



University of  
South Australia

Australian Centre for  
Child Protection

# Professionals Protecting Children

*Child Protection and  
Psychology Education  
in Australia*



The  
Australian  
Psychological  
Society Ltd



Australian Government  
Department of Innovation  
Industry, Science and Research

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*Improving the lives of vulnerable children*



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# Foreword

**By Professor Lyn Littlefield**

*Child abuse and neglect, and their consequences for children, their families and carers, are issues which regularly confront psychologists in their daily work. Given the magnitude of these problems in our community, the Australian Psychological Society (APS) believes it is vital to ensure that psychologists are well equipped with the knowledge and skills to protect and nurture vulnerable children and their families.*

*The APS is pleased to have been able to contribute to the Australian Centre for Child Protection's Professionals Protecting Children project. The project has highlighted some important areas in child abuse and neglect, covering prevention, identification, professional responses and particularly psychological interventions, which need further consideration in the training of psychologists. The report suggests opportunities to strengthen the education of psychologists in matters to do with child abuse and neglect, and the APS is strongly committed to ensuring that there is a process put in place to further develop curriculum content for psychology programs and competencies for psychologists working in the area of child protection.*

*I trust that this report into child protection and psychology education will stimulate further discussion among educators as well as psychology practitioners about issues associated with child abuse and neglect, and will ultimately lead to a strengthening of the training which psychologists receive in the area of child protection for the well-being of children, their families and the community.*



Professor Lyn Littlefield OAM  
Executive Director  
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## ***A Note on Terminology***

Currently there is no national consensus on terminology used to describe programs and courses offered by Australian universities. Depending on the individual university, the terms program, degree, course or award can all be used to describe specific degrees, such as “Bachelor of Psychology”. Similarly, the terms course, subject or unit can all be used to describe individual subjects taught by the university, for example: “Introduction to Developmental Psychology”.

To avoid confusion, this report will use the term ***program*** to describe the degree or award, and the term ***units*** or ***units of study*** to describe individual courses or subjects.

This report also uses the terms “discrete” and “integrated” throughout. The term ***discrete*** refers to units of study that are stand-alone units specifically designed to address the prevention, identification and professional response to child abuse and neglect. The term ***integrated*** refers to units of study in which child protection content forms a part, or is integrated throughout.

# Executive Summary



Child abuse and neglect are significant problems in Australian society that many graduates of psychology, particularly those who follow pathways towards registration as a psychologist, encounter at some point in their working life. Little is known about the extent to which child abuse and neglect is covered in psychology curricula in Australian universities. This research was the first known study to comprehensively survey child protection related content in Australian psychology programs. The Australian Centre for Child Protection in collaboration with the Australian Psychological Society (APS) sent a purpose developed curriculum mapping survey to 37 universities that offered Australian Psychology Accreditation Council (APAC) accredited programs in 2008. Survey responses provided information about undergraduate, fourth year and postgraduate psychology programs across most States and Territories of Australia.

Results of the study showed that students in most accredited psychology programs were exposed to some child protection related content as part of their undergraduate, fourth year, or postgraduate education. For the most part, however, the extent of this information was limited. There were only three stand-alone units specifically designed to address the prevention, identification and professional response to child abuse and neglect. These were all offered as part of the postgraduate curriculum by universities in Western Australia. The large majority of programs provided information about child abuse and neglect as part of, or integrated into, other units of study. Comparatively more units offered integrated content at postgraduate levels of education. Students undertaking a fourth year of study were unlikely to get additional exposure to child protection related content beyond what they received in their undergraduate education.

Over half of integrated units offered to undergraduate students were shown to be part of the elective curriculum, with the majority of units at this level spending less than 10% of their time addressing child abuse and neglect issues. While all integrated units at postgraduate levels were part of the core curriculum, approximately half of such units spent less than 10% of time considering child protection issues. Child protection related content in integrated units of study was mostly addressed within developmental psychology units in the undergraduate curriculum and in ethics/research/professional issues units in fourth year and postgraduate programs.

The survey also asked respondents to indicate whether individual risk factors and proactive strategies associated with child abuse and neglect were taught within programs. Data relating to the teaching of specific risk factors and proactive strategies relevant to child maltreatment were consistent with data relating to units of study. Only a small percentage of risk factors and proactive

strategies were taught specifically in regard to child protection and this happened almost exclusively in postgraduate programs. In general, postgraduate students received more information about risk factors and proactive strategies than undergraduate students, with fourth year students receiving the least information (in addition to that received as part of the undergraduate education). An equal number of risk factors and proactive strategies were taught more generally as part of the broader curriculum, or were not taught at all. The area least likely to be taught at any level of education related to the application of strategies towards the prevention of child abuse and neglect. Additional qualitative comments, issues and concerns reported by the participants closely reflected the findings of the curriculum mapping survey. The overall theme was that opportunities for students to be involved in child protection related content, and the complexity of information taught, generally increased as a student's level of education increased.

A National Roundtable discussion was held at the 43rd Annual Australian Psychological Society (APS) Conference in Hobart in September 2008. The Roundtable drew together a pool of 12 Australian psychology educators and professionals from different States and Territories across Australia. A number of key issues, including barriers and facilitators to increasing child protection related content in psychology curricula were identified and discussed. Participants of the National Roundtable reinforced the importance of including child protection education for students studying psychology. The barriers to including such information in psychology programs were principally related to the difficulties of including more content in already crowded curricula, concern about the impacts of additional workloads on university staff and concern about the preparedness of staff to teach additional topic areas. Information relating to the potential for child maltreatment, and the long-term impacts of child abuse and neglect, could however, be easily integrated within existing units. The units most likely to be used to facilitate discussion of child protection issues were identified, for example within the topic areas of child development and psychopathology in the undergraduate curriculum. Participants of the Roundtable suggested the need for additional university staff training to increase awareness of child protection issues and to improve staff confidence to discuss such issues in the context of other topic areas. It was also suggested that greater efforts be taken to explore the potential for teaching partnerships with external agencies.

A number of questions for the psychology profession to consider regarding the best way to train new graduates were raised in the report and a number of recommendations were made, including:

- exploration and establishment of minimum national standards and competencies for all psychology graduates, with specific reference to knowledge of child abuse and neglect issues;
- development of an APS position paper on child protection, using the British Psychological Society's position paper as a potential model (British Psychological Society, 2007);
- inclusion of child protection content within accreditation guidelines for universities, using the Australian Association of Social Workers standards for child wellbeing as an example (Australian Association of Social Workers, 2008);
- development of additions to the Academic Resources section of the APS website;
- suggestions that universities strengthen relationships with agencies to create more opportunities for students to have access to placements in the child protection area;
- training for university teaching staff to increase their awareness of child protection issues and to encourage ways of integrating child protection content within existing curriculum; and

- teaching guidelines and training opportunities for placement and internship supervisors.

This report may act as a catalyst for further discussion and debate within the psychology profession regarding the exploration of minimum curriculum standards and competencies for psychology graduates. This is needed so that our graduates have access to the values, knowledge and skills required to promote the wellbeing of children, young people, families and caregivers and to prevent and respond effectively to child abuse and neglect.





### *Child Abuse and Neglect in Australia*

Child maltreatment is a significant problem in Australia, as in other countries around the world (Ronan, Canoy, & Burke, 2009). The Australian Institute of Health and Welfare (2010) reported that in 2008-09, 32,641 children were subject to a substantiation of a notification of child abuse or neglect. This was an increase of 1.7% in the previous 12 month period. Indigenous children were over-represented in these figures and were 7.5 times more likely to be the subject of substantiations than other children. In addition, there were 34,086 children in Australia in out-of-home care, an increase of 9.3% in the previous 12 months. Indigenous children were nine times more likely to be in state care than other children (Australian Institute of Health and Welfare, 2010). Significant concerns have been raised about the deleterious life and health outcomes of children who have experienced, or who are considered to be at risk of abuse and neglect (Chicchetti & Toth, 1995). Children who live in poverty, or who have disruptive, violent or drug and alcohol affected family environments have been found to be at the highest risk of maltreatment and of experiencing a range of negative psychological, emotional, physical and social outcomes (Chicchetti & Toth, 1995; Marmot & Wilkinson, 2006; Ronan et al., 2009).

In 2009 the Council of Australian Governments (COAG) released the National Framework for Protecting Australia's Children 2009-2010 (Council of Australian Governments, 2009a, 2009b). One of the priorities for action outlined in the framework was the need to build the capacity and expertise of the professional workforce through education and professional development, with a particular focus on encouraging child and family sensitive practice. "Workforce" was defined broadly to include professionals across a range of fields that have a role in protecting children. Other government reports over the past few years have also stressed the importance of professional education in child protection and related issues (Senate Community Affairs References Committee, 2004, 2005). The Australian Research Alliance for Children and Youth (ARACY) further recommended that training be directed towards enhancing the skill and capacity of professional groups to prevent child maltreatment; to address risk factors and provide early intervention; and to work more effectively with children and families in which child abuse and neglect has been identified (Australian Research Alliance for Children and Youth, 2009).

Recommendations for the enhancement of training in child maltreatment have also been made for specific disciplines in Australia and overseas, including the psychology profession (Baverstock, Bartle, Boyd, & Finlay, 2008; Champion, Shipman, Bonner, Hensley, & Howe, 2003; Healy & Meagher, 2007; Long et al., 2006). The social work profession has recently established national standards for child protection and child wellbeing content in social work programs (Australian Association of Social Workers, 2008) and the nursing and midwifery professions are currently developing similar standards (The Centre for Midwifery Child and Family Health, 2009).

## The Australian Centre for Child Protection

In response to increasing concerns about the prevalence of child abuse and neglect, the University of South Australia and the Australian Government established the Australian Centre for Child Protection, which is currently funded through the Department of Innovation, Industry, Science and Research. Over the past few years, the Australian Centre for Child Protection through the initiative *“Professionals Protecting Children”*, has completed a series of curriculum mapping studies in teacher education (Arnold & Maio-Taddeo, 2007), social work (Arnold, Maio-Taddeo, Scott, & Zufferey, 2008) and nursing and midwifery (Parry, Maio-Taddeo, Arnold, & Nayda, 2009).

These studies have involved collaborations with key stakeholders such as educational providers, registration bodies, employer groups and professional organisations with the aim of assisting a broad range of professions to prepare graduates and practitioners in these disciplines to prevent, identify and respond to child protection issues more effectively. The specific aims of the *Professionals Protecting Children* studies have been to:

- identify how child abuse and neglect is addressed within university programs across teaching, nursing, midwifery, social work and psychology professions; and
- explore how graduates and professionals can be best prepared for working with vulnerable children and families.

Each study has been underpinned by two key questions:

1. What is currently being taught about child protection within professional education programs?
2. Where does child protection fit into the respective professional education programs and who takes responsibility for its delivery?

This survey of psychology education in Australia is the final study in the *“Professionals Protecting Children”* series. It was undertaken by the Australian Centre for Child Protection in partnership with the Australian Psychological Society (APS), which accepted a formal contract in mid 2008 to assist with this project.

## Context of Psychology Education in Australia

In order to understand the role of child protection in contemporary psychology education, it is important to outline the current context and climate of psychology in Australia. The psychology profession currently has several key organisations governing the training and registration of psychologists: the Australian Psychological Society (APS) which is the largest professional association for psychologists in Australia; eight autonomous State and Territory Registration Boards; and the

Australian Psychology Accreditation Council (APAC), which provides national standards for the education and training of psychologists for the purpose of eligibility for registration and for membership of the APS. It should be noted that the COAG decision to implement a single national registration and accreditation body (the Australian Health Practitioner Regulation Agency) for the health professions including psychology, will result in significant changes to training and the process of registration to work as a psychologist during 2010. Information in this report relates to legislation at the time of writing this report in January 2010.

As the principal professional association for psychologists in Australia, the APS has well established networks with schools of psychology in Australian universities as well as strong relationships with the Heads of Departments and Schools of Psychology Association (HODSPA). It is known that psychology is one of the most frequently taught programs across Australian universities (Lipp et al., 2006), yet the teaching and curriculum development of psychology is complex and a number of unique challenges exist differentiating it from other disciplines, for example:

- large numbers of students are enrolled in psychology topics across Australian universities and for those enrolled there is potentially great variation in academic ability and motivation for studying psychology (Lipp et al., 2006);
- the possibility exists for students to study psychology at a number of different levels such as undergraduate, fourth year or Honours, Masters, Diplomas, Professional Doctorates and PhD programs, without going on to become a registered psychologist;
- psychology is currently available as a subject for year 11 and year 12 students in some States/Territories however, there is currently no national school psychology curriculum and not all students who enter into a university psychology program have completed units at the high school level (Skouteris, Mrowinski, Cranney, & Voudouris, 2008);
- psychology can be studied as an elective and as a component of another program such as nursing, education or business (Wilson & Provost, 2006) and many students study psychology whilst enrolled in other programs such as Bachelor of Arts or Science (Lipp et al., 2006); and
- curricula offered by universities must satisfy the APAC accreditation guidelines, however diversity can occur across institutions, for example the number of different units offered and the emphasis placed within different topics can differ considerably (Lipp et al., 2006).

To legally practise as a psychologist, individuals must be registered. Currently there are two pathways towards becoming registered. The first pathway involves the completion of an accredited four year program followed by two years of supervised practice by a registered supervisor (often referred to as "4+2"). The second pathway is by completion of a university based postgraduate professional program which incorporates a combination of coursework, applied research and supervised practice (Littlefield, Giese, & Geffen, 2009). The structure of education for psychologists has been subject to review in the last 18 months (Littlefield et al., 2009). The Psychology Education and Training Reference Group, established by the APS, recently proposed a new model of training that has been incorporated into APAC standards (Australian Psychology Accreditation Council, 2009; Littlefield, 2009b). The new model of psychology education is a "5+1" pathway designed to be a transitional arrangement to replace the current "4+2" pathway, which involves an accredited fifth year of study followed by a one year accredited workplace internship (Australian Psychology Accreditation Council, 2009; Littlefield, 2009b). However, further changes may occur following the establishment of the newly appointed Psychology Board of Australia (PBA) under the National Registration and Accreditation Scheme (Littlefield, 2009a).

Registered psychologists may be employed in a wide variety of workplaces, including health and welfare services. Psychologists who work in the field of child protection may be involved in the assessment and treatment of children and families for whom child abuse or neglect has been identified. Psychologists who have been trained in other specialties or undertake work or research in other sectors, however, also play an important (and often mandated) role in the identification of child maltreatment. They may also provide interventions for adults who report a history of child abuse and can have a major role in prevention across different areas of specialisation and organisational settings. Psychology graduates who do not proceed to registration can also work in many settings where issues relating to child abuse and neglect are significant, including that of statutory child protection. It is therefore essential for any graduate of a psychology program, particularly those students who eventually become registered as a psychologist, to learn about the causes, consequences and prevention of child abuse and neglect (Farrall & Arnold, 2009).

The American Psychological Association (APA) has been concerned about tertiary training in the area of child protection for psychologists since the early 1980s. The Interdivisional Task Force on Child Abuse Training, part of the APA, made early recommendations for improving child maltreatment education and training across the psychology profession (American Psychological Association, 1988). A number of working groups subsequently contributed to the release of curriculum guidelines on child maltreatment education and training (American Psychological Association, 1988). The latest guidelines include introductory and advanced resources on a variety of topics, including: definitions of child maltreatment; incidence and prevalence rates; causes of child maltreatment; consequences associated with child maltreatment; treatment issues; prevention; and legal issues (Miller-Perrin & Malloy, 2007).

Despite the release of curriculum guidelines, it is unclear how recommendations and improvements to training suggested by the APA have translated into education practice (Farrall & Arnold, 2009). Champion, Shipman, Bonner, Hensley & Howe (2003) for example, interviewed the training directors for a number of US doctoral programs in clinical, counselling and school psychology in 1992 and 2001. Results indicated that few programs offered specific units in child protection. Students in almost all programs, however, were exposed to some aspects of child protection related content as part of their regular curriculum (Champion et al., 2003). Concern was raised that training for psychologists had not changed in the decade between 1998 and 2001, and that doctoral education was not reaching the APA recommendations for minimal levels of competence (Champion et al., 2003).

Recent curriculum mapping studies undertaken by the Australian Centre for Child Protection in teacher education (Arnold & Maio-Taddeo, 2007), social work (Arnold et al., 2008) and nursing and midwifery (Parry et al., 2009) have collectively highlighted the complex and multifaceted nature of the inclusion of child protection related content in tertiary curricula in Australia. Mapping of child protection content in psychology curricula has not previously been undertaken (Farrall & Arnold, 2009). Given the frequency with which child abuse and neglect occurs (Ronan et al., 2009), the relationship between child maltreatment, health and psychological outcomes for children (Marmot & Wilkinson, 2006), and that psychologists are likely to address child abuse and neglect in their work, regardless of specialisation, at some point in their career (Champion et al., 2003), it is important to determine the extent and type of child protection related training that is provided to psychologists in their tertiary education in the Australian context.

The scope of the present project was, therefore, to ascertain a national and comprehensive picture of child protection related content currently being taught within professional psychology education programs across Australian universities. Two simultaneous methodologies were conducted by the Australian Centre for Child Protection in conjunction with the Australian Psychological Society. The first method involved the distribution of a survey designed to map the child protection content in the psychology curriculum across all Australian universities offering accredited psychology programs. The second method involved a National Roundtable to gain psychologists' perspectives and recommendations on facilitating the inclusion of child protection into existing and future curricula.

## Research Aims

The specific aims of this study were to:

- map or identify the extent of child protection related content within current psychology curricula;
- provide an overview of what is being taught at undergraduate, fourth year and postgraduate levels;
- examine perceived facilitators and barriers to the inclusion of child protection related content in psychology programs;
- and provide recommendations for potential future directions for the effective inclusion of child protection components into the psychology education curricula.



### Key points:

- Psychology is one of the most frequently taught programs in Australian universities
- Psychologists play an important role in assessment, identification, intervention and research relating to child abuse and neglect
- The need for training to assist psychologists to understand issues relating to child protection has been collectively highlighted by recent literature, several Federal Government reports and international working parties and associations
- This study aimed to identify the extent of child protection related content within existing psychology curricula across Australia and provide suggestions for future inclusion of child protection related content in tertiary education for psychologists





Curriculum mapping is a systematic approach used to describe the content of educational programs, which enables researchers and educators to map the content taught, the sequence in which it is taught and the amount of time spent teaching each component (Clough, James, & Witcher, 1996; English, 1980; Hale, 2008).

The original survey instrument used in this study was developed by Arnold and Maio-Taddeo (2007) for the Australian Centre for Child Protection's teacher education study. Arnold and Maio-Taddeo (2007) conducted a small scale trial and mapped teacher education programs relating to approximately 2000 students enrolled in early childhood, junior primary, primary, middle and secondary teacher education programs (Arnold & Maio-Taddeo, 2007). On the basis of feedback received from the trial, modifications were made to the survey instrument. Slightly altered versions of the same survey were also used to map both the social work (Arnold et al., 2008) and nursing and midwifery (Parry et al., 2009) curricula in subsequent studies.

### Method

#### Application of the Survey Instrument to Psychology

The original survey was given to the APS for consultation and feedback as to whether it reflected current contemporary psychology curricula and terminology. This led to several amendments to the curriculum mapping survey instrument prior to distribution to the psychology profession. Amendments included slight modifications to the terminology used, improvements in the overall layout of the survey and structural changes in how the instructions were presented to improve clarity and readability.

In addition, more specific amendments were made to the actual content of the survey in Section 2, which resulted in a substantially different survey instrument.<sup>1</sup>

<sup>1</sup> The content of previous surveys used for the teacher education, social work and nursing and midwifery studies can be found in the Appendices of companion studies if needed for comparison purposes (Arnold & Maio-Taddeo, 2007; Arnold et al., 2008; Parry et al., 2009).

Changes included:

- the inclusion of five new content areas (Mental/Behavioural Issues – Adult or Parent-Centred, Childhood Trauma, Assessment, Training in Forensic Capacities and Self Care and Professional Support/Supervision) to reflect the specific training of psychologists;
- the inclusion of additional items throughout the survey instrument relevant to the psychology profession, for example items relating to: knowledge and skills, child developmental stages, developing effective coping skills, resilience and risk management, the APS code of ethics and duty of care, note taking, report writing and information about court/subpoenas, mandatory reporting legislation and strategies for working with perpetrators and with adult clients who were abused/neglected in childhood;
- the inclusion of three new qualitative questions relating to relationships with organisations, opportunities for psychology placements and opportunities for research; and
- the inclusion of seven additional questions at the end of Section 2 where participants were asked whether or not their degree considered knowledge of strategies for working with abused/neglected children as adult clients, strategies for working with perpetrators, definitions of child abuse and neglect, recognition of child abuse and neglect, mandatory reporting, and knowledge of legislation and court proceedings.

## Survey Instrument Content

The revised survey used in this study comprised three parts:

- Section 1A) the identification of discrete or stand-alone units of study offered to psychology students;
- Section 1B) the extent of child protection related content integrated into coursework throughout the program;
- Section 2) the identification of child protection related issues that may be raised or covered throughout the psychology program, but are not clearly stated in program documentation; and
- Section 3) qualitative feedback and information regarding the teaching approach to child protection not covered in previous sections.

A complete copy of the survey instrument is included in Appendix A and the following section provides an overview of the survey instrument content.

### Section 1A – Discrete Child Protection Related Content

In Section 1A participants were asked to record information about the units of study offered within the program which addressed the prevention, identification and response to child abuse and neglect in a discrete manner (that is, discrete or stand-alone units specifically designed to address child protection issues). Examples were given to participants such as a *“compulsory ‘one-off’ Child Abuse Identification and Reporting or Mandatory Notification Training course”* or *“courses/subjects in which the content is dedicated to the exploration of the prevention, identification and response to child abuse and neglect within a professional context”*.

## Section 1B – Integrated Child Protection Related Content

In Section 1B participants were asked to identify units of study offered within the program which addressed the prevention, identification and response to child abuse and neglect in an integrated manner. That is, units where child protection related content is integrated within their program. Examples were given to participants such as *“a 16-week general Child Development course that in Week 2 explores the impact of child abuse and neglect with a particular focus on developmental delay and disability as risk factors for maltreatment”* and *“a professional practice course, that at some stage explicitly explores the biopsychosocial needs of a child that is deemed at-risk/vulnerable to child abuse or neglect”*.

For each unit of study identified in Sections 1A and 1B, participants were asked to record:

- the timing of the unit within the overall psychology education program;
- the course duration in weeks/hours;
- who was responsible for the delivery of the content (university staff and/or external providers);
- if the unit of study was core or elective;
- and, if elective, the average number of students who participated in the unit annually.

## Section 2 – Risk Factors and Proactive Strategies

Section 2 comprised a list of risk factors and proactive strategies associated with child abuse and neglect that were drawn from contemporary literature (Cameron & Karabanow, 2003; Powell, 2003; Warner, 2003). Risk factors in the instrument adapted from Warner (2003) included those relating to the child, factors relating to the parent or carer, and demographic and environmental factors. Risk factors adapted from Powell (2003) included physical, behavioural, developmental and parental factors and those drawn from Cameron and Karabanow (2003) included childhood and adolescent behaviours, difficulties with peers, parents' substance abuse and maltreatment history, family problems, step-parents, lack of social integration, neighbourhood disintegration and lack of economic resources.

Respondents were asked to identify which risk factors were referred to or discussed in-depth with students throughout the program and across all years and units of study. The degree to which each risk factor was included in the program was recorded and item responses were coded as “0” if they were not taught or left blank, “1” if they were “taught generally”, “2” if they were “taught with elements of child protection” or “3” if they were “taught only in regard to child protection”.

The identified risk factors and proactive strategies were then grouped to form logical categories (referred to as “Intermediate Level”) which were further categorised under the general headings of Child-Centred Issues, Adult-Centred Issues, Family/Environmental Issues and Professional Issues (referred to as the “Macro Level”). Although the sample size for this study was insufficient to conduct factor analysis on the survey item groupings, reliability analysis was conducted before data analysis was carried out. Table 1 represents items (n = 111) at the “Micro Level” with Cronbach's alpha ( $\alpha$ ) coefficients for each Intermediate Level grouping. High internal consistency was found within each grouping.

At the end of Section 2 participants were required to indicate whether the program considered a range of psychology related knowledge and strategies for working in the child protection field, and this required 13 categorical (i.e., yes/no) responses.

Table 1 Child protection related risk factors and categories (n = 111)

Macro Level	Intermediate Level	Micro Level
Child-Centred Issues	Child Development and Developmental Delay ( $\alpha$ 0.85)	<ul style="list-style-type: none"> <li>Knowledge and skills relating to child developmental stages</li> <li>Low birth weight for age, failure to thrive</li> <li>Premature birth, low birth weight, sibling mortality</li> <li>Slow to walk, talk; poor literacy / numeracy for age</li> </ul>
	Child Social and Emotional Development ( $\alpha$ = 0.97)	<ul style="list-style-type: none"> <li>Aggressive / high levels of conflict</li> <li>Undue fear of adults</li> <li>Excessive shyness / timidity</li> <li>Withdrawn or wary / lacks curiosity</li> <li>Miserable, unhappy</li> <li>Extreme anxiety about abandonment</li> <li>Resilience (very high or very low)</li> <li>Low self-esteem / poor self concept</li> <li>Unrealistic parental expectations of the child</li> </ul>
	Mental / Behavioural Issues-Child Centred ( $\alpha$ = 0.98)	<ul style="list-style-type: none"> <li>Depression, anxiety, ADHD, hyperactivity</li> <li>Cruelty to animals</li> <li>Sudden changes in behaviour</li> <li>Extreme attention-seeking behaviour</li> <li>Persistent anti-social behaviour / bullying</li> <li>Foraging or hoarding food / eating disorders</li> <li>Substance abuse-drug or alcohol</li> <li>Rocking / head banging / self-harm</li> <li>Stealing /making up stories</li> <li>Running away</li> <li>Inappropriate sexualised behaviour or language</li> <li>Encopresis (soiling), enuresis (bedwetting)</li> <li>School attendance problems</li> <li>Mental health problems in parents/siblings</li> </ul>
Adult-Centred Issues	Childhood Trauma ( $\alpha$ = 0.97)	<ul style="list-style-type: none"> <li>Historical context</li> <li>Possible indicators of trauma</li> <li>Trauma reactions</li> <li>Traumatic stress</li> <li>Type I and Type II trauma</li> <li>Acute Stress Disorder</li> <li>Post Traumatic Stress Disorder</li> <li>Support following trauma</li> </ul>
	Mental / Behavioural Issues-Adult or Parent-Centred ( $\alpha$ = 0.93)	<ul style="list-style-type: none"> <li>Personality Disorder</li> <li>Substance abuse-drug or alcohol</li> <li>Relationship problems</li> <li>Dissociative disorders</li> <li>History of out-of-home care</li> <li>History and impact of childhood trauma / victimisation</li> </ul>
Family / Environmental Issues	Family / Environmental Issues ( $\alpha$ = 0.95)	<ul style="list-style-type: none"> <li>Family structure-unstable vs. stable</li> <li>Maternal youth/teenage parents / sole parenting</li> <li>Low income/benefit dependent / financial problems</li> <li>Parents/caregivers socially isolated</li> <li>Serious parent-child and/or inter-parental conflict</li> <li>Role of child in the family (e.g., child as carer)</li> <li>Inadequate medical treatment or basic health care</li> <li>Over attendance at health services</li> <li>Inadequate supervision or safety provisions in the home</li> <li>Poor housing, community resources or networks</li> </ul>
	Domestic / Family Violence: Exposure to ( $\alpha$ = 0.97)	<ul style="list-style-type: none"> <li>Physical violence in family</li> <li>Excessive physical / emotional punishment</li> <li>Extreme/uncontrolled anger and aggression</li> <li>Constant criticism, belittling, teasing of a child</li> <li>Exposure to media abuse / violence (e.g., TV, internet)</li> <li>Parental aggression / conflict with people in authority</li> <li>Criminal record / criminal activity in the home</li> </ul>

	Neglect ( $\alpha = 0.90$ )	Parental inability or disinterest in caring for children Parent / carer who puts own needs first Child not collected from hospital, school, public places
	Understanding Diversity ( $\alpha = 0.95$ )	Children with special needs/disabilities Gender: Societal expectations and socialisation Sexuality and homophobia Disadvantage-economic / social Cultural and linguistic diversity (CALD families) Racism - vilification, stereotyping, prejudice Providing a safe and inclusive environment for all Implementing specialised support programs for parents or children with special needs / disability programs Impact of isolation, exclusion, remote/regional locations Indigenous descent or heritage Developing effective social skills Developing effective coping skills Developing effective resilience Developing effective risk management
Professional Issues	Proactive Prevention Strategies ( $\alpha = 0.92$ )	Health and wellbeing programs: - Mental health awareness projects / community support - Bullying and/or personal protection programs - Sexual or gender-based harassment programs - Inclusivity initiatives - Protective behaviours - Sexuality education programs Parenting programs (including literacy and numeracy programs) Community partnerships, building and planning initiatives
	Professional Roles and Responsibilities ( $\alpha = 0.95$ )	Contributing positively to: - Society values, ethos, culture, structures - Child welfare and wellbeing Establishing positive relationships with: - Allied health professionals - Children, parents, caregivers, extended family - Community members, services and providers Harm minimisation and risk management Addressing / managing incidents of victimisation / trauma Negotiation and conflict resolution APS Code of Ethics and duty of care to third parties Note taking and report writing Subpoenas Confidentiality
	Assessment ( $\alpha = 0.91$ )	Child assessment – social, emotional Child assessment – cognitive Adult assessment – social, emotional Adult assessment – cognitive Parenting capacity assessment Risk assessment
	Training in Forensic Capacities ( $\alpha = 0.91$ )	Awareness training – impact of victimisation and trauma Forensic note taking and case note maintenance Confidentiality and duty of care Expert witness testimonials Children as witnesses
	Self Care and Professional Support / Supervision ( $\alpha = 0.95$ )	Training in vicarious traumatisation Self-care strategies Compassion fatigue Professional supervision, consultation and support

## Comparability with Previous Curriculum Mapping Studies

It must be highlighted that although much of the survey content was similar to the previous teacher education, social work and nursing and midwifery studies, the changes made to Section 2 of the survey instrument and the potential differences across studies in the method of decision-making regarding data entry, had implications for the interpretation of data and subsequently meant that this psychology study was not directly comparable to the companion social work, teacher education and nursing and midwifery studies.

## Section 3 - Qualitative Data

In Section 3 participants were asked to record any comments, issues or concerns related to child protection in the identified education curriculum and to record any future curriculum changes that may have been planned, or make comments about any innovative approaches. Respondents were invited to discuss any child protection curriculum issues that their school or faculty would be interested in exploring further. Participants were able to attach further sheets of information relating to these questions or any further information about their specific units of study if needed. Participants were also asked whether or not the school/department had existing relationships with agencies/sectors/services, whether there were opportunities for placements in child protection settings, and whether there were opportunities for research in child protection areas.



### ***Key points:***

- The Australian Centre for Child Protection worked collaboratively with the Australian Psychological Society to map child protection related content in psychology programs offered by universities across Australian States and Territories
- The curriculum mapping survey instrument was adapted to ensure that it reflected contemporary psychology curricula and terminology
- The survey instrument collected information about how child protection related content was taught and qualitative data about the psychology curriculum

### Survey Participants

At the time of survey distribution a total of 39 universities existed across all States and Territories in Australia. Thirty seven of these offered psychology programs that had been accredited by the Australian Psychology Accreditation Council (APAC). The number of universities offering psychology programs in each State and Territory ranged from one to nine. One university offered psychology programs in more than one state.

A number of criteria were used to identify whether accredited programs were included in the study. Programs were excluded if:

- they were not offered in 2008;
- they were undertaken as part of a double degree where at least one of the programs was already included in the study and where the second program was not considered to contribute additional psychology content; or
- if they led to a Doctor of Philosophy (PhD) degree in addition to a coursework program which was already included in the study.

It should be noted that the aim of the present study was to map child protection related content in coursework programs. Research based higher degree programs where research was 100% of the content, were not included in the mail-out conducted by the APS, and are therefore not represented in the data.

In total, 393 programs at undergraduate, fourth year and postgraduate levels were considered eligible for inclusion in the study. The number of eligible psychology programs offered by individual universities ranged from three to 24. The number of programs offered within each State/Territory ranged from three to 123. Table 2 outlines the level, category and description of all programs represented in the sample. Programs were assigned to "Undergraduate", "4th Year" or "Postgraduate" groupings based on APAC guidelines.

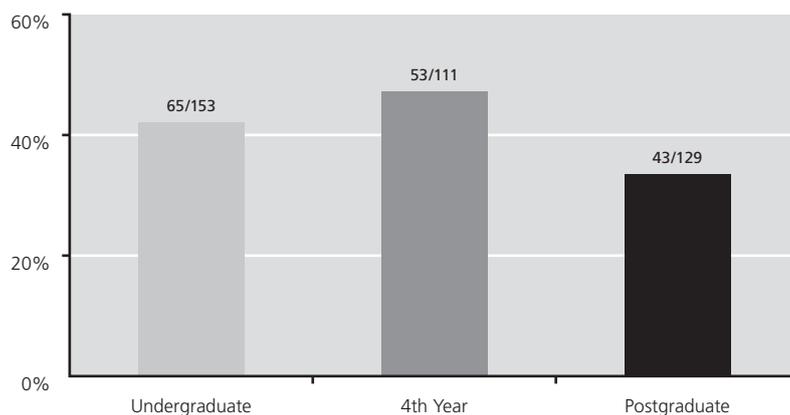
Table 2 Level, category and description of programs represented in the sample

Level	Category	Description
Undergraduate	Bachelor	Applied Science (Human Movement) Applied Science (Psychology) Arts Arts (Psychology) Arts (Rural Social Welfare) Behavioural Neuroscience Behavioural Science Behavioural Science (Psychology) Business Business (Human Resource Management) Commerce Health Science Human Movement Science Nursing (Psychological Studies) Psychological Science Psychology Psychology and Business Psychology and Management/Marketing Psychology (Interpersonal and Organisational) Science Science (Psychology) Social Science Social Science (Economics) Social Science (Psychology) Social Science (Mathematics and Computer Science)
	Graduate Diploma	Pre-Professional Psychology Psychological Studies Psychology
4th Year	Honours	Bachelor of Applied Science (Psychology) Bachelor of Arts Bachelor of Arts (Psychology) Bachelor of Arts (Honours) Psychology Bachelor of Behavioural Neuroscience (Psychology) Bachelor of Behavioural Science Bachelor of Health Sciences Bachelor of Philosophy Bachelor of Psychological Science Bachelor of Psychology Bachelor of Science Bachelor of Science (Psychology) Bachelor of Social Science
	Graduate Diploma	Psychological Studies Psychology Psychology (Postgraduate)
	Postgraduate Diploma	Psychology Consultancy Psychology
Postgraduate	Masters	Applied Psychology (Clinical) Applied Psychology (Organisational) Clinical Psychology Clinical Psychology (Child Specialisation) Educational Psychology Psychology (Clinical) Psychology (Counselling) Psychology (Educational and Developmental) Psychology (Educational and Developmental) / Diploma of Education Psychology (Forensic) Psychology (Health) Psychology (Industrial and Organisational) Psychology (Organisational and Human Factors) Psychology (Work and Organisational)
	Graduate Certificate	Psychology (Clinical)
	Doctorate <sup>2</sup>	Educational Psychology Psychology (Clinical Forensic Psychology) Psychology (Clinical) Psychology (Counselling) Psychology (Forensic) Psychology (Health) Psychology (Organisational)

<sup>2</sup> Doctorates in psychology are professional programs suited to students who are pursuing a career within the applied profession. Doctorates generally include coursework additional to that offered by Master of Psychology coursework programs, and have a stronger research focus.

Surveys were sent for each eligible accredited program offered by the 37 universities and were returned by course coordinators from 24 universities, being 64.9% of universities surveyed. The returned surveys represented 161 psychology programs, being 41% of the 393 eligible programs across the 37 universities and 62.9% of the 256 eligible programs offered by the 24 universities who participated in the study. Information was not returned for programs offered by two universities in the Northern Territory and Tasmania. Response rates for the remaining States and Territories ranged from 19.8% (New South Wales) to 94.1% (Australian Capital Territory). In general, results of curriculum mapping were more comprehensive for participating States and Territories with a smaller number of psychology programs (Australian Capital Territory, South Australia and Western Australia) than those with larger number of programs (New South Wales, Queensland and Victoria).

Figure 1 shows the number of programs (n = 161) for which information was provided by survey respondents, as a percentage of the total number of eligible programs offered by universities at undergraduate, fourth year and postgraduate levels (total n = 393). The figure shows that there were comparatively fewer postgraduate programs represented in the study when compared to undergraduate and fourth year programs. The majority (81.1%) of fourth year level programs represented in the study were Honours programs, and only 10 (18.8%) were Graduate or Postgraduate Diplomas.



*Figure 1 Percentage of programs surveyed (n = 161) within level of program (total eligible programs n = 393)*



### **Key points:**

- Twenty four universities (64.9% of universities surveyed) completed surveys providing information about 161 eligible APAC accredited psychology programs (62.9% of the total 256 undergraduate, fourth year and postgraduate psychology programs offered by participating universities)
- Curriculum mapping undertaken for the present study was most comprehensive for States and Territories offering a smaller number of psychology programs (Australian Capital Territory, South Australia, and Western Australia, with the exception of the Northern Territory and Tasmania where no information was returned) and for undergraduate and fourth year programs in comparison to postgraduate programs

### Survey Administration

The APS, through its Science, Academia and Research Unit, assisted with the distribution of the curriculum mapping surveys. The APS project officer initiated contact with universities, securing support by means of pre-survey telephone calls to Heads of Schools/Disciplines of Psychology offering accredited programs across the States and Territories of Australia. The APS project officer arranged the mail out of the curriculum mapping survey instrument to the Heads of Schools and completed follow up reminder phone calls to facilitate the return of survey forms from course coordinators.

Universities were instructed to return any completed surveys by pre-paid postage envelopes directly back to the Australian Centre for Child Protection. Surveys were collated and data was entered into the Statistical Package for the Social Sciences (SPSS) Version 17.0.

### Overview of Survey Data Analysis

Several decisions relating to the data coding and entry process were made prior to data analysis. Firstly, documents outlining program content and unit outlines were consulted where information regarding categorisation of units of study as “discrete” or “integrated” by survey respondents was unclear. A total of six units that were initially recorded by participants as being “discrete” were subsequently re-classified by the researchers as “integrated”. These included three fourth year units that were described as a single “workshop” or “tutorial” on child protection issues that were included as part of a broader unit and three postgraduate units that were not specifically child protection focused. Secondly, information relating to clinical placements was provided by seven universities (principally offered as part of postgraduate programs) however all information about placements was excluded from analyses to reflect the focus of the study on the mapping of child protection related content in coursework.

Data analysis was undertaken with SPSS and Microsoft Office Excel (2007), using descriptive statistics such as frequencies and percentages. The SPSS data base was subject to reliability checking and analysis using Cronbach’s alpha ( $\alpha$ ) coefficients.

## Survey Results

### Section 1A

#### Discrete Child Protection Related Content

Results revealed that a total of three discrete units were offered by three universities across six postgraduate programs (14.0% of the 43 eligible postgraduate programs for which information were available). No discrete units of child protection content were offered in programs at either the undergraduate or the fourth year level. Discrete programs were only offered by universities in Western Australia and all were offered in addition to units in which there was integrated child protection content.

Two of the discrete units of study offered were part of the postgraduate core curriculum, one was taught by university staff and had the capacity to offer 20 places (average annual enrolment approximately six students); and the other was taught by external staff and had the capacity to offer 15 places (average annual enrolment approximately five students). The other unit was an elective (with 100 places available) that was taught by external staff (average annual enrolment approximately 70 students).



### ***Key points:***

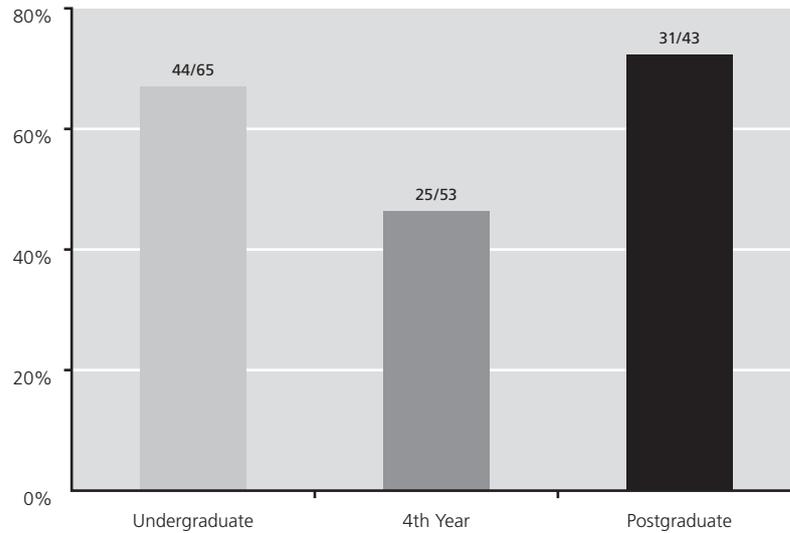
- Of the 24 participating universities, three universities (all from Western Australia) offered a stand-alone (discrete) unit of study that was specifically dedicated to child protection
- The three discrete units of study were all offered at the postgraduate level
- Two discrete units were part of the core curriculum, one was elective
- Two discrete units were taught by external staff, one by university staff
- All discrete units were offered in addition to units in which there was integrated child protection related content

## **Section 1B**

### **Integrated Child Protection Related Content**

Surveys returned by respondents represented a total of 161 eligible programs. Of these, 100 programs included one or more units that offered integrated child protection related content (62.1%). Integrated programs were offered by 22 of the 24 universities (91.7%) who participated in the survey.

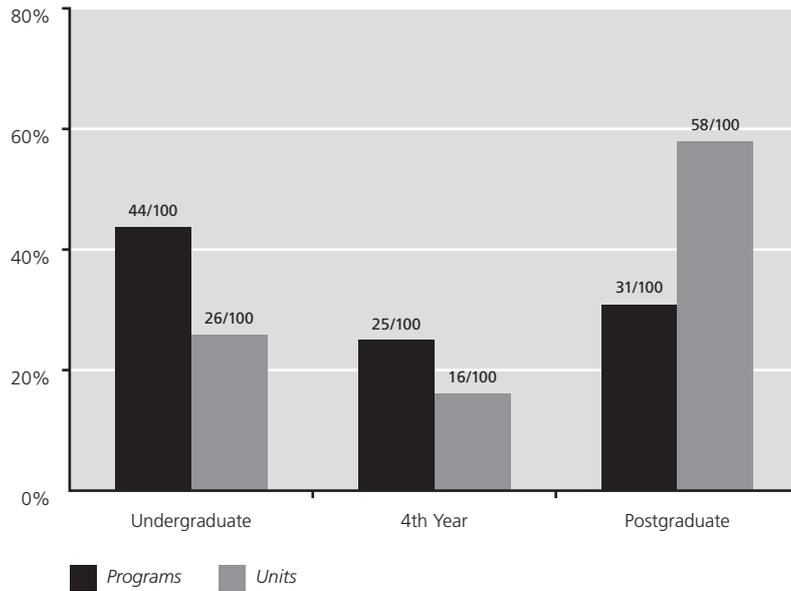
Figure 2 shows that the majority of integrated child protection related content was provided in undergraduate and postgraduate programs.



*Figure 2 Percentage of programs that offered integrated units (n = 100) within level of program (total programs surveyed n = 161)*

Some universities offered units of study that were shared across different programs. Coincidentally, there were a total of 100 units of study with integrated child protection related content shared across 100 programs. The number of units offered by one or more programs ranged from one to seven. The majority of programs covered child abuse and neglect issues in only one unit of study (n = 43, 43.0%). Thirty four programs (34.0%) included child protection related content across two units of study and approximately one quarter of programs included child maltreatment issues in three or more units (n = 23, 23.0%). Of note, all integrated units offered at the fourth year level were shared across the Honours and Graduate/Postgraduate Diploma programs included in the study.

It should be highlighted that the distribution of undergraduate, fourth year and postgraduate programs which included one or more units with integrated content, was different from the distribution of units across program level. Figure 3 shows the percentage of undergraduate, fourth year and postgraduate programs offering one or more units with integrated child protection content, in contrast to the percentage of units offering child protection content at different program levels. More undergraduate programs in comparison to fourth year and postgraduate programs were reported to have one or more units with integrated child protection related content. In contrast, postgraduate programs were much more likely than undergraduate and fourth year programs to have access to a greater number of units with integrated child protection related content.



*Figure 3 Percentage of programs with integrated content (n = 100) and number of integrated units (n = 100) within level of program*

Table 3 shows the frequency and percentage of types of units with integrated content. Results reflect the larger variety of units available at the postgraduate level. Child protection related content was mostly addressed within developmental psychology units in the undergraduate curriculum, and in ethics/research/professional issues units in fourth year and postgraduate programs.

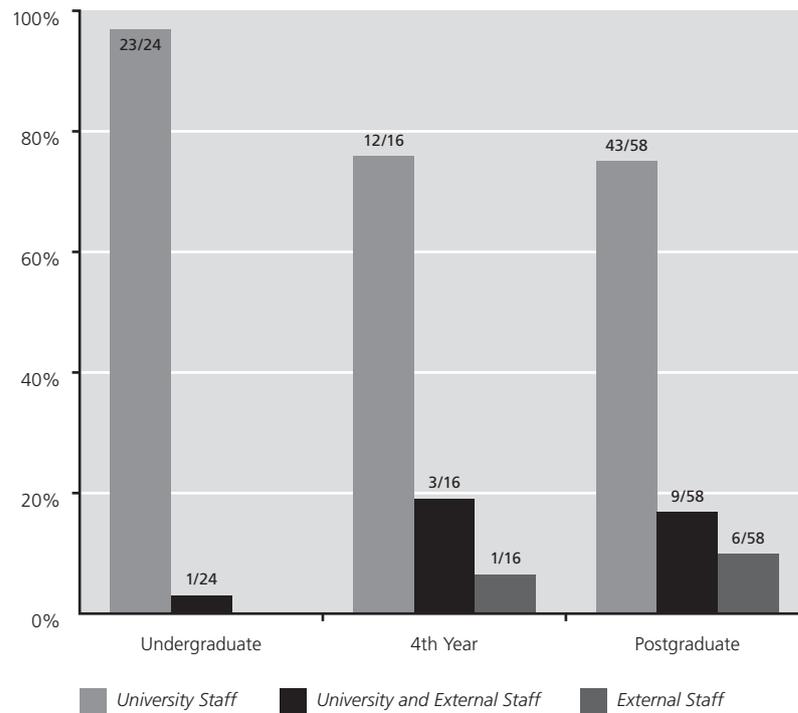
*Table 3 Frequency and percentage of units with integrated content*

Units	Undergraduate		4th Year		Postgraduate	
	n	%	n	%	n	%
Ethics / research / professional issues	1	3.8	4	25.0	12	20.7
Child psychopathology	1	3.8	1	6.0	2	3.4
General psychopathology	5	19.3	-	-	2	3.4
Developmental psychology	11	42.3	1	6.0	1	1.7
Psychological assessment	-	-	2	12.5	4	6.9
Cultural psychology	2	7.7	-	-	-	-
Counselling	-	-	2	12.5	-	-
Child therapy	-	-	-	-	3	5.2
Other therapy (adult / family)	-	-	-	-	6	10.4
Forensic psychology	2	7.7	3	19.0	9	15.5
Child clinical psychology (assessment & intervention)	-	-	-	-	10	17.2
Clinical psychology	-	-	2	13.0	1	1.7
Educational psychology	-	-	-	-	2	3.5
Other	4	15.4	1	6.0	6	10.4
<b>Total n</b>	<b>26</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>58</b>	<b>100</b>

## Delivery Agent

Results indicated that 79.6% of units that offered integrated child protection related content were delivered by university staff, 13.3% of units were delivered by a combination of both university and external staff and 7.1% of units were delivered by external staff only.

Figure 4 shows the number and percentage of units that offered integrated child protection related content delivered by university staff and/or external staff, as a proportion of the total number of units offered at undergraduate, fourth year and postgraduate levels.

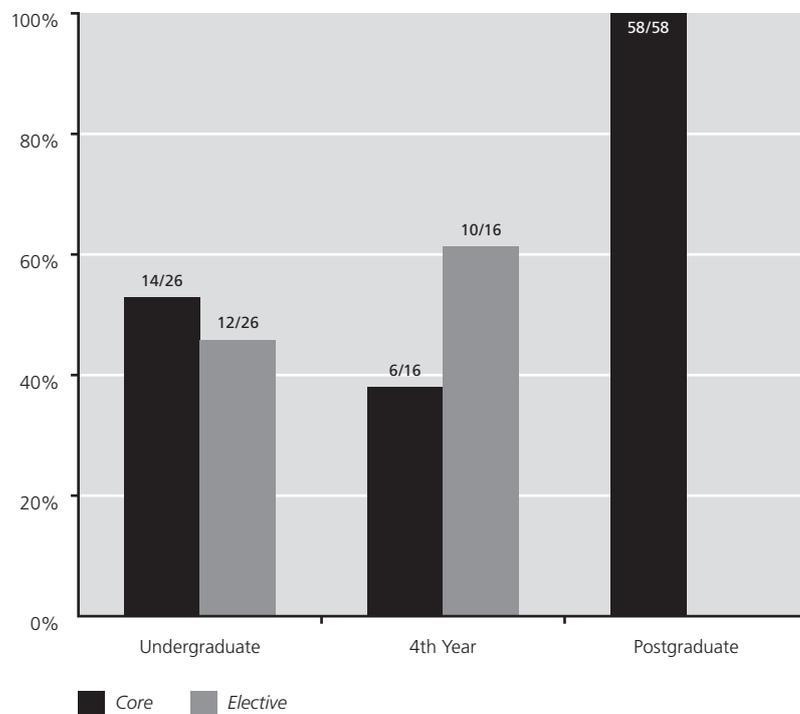


*Figure 4 Percentage of units that offered integrated child protection related content by delivery agent and program level (total n = 98, missing data n = 2)*

## Core or Elective Status

Results indicated that 78.0% of all units that offered integrated child protection related content were delivered as part of the core curriculum and 22.0% were delivered as an elective.

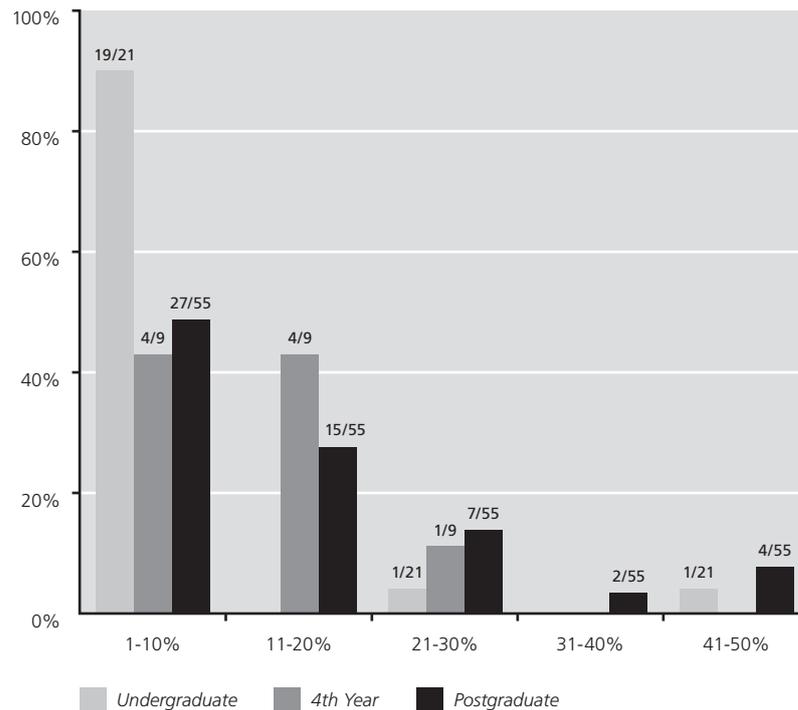
Figure 5 shows the number and percentage of units that offered integrated child protection related content delivered as part of the core or elective curriculum across undergraduate, fourth year and postgraduate levels. The figure shows that similar proportions of integrated content were offered as core and elective units at the undergraduate level. Units offering integrated child protection were more likely to be elective at the fourth year level. At the postgraduate level all units that provided integrated child protection related content were taught as part of the core curriculum.



*Figure 5 Percentage of units that offered integrated child protection related content by core or elective status and program level (total n = 100)*

## Time Allocation

Figure 6 shows time allocated to integrated child protection related content within units of study, for undergraduate, fourth year and postgraduate levels. Results showed that across the entire sample, 91.8% of units allocated less than 30% of time to integrated child protection related content. Furthermore, 58.8% of units allocated less than 10% of time to integrated child protection related content. In general, undergraduate units allocated the lowest amount of time to integrated child protection related content, while postgraduate units allocated comparatively more time to integrated child protection related content.



*Figure 6 Percentage of time allocated to integrated child protection related content within units of study and program level (total n = 85, missing data for 15 units)*

*NB: Three postgraduate surveys indicated that child protection related content was integrated throughout the unit of study. These responses were incorporated into the 41-50% time allocation category.*

### A Note on Clinical Placements

It is important to acknowledge that child protection related content can be a significant part of clinical placements for some students, particularly for those in the forensic specialty and child and adolescent mental health. There are methodological difficulties in capturing this information because the extent of content included in any one placement could vary depending on the type of placement and the caseload of the individual supervisors providing supervision to students at any given time.

A small number of universities did provide information about clinical placements in this study; however as the study was specifically designed to map child protection related content in coursework only, this information was removed from the database. A separate study including a sample of university and field placement supervisors is needed to gain accurate information about the content of child protection education in clinical placements.



### ***Key points:***

- Twenty two of the 24 participating universities (91.7%) offered programs which included units of study with integrated child protection related content
- One hundred (62.1%) of the 161 programs offered by participating universities offered integrated content
- A total of 100 units of study offered content across the 100 programs
- More undergraduate programs offered integrated content, however postgraduate programs had access to a much wider variety of units
- Child protection related content was more likely to be included in developmental psychology units at the undergraduate level and in units addressing ethics/research/professional issues at the fourth year and postgraduate levels
- The majority of units were delivered by university staff
- Seventy eight percent of all units were delivered as part of the core curriculum and 22% of all units were elective
- Most units allocated less than 30% of time to integrated content
- Undergraduate units allocated the lowest amount of time while postgraduate units allocated comparatively more time

## Section 2

### Risk Factors and Proactive Strategies

Section 2 of the survey listed a total of 111 risk factors and proactive strategies associated with child abuse and neglect. Respondents were asked to indicate whether a risk factor or proactive strategy was referred to or discussed in depth with students throughout the program. In particular they were asked whether items were “taught generally”; “taught with some element(s) of child protection”; or “taught only in regard to child protection”. If the content was not taught at all, respondents were asked to leave the box blank. Appendix A includes a copy of the complete instructions for Section 2.

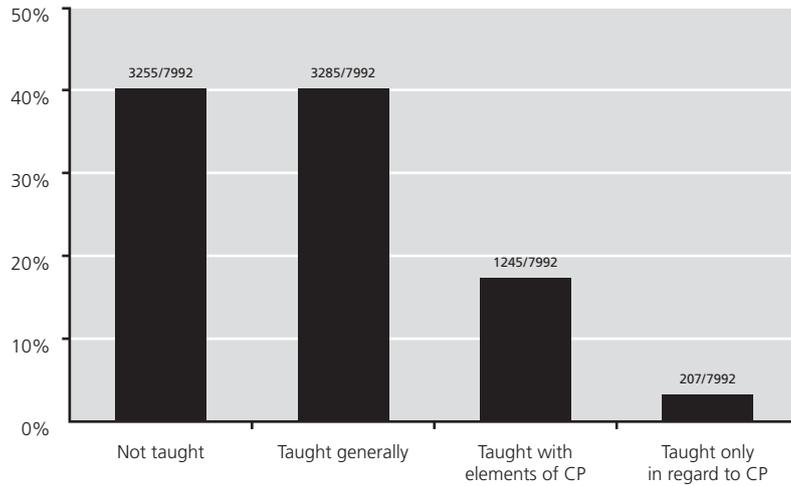
Sixteen respondents left Section 2 of the survey completely blank, that is, they did not record any risk factors or proactive strategies as having been taught in the program. Eight of these respondents included additional information (i.e., a note to the effect that the program did not include child protection content) and were therefore included in analyses. The remaining eight respondents had no additional information that could be used to determine their intentions and were therefore considered “missing data”.

A total of 72 surveys representing 23 universities and 130 programs were used in analyses for Section 2 (80.7% of the 161 programs included in the study). Twenty one of the 72 surveys (29.2%) represented 45 undergraduate programs, 18 surveys (25%) represented 44 fourth year programs, and 33 surveys (45.8%) represented 41 postgraduate programs.

### Micro Level Item Analysis

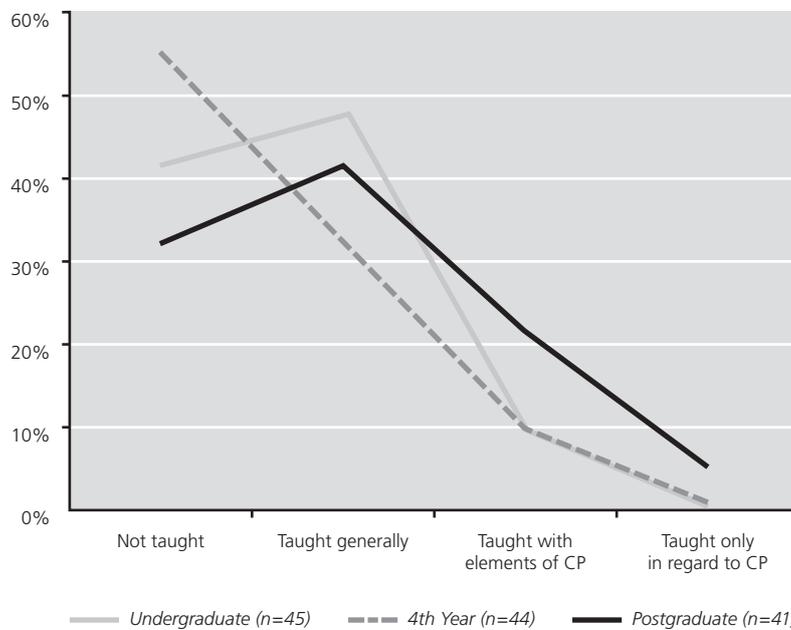
In total there were 7992 items (72 surveys x 111 items) subject to analysis. An overall frequency count (e.g., the frequency count of 0's = “not taught”, 1's = “taught generally”, 2's = “taught with elements of child protection”, and 3's = “taught only in regard to child protection”) of the 7992 items endorsed by the sample was completed using Microsoft Excel. Figure 7 represents the percent of the overall frequency of items endorsed by the sample.

This graph highlights that in the overall sample only small percentages of risk factors and proactive strategies were recorded by participants as being “taught specifically in regard to child protection” (2.6%) or “taught with elements of child protection” (15.6%). A much higher percentage of items were more likely to be either “taught generally” within the curriculum (41.1%) or alternatively they are “not taught” at all (40.7%).



**Figure 7 Percentage of risk factors and proactive strategies (n = 7992) linked to child protection (CP)**

In order to examine the item responses further, a second frequency count of items endorsed was completed for each level of education. Figure 8 represents the percentage of risk factors and proactive strategies taught at undergraduate, fourth year and postgraduate levels.

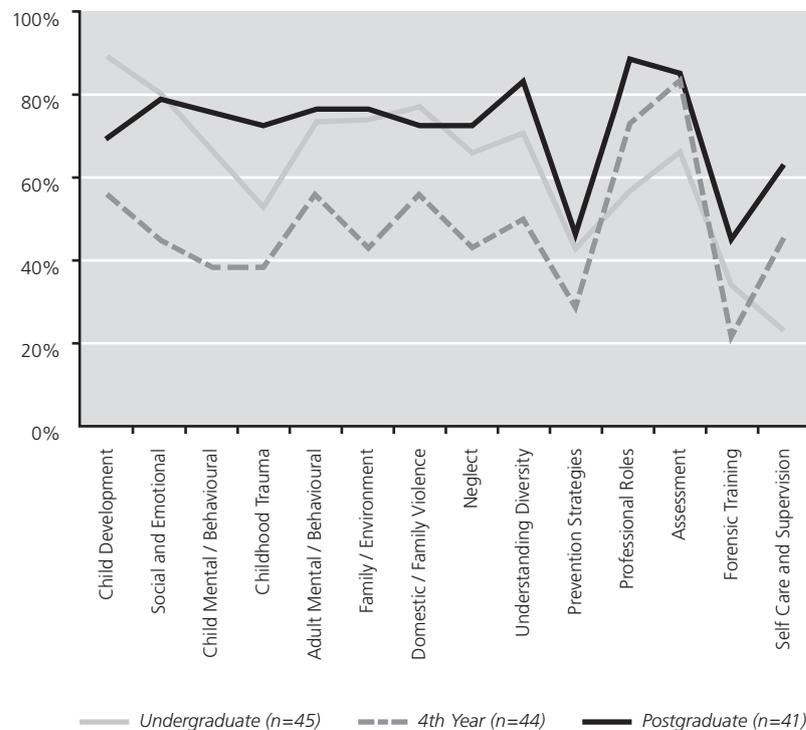


**Figure 8 Percentage of risk factors and proactive strategies linked to child protection (CP) by level of program**

Figure 8 reinforces that most risk factors and proactive strategies across all levels were either “not taught”, or “taught generally”. If risk factors and proactive strategies were taught at the undergraduate or fourth year level, they were only “taught with elements of child protection”. Very little additional information relating to risk factors or proactive strategies was taught at the fourth year level beyond that taught at the undergraduate level. A relatively higher percentage of risk factors and proactive strategies were “taught with elements of child protection”, or “taught only in relation to child protection” at the postgraduate level.

## Intermediate Level Analysis

In order to gain an overall picture of the degree of child protection related content taught across the intermediate levels (i.e., across the 14 Intermediate Level domains), a domain score was derived for each survey by calculating a mean score from all items making up the domain. Mean scores were then categorised as either 1 = more likely to be taught (i.e., “taught generally”, “taught with elements of child protection” or “taught only in regard to child protection”) or 2 = more likely to be “not taught”. Figure 9 shows the percentage of surveys where child protection content was taught within each Intermediate Level domain, across undergraduate, fourth year and postgraduate levels.



**Figure 9 Percentage of surveys where child protection content was taught within Intermediate Level domains for each program level**

The graph indicates that, in general, a higher percentage of respondents taught risk factors and proactive strategies at the postgraduate level, with the exception of the “Child Development” and “Domestic and Family Violence” domains, which were more likely to be taught at the undergraduate level.

Overall, a lower percentage of risk factors and proactive strategies were taught at the fourth year level, with the exception of items relating to the “Professional Roles” and “Assessment” domains, which increased relative to other domains in the fourth year of study.

Figure 9 also shows that across all three education levels, the lowest percentage of items taught in each level related to the “Prevention Strategies” and “Forensic Training” domains.



### ***Key points:***

- Seventy two surveys (representing 130 programs) provided information about risk factors and proactive strategies associated with child abuse and neglect
- Only a small percentage of risk factors and proactive strategies were recorded as being “taught specifically in regard to child protection”
- Risk factors and proactive strategies were more likely to be either “taught generally” within the curriculum or alternatively they were “not taught” at all
- Very little additional information relating to risk factors or proactive strategies was taught at the fourth year level beyond that taught in undergraduate programs
- A higher percentage of items were taught and linked to child protection at the postgraduate level
- Risk factors and proactive strategies related to “Child Development” and “Domestic and Family Violence” were more likely to be taught at the undergraduate level
- Risk factors and proactive strategies relating to “Professional Roles” and “Assessment” increased in the fourth year of study
- Items relating to “Prevention Strategies” and “Forensic Training” were least likely to be taught at each level

## Section 3

### Qualitative Comments/Issues/Concerns

In Section 3 of the survey participants were asked a number of qualitative, open ended questions relating to any comments, issues or concerns related to child protection in the psychology curriculum. Questions included whether the school (or relevant department) had existing relationships with agencies, sectors or services and whether students had opportunities to complete placements or research in child protection settings. Respondents could also indicate any child protection curriculum issues that their school or faculty was interested in exploring further. The overall theme of collated qualitative comments suggested that opportunities for students to learn about child protection issues and the complexity of information taught, increased as a student's level of education increased. For example, content was more likely to be included at the postgraduate level particularly due to the inclusion of placements. Most respondents acknowledged the limited opportunities for placements and research at an undergraduate level.

There were a number of general comments made by respondents relating to child protection in psychology education curriculum at the undergraduate level including:

- concerns that child protection issues were not addressed at all within their program;
- acknowledgement of the limited opportunity for staff to teach child abuse and neglect related issues due to the amount of material that needs to be covered in relatively full existing programs;
- concerns that program content is guided by APAC guidelines and by overseas models that do not include detailed child protection content at the undergraduate level;
- concerns that child protection issues should be taught at a postgraduate level or included in more specific units because providing undergraduate students with information may be inappropriate when they may lack experience and expertise; and
- concerns that current texts may not be relevant to the Australian context or to situations in different States and Territories.

### Opportunities for Placements

When collating survey responses regarding opportunities for placements a very clear pattern emerged. Limited opportunities existed for undergraduate and fourth year students to be involved in child protection placements. Most respondents either did not comment or indicated that placements were not available at these levels. There were a number of exceptions to this, as follows: one respondent reported on a variety of community agencies providing work experience placements for the Bachelor of Psychology program; one respondent commented on a student completing an Honours project in a non-government organisation; and another two respondents made very general comments that placements were available through local government or child safety organisations.

In contrast multiple and varied placement opportunities for students, with various agencies and service providers, were identified as being available at the postgraduate level. For example through mental health services, local hospitals, community health services, police, domestic violence services and refuges, family court, legal aid, corrective services, child protection departments and other non-government agencies. Generally respondents indicated that most students self-select placements and that specific child protection placements were not mandatory.

## Opportunities for Research

Opportunities for students to be involved in research in areas of child protection were very limited at the undergraduate level and increased with a student's level of education. At the fourth year level, research topics seemed to be more general due to the level of expertise and training required and were more likely to include studies of attitudinal perspectives rather than direct or applied research. Exceptions to this included one respondent who commented that Honours students had opportunities to be involved with a parenting program which involved both direct and indirect child protection research. Another respondent reported that there were research opportunities for students through government organisations, however these were a minority.

In contrast, a wider range of opportunities for research were reported for students at the postgraduate level. Some universities identified staff with expertise in the child protection area and acknowledged this to be a strength within the school. As with placements, respondents suggested that students' self-select research topics and that research on child protection topics was not mandatory. One university commented that many students choose not to conduct their research on child protection issues however the reason for this was unknown. Where opportunities for research were identified it was often done in conjunction with outside agencies or non-government organisations.

## Relationships with Agencies/Sectors/Services

Relationships with agencies/sectors/services in programs were generally reported to become stronger as the level of education increased. At the undergraduate level, one respondent commented on collaborative research with a non-government organisation delivering treatment services to children in the child protection system. Another commented on the use of guest speakers from government and non-government organisations, although they did not go into details about how specific this was in relation to child protection content. Another commented on relationships with a specific child protection focused therapeutic service for children, but did not expand specifically on how students were involved.

At the fourth year level a small number of respondents reported connections with local health services and with local child protection departments, but highlighted that connections with child protection were more likely to be in relation to postgraduate programs.

As previously noted, a large number of respondents indicated that postgraduate placements were available in a wide range of child protection-specific and child protection related areas. Many respondents listed relationships with specific health, forensic (i.e., corrective services, police, Department of Public Prosecutions) clinical, legal, disability, and community based services. One respondent stated that a representative from a child protection service in their particular State/Territory was included on the program advisory committee and another reported that there was a new program involving a shared clinic with child protection staff and university staff contributing to classroom teaching. Overall, there were multiple opportunities at the postgraduate level for students to develop relationships with agencies, sectors and services in the child welfare area, which mostly came through research and placement opportunities.

## Issues for Further Exploration

A number of important issues were identified by schools/faculties as needing to be considered within the psychology curriculum, including:

- the inclusion and exploration of cross-cultural factors with a particular focus on psychological issues relating to the stolen generation;
- the psychologist's role in the forensic investigation of allegations and ways of working collaboratively with social workers, paediatricians and general practitioners;
- Medicare related issues, for example the psychologist's role of providing services where child protection is the identified issue, as opposed to a referral for a formal diagnostic classification/issue;
- the need to focus on child protection in the statutory sense in addition to focusing on child abuse and neglect as precipitating factors for psychopathology; and
- the need for additional legal information and information about court issues.

Despite the concerns listed it was evident that there were individual attempts to integrate child protection related content into an existing curriculum. Several respondents reported on their intention to include more child protection specific information into the curriculum in the future. One respondent stated that legislation and mandatory reporting elements and the role of psychologists would be included in fourth year units relating to ethical and professional issues and that a revised version of this material would be introduced to first year introductory psychology units; another stated that specific aspects of child abuse issues would be included in more general undergraduate curriculum activities/assessment pieces; and several postgraduate programs reported intentions to add child protection issues into practicum units and coursework and to include workshops relating to child protection.



### ***Key points:***

Respondents to the qualitative component of the survey reported that:

- Exposure to child protection related content increased as a student's level of education increased, that is, students were more likely to be exposed to child protection related content at the postgraduate level
- Opportunities for work placements and research in child protection related areas were also more likely to be offered to postgraduate students
- Participation in placements and research in child protection were self-selected by students and were not mandatory
- There is a need for future exploration of issues relating to cross cultural factors and child protection; the role of the psychologist in forensic investigations; how psychological services in the child protection area are funded by Medicare; and statutory and legal contexts





In addition to the curriculum mapping survey, a half-day National Roundtable discussion was held at the 43rd Annual APS Conference in Hobart on September 27th 2008. The Roundtable was initiated by the Australian Centre for Child Protection who saw it as an opportunity to generate a structured discussion with key psychology educators at a national level.

Twelve psychology educators and professionals from the different States and Territories across Australia, who were engaged in varying commitments to teaching, practice and research, met at the Roundtable to discuss the current status of child protection related content in Australian psychology tertiary education. The APS together with the Australian Centre for Child Protection co-hosted the Roundtable which was facilitated by Professor Lyn Littlefield (Executive Director of the APS) and Dr Edwina Farrall (Australian Centre for Child Protection) with a welcome and introduction provided by Professor Dorothy Scott (Australian Centre for Child Protection).

### *Aims of the Roundtable*

The specific aims of the Roundtable were to:

- focus on the current and future inclusion of child protection related content within tertiary psychology curricula across Australian universities;
- discuss the barriers and facilitators to implementing child protection material into the current psychology curriculum;
- determine whether the nature of child protection material offered should differ depending on the education level of the student; and
- discuss strategies for improving psychologists' training in child protection issues in the short and long term.

A copy of the Roundtable agenda can be found in Appendix B. Dr Farrall and Professor Scott provided an overview of existing research relating to child protection and psychology education and of the curriculum mapping study. Participants discussed the following questions:

- What are some of the **barriers** to implementing child protection material into the current curriculum?
- What are some of the **facilitators** that might already be present to promote the uptake of child protection content in to the curriculum?
- Should there be a greater focus on child protection material in postgraduate programs, rather than undergraduate? Or should the nature of the material differ depending on the education level?
- What are some of the strategies that could begin to be applied **right now** to increase the profile of child protection content in psychology education?
- What are some of the strategies that could be achieved in the **short-mid term**?
- What are some strategies that educators could look into adopting in the **long term**?
- What would educators like to see in an ideal world? and
- What type of support can the Australian Centre for Child Protection provide to help with this content?

There were a number of key issues and suggestions identified by participants in the National Roundtable. Firstly, general comments and concerns were made relating to working in the field of child protection, including:

- acknowledgement that overall recruitment and retention in the child protection field is difficult and concerns that a worker's training can be influenced by factors such as the workplace environment, staff morale and staff turnover;
- concerns that psychologists who are trained to the third or fourth year level may be working in the child protection field, but may be unprepared for what the job requires, resulting in disparities between what employers expect and graduate capabilities;
- concerns that psychologists trained at a higher level tend not to be employed in child protection positions due to the costs associated with employing them;
- recognition that employers may not be providing sufficient workplace training to ensure that staff are sensitive to, and adequately prepared to work with child protection issues;
- the need to enhance the knowledge base within existing workplace settings and universities (i.e., with professional development and training and perhaps the introduction of additional electives and diploma type programs); and
- suggestions that professional psychology education needs to work more collaboratively with other disciplines in the field.

Participants discussed aspects of child protection related content that needed to be included in the curriculum, at what level this needs to happen and in what specialty. Respondents agreed that the theoretical underpinnings of child psychopathology were already an essential part of undergraduate programs. It was suggested that the following could ideally be covered by the undergraduate curriculum:

- child development
- developmental delay
- social and emotional development
- child psychopathology
- adult psychopathology
- neglect and environmental issues
- domestic and family violence
- family trauma
- understanding diversity
- ethical and legal matters within professional responsibilities

Suggestions were also made about how to apply child protection content, for example by including:

- aggression and family violence in social psychology units
- biological and environmental influences on personality in personality development units, and
- applications of child protection content in adult and child psychometric assessment units.

It was recommended that undergraduate students should have an understanding of the context and impact of child abuse, how to identify abuse (possible signs and symptoms), and the impact of abuse on adults. There could be further scope for those who wish to pursue additional electives if an institution has the capacity to offer them.

In regard to the fourth year or Honours level of study, participants reflected that the curriculum was very full during this year and aimed at preparing graduates for multiple pathways. It was perceived that a large amount of content in the core curriculum underpins the material in this area, especially in relation to child and adult psychopathology.

Participants suggested that training at the postgraduate level should be more detailed in content and include information about how to work with children and adults. A layered approach was suggested where understanding about what constitutes abuse and trauma is needed in addition to the context in which it occurs, the impact on the individual, the impact on adults who were abused themselves in childhood, and family, social and legal contexts. The need for training in clinical skills for working with children and families was highlighted, although it was acknowledged that in some specialties this may already be a substantial part of the program.

## Barriers and Facilitators to Implementing Child Protection Material in the Current Curriculum

Table 4 summarises barriers and facilitators for educational change in psychology for greater child protection related content at both the undergraduate and postgraduate levels as identified by participants in the National Roundtable.

*Table 4 Barriers and facilitators for increasing child protection related content in psychology curricula*

Increased child protection content in psychology curricula	
Barriers	<ul style="list-style-type: none"> <li>An already full curricula</li> <li>Increased staff and student workloads</li> <li>Staff willingness to adjust content</li> <li>Concerns about implementing change</li> <li>Competing demands for topic areas</li> <li>Staff capacity to teach in specialised areas</li> <li>Need for staff training</li> <li>Potential for material to cause student distress</li> <li>Intentionally broad undergraduate programs</li> </ul>
Facilitators	<ul style="list-style-type: none"> <li>Inclusion of child protection related content in APAC accreditation standards</li> <li>Documents and/or teaching materials to guide curriculum development</li> <li>Engaging the workforce to co-deliver seminars and support internships and projects</li> <li>Creating opportunities for multidisciplinary collaboration</li> </ul>

Barriers identified by participants at the Roundtable included:

- the need to consider the impact of introducing new material into already full curricula, for example where new content should be placed, how new material should be implemented into existing curricula and the impact these changes would have on both staff and student workloads;
- concerns about staff willingness to adjust the content of the curriculum and concerns about academic boards and the universities with regard to implementing change;
- recognition of competing demands and setting a precedent for other topic areas to insist on the same/similar focus within the curriculum; and
- the need to address or restructure training and expertise in staff, the capacity of staff to teach in highly specialised areas, finding staff to deliver professional practice sessions with the level of expertise and experience necessary to teach electives or highly specific topics, and finding assistance to train staff who do not have expertise in child protection.

There were a number of barriers that were specific to the undergraduate level:

- participants highlighted the context in which undergraduate psychology is taught and that the curriculum is intentionally broad and aimed at preparing graduates for multiple pathways as opposed to a more applied focus in postgraduate programs;
- it was recognised that much of the core curriculum already includes the underpinning theory of child and adult psychopathology, however participants agreed that more information is needed about family and environmental factors;
- participants also acknowledged that child protection content would need to be approached with caution as it could be potentially distressing for students at an undergraduate level; and
- staff need to be aware of various cultural sensitivities.

There were a number of additional issues discussed that were specific to postgraduate curricula:

- greater importance of relationships with external agencies for placement opportunities in particular;
- multidisciplinary opportunities were more likely to occur at a postgraduate level due to smaller class sizes; and
- some postgraduate specialties may also include a more detailed knowledge of child protection issues, for example programs in the specialist area of forensic psychology.

Factors identified by the Roundtable participants that may facilitate the inclusion of child protection related content included:

- the introduction of child protection related content into APAC accreditation standards (as a way of encouraging staff and academic boards to be more willing to change existing curriculum content);
- the development of teaching materials that specifically outline how to integrate child protection issues into existing areas;
- the importance of work-integrated learning;
- engaging different agencies to give seminars;
- supporting internships and projects with external agencies; and
- creating opportunities for multidisciplinary collaboration.



### ***Key points:***

- Twelve psychology educators and professionals across Australian States and Territories participated in a National Roundtable discussion co-facilitated by the Australian Centre for Child Protection and the Australian Psychological Society
- It was recommended that undergraduate students should have an understanding of the context and impact of child abuse, how to identify abuse (possible signs and symptoms) and the impact of abuse on adults
- Participants reflected that the curriculum at the fourth year of study (Honours) was aimed at preparing graduates for multiple pathways
- Participants suggested postgraduate training should adopt a layered approach including an understanding of what constitutes abuse and trauma, the context in which it occurs, the impact on the individual, the impact on adults who were abused themselves in childhood, and family, social and legal contexts
- Examples of barriers for the inclusion of child protection related content included existing staff and student workload, staff expertise and experience, the need to restructure training models, and competing demands in program design and delivery
- Examples of facilitators included recognition that child protection content is highly amenable to integration and application to the core curriculum, changes to APAC accreditation standards, the development of teaching materials, external workforce engagement and multi-disciplinary collaboration



Child abuse and neglect are significant problems for Australian society. Students of psychology who continue their training to become registered psychologists may work in settings where they play an important role in the identification of child maltreatment, in providing interventions for victims and perpetrators of child abuse, and in facilitating research in the field. It is also not uncommon for graduates with a three or four year psychology sequence who do not pursue pathways towards registration, to find work in which they may encounter child protection issues. It is important, therefore, for students of psychology at all levels of education to be sufficiently trained to recognise the potential for child maltreatment and to have an understanding of the consequences of such on both children, adults and society more generally.

Until this study, little was known about the extent to which child abuse and neglect is covered in psychology curricula in Australian universities. Gaining this information is a necessary first step towards assisting the psychology profession to consider questions relating to minimum standards and the best ways of including information within education programs. The present study therefore aimed to map the curriculum of APAC accredited psychology programs offered by universities across the different States and Territories of Australia. Programs were surveyed about the inclusion of child protection related content, the extent of such content and the ways in which it is taught to students at all levels of education. Information was obtained from 24 universities, describing the child protection related content of 161 programs.

### *Child Abuse and Neglect Content*

Results of the study showed that students in most APAC accredited psychology programs offered by participating universities during 2008 were exposed to some child protection related content as part of their undergraduate, fourth year, or postgraduate education. The large majority of programs provided information about child abuse and neglect as part of, or integrated into, other units of study. It is of note that there were only three stand-alone units specifically designed to address the prevention, identification and professional response to child abuse and neglect. These were all offered as part of the postgraduate curriculum by universities in Western Australia, perhaps reflecting the specific interest or skills of staff within these universities.

In general, there were comparatively more units of study offering some integrated child protection related content at the postgraduate level. As well, comparatively less integrated content was

offered at the fourth year level. This is not surprising in that most fourth year programs surveyed in this study were offered as part of an Honours program, being a single year of study in comparison to the longer terms required by undergraduate and postgraduate programs. While Honours programs generally offer additional program content, they focus primarily on developing research skills and providing a sound platform from which students may take multiple pathways in their working life after university. The survey showed that students who do not proceed beyond a four year psychology sequence, however, were unlikely to get additional exposure to child protection issues beyond that they received in their undergraduate education.

Data relating to the teaching of specific risk factors and proactive strategies relevant to child maltreatment were consistent with data relating to units of study. Only a small percentage was taught specifically in regard to child protection and this happened almost exclusively at the post-graduate level. In general, postgraduate students received more information about risk factors and proactive strategies than undergraduate students, with fourth year students receiving the least information (in addition to that received as part of their undergraduate education). An equal number of risk factors and proactive strategies were taught more generally as part of the broader curriculum, or were not taught at all. It is of note that one area least likely to be taught at any level of education related to the application of strategies towards the prevention of child abuse and neglect.

While it is encouraging that students of psychology have some exposure to child protection issues in both their education, for the most part, the amount of information they received was very limited. Over half of integrated programs offered at the undergraduate level were shown to be part of the elective curriculum, with the majority of units at this level spending less than 10% of their time addressing child abuse and neglect issues. While all integrated units at the postgraduate level were part of the core curriculum, approximately half of such units spent less than 10% of time considering child protection issues. Furthermore, over a third of programs at all levels were reported to have no child protection content at all. While it is not unexpected that some postgraduate specialities (such as organisational psychology programs) do not include units focusing on child related issues, the majority of programs reported to have no child protection related content were offered at the undergraduate level.

## Implications

The results of the present study highlight the need for discussions within the psychology profession about the minimum level of information required to ensure that students of psychology respond sensitively and appropriately to child abuse and neglect in their work situations following university. The psychology profession may also need to consider who should be responsible for the provision of such information. The present study surveyed the content of formal training programs offered by universities and while it may be important to follow the lead of other disciplines by establishing national standards for the teaching and education of child protection issues, the role of workplace training in preparing new graduates should also be considered (McPherson & Barnett, 2006; Stanley, Manthorpe, & Talbot, 1998). This is particularly important in the Australian context, where it is possible to become registered as a psychologist without a postgraduate qualification. While this situation is in the process of changing with the introduction of an accredited fifth year of study, a one year accredited workplace internship will still be required. The importance of workplace involvement was also highlighted by participants of the National Roundtable where it was suggested that practising psychologists be invited to contribute to teaching programs.

Other questions to be considered by the profession relate to the extent and type of information relating to child protection that would be most appropriate at undergraduate and fourth year levels,

or at a postgraduate level. Qualitative feedback from survey respondents, as well as feedback from participants of the National Roundtable, indicated the importance of tailoring the amount of information and type of information to fit the needs of students at different levels. The results of this study indicate that this may be happening at the present time as postgraduate students generally received more child protection related content within a broader range of units than students at other education levels. For example, the few discrete units offered in child protection were offered within postgraduate programs. The majority of child protection information was found to be integrated into existing curricula. Undergraduate students typically received information in the context of child development units, or within units in which child abuse and neglect were considered as a potential precursor for adult psychopathology. In contrast, postgraduate students were more likely to receive input through units of study addressing ethical or professional practice issues, or within specialist units teaching therapeutic interventions. It is noted that fourth year programs, despite having less integrated child protection content overall, mostly included such content in units addressing ethical issues and forensic psychology. This would suggest that universities consider it important to differentiate between the types of coursework content offered that needs to be taught within fourth year programs, in contrast to that included within undergraduate programs.

## **Barriers and Facilitators**

Participants of the National Roundtable reinforced the importance of including child protection education for students studying psychology. The barriers to including such information in psychology programs were principally related to the difficulties of including more content in already crowded curricula, concern about the impacts of additional workloads on university staff, and concern about the preparedness of staff to teach additional topic areas. These are very important considerations, relating in some part to staffing loads, which are beyond the scope of the present study. It is also the case, however, that information relating to the potential for child maltreatment and the long term impacts of child abuse and neglect can be easily integrated within existing units. The units most likely to be used to facilitate discussion of child protection issues identified in the study were, for example within the topic areas of child development and psychopathology in the undergraduate curriculum. Participants of the Roundtable suggested the need for additional university staff training to increase awareness of child protection issues and to improve staff confidence to discuss such issues in the context of other topic areas. It was also suggested that greater efforts be taken to explore the potential for teaching partnerships with external agencies.

Participants in the Roundtable suggested that including minimum curriculum standards of child protection related content within the university program accreditation guidelines could potentially help to facilitate the uptake of child protection related content in university curricula. This included suggestions that both the APS and APAC need to consider the minimum standards of child protection and how such guidelines are used by universities to set their criteria. Participants also suggested that having curriculum materials available that specifically outline how to integrate child protection issues into existing units of study would help facilitate the uptake of child protection related content in existing units of study. International guidelines already exist and could be used to provide a framework for the development of Australian specific resources. The American Psychological Association (Miller-Perrin & Malloy, 2007), for example, has produced a curriculum guide for instruction in child maltreatment in undergraduate and graduate programs. The British Psychological Society (2007) has also produced a Child Protection Portfolio, which includes a child protection position paper.

## *Limitations of the Study*

The present study was the first to map the extent of child protection related content in the curricula of psychology programs across Australia. It was strengthened by collaboration with the APS, by using different data collection methods and by the use of a Roundtable involving researchers and psychology educators from around the nation. There are limitations, however, that should be acknowledged. Firstly, the number of surveys returned by course coordinators was lower than expected, particularly from States with a larger number of psychology programs. This raises the possibility that the results of the study may not reflect the content of curricula of all programs from all universities, and that it may not be representative of all available specialities. It should also be noted that surveys were not returned for programs offered by two universities in the Northern Territory and Tasmania; therefore they are not represented in the results. Despite the lower than expected response rate, surveys represented most of the programs offered by participating universities and results reflect a range of responses, ranging from no child protection related content, to considerable content.

A second limitation of the study is that information relating to child protection related content in clinical placements was not included in the curriculum mapping survey instrument. As placements make up a large proportion of psychology education, particularly at the postgraduate level, this information is needed in order to provide a complete picture of the extent of training received in child protection issues. Lastly, the study did not survey the views of students themselves as to how much child protection related content they received in their training or the quality of such training. While it was not a focus of the present study it would be highly desirable for future research to survey graduates as to the extent to which they encounter child protection issues in their workplaces, perceptions of their educational experience in preparation for these encounters and level of subsequent workplace support.

## *Summary and Recommendations*

Many graduates of psychology programs in Australia, particularly those who follow pathways towards registration as a psychologist, encounter child abuse and neglect or the consequences of child maltreatment at some point in their working life. While most would agree that it is good for students to be appropriately prepared, little was known about the extent to which child abuse and neglect is covered in psychology curricula in Australian universities. The present research was the first known study to comprehensively survey the content of Australian psychology programs. It found that students in most APAC accredited psychology programs offered by participating universities during 2008, were exposed to some child protection related content as part of their undergraduate, fourth year or postgraduate education. In the majority of cases, however, the extent of this information was limited. Child protection related content was predominantly integrated within broader units of study and most often comprised less than 10% of the content of such units.

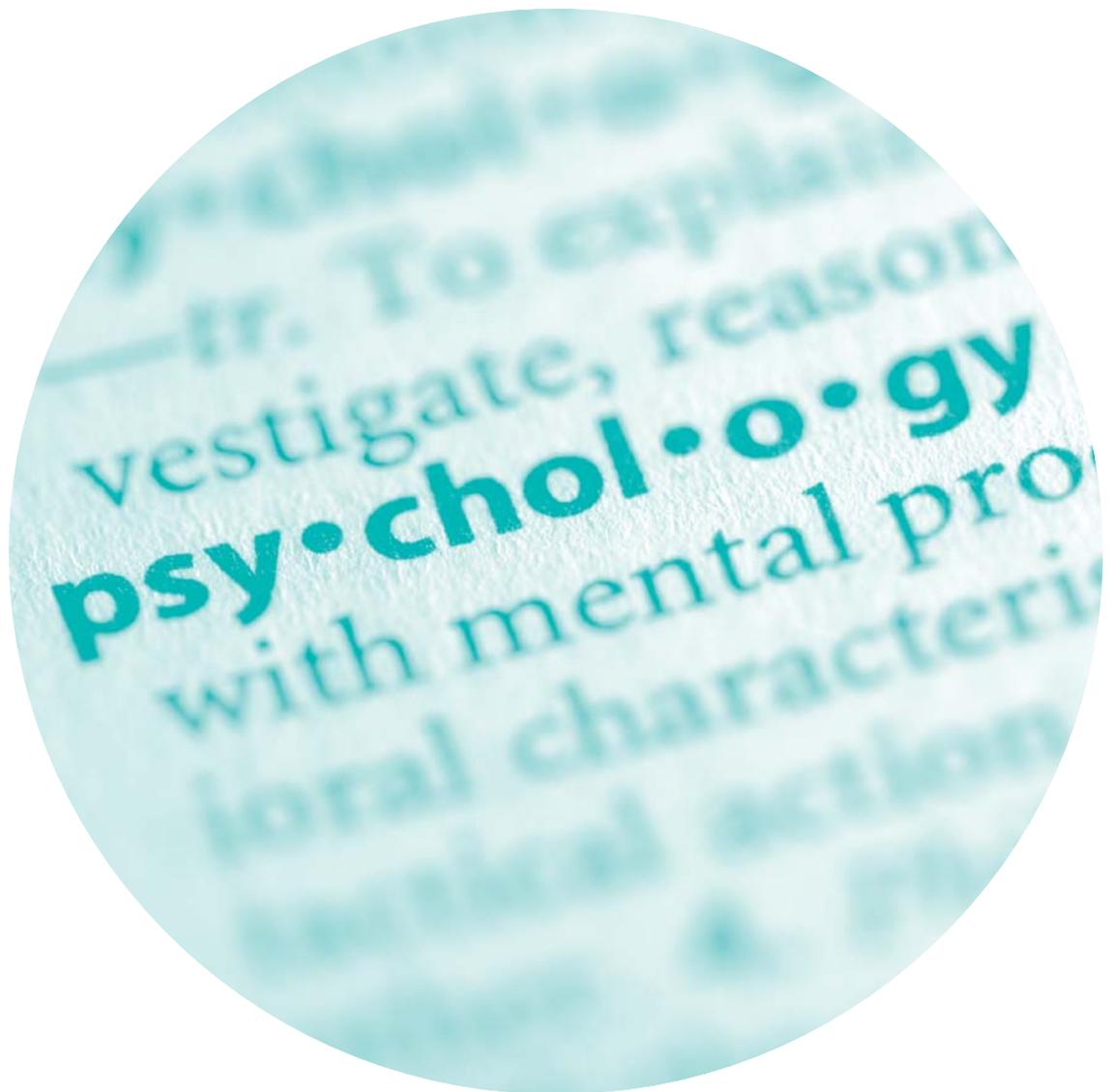
The following are a number of recommendations for key stakeholders to consider:

- the exploration and establishment of minimum national standards and competencies for all psychology graduates, with specific reference to knowledge of child abuse and neglect issues;
- the development of an APS position paper on child protection, using the British Psychological Society's position paper as a potential model (British Psychological Society, 2007);
- the inclusion of child protection related content within accreditation guidelines for universities, using the Australian Association of Social Workers standards for child well-being as an example (Australian Association of Social Workers, 2008); and
- the development of additions to the Academic Resources section of the APS website, including:
  - child protection resources tailored to the Australian context; and
  - the development of teaching materials (i.e., how to integrate child protection content into existing curricula) using existing resources as potential models.

In addition it is suggested that:

- universities strengthen relationships with agencies to create more opportunities for students to have access to placements in the child protection area;
- university teaching staff be provided with training to increase their awareness of child protection issues, and to encourage ways of integrating child protection content within existing curriculum; and
- teaching guidelines and training opportunities be offered to placement and internship supervisors.

While it was not the aim of the study to make specific recommendations for changes to the training of psychology students in Australia, the results point to the need for further discussion within the psychology profession regarding the best way to train new graduates. Such discussions should involve key stakeholders, including the APS, APAC, the universities, practitioners working in the field of child protection and practitioners in other related areas.



# Curriculum Mapping Survey Instrument

Appendix A:



## Australian Centre for Child Protection

University of South Australia Murray House, MH2-09 Magill Campus St Bernard's Road Magill 5072  
Tel: 08 8302 4030 Fax: 08 8302 4176

## Curriculum Mapping Child Protection and Psychology Education

CODE: \_\_\_\_\_



The details that appear on this page are based on the information appearing on your University/School website. If any of the information is incorrect, please record the amendments on this page so that we can update our records. Thank you

## CURRICULUM MAPPING

### CHILD PROTECTION and PSYCHOLOGY EDUCATION

In August 2008, the Australian Psychological Society (APS) and the Australian Centre for Child Protection undertook to collaborate on a project aiming to map child protection related curriculum content in psychology education courses and programs across Australia. This research agenda was also put forward at a meeting of Psychology HODSPA's at the recent 43rd APS Annual Conference in Hobart. We therefore now invite your Faculty/School to provide the following information with regard to the Psychology education pathway.

This survey instrument, which constitutes the first stage of the curriculum mapping exercise, has been designed to assist in

- mapping how **prevention, identification and response** to child abuse and neglect issues and topics are being addressed within undergraduate, graduate and Postgraduate courses across Australia, and
- scoping the child abuse and neglect topics and issues of significant interest to those providing and developing future undergraduate, graduate and Postgraduate Psychology education courses and programs.

Upon return of this survey booklet you will be notified of the unique record number assigned to each award/program that you submit. This code will be used in all reporting contexts. It aims to ensure that the details you provide to us will remain confidential. It will also enable us to track your information in order to provide your School with feedback, should such a request be made in the future.

This survey comprises one discrete stage in a larger research project. During a separate stage, members of your School/Department were invited to participate in a Roundtable discussion regarding the opportunities, challenges and dilemmas relating to the development of professions who are equipped to prevent and respond to child abuse and neglect in an effective, timely and proactive manner.

Overall, the data gathered throughout the two stages of the curriculum mapping process will

- help to identify the elements of good practice and exemplary models of child abuse and neglect curricula currently being implemented in Psychology education programs, and
- serve to inform the dissemination and future development of various resources and materials designed to further enhance curriculum content and practice.

We also anticipate this process will assist us in identifying potential key collaborative partners for future research and curriculum development initiatives.

We look forward to your responses and thank you for your time and effort in completing this survey.

**Dr. Edwina Farrall**

B.HSc (Hons, Psych), PhD (Adel)

Project Coordinator

The Australian Centre for Child Protection is funded by the Australian Government through the Department of Industry, Innovation, Science and Research.

## INSTRUCTIONS for SECTION 1

### Discrete vs. Integrated Child Protection Courses

In the section to follow, please indicate the courses/units/subjects offered, within the program/award detailed on the front of this booklet, which **address the prevention, identification and response to child abuse and neglect** in the following order:

**1A:** Courses/units/subjects that address child protection issues **explicitly** and **discretely**.

Examples:

- a compulsory 'one-off' Child Abuse Identification and Reporting or Mandatory Notification Training course
- courses in which the content is dedicated to the exploration of the prevention, identification and response to child abuse and neglect within a professional context

**1B:** Units or subjects of study where child protection is **integrated** into, or a component of, the course content.

That is, broader subjects or units that **explicitly** list one or more child abuse and neglect topics in the course booklet as lecture, tutorial and/or assessment tasks

For example:

- A 16-week general Child Development course that in Week 2 explores the impact of child abuse and neglect with a particular focus on developmental delay and disability as risk factors for maltreatment
- A professional practice course, that at some stage explicitly explores the biopsychosocial needs of a child that is deemed at-risk/vulnerable to child abuse or neglect.

***PLEASE ATTACH RELEVANT COURSE DOCUMENTATION FOR OUR RECORDS***





## INSTRUCTIONS for SECTION 2

### Itemised Child Protection related Content in Programs of Study

In this section, a number of correlated factors (including risk and antecedent factors) and proactive strategies that may be associated with child abuse and neglect are listed.

We are particularly interested to know if any of these issues are referred to, or discussed in depth, with students **throughout the program/award** detailed on the front of this booklet (i.e., across all years, units, subjects).

Again, we wish to determine whether such content is specifically and explicitly linked to child protection (CP; the prevention, identification, and response to child abuse and neglect), or whether it is more integrated and raised in relation to other issues or contexts.

The following section of the Survey therefore asks whether items are **“Taught Generally”**, **“Taught with some element(s) of Child Protection”**, or **“Taught only in regard to Child Protection”** more specifically.

For example: Developmental delay is a risk factor for child abuse and neglect, and may be an aspect of child development that is discussed in various contexts throughout the degree/award program.

If developmental delay is **“Taught Generally”** in your course, then class discussions relate to other social, health, and emotional processes, but child protection concerns or issues are not specifically raised. Conversely, course content regarding developmental delay might explicitly discuss its impact on the vulnerability of the child and maltreatment concerns that may arise, in which case it is **“Taught with some element(s) of CP”**. Finally, some content areas may only arise in your degree/award because of their relevance to CP, in which case please mark them as **“Taught only in regard to child protection”**.

**N.B. Only one box should be marked for any factor or strategy. If you do not teach the content area at all, please leave the boxes blank.**

Therefore, please respond to the following items using this rationale and according to your knowledge of the program/award under consideration here.

*Lastly, as this list is not meant to be exhaustive, extra spaces have been provided for you to nominate further factors or strategies relevant to your Psychology education program.*

## SECTION 2

### CHILD-PROTECTION RELATED CONTENT IN YOUR DEGREE/AWARD

Please tick one box to indicate the nature of the teaching of key content areas:

Taught Generally	Taught with element(s) of Child Protection	Taught only in regard to Child Protection	Content Area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Child Development and Developmental Delay</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge and skills relating to child developmental stages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low birth weight for age, failure to thrive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premature birth, low birth weight, sibling mortality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slow to walk, talk; poor literacy/numeracy for age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Child Social and Emotional Development</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggressive/high levels of conflict
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undue fear of adults
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive shyness/timidity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn or wary/lacks curiosity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miserable, unhappy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme anxiety about abandonment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resilience (very high or very low)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low self-esteem/poor self-concept
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrealistic parental expectations of the child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Domestic/Family Violence: Exposure to</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical violence in the family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive physical/emotional punishment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme/uncontrolled anger and aggression
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constant criticism, belittling, teasing of a child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to media abuse/violence (e.g., TV, Internet)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental aggression/conflict with people in authority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal record/criminal activity in the home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Neglect</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental inability or disinterest in caring for children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/carer who puts own needs first
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child not collected from hospital, school, public places
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Family/Environmental Issues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family structure – unstable vs. stable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maternal youth/teenage parents/sole parenting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low income/benefit dependent/financial problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents/caregivers socially isolated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serious parent-child and/or inter-parental conflict
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Role of child in family (e.g., child as carer)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate medical treatment or basic health care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over attendance at health services

Taught Generally	Taught with element(s) of Child Protection	Taught only in regard to Child Protection	Content Area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Family/environmental issues cont'</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate supervision or safety provisions at home
			Poor housing, community resources or networks
			<b>Understanding Diversity</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children with special needs/disabilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender: Societal expectations and socialisation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexuality and homophobia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disadvantage – economic/social
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural and linguistic diversity (CALD families)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Racism – vilification, stereotyping, prejudice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Providing a safe and inclusive environment for all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implementing specialised support programs for parents or children with special needs/disability programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impact of isolation, exclusion, rural/remote locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indigenous descent or heritage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective social skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective coping skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective resilience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective risk management
			<b>Mental/Behavioural Issues – Child-centred</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression, anxiety, ADHD, hyperactivity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cruelty to animals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sudden changes in behaviour
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme attention-seeking behaviour
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Persistent anti-social behaviour/bullying
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foraging or hoarding food/eating disorders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse – drug or alcohol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rocking/head banging/self-harm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stealing/making up stories
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Running away
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexualised behaviour or language
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encopresis (soiling) or enuresis (bedwetting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School attendance problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental health problems in parents/siblings
			<b>Mental/Behavioural Issues – Adult or Parent-centred</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personality disorder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse – drug or alcohol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationship problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dissociative disorders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of out-of-home care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History and impact of childhood trauma/victimisation

Taught Generally	Taught with element(s) of Child Protection	Taught only in regard to Child Protection	Content Area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Childhood Trauma</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Historical context
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Possible indicators of trauma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma reactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic stress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type I and Type II Trauma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute Stress Disorder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post Traumatic Stress Disorder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support following trauma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Assessment</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child assessment – social, emotional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child assessment – cognitive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult assessment – social, emotional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult assessment – cognitive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting capacity assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Proactive Prevention Strategies</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health and wellbeing programs:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Mental health awareness projects/community support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Bullying and/or personal protection programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Sexual or gender-based harassment programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Inclusivity initiatives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Protective behaviours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Sexuality education programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting programs (including literacy and numeracy programs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community partnerships, building and planning initiatives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Professional Roles and Responsibilities</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributing positively to:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Society values, ethos, culture, structures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Child welfare and wellbeing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establishing positive relationships with:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Allied health professionals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Children, parents, caregivers, extended family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Community members, services and providers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harm minimisation and risk management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Addressing/managing incidents of victimisation/trauma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negotiation and conflict resolution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APS Code of Ethics and Duty of Care to third parties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note taking and report writing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subpoenas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confidentiality



**Comments / Issues / Concerns related to child protection in Psychology education curriculum:**

(Discuss any future curriculum changes that may be planned or innovative approaches that you want to share here)

**Child Protection curriculum issues that your School/Faculty is interested in exploring further:**

(Detail any opportunities, challenges or dilemmas here)

(Attach further sheets if insufficient space)



# National Roundtable Agenda

## Appendix B:

Meeting held on Saturday, September 27, 2008,  
Hotel Grand Chancellor, Hobart

- 10:00 am      *Registration*
- 10:15am      *Welcome and Introduction*  
(Professor Dorothy Scott, Director – Australian Centre for Child Protection)
- 10:30 am      Child Protection and Psychology Education  
(Professor Lyn Littlefield, Executive Director, Australian Psychological Society)
- 10:45 am      Findings and implications of systematic review of the literature into child protection content in psychology curriculum  
(Dr Edwina Farrall – Australian Centre for Child Protection)
- 11:15 am      Small group discussion part 1 – Curriculum Barriers and Facilitators  
Participants will work in groups on the following questions:
- What are some **barriers** to implementing child protection material into the current curriculum? (Consider person related, structural, financial, etc, barriers)
  - What are some of the **facilitators** that might already be present to promote the uptake of child protection content into the curriculum? (Consider person related, structural, financial, etc, facilitators)

- Should there be a greater focus in Postgraduate courses, rather than undergraduate? Or should the nature of the material differ depending on the educational level? (e.g., focus on effect of abuse on development and adulthood in undergraduate, and on professional responsibilities in Postgraduate programs)

12:30 pm

***Lunch.***

1:30 pm

Small group discussion part 2 – strategies for improving psychologist training in child protection issues

Participants will work in groups on the following questions:

- What are some of the strategies you can begin to apply **right now** to increase the profile of child protection content in psychology education?
  - i. Inclusion of material in case analysis classes (e.g., assign a case, reference, text book)
  - ii. Assessments or placements in the area
- What are some of the strategies that could be achieved in the **short-mid term**?
  - i. Development of dedicated resources/tool kits (e.g., online reference library for relevant content, online forum for curriculum developers to share knowledge)
- What are some strategies that we could look into adopting in the **long term**?
  - i. Inclusion in accreditation standards
- What would you like to see in an ideal world?
- What type of support can the ACCP provide you to help you with this content?

3:00 pm

***Plenary***

(Professor Lyn Littlefield, Australian Psychological Society).

3:45 pm

***Close.***

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# Professionals Protecting Children

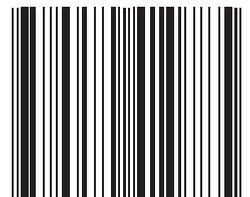


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