed to capture a wide range of people, aiming to connect with all Aotearoa. The overarching objective of this programme is for "all families and whanau to have healthy, respectful, stable relationships, free from violence".[142]. Specific aims include "increasing awareness and understanding of family violence so that it becomes visible and talked about throughout Aotearoa; to increase the personal relevance of family violence so that Aotearoa acknowledge that it involves all Aotearoa and that we can all help do something about it; to promote a greater propensity to act on family violence for victims, perpetrators, families and influencers; and to create a social climate that supports behaviour change".[143]

Initial evaluations of the campaign have been positive, reporting that "family violence is no longer a private issue; media coverage is more accurate and responsible; health and social agencies say it's easier to raise issues around violence with clients; a significant increase in people, particularly men, seeking help to change behaviour; more women are saying it's OK to leave violent relationships; and there is a sense that change is happening and the problem can be turned around".[144] More specific findings identified that "within a matter of weeks following its launch, the phrase 'It's not OK' was in widespread use throughout Aotearoa, with the simplicity of the message proving highly effective catalyst".[145] Furthermore, increased awareness was reported with more than 95% reportedly aware of the campaign (in November 2008); 24% of respondents reporting their views on family violence have changed as a result of the campaign, 22% have taken some action. Of particular note was that the highest total recall of the campaign was by Maori females and Maori males (99% and 98% respectively) suggesting that the campaign is having a strong impact with Maori.[146]

These findings indicate that when planned and executed with consideration and thought, social marketing may be a useful tool for reaching Maori with messages aimed at reducing child maltreatment.

Conclusion

This report involved reviewing literature in the area of Maori child maltreatment. Emphasis was placed on factors relating to Maori child maltreatment such as contextualising Maori violence towards children, prevalence of Maori child maltreatment, risk and protective factors for Maori child maltreatment, along with

[141] Campaign for Action on Family Violence, launched on 4 September 2007.
[142] ibid.
[143] ibid.
[144] Ministry of Social Development (2009). Web Reference.
[145] ibid.
[146] ibid.

potential consequences and examples of interventions. Prevention of Maori child maltreatment, particularly via social marketing, has been a focus of this report.

The report highlighted the fact that very little published information is available on the topic of Maori child maltreatment. Much research is needed in order to provide information which will be useful in tackling this area of grave concern.

End

(Refs in a separate file)