

**FROM MOPPING UP THE DAMAGE
TO PREVENTING THE FLOOD:
THE ROLE OF SOCIAL POLICY IN PREVENTING
VIOLENCE AGAINST CHILDREN**

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Abstract

Sweden is a country where children's rights and developmental needs occupy the top level of the political agenda. There, child poverty is unacceptable, violence against children is not tolerated, a single child's death is too many – and extensive family support is woven into the fabric of the society. Where other nations have taken a punitive or neglectful approach to families facing challenges, Sweden has taken a proactive, preventive and supportive approach. The results are impressive: child poverty, child abuse fatalities and child homelessness are virtually non-existent. A foundation has been created for family health and, as a result, children's potential to blossom is not squandered. This paper describes Sweden's approach to family policy in order to generate ideas for changes that could be made in Canada and New Zealand in order that children can thrive in these countries, too.

INTRODUCTION

As a Canadian, I live on the other side of the earth. I live as close to the North Pole as New Zealanders live to the South Pole. When I am tobogganing, New Zealanders are surfing. I live in the land of polar bears; New Zealanders live in the land of penguins.

In many ways, our countries are opposites. But despite our dramatic geographic differences, we share many commonalities. For example, our countries share a language, a monetary system and a parliamentary government structure. And we share a history of colonisation, a tradition of violent child socialisation practices,

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and unacceptably high rates of child maltreatment. The dynamics underlying this violence, and the young victims themselves, are indistinguishable between our regions. And we all suffer the damage caused by this violence, wherever it occurs.

The theme of the 10th Australasian Conference on Child Abuse and Neglect – *The Blossoming of our Children* – conveys a sense of positive growth from fragility to strength, from dependence to spiritual flight. It conveys optimism in the potential of our children to flourish and in adults to provide the nourishment that will feed their growth.

But we know that in our countries, many parents are unable to adequately nourish and nurture their children, many communities are wastelands of despair, and many children's potential is never realised. For some, this situation is assumed to be the necessary nature of things; the notion of all children flourishing is assumed to be utopian idealism. But is it? Is the violence experienced by thousands of children each year in our countries simply a reality of life? Is it impossible to effectively protect children from the physical and psychological pain they suffer through violence? Are the economic and human costs of violence against children simply acceptable to our societies?

The answer to each of these questions is, of course, "no". But how can we provide effective protection for all children? How can our countries become places of safety, rather than danger, for children? To begin my examination of this question, I will present a parable in order to illustrate the vision and philosophy of protection through prevention.

THE PARABLE OF THE FLOOD

Winnipeg, the city in which I live, was built on a flood plain. Calamitous floods have occurred throughout the city's history. The most devastating flood took place in 1950.² It lasted for 51 days, during which the 150-metre-wide Red River was transformed into a lake 65 kilometres wide and 100 kilometres long. In an attempt to control the resulting loss and damage, 100,000 people were evacuated; 5,000 military personnel and 150 ships, including large naval whalers and cutters were deployed; and approximately 500,000 kilograms of equipment were airlifted into the city. Despite these efforts, more than 10,000 homes were lost and the economic costs of the damage totalled \$600 million.

2 Information on the 1950 Winnipeg flood was obtained at archives.cbc.ca/IDC-1-70-670-3783/disasters_tragedies/manitoba_floods/clip1.

The extent of the devastation led to a three-year federal investigation and the appointment of a Royal Commission. One of the resulting recommendations was to build a floodway that would divert water away from Winnipeg. Rather than waiting for the next flood to occur and suffering its economic and human costs, the city would be protected through a reconstruction of the landscape that would actually prevent the damage from taking place.

Following the Royal Commission's recommendations, the then-Premier of the Province, Duff Roblin, championed a plan to construct a floodway, but was vociferously opposed on the basis of the plan's short-term costs.³ Roblin's plan was ridiculed by his opponents, who nicknamed the project "Duff's Folly" and "Duff's Ditch". They proposed less costly solutions, such as raising dikes. But Roblin had a vision of full and effective protection for the city and he proceeded with his floodway plan.

Designed to protect Winnipeg from a flood 50% greater than that experienced in 1950, the floodway required the movement of more earth than was excavated to construct the Panama or Suez canals. The original cost of the floodway was \$500 million – a huge sum of money by any standard. Was the outcome worth the cost?

Between 1968 and 1999, the floodway saved Winnipeg 20 times, saving the province several billion dollars in flood damage and saving its citizens from immeasurable loss and suffering. Its greatest test came in 1997, when the "flood of the century" threatened to destroy Winnipeg. At its crest, the flow of water approached the city at a rate of 138,000 cubic feet per second. This time, however, only 30 homes within the city were lost. It was estimated that the floodway saved the city more than \$700 million in that flood alone (International Joint Commission 1999). In contrast, the city of Grand Forks, which lies south of Winnipeg in the US and is unprotected by a floodway, suffered \$2 billion in damage⁴ when dikes burst. In that city, 8,600 homes were lost or damaged, 11 buildings were gutted by a massive downtown fire, and the city did not have drinkable water for 23 days. In Winnipeg, Duff Roblin was hailed as a hero and plans developed to expand his "ditch" to improve protection in the future (National Research Council of Canada 2005).

3 Information on the history of the Red River Floodway was obtained at archives.cbc.ca/IDC-1-70-670-3785/disasters_tragedies/manitoba_floods/clip3 and archives.cbc.ca/IDC-1-70-670-3783/disasters_tragedies/manitoba_floods/clip1.

4 Information on the Grand Forks flood of 1997 was obtained at www.answers.com/topic/red-river-flood-1997.

What did we learn from this experience? First, we learned that tragedy and suffering can be prevented. Second, we learned that the effects of forces appearing to be far beyond our control can, in fact, be altered. Third, we learned that while effective preventive measures are costly in the short term, those costs are recouped many times over in the long term. Finally, we learned that unwavering commitment to a vision of effective protection and prevention can transform that vision into reality.

FROM DAMAGED HOMES TO DAMAGED LIVES: MANAGING THE FLOOD OF VIOLENCE

Can the lessons learned from Winnipeg's experience with damage prevention in natural disasters be applied to damage prevention in children's lives? The figures representing the extent of loss and suffering due to child maltreatment are no less daunting than those representing the loss and suffering sustained in Winnipeg's 1950 flood. In Canada – in 2003 alone – more than 100,000 reports of maltreatment to child protection agencies were substantiated (Trocmé et al. 2005). This figure does not include incidents that were not detected, those that were detected but not reported, or those that occurred but were unsubstantiated due to insufficient evidence.

The human costs of child physical, sexual and psychological maltreatment are well documented. They include physical costs, such as damage to the child's central nervous system, bone fractures, welts, cuts, genital damage, untreated medical conditions and, in some cases, death. They also include devastating psychological costs, such as destruction of self-worth, anxiety, depression, substance abuse, eating disorders, aggression, sexual disorders, delinquency, criminal behaviour and suicide. And there are intellectual costs, such as impairments in language and perceptual-motor functioning, lowered general intellectual functioning, and lowered academic achievement.

The economic costs of child maltreatment are no less staggering. A recent study published by the Law Commission of Canada (Bowlus et al. 2003) estimated that child maltreatment costs the country more than \$15 billion annually. These costs are borne by the individual and the family, as well as by the judicial, social services, education, health and employment systems. They include, for example, the costs of policing, legal proceedings, incarceration, family relocation, special education services, child welfare services, foster care and adoption services, lost earnings due to lower educational attainment, short-term and long-term medical treatment, drugs, counselling, treatment for substance abuse and psychological disorders, divorce, and teen pregnancy.

Therefore, in Canada, we find ourselves in a situation where we are spending more than \$15 billion every year in an attempt to deal with the damage caused by violence against children. The fact that the economic costs are so high suggests that we are doing an extremely poor job of preventing the flood of violence in the first place. Rather than reconstructing the landscape to protect children effectively, we are continually attempting to clean up the flood damage. But the suffering has already occurred. The damage has already been done and its human and financial costs continue indefinitely.

FROM DAMAGE CONTROL TO PREVENTION: THE ROLE OF POLICY IN PROTECTING CHILDREN

Just as Duff Roblin recognised that a substantial change in the landscape was required to prevent the damage caused by the factors that produce floods, we need to recognise the necessity of changing the social landscape to prevent the damage caused by those factors that produce violence against children. Calls for restructuring of social policy to prevent child maltreatment have been made for at least 35 years (e.g. Garbarino et al. 1993, Gelles and Cornell 1990, Gil 1971, Melton and Barry 1994, Peters et al. 2001, Straus and Gelles 1988, Wolfe 1991), yet little has changed. Perhaps one factor is that we have lacked – or overlooked – the tools for reconstruction.

But today we have an instrument that provides the power to drive substantial change. That instrument is the United Nations Convention on the Rights of the Child,⁵ the first international human rights instrument to call explicitly for the prevention of all forms of violence against children. All countries that have ratified this Convention are committed to building preventive policy structures. This document was ratified by Canada in 1991 and by New Zealand in 1993.

PRINCIPLES OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

The Convention is founded on a fundamental standard, articulated in Article 3, which states:

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

5 www.unicef.org/crc/crc.htm

But what are “the best interests of the child?” The Convention operationalises this concept according to three principles: the right to provision, the right to protection and the right to participation. In other words, children’s basic needs must be met, children must be protected from violence and exploitation, and children must have the opportunity to express their views and influence decision making.

By ratifying the Convention, our countries have committed to recognising these three principles in their laws and policies. But how is this to be accomplished? How can the aims of the Convention be made concrete? How can children’s perspectives be integrated into decision making? And how can we assess whether children’s rights are indeed being recognised? In many countries, these concepts are new and guidance is scarce. But in a few countries, substantial progress has been made in implementing the Convention and integrating its principles into policy development. A leader in this area is Sweden. It is to the Swedish approach to preventive social policy that I will now turn.

IMPLEMENTING THE UN CONVENTION: THE EXAMPLE OF SWEDEN

Sweden is a country of approximately nine million people. It is a modern, industrialised nation with a capitalist market economy and a democratic parliament. It faces many of the challenges faced by Canada and New Zealand, such as increasing ethnic and linguistic diversity, increasing globalisation of markets, and increasing demands on families trying to provide economic and emotional security to their children. What makes Sweden different from our countries is the approach taken to addressing these issues and, in particular, to reducing family stress and preventing family violence.

Four characteristics distinguish Sweden’s approach to social policy. First, a strong emphasis is placed on the notion of citizenship. In any nation, a citizen is a member of that nation who enjoys *rights* in relation to the state, is entitled to its *protection*, and who has the right to *political participation*. In Sweden, children are considered to be full citizens and are entitled, therefore, to provision from, protection by, and participation in the government’s policy decisions.

In fact, child policy is an explicitly identified area of Swedish government policy. “The objective of child policy is that children and young people are to be respected and to have opportunities for development and security and also for participation and influence”.⁶ Child policy in Sweden is specifically based on the United Nations Convention on the Rights of the Child. Its objective is “to initiate, coordinate and

6 Government Offices of Sweden, www.sweden.gov.se/sb/d/2197/a/15237.

speed up processes aimed at ensuring that the [Convention], its spirit and intentions permeate all aspects of Government policy and all activities in society relating to children and young people".⁷

The second distinguishing characteristic of Swedish social policy is universality. Regardless of income or employer, all citizens are entitled to the same level of provision, protection and participation. Third, the Swedish social policy framework is cohesive and internally consistent. Each forms one piece of a coherent whole. Fourth, family policy in Sweden is viewed as a societal responsibility. Rather than blaming and punishing individual parents in crisis, the Swedish system emphasises the collective responsibility of *all* citizens to care for and support children. (For further information on Swedish social policy, see Durrant and Olsen 1997, Olsen 2002). But how are these fundamental principles put into practice?

FROM PRINCIPLE TO PRACTICE: THE RIGHT TO PROVISION

Children's rights to provision are met in a variety of ways in Sweden. In terms of health care provision, medical care is free of charge for all children and youth under the age of 20, dental care is provided at no cost to children up to the age of 19, and prescription drugs are heavily subsidised.⁸

Table 1 provides figures for key health indicators in Canada, New Zealand and Sweden. Compared to Sweden's infant mortality rate, Canada's is more than 1.5 times higher and New Zealand's is more than twice as high. Similarly, Sweden's under-five mortality rate is at least 50% lower than those of Canada and New Zealand. Life expectancy in Sweden is the highest of the three countries. And dental health is much better in Sweden than in Canada or New Zealand; the percentage of the over-65 population that is edentulous (without teeth) in Sweden is approximately one-third of that in New Zealand and less than half of that in Canada. In fact, the prevalence of edentulism among Swedes aged 25 to 74 declined from 19% in 1975 to 3% in 1996/1997 (Osterberg et al. 2000).

⁷ Government Offices of Sweden, www.sweden.gov.se/sb/d/2197/a/15237

⁸ See www.sweden.se/templates/cs/BasicFactsheet___6856.aspx for more information on Swedish health care.

Table 1 International Comparisons of Health Indicators

	Country		
	Canada	New Zealand	Sweden
Infant mortality rate per 1,000 live births, 2006 ^a	4.69	5.76	2.76
Under-five mortality rate per 1,000 live births, 2002 ^b	7.00	6.00	3.00
Life expectancy, 2006 ^c	80.22	78.81	80.51
Edentulous population aged 65 and over, %, 1989/1990 ^d	50.00	58.60	20.00

a. Source: Central Intelligence Agency 2006.

b. Source: UNICEF 2004.

c. Source: Central Intelligence Agency 2006.

d. Edentulism is the complete loss of all teeth. Source: Australian Institute of Health and Welfare, undated.

But Sweden's policies provide for much more than children's physical wellbeing. For example, they take into account children's needs to develop strong attachments with their primary caregivers. To this end, parents are entitled to 16 months of leave from employment following a birth or adoption. Parental leave can be taken at any time until the child turns eight. Children's needs to have access to parental care as they grow are also recognised in policy. For example, parents are entitled to reduce their workday by 25% until their youngest child enters school. They are also entitled to take days off work to attend their children's schools or day care centres. Moreover, when children are ill, their parents can provide care for them; parents are entitled to take up to 60 days off work per child per year to care for sick children below the age of 13.

But while Swedish policies recognise the importance of parental care, they also recognise children's needs for high-quality care while their parents are working.⁹ In Sweden, every child is entitled to a day care space by law. Administered by the Ministry of Education and Science, childcare is carefully monitored to ensure that it meets high standards of quality regardless of region. For example, staff are highly trained (all preschool teachers have specialised university degrees), child-to-staff ratios are low (5:1), and a curriculum is followed. Fees are charged according to family income, with maximums imposed (no more than 1–3% of the family's income, not exceeding SEK 1,260 per month for the family's first child, SEK 840 for the second child, and SEK 420 for the third child). The accessibility of high-quality childcare in Sweden provides children with a range of environments that stimulate their learning and development while enabling their parents to study, search for employment, or work to the extent that is desirable or necessary for their families.

9 See www.sweden.se/templates/cs/BasicFactsheet___4132.aspx ref for information on the Swedish childcare system.

These policies support parents' efforts to integrate work and family, recognise parents' needs to be with their children when they are ill and on special school days, and reduce the stress that so often tips families' emotional balance at the end of a long working day. By reducing family stress, they are likely to have an indirect impact on the amount of violence that children experience in their homes.

FROM PRINCIPLE TO PRACTICE: THE RIGHT TO PROTECTION

A range of Swedish policies are directly aimed at protecting children from violence in their homes. These policies are built on findings of research demonstrating that parental violence against children is linked to social isolation, inadequate parenting knowledge, dangerous environments and approval of physical punishment.

To reduce social isolation and increase parenting knowledge, parent support and education are universally accessible – and universally accessed. All parents are provided with information about child development on an ongoing basis and all are given opportunities to participate in parent support and discussion groups. These groups are non-didactic; they are organised to facilitate discussion, problem solving, and normalising of typical developmental challenges. The problem of social isolation is also addressed through measures such as “baby cafés”, where parents can go for rest and informal conversation while their children are supervised by café staff.

Along with building social networks, an objective of these initiatives is to reduce parents' personalisation of children's non-compliance and thereby reduce their anger and punitive responding. Indeed, Swedish parents do tend to be non-punitive – but not permissive. They are likely to use assertive verbal communication, distraction, reinforcement, restrictions and calming techniques, rather than approaches that escalate conflict (Janson 2001, Jutengren and Palmérus 2002, Palmérus and Jutengren 2004).

Children's rights to protection are also recognised in an array of Swedish laws and regulations that optimise their safety. Proactive initiatives to improve child safety were first introduced in Sweden in the 1950s. By the early 1990s, child accident fatalities were slashed by 75% (Berfenstam and Söderqvist 1992). By 1995, the likelihood of a child under five dying in a pedestrian accident in New Zealand was 13 times higher than that in Sweden (Injury Prevention Research Centre 1995). Since one of the most common justifications parents give for striking their children is to teach them about danger (e.g. traffic, hot stoves) (Gravitas Research and Strategy 2004), regulations that promote safety and prevent accidents are likely to reduce parents' perceived need to strike their children and thereby reduce violence against children in the home (see Durrant and Olsen 1997 for further information on Swedish child safety policies).

Swedish law not only protects children from harm sustained in household accidents; it explicitly protects them from all forms of violence, including physical punishment. While the laws of Canada and New Zealand explicitly justify the use of physical force with children, Sweden's law clearly states that physical punishment is not allowed. The contrast between the laws of New Zealand and Canada on the one hand, and that of Sweden on the other, is dramatic.

Section 59 of the New Zealand Crimes Act states:

Every parent or person in place of a parent of a child is justified in using force by way of correction towards a child if that force is reasonable in the circumstances.

Similarly, Section 43 of the Criminal Code of Canada states:

Every schoolteacher, parent or person in place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances.

Sweden, on the other hand, repealed its equivalent to Section 59 (and Section 43) in 1957, thereby removing the criminal defence to corrective assault of a child. Then, in 1979, Sweden explicitly abolished all physical punishment by adding the following paragraph to its civil code on parenthood and guardianship:

Children are entitled to care, security and a good upbringing. Children are to be treated with respect for their person and individuality and may not be subjected to physical punishment or other injurious or humiliating treatment.

Whereas the New Zealand and Canadian laws not only allow but justify physical punishment, the Swedish law places it in a category of injurious and humiliating treatment and defines it as a violation of children's rights to protection. (For further information on the history of Swedish law reform, see Durrant 1999, Durrant 2000, Durrant 2003, Durrant and Janson 2005, Durrant and Olsen 1997.)

FROM PRINCIPLE TO PRACTICE: THE RIGHT TO PARTICIPATION

Perhaps the most challenging aspect of policy development respecting children's rights is that of ensuring child participation in decision making. It can be difficult for adults, let alone governments, to conceive of how to provide such opportunities for children – and how to ensure that children's views are taken seriously. Sweden has made substantial progress in identifying avenues by which children can have a voice in policy development. Two of these avenues are the appointment of a *Children's Ombudsman* and the implementation of *child impact assessments*.

The first Swedish Children's Ombudsman was appointed in 1993. "The Ombudsman's main duty is to promote the rights and interests of children and young people as set forth in the United Nations Convention on the Rights of the Child".¹⁰ The Ombudsman's office monitors and promotes the implementation of the Convention by all levels of government, and is advised by several children's councils and a youth council (among a wide range of advisors). In 1998, the Children's Ombudsman carried out a survey to assess the extent to which administrative and judicial authorities working on children's issues considered the Convention to be relevant to their activities. At that time, most authorities stated that the Convention was indeed relevant to their work. But few had actually developed strategies to implement its principles. The question then became how to translate the Convention into practice.

A strategy was proposed and unanimously approved by Parliament in 1999 – the National Strategy for the Implementation of the UN Convention on the Rights of the Child.¹¹ The overall objective of the strategy was to ensure that the child perspective and the Convention would permeate all public decision making affecting children. One of the instruments developed to reach this objective was the child impact assessment, which, according to the National Strategy, must be conducted in the case of any government decision affecting children. The rationales for child impact assessment were:

- to encourage decision makers to consider the child perspective seriously *before* decisions are made
- to place the burden of proof on those who propose policies contrary to the child's best interests
- to compensate for children's relative lack of political power. These assessments are to be thorough and authentic, supported by systems and structures designed for the purpose.

The Office of the Children's Ombudsman has developed a five-step model for conducting a child impact assessment (Sylwander 2001): step one is to gain a thorough working knowledge of the Convention; step two is to obtain a full understanding of the current formulation of children's interests and rights in law and policy; step three is to conduct research with children to determine their needs and articulate their perspectives. Step four is the actual working process. The proposed policy is analysed in relation to the articles of the Convention, the children who will be affected by the proposed policy are identified, and children's views on the proposed policy are obtained. This information leads to assessments of the potential impact of the policy from children's perspectives, as well as the financial cost of the policy. At the end of this process, children's interests are weighed against other interests (e.g. economic, national security).

¹⁰ See: www.bo.se.

¹¹ See: www.sweden.gov.se/content/1/c6/02/38/18/068d0933.pdf.

Then, in step five, the best conceivable solution is identified. In the formulation of a solution, the child's best interests *virtually always* must take precedence over those of adults. If it has been determined that other interests carry more weight (e.g. national economy, security policy), the decision maker must show that the child's interests have been taken into account and explain why they must be deferred, and the decision should include measures to compensate for the policy's impact on children.

Once the decision has been implemented, an evaluation process begins to determine whether the intended effects were achieved which, in turn, leads to improvements in the assessment process. Children must be given the opportunity to participate in the evaluation phase. The entire process must be transparent and well documented.

In Sweden, therefore, the participation of children in the policy-making process is not only accepted and encouraged, it is mandated by law. Children's views and experiences must be heard and acted upon by decision makers, within the broader context of the national interest.

SWEDISH SOCIAL POLICY: AN EFFECTIVE FLOODWAY?

The question now becomes whether the Swedish approach to child policy has actually been effective in reducing rates of violence against children. Research findings indicate that physical violence against children has, in fact, become a rare event in Sweden. The evidence comes from a variety of sources.

Physical Punishment Rates

Findings of cross-sectional studies of parenting carried out across the decades in Sweden reveal a striking shift in the prevalence of physical punishment. Of children born in the 1950s, virtually all were struck by their mothers before the age of four (Stattin et al. 1995). This prevalence declined substantially in the next generation; of children born in the early 1980s, only about one-third were struck by their mothers at any time during their childhoods (Statistics Sweden 1996). And of those born in the late 1980s, only 14% had ever been struck by their mothers (Janson 2001).

Of a large, representative sample of Swedish parents interviewed in 2000, 92% reported that they had not struck their children during the year prior to the study. In contrast, a recent Canadian study found that 59% of mothers had physically punished their preschoolers in the previous two weeks (Ateah and Durrant 2005) and a New Zealand study revealed that 51% of parents either use physical punishment as a discipline strategy or had used it in the previous three months (Gravitas Research and Strategy 2004).

Attitudes toward Physical Punishment

Attitudes toward physical punishment have also shifted dramatically as legal and policy reforms have proceeded. In 1965, half of the Swedish population believed that physical punishment was necessary in childrearing. By 1979, that proportion had decreased to 26% (SIFO 1981). By the mid-1990s, only 11% of the Swedish population was “positively inclined” toward even mild forms of physical punishment (Statistics Sweden 1996). Clearly, over recent decades, Sweden has witnessed the de-legitimation of physical punishment from a culturally normative event to a culturally unacceptable act. (For further information on behavioural and attitudinal shifts in Sweden, see Durrant 2003, Durrant and Janson 2005). Given the primacy of attitudes in predicting physical punishment use, this normative shift is an extremely important component of violence prevention efforts (Ateah and Durrant 2005, Ateah et al. 2004).

Child Homicide Rates

Child homicide rates in Sweden have been consistently low since at least the mid-1970s. Between 1975 and 2000, the average annual incidence of child homicide among children aged 0–4 was four, with a range of one to seven (see Durrant and Janson 2005 for annual figures). Table 2 provides child homicide figures from the late 1990s for Canada, New Zealand and Sweden. Although Canada’s child population was four times greater than Sweden’s, its incidence of child homicide was almost eight times higher. And although New Zealand’s child population was one-half of Sweden’s, its incidence of child homicide was 1.7 times greater.

Table 2 International Comparison of Child Homicide Rates

	Country (Year)		
	Canada (1997)	New Zealand (1998)	Sweden (1996)
Number of homicides among children aged 0–14 ^a	46	10	6
Population aged 0–14	5,899,200 ^b	832,000 ^c	1,661,425 ^d
Rate per hundred children	.001	.001	.0004

a. Source: World Health Organization 2002.

b. Source: Statistics Canada 1996, www.statisticscanada.ca/english/census96/jan13/can.htm.

c. Source: Statistics New Zealand, 1998. www2.stats.govt.nz/domino/external/PASFull/PASfull.nsf/2b48bfd772142a814c2567ed0009410f/4c2567ef00247c6acc256b03000f2c16?OpenDocument.

d. Source: Statistics Sweden, Statistical Database. www.scb.se/default___2154.asp.

It is important to note, however, that not all of these homicides are committed by parents, nor do they all result specifically from abuse. In fact, the likelihood that a parent will kill a child is extremely low in Sweden. In a study of criminal homicide in Stockholm between the 1950s and the late 1980s, Wikström (1992) found that the number of child homicides committed by parents peaked in the 1950s and 1960s, declining through the 1970s and 1980s. In the final period analysed (1985 to 1987), there were no cases of parents killing their children.

Somander and Rammer (1991) investigated those cases of child deaths resulting specifically from abuse; that is, from the use of physical force to eliminate a child's disturbing behaviour, as opposed to situations such as neonaticide, post-natal depression or homicide-suicide. They found that no children in Sweden were killed as a result of abuse between 1976 and 1980. This low incidence has continued since 1980. No children (0–14 years) died in Sweden as a result of physical abuse throughout the 1980s; between 1991 and 1996, four children died in this way – no more than one per year – and only one was killed by a parent (Durrant 1999). Between 1997 and 2000 the incidence was once again zero (Durrant and Janson 2005).

Child Welfare Measures

Trends in violence against children are also reflected in the extent and type of child welfare involvement in families. Sweden has seen a dramatic shift in child welfare measures taken over the past two decades. In 1982, the most common child welfare measure involved placing children in out-of-home care. But by 1995, out-of-home care had declined by 26%, by then constituting the least common child protection measure (Durrant 1999). It is likely that this shift reflects the greater emphasis that Sweden has placed on prevention and parent support over the past 20 years and the substantially lower likelihood of parents striking their children in moments of conflict.

SUMMARY

Social policy approaches can be reactive or proactive, remedial or preventive. For decades, we have known that prevention is vastly more effective than remediation in terms of both human and economic costs. Sweden provides a model of a social policy framework aimed at minimising risks to children's health and wellbeing, preventing violence against children, and optimising families' quality of life, and it is explicitly guided by the principles of the United Nations Convention on the Rights of the Child. There, children's rights and developmental needs occupy the top level of the political agenda and extensive family support is woven into the fabric of the society. There, violence against children is not tolerated, and a single child's death is too many. Where other nations have taken a punitive or neglectful approach to families facing challenges, Sweden has taken a proactive, preventive and supportive approach. The

results are impressive – the likelihood of a child being struck or killed by a parent is extremely low. The policy landscape has been shaped to promote family health and, as a result, children’s potential to blossom is not squandered.

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