Abstract
A recent study of people experiencing poverty involving in-depth interviews suggests that a complex process leading to poverty in adult life can stem from abusive experiences in childhood. It is considered that these experiences of abuse began a process of “negative chain effects” (Rutter, 2000) which adversely affected the ability of the interviewees to participate successfully in many areas of life, especially the education system and the labour market. The development and maintenance of human capital, defined as the sum of a person’s physical, psychological and economic capabilities, is strongly influenced by the extent of adversity experienced over a person’s life course, particularly experiences of adversity in early childhood (Seth-Purdie, 2000). In this paper, the experiences of childhood adversity reported by the interviewees will be outlined and discussed in the light of theory and research related to development during childhood and adolescence, particularly in relation to risks to adaptive developmental outcomes.

Introduction
I will commence by briefly defining emergency relief and describing the interviewees who participated in the study. Next, I will examine the interviewees’ experiences of childhood adversity and its contribution to the processes which led to poverty in adult life.

Aim of study
This study aimed to increase understanding of the life circumstances of people who have found it necessary to ask for emergency relief. Emergency relief is help provided by welfare and other community agencies to people in a crisis situation, in the form of food vouchers or food parcels, cash, help with gas and electricity bills, household goods or clothing (ACOSS, 2004:12). Seeking such assistance is considered a key indicator of financial stress by the Australian Bureau of Statistics (Department of Family and Community Services, 2001:69). The provision of emergency relief is seen as both complex and challenging for agencies as people’s need for such assistance is “inextricably interwoven” with other needs, including such issues as mental health and drug and alcohol problems (Liddell, 2000:20). These needs are usually multiple and are further complicated because people seeking such assistance often lack support both from family sources and in the community (Short, 1996:6-9; Wilson, 1997:32; Anglicare Tasmania, 1998:xi).
While a number of other studies have been conducted on emergency relief in Australia, most have examined broad demographic and statistical data (for example, DSS/ACOSS, 1979; McClelland & Gow, 1982; Gilbert, 1984; Gourlay, 1990; Reark, 1990; ACOSS, 1997). Some studies have focused on the personal views of emergency relief recipients (for example, Alderson, 1980; Dwyer, 1988; NEPAP, 1992; Murphy, 1995; Short, 1996; Anglicare Tasmania, 1998), but none have researched their life circumstances in depth. The findings of this study, however, have expanded on the findings of previous research in this area by providing an in-depth examination of the life circumstances of emergency relief clients, which specifically aimed to tap into the perspectives and insights of these clients.

In order to conduct research which enabled the views and experiences of the respondents to be heard it was necessary to use an appropriate research method. According to Berg (1989:6), qualitative research strategies are a means of enabling researchers to share in the understandings and perceptions of other people and explore how they structure and give meaning to their everyday lives. Accordingly, a qualitative research approach was selected as the most suitable means of achieving the study’s aim of gaining greater understanding of the life circumstances of people who had sought emergency relief.

In-depth interviews were conducted with a sample of people who had received emergency relief in Shepparton, a large provincial centre in Victoria. The size of the sample was set at 20, comprising 10 males and 10 females. In qualitative research, because the process of in-depth interviewing is time-intensive, the sample size is generally small (Minichiello, et al., 1997:168). The interviews usually extended over two to three hours, mostly comprising two separate sessions. The interviewees, aged between 19 and 51, had varied family backgrounds with some coming from lower socioeconomic circumstances but a number having more advantaged family backgrounds with their parents including accountants, public servants, skilled tradespeople and small business owners.

Children’s development
Experiences of childhood adversity had significant effects on the majority of the interviewees. To understand how they were affected, it is necessary to consider their experiences in the light of theory and research in relation to development during childhood and adolescence, particularly with regard to risks to adaptive developmental outcomes.

Children’s development is considered to be best explained by a transactional-ecological perspective, which recognises that the path of development is influenced by a complex of interacting factors (Davies, 1999:10). This perspective combines the transactional model of development, as described by Sameroff and Chandler (1975), which proposes that development results from the interaction of the individual and their context through time in a continuous, dynamic process, and the ecological model of Bronfenbrenner (1979), where the individual’s development is seen as embedded in multiple systems (Cicchetti & Toth, 1998:226; Masten & Wright, 1998:8; Davies, 1999:4-10; Luthar, et al., 2000:552; Fraser, et al., 2004:14). This perspective assists understanding that individual developmental outcomes are caused by dynamic processes involving a complex range of factors at different levels that require

Risk and protective factors
This complex range of factors may either be protective and positive in relation to development or they may increase the risk of maladaptive developmental outcomes (Davies, 1999:44). These processes operate generally at three levels: in the children themselves, in their family and in the wider community (Luthar, et al., 2000:552). Risks can be caused by various factors at each of these levels (Davies, 1999:49). Risk factors seldom happen in isolation, rather they are more likely to occur in clusters (Masten & Coatsworth, 1998:214; Foster & Furstenberg, 1999:561-563; Garbarino & Ganzel, 2000:85; Marshall, 2000:4; Rutter, 2000:657; Streeck-Fischer & van der Kolk, 2000:906; Mabanglo, 2002:244; Kumpfer & Alvarado, 2003:458; Edwards, et al., 2003:1453; Fraser et al., 2004:20-21). They also become increasingly harmful as they multiply because their effects interact with one another (Masten & Wright, 1998:9; Rossman, et al., 1998:98; Davies, 1999:49; Schoon, et al., 2002:1488; Turner & Butler, 2003:89; Fraser, et al, 2004:20-21).

Negative chain effects
An important process in relation to development is that of “negative chain effects”, whereby early adverse experiences can predispose a person to further negative experiences at later stages of life (Rutter, 2000:656). Longitudinal studies have shown that early psychosocial risk experiences lead to a greater chance of the occurrence of particular adversities in adolescence and adult life including educational difficulties, teenage pregnancy, unemployment, limited social support and relationship breakdown (Rutter, 2000:656). Turner and Butler (2003:89) state that there is considerable evidence that exposure to a range of childhood adversities including physical abuse, family violence, parental divorce, parental death and having a parent with a drug or alcohol problem is associated with adult psychological distress. They comment further that cumulative exposure to stressors at an early age can establish a “chain reaction” resulting in the appearance of new stressors that may occur well after the initial set of circumstances (Turner & Butler, 2003:89). It has been found also that the risk of welfare receipt in early adulthood increases markedly as the extent of exposure to childhood risk factors rises, including conflict between parents, parental abuse, neglect or indifference, parental drug and alcohol abuse, mental health problems, poverty, unemployment, single parent, step or blended family and family isolation (Seth-Purdie, 2000:1&4).

Findings
The interviewees reported a range of risk factors in their families of origin. These included relationship problems with their parents, time in care away from their parents, experiences of violence, experiences of grief and loss, family breakdown and leaving home early.

Relationship problems with parents
Interviewees frequently identified a number of problems in their relationships with their parents including lack of love, support, response and communication during their childhood and adolescence:
“I can’t ever remember her saying, ‘I love you’. It doesn’t upset me any more. I accept it now, but it has taken a long time. There is no relationship with my mother now.” (Anna)

“I hated growing up; hated living with my parents.” (Chris)

**Time in care away from parents**

Adding to the picture of relationship problems with their parents, 11 of the 20 interviewees had spent time in care away from their parents as children. They were either wards of state, were placed in foster care, had lived in supported youth accommodation or had lived with relatives.

“I grew up as a state ward over a period of 18 and a half years. I was fostered out for a short period of time but I was still under government care.” (Ben)

“When I left home I was living with a mate and I got kicked out of there. So I was in a refuge for nine months and then I moved to Bowral where I was in another refuge for four months.” (Chris)

“I had nowhere else to live. I was 13.” (Therese)

**Experiences of violence and abuse**

Further illustrating significant childhood difficulties was that ten described experiences of violence and abuse as children.

“My father, he used to beat me up all the time … it went on from when I was about in Year 4 until I left home when I was 16, so I left home half way through Year 11, so it went all the way through, and because we lived on a farm, my nearest neighbour was five k. s away, so there was nowhere else to go. At 16, I left him.” (Chris)

“Well, at times I got seriously bashed – furniture crashed across my back. I watched my mum being violently bashed for years.” (Kevin)

“I copped it since I was a little baby. I can’t remember much as a baby, but I know I did. Once he damn near killed me. I like screwed his smokes up and that. I was just a little baby crawling around and that and he started throwing me around the room … Nah, he just gets violent all the time … he’s kicked my old lady in the guts when she was pregnant and pushed her up against a car and that … he’d just go off his head for no reason.” (Neville)

**Experiences of grief and loss**

As well as the difficult experiences described so far, many interviewees encountered significant issues of grief and loss as children. Ben and Helen were placed in institutions as babies and never really knew their parents or siblings.

Four interviewees experienced the death of a parent when they were children. Evan’s mother was diagnosed with cancer, which his family lived with for a number of years before she died. Linda’s mother died when she was seven. Oliver’s mother died when he was three. This was complicated further as she died shortly after separating
from his father. He subsequently went to live with his aunt and uncle. Rebecca’s mother died when she was 15, after being ill in hospital for some time.

Six interviewees had parents leave with little or no contact thereafter. Ben only ever spent a short period of three months with his father when he was six years of age. His mother, whom he stated had a history of drug and alcohol problems, was not living with his father at the time and he had had no contact with her. Chris’s mother left when he was three, and he had only met her again recently. She lived interstate, however, which made it more difficult to see her. Danielle had only seen her natural father once in her life. She had been trying to make contact again but this had been unsuccessful:

“… been trying to find him, but he’s unfindable. I only seen him once in my life and that was when I was eight and that was only for a couple of weeks and that was it.” (Danielle)

Rebecca had had no contact with her father since she was six:

“… even when mum died, he was told not to come to the funeral - warned not to come.”

Neville and Oliver both lost grandmothers who had been important figures in their lives, particularly as both their family situations had provided them with very little support and guidance:

“I kind of lost something when I lost my nan. I was really close to my nan. That affected me more than anything else really. I had no one to talk to with decisions that I was going to make. I talked to her first and then she’d put me on the right track. And when she died I kind of lost it. I didn’t know what to do.” (Oliver)

Clearly, these grief and loss issues were significant for these interviewees and were spoken about in some depth and detail during the interviews.

Family breakdown
Twelve interviewees came from families where their parents had separated. Usually, the interviewees were quite young when these separations occurred, most being of primary school age or younger. They described a number of stressful and painful experiences associated with these family breakdowns:

“… he was going through so much stress with the relationship with mum that he wasn’t able to respond to my needs.” (Anna)

“Mum and dad divorced when I was aged about 10. He was in the police force and that made it really hard on mum. He had a pretty bad drinking problem. That was the way police sort of deal with it. He worked night shift, and he’d stay around. After a while mum and dad just weren’t talking, and she’d had enough of it, so she thought it was best if they split up.” (Penny)
Leaving home early
As a consequence of these difficult experiences in their families of origin, 15 of the interviewees had left home by the age of 16.

Penny left home at 15 and then became pregnant:

“Then mum started going out three or four nights. She was trying to be a teenager again and we just didn’t get along and I moved out when I was 15. I went to a youth housing project with three other girls. And I moved back home for a little while. That didn’t work out. I just kind of moved around till I got pregnant.”

A number of the other female interviewees reported the experience of early pregnancy, which had implications for the life choices then available to them. Helen described how she had very little secondary schooling:

“... because I became a mum at 14 ... last couple of years I been raising kids.”

Discussion
This study of people experiencing poverty suggests that a complex process leading to poverty outcomes in adult life can stem from abusive experiences in childhood. It is considered that these experiences of abuse began a process of “negative chain effects” (Rutter, 2000:656) which adversely affected the ability of the interviewees to participate in many areas of life, especially the education system and the labour market. Together with certain compounding factors such as physical and mental health problems, this resulted in a pathway into poverty caused by “accumulated adversity” (Seth-Purdie, 2000:1). The development and maintenance of human capital, defined as the sum of a person’s physical, psychological and economic capabilities, is strongly influenced by the extent of adversity experienced over a person’s life course, particularly experiences of adversity in early childhood (Seth-Purdie, 2000:1). Indeed, pathways to social exclusion in adulthood are considered based in early experience (Bynner (2001:297).

Feeling deprived of parental love, support and communication was a strong theme in the accounts of childhood and adolescence of practically all interviewees. In addition, a number of interviewees reported active hostility directed towards them by either one or both of their parents. These matters are significant in developmental terms. The attachment relationships that develop between caregivers and children are considered to be vital in terms of human adaptation and development (Masten & Coatsworth, 1998:213), with children requiring warm, responsive and active nurturing (Garbarino & Abramowitz, 1992:43). Children persistently deprived of emotionally responsive parenting display serious problems in all developmental areas (Egeland, et al., 1993:523). Dysfunctional family relationships and harsh, inconsistent parental punishment are significant risk factors for children’s health and development (Silburn & Zubrick, 1996:6-7). In contrast, caring family relationships are seen as powerful protective factors (Resnick, et al., 1993:1-6; Fuller, et al., 1998). The development of competence in children and their experience of success in a wide range of areas is linked strongly with caring parent-child relationships (Masten & Coatsworth, 1998:215).
Reinforcing the picture of difficult relationships in their families of origin, more than half the interviewees had spent time in care away from their parents as children or adolescents, either in state care or with relatives. Few children enter foster care without a considerable degree of distress and emotional trauma (Goddard & Carew, 1993:241), with these children experiencing behavioural and emotional difficulties, problems in adjustment at school and poor physical and mental health (Wertheimer, 2002:3). Disruptions in both relationships and environment lead some children to adapt by becoming detached and self-reliant (Davies, 1999:65). Two of the interviewees who had been in care provide illustrations of these outcomes. Ben commented that he felt “robotic” and kept to himself, adding that as a child he had “felt different, very different, and very much on my own”. Danielle described how she entered foster care at 11 years of age, moving through multiple family placements until there was none left in her area. After that she was placed in a boarding school. She commented that she had found only one person whom she felt had ever really understood her. This was one of her foster parents, who tragically had died when Danielle was 17.

When young people eventually leave foster care arrangements, it is clear that many have considerable difficulties in finding a place in society, with a variety of problems being reported in relation to experiences in education and employment, trouble with the legal system, mental health problems, drug problems, unwanted pregnancies, prostitution, homelessness and suicide (Clare & Murphy, 2000:1-2; Mendes & Goddard, 2000:11-12; Wertheimer, 2002:5). Participants in this study who had experienced out of home care as children and young people reported similar experiences. In all cases, their education was adversely affected, they experienced a range of difficulties in relation to finding and maintaining employment, most experienced significant mental health problems requiring prescribed medication, many of the female interviewees became pregnant as teenagers, some had been involved with the police, some had been involved in prostitution and some had experienced homelessness.

Many of the interviewees who were subjected to violence and abuse as children. In their particular family situations, Kevin, Neville and Rebecca described violence directed at their mothers and siblings, as well as themselves. Research points to a strong association between violence directed at adult partners and child abuse, particularly physical abuse (Cummings, 1998:33; Davies, 1999:65; Stanley & Goddard, 2002:72). Rebecca related that she, her siblings and her mother all were treated violently by her father over a long period of time, including times when her mother was pregnant. Other interviewees, Chris, Danielle and Frank, reported that they were the main targets of violence in their families.

Ben stated that during his 18 years in children’s homes in New South Wales he had witnessed and been subjected to a number of child sexual assaults, mainly by staff but some by other children. He felt that these experiences had affected him emotionally and sexually to such an extent that he believed he was unable to maintain a close relationship with another person. Research indicates that sexual abuse is linked with maladaptive sexual behaviour, a damaged sense of self, poor self-esteem, feelings of powerlessness, affective instability, aggression, and troubled relationships (Howe, 1995:140; Mullen, et al., 1996:7; Rossman & Rosenberg, 1998:117).
Numerous studies have shown that child abuse has harmful effects, both short and long term, in a range of developmental areas including physical and mental health, cognitive ability and educational achievement, and social and behavioural development (Cicchetti, et al., 1993:630; Cicchetti & Toth, 1995:554-555; Mullen, et al., 1996:7; Valent, 1998:41; Streeck-Fischer & van der Kolk, 2000:915; American Psychological Association, 2001:2; Cohen, et al., 2001:981; McCloskey & Stuewig, 2001:84; Thornberry, et al., 2001:960; Chalk, et al., 2002:3; Mabanglo, 2004:244). In particular, child abuse is seen as a major risk factor for the development of mental health problems in childhood, adolescence and adulthood (Putnam, 1998:51). Childhood trauma is seen as an important causative factor in later maladaptive adult functioning (International Society for Traumatic Stress Studies, 1997:4).

Experiences of grief and loss were widespread among interviewees as children. Ben and Helen had lived in institutions from early childhood, having virtually no family contact. Ben had spent only three months with his father when he was six years of age. However, he returned to children’s homes after his father became “involved in a police matter”. His mother was not living with his father at the time. He commented that he had only met his mother once in his life, when he was 13. Helen stated that she had no contact at all with her father or mother. Four of the interviewees, Evan, Linda, Oliver and Rebecca, experienced the death of their mothers when they were children. Six interviewees, Chris, Danielle, Greg, Monica, Neville and Rebecca had parents leave with little or no subsequent contact. Rebecca had had no contact with her father since she was six, as well as her mother having died when she was 15. As well as these parental losses, Neville and Oliver both lost grandmothers who had been important figures in their lives, particularly as both their family situations had provided them with very little support and guidance. Another interviewee, Penny, had a particularly challenging experience of grief and loss at only 15 when her boyfriend committed suicide. Because of problems in her parents’ marriage, she commented that she did not receive any family support at this difficult time.

It is suggested that grief and loss experiences may underlie physical or emotional symptoms that can disrupt children’s development and affect their ability to cope and achieve over their lifetime (Trad & Greenblatt, 1990:25). Loss of appropriate parental care, which occurred more frequently after the loss of a mother (Harris & Bifulco, 1991:257), and impaired parenting associated with psychological distress following the death of a parent (Dowdney, et al.,1999:354-357) can lead to adult mental health problems for the children concerned.

The loss experienced by the six interviewees who had a parent leave with little or no further contact was a significant developmental risk factor also. An important issue in assisting children to adjust to their parents’ separation is considered to be an ongoing relationship with both parents (Davies, 1999:56). However, for these interviewees, this opportunity for some form of adjustment was not available.

The interviewees who experienced the breakdown of their families described these experiences as highly stressful and painful. Parental separation produces a wide variety of stressors for children including feelings of loss, changes in home and school, loss of friends and support networks, financial adversity, changes in work patterns for parents, parental depression and new parental relationships (Davies, 1999:56), with children involved in acrimonious separations between their parents.
showing a greater degree of emotional distress (Trad & Greenblatt, 1990:28; Davies (1999:57).

Fifteen of the interviewees had left home by the age of 16. A number of the female interviewees (Anna, Danielle, Helen, Linda, Penny and Therese) became pregnant as teenagers. This had implications for the life choices then available to them, especially as none was able to complete their secondary education. For young women, teenage pregnancy and parenthood have well-documented negative consequences in terms of ongoing economic hardship and restricted opportunities (Ortiz & Bassoff, 1987:400; Hillis, et al, 2004:320). For Anna and Penny, their situation became even more difficult as the partners with whom they had become involved became physically violent.

Two of the interviewees, Kevin and Oliver, stated that after they left home, they began associating with the type of people who led them into trouble. Kevin commented that he “rebelled against everything and I got into trouble with the police and then I just went downhill from there”. Oliver maintained also that the people he associated with at that time sent him “on the wrong path”.

As identified earlier, most interviewees had lived apart from their parents, with a number living in supported youth accommodation as adolescents. Previous research has found that two-thirds of adolescents studied who were living in a youth refuge were depressed, and that these young people reported significant levels of disrupted home life including severe conflict between their parents, separations from parents, frequent physical punishment, lower ratings of love shown, praise given, respect for and closeness to their parents and lower ratings of happiness as children than comparative groups (Miner, 1991:29). This certainly accords with the experiences of the interviewees in this study.

**Conclusion**

It is considered that the negative pathways for most interviewees began as a result of having to contend with significant risk factors in their families of origin. This affected their ability to function effectively in many areas of life, including the education system and the labour market. Compounding factors such as physical and mental health problems resulted in a pathway into poverty caused by “accumulated adversity” (Seth-Purdie, 2000:1).

**References**


