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**THE COVER DESIGN:** The four sections of the front cover represent the four cornerstones of the Māori concept of health: te taha tinana, te taha hinengaro, te taha wairua and te taha whānau. If these faculties are adhered to and kept in balance then life will be in balance. Also appearing in the design is a stylised face with eyes at the top, nostrils in the middle and mouth represented by four "teeth" at the bottom. The kanohi is representative of all who work in the varying fields of the Children, Young Persons and Their Families Agency.

# Editorial

# Integration and innovation

After seven years apart, the Community Funding Agency and the Children, Young Persons and Their Families Service are back together as one organisation – the Children, Young Persons and Their Families Agency (CYPFA). The integration presents us with an opportunity to ensure that both directly delivered and contracted services are aligned to provide seamless services to families, through a much closer day-to-day working relationship. For many clients it is almost irrelevant who provides the service they use, just so long as there is an effective, client-focused resource when they need it. To this end, the new Agency is also looking at ways to remove all barriers between the services it delivers and those we contract. This streamlining of our internal processes will continue to develop as the implementation phase of the new Agency progresses and the physical co-location of staff is completed nationally. We will also now have an opportunity to focus ourselves on what might be the best mix of direct and contracted services, take a fresh look at how we target our approach and make sure a range of interventions are available to clients.

The impetus for the integration has been the Strengthening Families initiative and the Best Practice – Lead Agency model being developed by a Department of Social Welfare working group. Effective and best practice models have at their core the concept of agencies working together to ensure the best outcomes from their services, especially for children in at-risk and high-risk families.

Change is well under way, but it has not been a dramatic shift. In my work I see a lot more contact between service delivery and the contracting arm of CYPFA, and at a partnering meeting in March this year the atmosphere was collegial and focused on collaborative ways of working. Many of us believe the future is an exciting one with many challenges and opportunities and also a history to acknowledge. People from both organisations have been realistic about the past and I have also experienced a willingness to move on and create positive working relationships to achieve the Agency goals.

Before the creation of CFA in 1992, I had been the supervisor of a community services team in NZCYPS, and following the split I worked as a senior outreach worker in Auckland for five years.

During the separation, in CFA, we developed contracting expertise and new processes which improved our service delivery and I know that social workers in CYPS also created new and specialist ways of working which enhanced their client practice. I hope the best of these practices will be retained and built on as we move to the preventative end of the social services sector. We will need a very close working relationship between service delivery and the contracting group to turn around our current family-crisis orientated practice towards prevention and to ascertain how CYPFA's vision may best be achieved, with what mix of internally or externally provided services. We will all be challenged to meet the vision because it will seem difficult to put a new emphasis on prevention while the crisis work remains. It will need careful services planning, especially with regards to what services may be purchased by the contracting arm to allow those changes to occur.

At the recent CYPFA managers' conference at the end of March we heard of many opportunities for a joint approach to innovative projects and saw examples of local initiatives the Agency was involved in where the contracting group could purchase additional services to support those ventures. The mood at the conference felt positive and enthusiastic in looking at innovative

approaches Areas could undertake and for the contracting group to be able to respond to.

My earlier experiences before the split in 1992 of working in one organisation with the social work and service delivery teams was enjoyable and congenial and I anticipate the same goodwill and working relations in the new Agency. *Social Work Now* is a journal those of us in the former CFA have now gained and I hope it will become an important forum for debate on best practice initiatives and other aspects of our work, not only for those of us within CYPFA but also for our wider constituents – the community agencies with whom we have close and ongoing ties.

Sarah Gillard
National Approvals Advisor,
CYPFA Contracting group

## Social Work Now 1999

**Deadline for Contributions**

August issue: 11 June

December issue: 17 September

# Children who talk on tape: The facts behind the pictures

**Gill Basher** presents the findings of a year's research into videotaped interviewing for child abuse

In 1989 the New Zealand Evidence Act was amended to allow child complainants in sexual abuse cases to give their evidence-in-chief by a pre-recorded videotape. Video units were set up and over the years have been staffed by full-time or part-time specialist interviewers. Some units are staffed primarily by personnel from the Children, Young Persons and Their Families Agency (CYPFA); others have police officers assigned to work as interviewers alongside specialist interviewers.

In general, a child takes part in a videotaped interview after a notification has been received by the police or CYPFA, and the family has been referred to a video unit for an interview. Most units undertake two types of videotaped interviews.

- An *evidential interview* is one where a child has made an allegation to someone that they have been abused in some way. The child, in this situation, comes to the video unit with an understanding of the purpose of the interview.
- A *diagnostic interview* is one where there are serious concerns that a child may have been abused but the child has not made an allegation to that effect.

Although the video legislation specifically targets children who have been sexually abused (and most interviews fall into this category), interviewers will consider seeing children when there are other issues. Interviews are increasingly being conducted for serious physical abuse, emotional abuse, neglect and when a child witnesses an offence such as sexual abuse, physical abuse, murder or domestic violence. The reason for this development is the perceived expertise of the interviewers in eliciting information from children and the increased awareness of children as being vulnerable witnesses. Protocols and procedures are being drawn up for these types of interviews so that practice can be standardised nationally.

Over the years most units have collected statistical information from their interviews in various ways and have analysed this data at a local level for their own interest. In 1996, interviewers from the then Children, Young Persons and Their Families Service* decided that a nationwide project was needed to standardise the collection of data from videotaped interviews, and that this data needed to be collated at a central point to provide national figures.

## Method

The Hamilton video unit (Manuwai) designed a form to be used by all specialist interviewing units to collect statistical information about their interviews. This form was tested for several weeks and then modified after consultation with interviewers.

A national meeting of specialist interviewers later decided that the Hamilton unit would be the centralised collection area for the data and each unit throughout the country would use the new statistics forms.

*Now integrated with the Community Funding Agency and known as the Children, Young Persons and Their Families Agency or CYPFA.

The project began on 1 July 1997 with data being collected from all but one video unit (New Plymouth). Some areas had changes of personnel that may have resulted in some (minimal) missed data. However, it appears that the data collected covers almost the total number of videotaped interviews that were conducted nationally throughout the year.

Non-identifying information from 1,916 interviews, involving 1,770 children, was collected between 1 July 1997 and 30 June 1998. This data has been collated and is the subject of this article.

## The child

*General*

New Zealand census figures for 1996 show there are approximately 990,600 children under the age of 17 years. This is the age range which may be interviewed on videotape and is covered by New Zealand legislation for the care and protection of children.

In 1997/98, 18,378 notifications were received by CYPFS that required some intervention by social workers. This means that 18.55 children out of every 1,000 are in this category, or less than 2% of the general population of children under the age of 17.

From 1 July 1997 to 30 June 1998, 1,916 videotaped interviews involving 1,770 children were conducted in New Zealand. This means that 10% of the notifications that required social work intervention by CYPFA had a videotaped interview as part of the investigation. Table one shows the geographical distribution of those interviews.

As would be expected, the most densely populated areas have the highest number of interviews.

*Gender*

Of the children interviewed, 61% or 1,094 were female and 39% or 676 were male.

*Ethnicity*

Interviewers collected data on the ethnicity of the children which showed that 35% were Māori, 7% Pacific Island, 55% Pākehā and 3% other. Although the overall figure for Pacific Island children is 7%, there are some areas where very few Pacific Island children were seen, and other areas such as Auckland city where the percentage was much higher (23%). The figure for Pākehā children in Auckland is lower than other parts of New Zealand and the figure for Māori children is consistent throughout the country.

These figures do not proportionally reflect the cultural make-up of the general census figures in New Zealand and show a higher proportion of Māori children being interviewed. It is possible that this was a reflection of the client population of CYPFA. Census data indicates ethnicity in the 2- to 17-year-old population to be 20% Māori, 8% Pacific Island, 66% Pākehā and 6% other.

**Table one.** *Interviews conducted in each geographical area*

| | |
|---|---|
| Whangarei | 92 |
| Auckland Central | 207 |
| Auckland South | 157 |
| Hamilton | 279 |
| Tauranga | 112 |
| Rotorua | 109 |
| Whanganui | 49 |
| Central | 159 |
| Gisborne | 10 |
| Napier | 96 |
| Hastings | 128 |
| Wellington | 138 |
| Upper South | 19 |
| Christchurch | 323 |
| Dunedin | 27 |
| Invercargill | 11 |
| **Total** | **1,916** |

*Age*

In order to take part in a videotaped interview a child needs to have verbal skills. This generally precludes children under the age of two years as their language development is not refined enough for the interview process.

Tables two and three show the age of the children at the time of their interview and it can be seen that the majority of the children fall within

the 5–10 year age range. Children or young people over the age of 13 are often given the choice of having a videotaped interview or making a written statement with the police. Videotapes are made with older children if there are other factors to be taken into consideration, for example, developmental delay, emotional problems or trauma.

**Table two.** *Age of children involved*

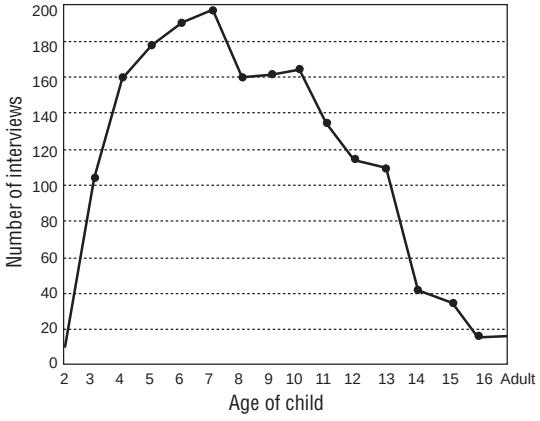


**Table three.** *Age range of children interviewed*

| Age range interviewed | Percentage |
|---|---|
| 2–4 years | 15% |
| 5–7 years | 32% |
| 8–10 years | 27% |
| 11–13 years | 20% |
| 14–16 years | 5% |
| Adult | 1% |

As table three shows there is a sudden decrease in videotaped interviews for children aged over 14 years as these children often prefer to make a written statement with the police. Another factor that influences these figures is the use of diagnostic interviews as an investigative tool when there are concerns of abuse. These interviews are usually carried out in the under-ten-year age group and may account for some of the interviews for those children under ten years.

## Repeated interviewing

One of the criticisms made about interviewing is that children are seen many times about each allegation or concern. There has been much debate about the reported effects of multiple interviews and interviewers keep updated in the latest research in this area. Joint police and CYPFA operating guidelines on interviewing children recommend that it is preferable for only one evidential interview to be conducted with a child unless there are special circumstances. For diagnostic interviews they recommend a maximum of three interviews.

Interviewers recorded if a child was interviewed more than once about an allegation and figures showed that 93% were interviewed once, 6% were interviewed twice and 1% was interviewed three times or more.

Of the children who were videotaped, 13% (228) had previous involvement with a video unit because of concerns about their safety or allegations of abuse. This raises issues about the continued vulnerability of children after an investigation has taken place.

## Reason for referral

Interviewers were asked to keep data on why the children had been referred to the unit for an interview. They were asked to take account of the principal signs that had led to the notification about the child. Some children had multiple signs that caused concern, so more than one sign may have been noted. The signs were:

- Disclosure that abuse had occurred and it was clear what had happened. For example, the child had made a clear statement to someone that they had been abused.
- Disclosure that abuse had occurred but it was not clear what had happened. For example, the child may have made a statement to someone that they had been abused and then retracted that statement.
- There were physical signs that abuse had occurred.
- The child exhibited behavioural signs that caused concern. For example, sexualised

behaviour that was considered to be outside the "normal" range for the child's age.

- There were concerns about the child's caregiver that indicated abuse may have occurred.
- The child was showing significant developmental problems that could not be explained medically or psychologically.
- The child had contact with a person who was known to have abused other children. This person may or may not have been charged with that prior abuse.

**Table four.** *Reason for referral*

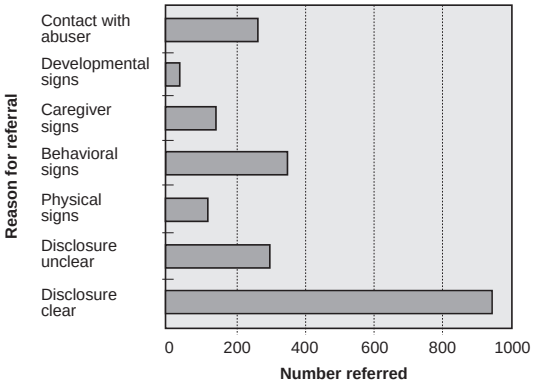


Table four shows that children were generally referred to a video unit when they had made a clear statement to someone that abuse had occurred. These interviews are considered evidential investigations.

The other types of referrals are diagnostic investigations. The number of diagnostic interviews that took place varied among units throughout the country. Such interviews are generally considered a specialist area of work which needs constant updating, supervision and training.

## Rate of allegations

Of the 1,770 children interviewed, 15% (264) did not make any allegations during the interview and there were no signs at that time that abuse had occurred. Another 12% (204) of the children were considered by the interviewer to be either too young to be interviewed or were unable to give any information that helped clarify the concerns that had led to the notification.

Other children, 5.5% (93), showed significant indicators of abuse but did not make any allegations during the interview and were referred on for counselling. Significant signs included medical evidence (such as a sexually transmitted disease, physical evidence of penetration or an injury that was inconsistent with an accident), witnessing of abuse by another person, or a police statement made by an offender.

Of the 1,770 children interviewed, 64% (1,132) alleged that they had been abused. Most allegations were about sexual abuse; however, allegations of physical and emotional abuse were also recorded.

Some children alleged more than one type of abuse and these were all recorded.

A number of children were interviewed because they had had contact with a person who was alleged to have been abusive to other children and, of that group, 46% reported they had been abused.

Table five shows the numbers of allegations of abuse and what was alleged. As can be seen, few allegations of emotional abuse were recorded. Few children are referred for videotaped interviews when the only concern is emotional abuse as they tend to be seen by a psychologist rather than an interviewer to fully assess the situation.

**Table five.** *Allegations of abuse*

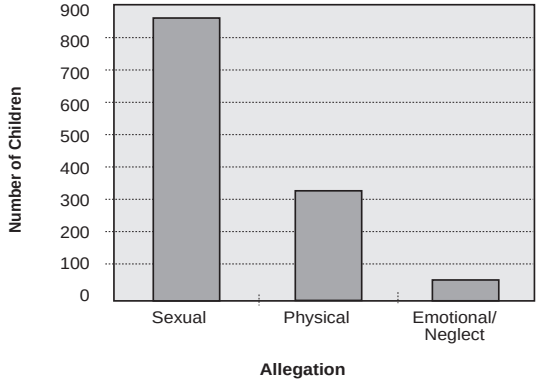

Table six shows the age range of the children who made allegations. There appears to be little difference in the allegation rates of those children between the ages of 5–13 years. "Age" relates to age at the time of the interview; some children disclosed abuse incidents that had occurred earlier in their childhood.

**Table six.** *Age range of children making allegations*

| Age range | Percentage |
|---|---|
| 2–4 years | 7.5% |
| 5–7 years | 25% |
| 8–10 years | 30% |
| 11–13 years | 28.5% |
| 14–16 years | 8.5% |
| Adult | 0.5% |

## The alleged offender (sexual abuse)

Data was collected over the year concerning the alleged offender, and this included the gender, age and the child's relationship to that person.

*Gender*

Of the 884 alleged sexual abusers named by the children, 96.5% or 853 were male and 3.5% or 31 were female. This data, when further broken down, indicates that adult men dominate the statistics. The next largest group are adolescent males aged between 12–16 years who account for 13% of the sexual abuse allegations.

*Identity of the alleged offender*

The identity of the alleged offender was determined by information gained from the police, social workers, parents and the child, although care should be taken when interpreting the data since in some cultures members of the extended family have the same parenting responsibilities as birth parents.

"Foster parent" in this context is a term used for a person who is not related to the child and who has a financial arrangement for that child's care. "De facto" and "common law" parents are included in the figures for mother, father, step mother and step father.

Intra-familial people may be blood relations or have a close parenting role, such as step-parents. Extra-familial people are known to the child or family but are not blood relations and do not have close ties.

The research figures showed 50.5% of the alleged offenders were intra-familial, 45% were extra-familial and 4.5% were strangers. Although the figures for the intra- and extra-familial groups are similar, it is clear that the children were saying that they were being sexually abused by someone that they knew since only 4.5% made allegations of sexual abuse by a stranger.

Table seven shows a list of people that the children alleged were sexually abusive to them. The list has been placed in order showing those most often named at the top. The "others" category in this list includes people who were named by less than ten children, such as aunt, sister, foster mother, foster sibling, mother, shopkeeper, baby sitter and brother-in-law.

**Table seven.** *Relationship of the alleged offender to the child (sexual abuse)*

| Alleged offender | Number | Percentage |
|---|---|---|
| Family friend | 220 | 25% |
| Uncle | 93 | 10.5% |
| Father | 85 | 9.5% |
| Step father | 80 | 9% |
| Neighbour | 67 | 7.5% |
| Cousin | 42 | 6% |
| Brother | 48 | 5.5% |
| Stranger | 42 | 4.5% |
| Peer | 38 | 4% |
| Grandfather | 29 | 3% |
| Teacher | 19 | 2% |
| Boarder | 17 | 2% |
| Step-grandfather | 15 | 1.5% |
| Foster father | 11 | 1% |
| Step brother | 10 | 1% |
| Others | 68 | 8% |

Table seven shows that the person named more than twice as often as any other is the "family friend". This figure together with the figure for "neighbour" accounts for 32.5% of the total allegations.

There is little difference between the figures for father and stepfather. Uncles were named by more children than either father or step father but they may be the father figure for some children. The figures for peer (no consent) also include some older children talking about dating situations where abuse occurred.

## Alleged offences

*Definitions used by interviewers*

Data was collected showing the types of incidents the children were saying had happened to them. This was categorised into two main types, non-contact abuse and contact abuse.

*Non-contact abuse*

- Indecent exposure – exposing genitalia to the child.
- Committing an indecent act – masturbating or touching self in front of the child.
- Voyeurism – deliberately watching a child who is wanting some privacy for dressing, bathing or toileting.
- Inducement to perform indecencies – making a child touch an adult's genitals or making the child touch their own genitals in front of the adult. Offering bribes or threats to engage in such behaviour.
- Exposure to pornographic material – showing the child pornographic literature, photographs, videos or computer-generated material.
- Taking of pornographic photography or videos – including the manufacture of material for use on the Internet.
- Exposure to domestic violence – witnessing violence between adults.

*Contact abuse*

- Indecent assault – touching a child in a sexual way, without penetration of any kind.
- Sexual violation – includes oral penetration, digital penetration of either the vagina or anus, penile penetration of either the vagina or anus and penetration of the vagina or anus with objects.
- Non-consenting peer play – this was given a separate category showing the type of peer play described by the child.

Each type of abuse reported by the child was recorded, therefore, children who had been abused in several different ways had each different type of abuse recorded.

Table eight shows the type of abuse most often alleged by the children ranked from the most alleged to the least.

**Table eight.** *Types of allegations made*

| Type of abuse | Number alleged | Percentage |
|---|---|---|
| Indecent assault | 598 | 43% |
| Sexual violation | 454 | 33% |
| Made to perform an indecency | 122 | 9% |
| Committing an indecent act | 82 | 6% |
| Indecent exposure | 81 | 6% |
| Exposure to pornographic material | 23 | 2% |
| Voyeurism | 9 | 0.5% |
| Pornographic photography, etc | 7 | 0.5% |
| **Total** | **1,376** | **100%** |

The sexual violation category has been further broken down to show the type of incidents that were alleged.

**Table nine.** *Sexual violation*

| Type of violation | Number | Percentage |
|---|---|---|
| Vaginal/penile | 137 | 30% |
| Vaginal/digital | 129 | 28.5% |
| Oral | 101 | 22% |
| Anal/penile | 47 | 10.5% |
| Anal/digital | 33 | 7% |
| Vaginal/objects | 4 | 1% |
| Anal/objects | 3 | 1% |
| **Total** | **454** | **100%** |

The three most common types of violation recorded were oral penetration and penile and digital penetration of the vagina. These accounted for 80.5% of the types of sexual violation spoken about.

## Alleged offender (physical abuse)

Video units do not routinely interview in cases of physical abuse. Accordingly there is some variation between units in the protocols for these types of videotaped interviews. National protocols are currently being compiled to standardise the work.

The following data is from those interviews in which children alleged that they had been physically abused.

*Gender*

Of the 351 alleged physical abusers, 230 or 65.5% were male and 121 or 34.5% female. The rate for females is much higher than was seen in the sexual abuse data. The data also shows that it was predominantly adults who allegedly physically abused the children. A small percentage (2.5%) of allegations were about males in the 12–16 year age range.

*Identity of the alleged offender*

In the same way as previously discussed, the identity of the alleged offender was determined by the police, social worker, parents and the child. As with the sexual abuse data, it was divided into intra-familial and extra-familial with 83% of the alleged physical abusers intra-familial, 15% extra-familial and 2% strangers.

Children are saying that 83% of the abusers come from within the family. The alleged abuser is not just known to the child, as in sexual abuse, but they have a close parenting role or blood tie to that child.

**Table ten.** *Relationship of the alleged offender to the child (physical abuse)*

| Alleged offender | Number | Percentage |
|---|---|---|
| Father | 115 | 33% |
| Mother | 57 | 16.5% |
| Step father | 48 | 14% |
| Step mother | 18 | 5% |
| Foster mother | 18 | 5% |
| Uncle | 15 | 4% |
| Aunt | 13 | 3.5% |
| Foster father | 12 | 3.5% |
| Grandmother | 9 | 2.5% |
| Family friend | 8 | 2.5% |
| Stranger | 8 | 2.5% |
| Peer | 5 | 1.5% |
| Grandfather | 4 | 1% |
| Boarder | 4 | 1% |
| Step-grandfather | 4 | 1% |
| Brother | 4 | 1% |
| Others | 9 | 2.5% |

"Father figures" including fathers, step fathers, foster fathers and uncles account for 54.5% of the allegations of physical abuse. This is of concern if we accept that in our society mothers or mother figures are usually in the primary caregiver role for most children. The figure for mothers, step mothers and foster mothers and aunts is the next highest (30%), with mothers being named in 16.5% of the allegations, step mothers in 5%, foster mothers in 5% and aunts in 3.5%.

When the numbers for parent figures of both genders are combined, this group accounts for 84.5% of the allegations of physical abuse.

The foster parent figure is disturbing, as they are caring for children who may have

already been abused. This raises issues about the training and on-going support for foster parents, as well as the safety of children currently in foster care.

### Emotional abuse

There are no protocols for interviewing for this type of abuse and it could be argued that all children have been emotionally abused if they have been abused in other ways. It became clear as the year progressed that very few interviews were being undertaken because of concerns of emotional abuse. These figures, therefore, have not been included in this report. Throughout the country each CYPFA area deals with emotional abuse cases in different ways and there is no standardisation for interviewing these children or addressing the problem.

### Child witnesses

Over the year, children were also interviewed because they had witnessed acts of abuse on another person. This included witnessing murder, domestic violence, death by fire and sexual and physical abuse. Although these tapes cannot legally be used in court, some police find it is less traumatic for young children to be interviewed on video rather than making a statement. The police can then use the video for their investigation. The whole area of vulnerable witnesses is being studied at present.

Approximately 121 children talked about witnessing abuse happening to others; protocols are being formulated to deal with these types of interviews.

### Follow-up

The interviewers were asked what follow-up intervention had been recommended. Since all the children in the study had been notified to CYPFA each had been assigned a social worker and, if there was an allegation of abuse, this information had been passed on to the police.

It was recommended that 299 or 16.5% of the children be followed up with a full medical examination by a doctor specially experienced and trained in this area. Others were to be followed up by referrals to agencies and resources in the community such as Parentline, hospital-based child and adolescent services or CYPFA psychologists and therapists. In 401 cases (23%), it was recommended that the children were referred to counsellors trained in working with abused children.

### Conclusion

This project allowed the interviewers and others to take an in-depth look at videotaped interviewing and how it can be categorised and standardised. It provided data on what the children were saying about the abuse. The project had limitations because of the process that was used to collate the data. An Excel spreadsheet was used in the absence of an available computer database programme. Although this was sufficient at the time, it has limited the cross correlations that could be made.

As indicated earlier, approximately 10% of children who come to the notice of CYPFA take part in a videotaped interview as part of the overall investigation. Interviewing, therefore, is a significant part of the social worker's overall assessment of a family. It is important that this work is as accountable and visible as other work in the organisation. One way of ensuring this is to continue to keep clear and understandable data on the children who are interviewed.

The data that was collected has importance for the whole community. In the interviews, children were identifying the alleged abusers and were saying, in detail, what had happened. This information can be used by child advocacy services as well as counselling services.

### Future directions

New Zealand is fortunate in that it has, at present, a social services agency that is linked by a computer network. The ideal would be to have a database with statistics from the videotaped interviews on that network. This may be available in the future. A national database would enable the interviewing data to be standardised and cross correlated to look for trends and statistically significant outcomes. There are many variables that could be

researched, such as culture and videotaped interviewing, the size of families in physical abuse cases, the relationship of gender to types of abuse, the age of the child and the severity of abuse. ■

**Gill Basher** has worked at CYPFA Manuwai Specialist Services, Hamilton for nine years, first as a family therapist then as an interviewer. Prior to that, she worked as a field social worker and a residential social worker. Gill is a registered ACC counsellor, has a psychology degree and social work level B equivalency. She recently attended a conference on Child Maltreatment in San Diego where, she says, it was clear that interviewing systems in New Zealand are considered some of the best in the world.

## Author's note

I wish to thank the specialist interviewers, staff from the police and CYPFA who took part in this project and offered their support and enthusiasm, and Richard Matthews for his advice and feedback. A special thanks goes to all the children to whom this information belongs.

## Editor's note

This article has been edited from the full paper presented at the 12th International Society for the Prevention of Child Abuse and Neglect congress in Auckland in 1998. If you would like a copy of the unedited paper including the appendix, contact the editor at *Social Work Now*.

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# Videotaping physical abuse evidence

As child physical abuse testimony is increasingly recorded on video, **Karen Wilson** discusses the legal context and ramifications for specialist interviewers

In New Zealand, the Children, Young Persons and Their Families Agency (CYPFA) document *Breaking the Cycle: An Interagency Guide to Child Abuse* defines physical abuse as:

> Any act or acts which result in inflicted injury to a child or young person. It may include, but is not restricted to:
>
> - bruises and welts
> - cuts and abrasions
> - fractures or sprains
> - abdominal or head injury or injury to internal organs
> - strangulation or suffocation
> - poisoning
> - burns.

However, not all children who are being physically abused present with physical injuries that can corroborate their verbal accounts. The new CYPFA Risk Estimation System (RES) focuses on predicting the risk to the child by establishing patterns of abuse, including the severity of the abuse, the frequency and recency of incidents, and the vulnerability of the child. In this context specialist interviewers (often referred to internationally as forensic interviewers) are increasingly being asked by social workers to diagnostically or evidentially interview children on videotape about alleged physical abuse. Although the Evidence Amendment Act (1989) limits the use of videotapes in criminal trials to child sexual abuse complainants, there is now precedence allowing physical abuse complainants to have their evidence-in-chief presented by way of pre-recorded videotape. This gives the police the option of referring child victims of physical abuse for videotaped specialist interviews instead of taking their evidence by way of written statement.

This article examines the implications for specialist interviewers and the video units, and presents some issues to stimulate discussion among practitioners and policy makers. These include the legal definitions of physical abuse, establishing criteria that outline when referrals for videotaped specialist interviews would be appropriate, the increasing use of videotapes as evidence in physical abuse cases, and adapting the most appropriate video interview formats to elicit relevant information from children who have been physically abused. The article also suggests diagnostic and evidential interview formats that meet the requirements of the Evidence Amendment Act (1989) and the Evidence (Videotaping of Child Complainants) Regulations (1990).

## Legal definitions

Section 59 (1) of the Crimes Act (1961) states that:

> Every parent of a child and every person in the place of the parent of a child is justified in using force by way of correction towards the child, if the force used is reasonable in the circumstances.

The reasonableness of the force used will be a question of fact. It is up to a judge or jury to determine from those facts whether reasonable force was used.

Section 194 of the Crimes Act states that anyone who assaults a child under the age of 14 is liable to a term of imprisonment not exceeding two years. Assault is defined as:

> An act of intentionally applying or attempting to apply force to the person of another, directly or indirectly, or threatening by any act or gesture to apply such force to the person of another, if the person making the threat has, or causes the other to believe on reasonable grounds that he has, present ability to effect his purpose.

This definition requires an intentional (whether actual or attempted) application of force to a child or a threat to a child where the child has reasonable grounds to believe that the threat would be carried out.

Section 195 of the Crimes Act defines cruelty to a child as follows:

> Everyone… having the custody, control or charge of any child under the age of 16 (and) wilfully ill-treats or neglects the child, or wilfully causes him unnecessary *suffering, actual bodily harm, injury to health, or any mental disorder or disability*.

The maximum penalty for this offence is five years. The mind of the accused or wilfulness of the actions must also be proven. A three-step approach has been adopted:

- There must be proof that ill-treatment occurred.
- That consequently there was unnecessary suffering.
- That the ill-treatment must have been inflicted deliberately with a conscious appreciation that it was likely to cause unnecessary suffering.

In order to lay charges under these sections of the Crimes Act the police require either direct evidence or indirect evidence such as corroboration. An actual complainant (that is, a child's statement that they have been abused) is not required provided the evidence is sufficient without the child's complaint. Documented physical injuries to a child and/or eyewitness accounts are commonly used as evidence in these cases.

Regardless of whether criminal charges are likely to be laid, CYPFA has a statutory obligation to investigate notifications that a child has been physically abused or is likely to be physically abused. In order to apply for a s39 place of safety warrant for a child or young person, a social worker must have a reasonable suspicion that the child or young person is suffering, or is likely to suffer, ill-treatment, neglect, deprivation, abuse or harm. When an allegation of physical abuse has been received, the corroboration for reasonable suspicion may come from direct evidence such as bruising on the child and a complaint by the child, or from establishing a past pattern of abuse. A verbal complaint is not a prerequisite to apply for a place of safety warrant but a videotaped evidential interview can assist in identifying the extent of the abuse that has occurred. If direct evidence is not available, further social work investigation is required to ascertain the safety of the child. A videotaped diagnostic interview may form part of that assessment.

### The Evidence Amendment Act (1989)

The Evidence Amendment Act (1989) and the Evidence (Videotaping of Child Complainants) Regulations (1990) allow for the evidence-in-chief of child sexual abuse complainants to be pre-recorded on videotape. These laws resulted in the establishment of video units staffed by full-time or part-time specialist (forensic) interviewers, drawn from both CYPFA and the police. These two agencies produced joint operating guidelines for specialist interviewers in 1989, and formalised these in 1996 (CYPFS/Police, 1996). Most video units offer both an evidential (when clear allegations have been made) and diagnostic (where there are high indicators but no clear allegations) interviewing service, with both types of interview being videotaped in accordance with the Regulations and the Joint Operating Guidelines (1996).

Technically, the videotape provisions in

the Evidence Amendment Act relate only to child victims of alleged sexual abuse. However, in 1995 the Court of Appeal in **Queen v Moke/Lawrence** (CA 398/95 and CA 399/95) ruled that the videotaping provisions in themselves did not exclude child victims of alleged physical abuse and judges could decide in what form evidence could be admitted. While this decision does not automatically extend the videotape protections to physical abuse complainants, it is a common law precedent that is being increasingly used in court cases. Videotaped evidential or diagnostic interviews for physical abuse therefore need to meet the same legal standards as those set out for sexual abuse in the Act and the Regulations.

In a move towards further reform for child witnesses, the Courts Consultative Committee on Child Witnesses (1996) received submissions from interested parties regarding matters that needed to be addressed within the justice system. Recommendations were put to the Committee supporting the formal extension of the videotaping provisions in the Evidence Amendment Act to all child victims and witnesses. Similar recommendations have been made in the Law Commission report on the Evidence of Children and Vulnerable Witnesses (1996). It is therefore likely that the legislation will eventually be amended to include physical abuse complainants. Referrals for physical abuse evidentials are expected to increase as a consequence.

These changes have implications for the training of specialist interviewers. The existing joint operating guidelines focus primarily on the videotaped interviewing of sexual abuse complainants, and separate guidelines for physical abuse complainants are not included. Similarly, the national training provided annually for specialist interviewers has historically concentrated on the law and interview formats for alleged sexual abuse which are not directly transferable to physical abuse interviews. In recognition of the complexities of the law pertaining to physical abuse, and in response to the implementation of RES, specialist interviewers have begun addressing some of these operating issues at their national peer review meetings.

### Risk Estimation System (RES)

RES has introduced a practice model into CYPFA risk assessment that requires new terminology and a broader approach to estimating future risk. The model emphasises looking for the pattern and structure of past abuse as well as focusing on the precipitating incident or crisis event. The vulnerability of the child, along with the severity, recency, and frequency of past and present abuse, are assessed to predict future recurrence. The computer programme that records these assessments is known as CARES.

To some extent RES is designed to help social workers gather information about risk through an analysis of past notifications and adult interviews. However, it is likely that as a result of the systematic RES approach social workers will request more videotaped evidential interviews to gain relevant information from the child about the nature and extent of their physical abuse. Documentation of the child's evidence on videotape not only makes the information more accessible but also provides an alternative option for presenting evidence in any ensuing criminal or family court case. In some cases videotaped diagnostic interviews could provide an additional assessment tool in a social work RES assessment, but the impact on video unit referrals needs to be considered.

If such videotaped interviews are seen as appropriate, a tailored interview approach is required if specialist interviewers are to meet the needs of both the legal system and the broader needs of the social work risk assessment model.

### Referral implications

Prior to these recent developments, video units were already accepting referrals for serious physical abuse incidents and conducting interviews to evidential standards. The evidence gathered in this way has been used to help social workers and the police protect children and has sometimes resulted in criminal or family court proceedings. Diagnostic interviewing for suspected physical

**Table one.** *Manuwai Video Unit interview referrals*

| Type of interview requested | 1997% | 1996% | 1995% | 1994% | 1993% |
|---|---|---|---|---|---|
| Evidential for sexual abuse | 30 | 29.5 | 33 | 26.5 | 26 |
| Diagnostic for sexual abuse | 57 | 61 | 55 | 66 | 69 |
| Evidential for physical abuse | 4 | 3 | 3 | 3 | 2 |
| Diagnostic for physical abuse | 6.5 | 3.7 | 5.5 | 4 | 2 |
| Child witness to sexual abuse | 1.5 | 2 | 2 | Not | Not |
| Child witness to physical abuse | .5 | .5 | .5 | Kept | Kept |
| Young offender assessment (sexual) | 0 | .3 | 1 | .5 | 1 |
| **Total** | **n=288** | **n=302** | **n=346** | **n=331** | **n=410** |

abuse has been less common than for suspected sexual abuse, with social workers tending to conduct a general assessment rather than referring for a specialist interview. Consequently, physical abuse referrals have historically been a small percentage of specialist interviewer work. (See table one for Manuwai Video Unit figures.)

The Court of Appeal precedent, in conjunction with CYPFA's introduction of RES, has already resulted in additional physical abuse referrals to the video units. Recent research on national video unit data between July 1997 to June 1998 shows that 18.3% of referrals to the units were for either physical abuse evidential or diagnostic, with a further 1.5% being for children who had witnessed the physical assault of another child (Basher, 1998). However, it is not logistically possible for specialist interviewers to diagnostically or evidentially interview every child who is the subject of an alleged physical abuse notification to CYPFA. From a safe practice perspective it is also important that video interviews are not seen as an alternative to thorough social work assessments. It is therefore timely for specialist interviewers, social workers and the police to develop appropriate entry criteria for physical abuse referrals to the video units.

## Suggested referral criteria (evidentials)

A videotaped evidential interview has two primary aims: to protect a child and ensure their safety; and to gather evidence about an alleged offence. This information must meet legislative requirements so the videotapes can be used in criminal proceedings in lieu of the child's evidence-in-chief. Since, however, evidential interviews also help social workers to protect children, they are not limited only to gathering criminal evidence, and entry criteria needs to be broader than the current definition in the Crimes Act.

The following could be considered appropriate entry definitions for referrals for videotaped evidential interviews:

- A child has made a clear statement that physical abuse has recently occurred.
- A child has made a clear statement that physical abuse has occurred in the past.
- A child has physical evidence of physical abuse.
- There is medical evidence that an injury to a child is non-accidental.
- Someone has witnessed the physical abuse of a child and more information is required.
- An adult has admitted inflicting physical injury on a child and more information is required.
- A child has witnessed the abuse of another child and may be required as a witness.

## Suggested referral criteria (diagnostics)

Diagnostic interviews are videotaped assessment interviews when there is no clear evidence that abuse has occurred but there are indications that the child is at risk. Some evidential interviews divert to a diagnostic

format if the child is unwilling or unable to provide the necessary evidence. In terms of sexual abuse, entry criteria for diagnostics include indicators such as unclear verbal statements, sexualised behaviour, the presence of medical evidence, unexplained sexual knowledge, and contact with a known perpetrator. Indicators for physical abuse are less easily defined, making the issue of what constitutes an appropriate referral more complex.

The following could be considered appropriate referrals for videotaped diagnostic interviews:

- Notifications are received that indicate that the physical disciplining of a child may be "unreasonable".
- Physical abuse allegations have been made by a child's sibling(s).
- A child has made an unclear statement that indicates that physical abuse may have occurred.
- A child presents with unexplained physical injuries that are consistent with, but not proof of, non-accidental injury.
- A child consistently presents with unexplained physical injuries.
- A social worker requires an assessment of physical abuse risk as part of the RES process.
- A child is a resident of a family home or foster home where allegations of physical abuse have been made by other children.

### Suggested evidential interview format

In an interview for alleged sexual abuse a child may describe sexual actions and criminal intent can be established by the description of the act. This degree of clarity does not exist in a physical abuse evidential where legally, once criminal intent is established, there is a need to ascertain whether this constitutes the use of "reasonable" or "unreasonable" force. With domestic discipline this definition is open to

**Table two.** *Suggested evidential interview format*

| | |
|---|---|
| **Step 1** | Follow the procedures as set out in the Evidence (Videotaping of Child Complainants) Regulations s5(1)a-g, 5(2), 5(3) and 5(4) and complete the conceptual exercises if appropriate. |
| **Step 2** | Encourage free narrative on the crisis event. (If there is no crisis event encourage free narrative on the abuse in general.) |
| **Step 3** | Gather evidential details of the crisis event: what, where, who, when and how. Include what led up to the action and what happened afterwards. Ask questions that elicit information about the severity of the abuse and whether it was witnessed. Get a description of any objects used and where they can be located. Ask about any marks inflicted on the child and who has seen them. Use body outlines and/or floor plans to clarify what the child is referring to. |
| **Step 4** | Gather recent complaint evidence for the crisis event. (Although recent complaint evidence is restricted to sexual abuse cases it is useful to find out who the child told and who may have seen the injuries.) |
| **Step 5** | Establish the range of any other abuse perpetrated by the same person. Explore the structure and pattern of this previous abuse by focusing on the severity, frequency and recency of incidents. This might include evidential details for first/last incidents, worst incident, incidents that were witnessed by others, incidents that left observable injuries, and incidents during which objects were used. Use a timeline and body outlines to help clarify the overall chronology and extent of the abuse. |
| **Step 6** | Gather evidence on any incidents of abuse witnessed by the child. |
| **Step 7** | Gather information about the emotional context underlying the abuse such as verbal violence and cruelty, and the attitude shown towards the child. |
| **Step 8** | Ask the child about adult allies in the home. This will help to establish future vulnerability. |
| **Step 9** | Monitor's break. |
| **Step 10** | Clarification and closure. |

**Table three.** *Suggested diagnostic interview format*

| | |
|---|---|
| **Step 1** | Follow the procedures set out in the Evidence (Videotaping of Child Complainants) Regulations s5(1)a-g, 5(2), 5(3) and 5(4) and complete the conceptual exercises if appropriate. |
| **Step 2** | Ask if the child knows what the interview is about and explain the role of the interviewer (eg, I'm someone that talks to children about worries/problems and/or things that have happened). |
| **Step 3** | Ask general questions eg, about school, who lives at home, who else is in the family. |
| **Step 4** | Ask questions about family relationships eg, who's the boss, who do you get on best with, who do you like/not like to be with, who do you go to if you have a problem? |
| **Step 5** | Ask questions about rules and what happens if they're broken eg, what jobs do you have to do, what happens if the jobs aren't done, what happens if people at your house get mad, who gets the maddest, what are the rules about hitting at your house, does anyone do hitting at home, who gets the worst hits? |
| **Step 6** | Explore the nature of any hitting the child has experienced at home eg, its force, severity, frequency and recency. |
| **Step 7** | Gather evidential details when the child is describing discipline that is "unreasonable". |
| **Step 8** | Gather information on incidents of abuse that the child has witnessed eg, on siblings, or incidents of domestic violence. |
| **Step 9** | Gather information on the emotional context underlying the abuse, the child's vulnerability, and the presence of adult allies. |
| **Step 10** | Monitor's break. |
| **Step 11** | Clarification and closure. |

interpretation and what is considered reasonable in one particular circumstance may constitute an assault in another. Therefore a child's statement that they have been hit does not prove that an offence has occurred unless evidence about the criminal intent, force, severity and extent of the abuse can be clarified. For specialist interviewers this lack of clarity poses new evidential challenges and reflects a need for an adapted evidential format for physical abuse referrals.

If the proposed referral criteria for evidential interviews are followed, most children will be referred for an interview about a specific crisis event. The corroborative information about this event might include inflicted physical injuries, witnessed abuse, a child's own statement or an adult's admission. Whenever appropriate children should be prepared for the interview and told that its purpose is to talk about what has occurred. While other abusive incidents also need to be explored with the child the initial focus of the interview should be on gathering evidence about the crisis event, given that corroborative evidence may be available.

A suggested interview format is outlined in table two.

## Suggested diagnostic interview format

While much of the content of a sexual abuse diagnostic interview is transferable to a physical abuse diagnostic interview, there is a need for some adaptation. For example, rapport building, questions about school, families, routines, worries and secrets remain relevant in both processes, but the physical abuse interview can have a more specific focus on discipline and punishment.

## Conclusion

Current New Zealand research shows that almost 20% of referrals to video units are for diagnostic or evidential interviews about alleged physical abuse. It is hoped that this article will help stimulate the debate about how the needs of those children can best be looked after in today's legal environment. ■

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## Notes

1. A list of useful questions covering severity and force, frequency and recency, family rules and discipline, domestic violence, and emotional context and vulnerability has been compiled. This list will be reviewed by specialist interviewers through their peer review process. For further information contact Karen Wilson at Manuwai Specialist Services, Private Bag 3119, Hamilton.
2. This paper was first presented at the 12th International Society for the Prevention of Child Abuse and Neglect congress in Auckland.

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# Sexual abuse investigations: What children and their carers really think

**Emma Davies** and **Fred Seymour** discuss the issues raised during a three-year project looking at what child sexual abuse complainants and their primary caregivers feel about investigative and criminal justice processes

More than 120 primary carers and 50 child complainants were interviewed during the course of a major three-year study looking at child sexual abuse investigations and criminal justice processes in Auckland. The research involved interviews with the child complainants and their primary carers on their perceptions of these processes, including social work investigation, access to counselling services, police investigation, medical examinations and, for some, criminal court proceedings. The study also analysed criminal court transcripts for the ways that children were questioned by evidential interviewers and lawyers in court. This article outlines information gathered during the project and the key issues raised by the children and their families about the investigation and criminal justice processes. Their comments highlight the need for support, information and control throughout the process – issues as important for the primary carers as for the children.

## Methodology and characteristics of the samples

Face-to-face interviews were conducted with children aged 6–16 years and their primary carers (usually mothers) who had been involved with the sexual abuse investigation process. Telephone interviews were also conducted with social workers and police officers.

Children and their primary carers entered the study at one of two points in time.

*Phase one: Within one month of an evidential interview.*

Evidential interviewers invited client participation after an evidential interview, seeking permission from the primary carers to be contacted by an interviewer of their choice (Pakeha, Māori or Samoan). The interviewers sought informed, written consent from primary carers and informed assent from children.

*Phase two: After the police closed the file.*

Police officers invited client participation after they closed each file (whether or not the cases went to court). The police sought permission from the primary carers to be contacted by an interviewer in the same way as above. In addition, as the project proceeded, two counsellors and a few mothers of allegedly abused children referred families or themselves to participate in the project. Families were accepted into the project if the case had been closed after 1991.

The semi-structured interview schedules for children and their primary carers were derived from consultations with practitioners and a review of the literature. Sections were included about their contact with social workers, evidential interviewers, police officers, paediatricians conducting forensic

**Table one.** *Numbers of interviews conducted*

| Timing | Interviewees | | | |
|---|---|---|---|---|
| | Children | Primary carers | Social workers | Police officers |
| Phase 1 | 22 | 39 | 42 | 10 |
| Phase 2 | 29 | 64 | 12 | 69 |
| Phase 1 & Phase 2 | 0 | 21 | 4 | 6 |
| **Total** | **51** | **124** | **58** | **85** |

medical examinations, criminal court proceedings (when relevant) and the overall process (see Davies, 1999 for methodology and interview schedules).

Table one shows the number of interviews conducted. In all, 124 primary carers and 51 (35%) of the total 145 child complainants were interviewed.

Of the 145 child complainants 76% were defined by their primary carers as Pākehā, 6% Māori, 9% Pacific Island, 6% mixed ethnicity and 2% Asian. At the point of disclosure to the police or child protection services, 8% of the child complainants were 3–4 years old, 66% were 5–12 years old and 26% were 13–15 years old. Seventy-five percent of the children were female and 25% were male.

Interviews with social workers and police officers revealed that 20% of child complainants alleged sexual abuse involving penetration of the vagina or anus, 14% alleged attempted penetration of the vagina or anus, 18% alleged oral genital contact, 45% alleged digital contact and 3% alleged non-contact sexual abuse (exposure or sexual photographs). Eighteen percent of children alleged one incident of sexual abuse, 43% alleged two to five incidents of sexual abuse and 39% alleged six or more incidents of sexual abuse. Of the alleged perpetrators, 34 % were parent figures (fathers or step-fathers), 22% were other relatives, 35% were friends or neighbours, 7% were childcare providers or teachers and 2% were strangers. Ninety-nine percent of the alleged perpetrators were male.

## Analysis of criminal court transcripts

The authors obtained transcripts of 12 evidential interviews and 26 transcripts of examinations and cross-examinations of child complainants from 16 child sexual abuse trials held in 1994. Half of the transcripts were from the Auckland District Court and half were from the Auckland High Court. The age of the children in the evidential interviews ranged from 6–12 years, with a mean age of nine years. The age of the children and the young people questioned in court ranged from 6–17 years, with a mean age of 12 years. All of the evidential interviews that were analysed had been shown in court. All children who did an evidential interview were also examined by a Crown prosecutor (albeit briefly) and cross-examined in court.

There were five forms of analyses:

1. Categorisation of questions into different types of open and closed questions. This system was used to compare the types of questions asked by evidential interviewers, prosecutors and defence lawyers.
2. Comparison of the complexity of the sentence structure used in the questions asked by evidential interviewers, prosecutors and defence lawyers.
3. Analysis of the sequence and content of questions asked in cross-examination of children.
4. Analysis of the interventions by prosecutors and judges during children's testimony.
5. Analysis of the issues raised in cross-examination of children.

## Results and discussion

The data from the analyses of transcripts indicate that lawyers, particularly defence

lawyers, are asking some questions that children have difficulty understanding in terms of sentence structure, content and sequencing of questions. Furthermore, no-one is intervening to protect the child from this inappropriate questioning. Unless children are asked straightforward questions in language that they understand, then their testimony is less than optimal. The data and detailed discussion and recommendations are not discussed here as they are reported elsewhere (Davies, Henderson and Seymour, 1997; Davies and Seymour, 1998a, 1998b).

The data from the interviews with children and their primary carers reveal that global satisfaction scores, particularly those evaluating interactions with children, reported a majority with positive experiences of the professionals involved. For example, 81% of children and 51% of primary carers felt well-treated by the social worker, and 71% of children felt well treated by the evidential interviewers. Participants with positive experiences of interventions valued the specific information given and the sensitivity of individual professionals. However, there were negative perceptions by children and primary carers in relation to delays and poor interagency collaboration, inadequate information and support, and insufficient participation in decision-making throughout the investigation and criminal justice processes.

Delays in the sexual abuse investigation process were a source of considerable stress for the families involved. Delays related to contact with social workers, evidential interviewers, the police and, when relevant, delays in criminal justice proceedings. For example, of the 101 primary carers who gave an estimate of the amount of time they waited to see a social worker from the time that the abuse was reported, 10% said they were seen by a social worker on the same day, 16% 1 to 2 days after the report was made, 13% 3 to 10 days later, 37% 11 to 20 days later, 14% 3 to 6 weeks later, 7% 7 weeks to 3 months later and 4% more than 3 months after the report was made. When primary carers were then asked to estimate the amount of time children waited to go to the video unit from the time they first saw a social worker, 3% estimated less than 24 hours, 16% 1 to 10 days, 53% 11 to 20 days, 12% 3 to 6 weeks, 7% 7 to 8 weeks and 9% estimated they waited more than 8 weeks. In cases where there were immediate safety issues, children were seen significantly more quickly by a social worker and at the video unit ($p<0.05$). However, this data raises questions about children's and primary carers' access to support and therapeutic services as, until a social worker has seen the family and an evidential interview has been conducted, families cannot access the services they need. So, in phase one of the research (four weeks after an evidential interview), 83% primary carers and 79% of the children had *not* accessed a therapeutic service. By phase two, 72% of the children and 43% of the primary carers *had* been to at least one session of therapy although many had only recently started. Many primary carers commented on the delays to receiving counselling and support. In the words of one mother, "By the time it gets around to the counsellor it's just ridiculous, you know. What's the point, sort of thing?"

Delays in the sexual abuse investigation process were a source of considerable stress for the families involved.

### Interagency collaboration

There is clear agreement that interagency collaboration is an important strategy to reduce the stress on families during child sexual abuse investigations (Furniss, 1991; Lanning and Walsh, 1997; Kellogg, Chapa, Metcalfe, Trotta and Rodriguez, 1993; Jenson, Jacobson, Unrau and Robinson, 1996; Lloyd and Burman, 1996; Scott, 1993). However, less than 20% of primary carers perceived that there was good or adequate communication

between the agencies in phase one or phase two. They also reported contradictions in the information they were given. For example, a CYPFA social worker may state that a primary carer can see the child's videotaped interview and a police officer may say that they cannot. Active interagency collaboration usually requires proactive measures including informal networking or formal meetings, joint training and interagency staff retreats (Lanning and Walsh, 1997; Scott, 1993). Any measures that improve interagency collaboration can also be expected to improve a child and primary carer's experience of the investigation process.

The research literature unequivocally states that primary carers' support is pivotal in helping children come to terms with the abuse (Eastwood & Patton, 1995; Humphreys, 1995; Gomes-Schwartz, Horowitz & Cardarelli, 1990). The effect of a child disclosing sexual abuse can be devastating. In the words of one of these mothers:

> It's like all of a sudden you're thrown into this situation where everybody has taken up every thought and every feeling that you've ever had, put them in a physical form, put them in a blender, tipped them out on a table, stomped on them a few times and then said, "Okay, now function".

Primary carers are in need of support immediately after their child has disclosed but, in this sample, 61% estimated they waited more than ten days to see a social worker. Once CYPFA social workers were in contact with families, they could give little support themselves as they did not have sufficient contact to do so. Of the 99 primary carers who recalled how many times they saw a social worker, 16% said they had seen a social worker only once, 42% twice, 25% three times, 9% four times and 7% five or more times. The data perhaps highlights the difference between the "safety agenda" that inevitably prevails for busy CYPFA offices and the "needs agenda" of the families involved. In the words of one mother, "She [the social worker] was only interested in the safety of my child. To me, it was about both of us."

Many primary carers described the difficulties of supporting their children without the necessary support and information from the agencies involved, results which are consistent with research findings elsewhere (Humphreys, 1995; Newberger, Gremy, Waternaux and Newberger, 1993). Since social workers are usually primary carers' first contact with the investigation process, their role is of paramount importance. Table two shows the information absorbed by primary carers from social workers.

**Table two.** *Information absorbed from social workers (N=105)*

| Information | Absorbed by primary carers (N=105) | |
|---|---|---|
| | n | (%) |
| Video unit | 90 | 85.7 |
| Medical examination | 56 | 53.3 |
| Therapy | 51 | 48.6 |
| Investigation process | 25 | 23.8 |
| Behavioural problems | 19 | 18.1 |
| Ways to support child | 16 | 15.2 |
| Dealing with stress | 15 | 14.3 |

Although it is possible that information was given but not absorbed or recalled, the results in table two indicate that social workers are more inclined to explain the next component of the investigation process (the video unit) rather than give an overview of that process and information on ways to address the support needs of the primary carers.

The provision of support – either from the social workers themselves or through a referral to community counselling agencies – was lacking. More than 60% of primary carers interviewed in phases one and two said they had no support from anyone throughout the investigation process. Some primary carers need referrals for more in-depth therapeutic work for themselves if they are to support their children to heal, particularly in cases where they themselves have been abused. (In this sample, 53% of primary carers spontaneously reported that they had been sexually abused.) Perhaps this lack of support and therapeutic intervention for primary carers is why

two-thirds of the children did not talk to their primary carers when they were worried about the abuse or the investigation. Children may avoid talking to their parents about their fears because they are protecting them from further stress, or because parental support is not forthcoming, or both.

A sense of control in the investigation process for children and their supportive primary carers following the disclosure of abuse may be important to their perceptions of the process and their well-being (Henry, 1997; Martin, 1992). This sense of control can come from professionals providing information, being open about the investigation process and allowing appropriate levels of choice by children and caregivers. In this research, the overall provision of information was judged as inadequate by two-thirds of primary carers in phase one and more than three quarters in phase two. For example, no-one explained to nearly half of the children interviewed why their case did or did not proceed to criminal court. Children and their primary carers want to understand why their case does or does not proceed though court; they want information about the nature of any court proceedings, details of court dates, realistic time frames for the com-pletion of investigations and subsequent criminal proceedings, and preparation for giving evid-ence. From their reports, there also seemed to be a need for help to deal with the aftermath of the judicial process through debriefing.

Children and their primary carers want to understand why their case does or does not proceed though court.

With regard to choice, some participants did not feel they had any say in decisions on whether to make a video versus a written statement at the video unit, whether photographs should be taken during medical examinations or the mode of presenting evidence in court. Many primary carers were angry that they could not see their child's videotaped interviews. Previous research and some comments from children in this study indicate that children do not want distressed primary carers present during interviews (Prior, Glaser, and Lynch 1994; Westcott and Davies,1996), but there is no evidence indicating that children would object to their supportive primary carers seeing the videotaped interviews at a later date.

The investigation of child sexual abuse is inevitably a balancing act between evidential and therapeutic issues. The data showed ways that evidential considerations were frequently given higher priority than the therapeutic ones. Parents' access to video interviews of their children is an example of this. The main reason for supportive primary carers not seeing the videos appears to be that prosecution lawyers are reluctant for this to occur since, should their case go to trial, they like to present the primary carer's evidence as not having been influenced by first-hand knowledge of the child's testimony (Hamlin, 1997). Another example of the greater weight given to evidential considerations was the poor information given on how to manage children's behaviour and the absence of timely referrals to therapeutic services. This contrasted with the relative efficiency of information provision and referral to other parts of the investigation process, such as the evidential video units and medical examinations.

Nevertheless, most participants experienced their interactions with individual professionals positively. Further improvements to children's and primary carers' experiences of the investigation process would eventuate if delays were reduced, interagency collaboration increased, if more support and information was provided, and if children and their primary carers were involved to a greater extent in the decision-making processes. ■

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## Authors' note

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# Court education for child witnesses

There is still a lot of room for improvement to help child witnesses in court, says **Morgan Libeau**

Nine years ago, New Zealand introduced legislation that would enable children to be protected when giving evidence as witnesses in the criminal court. The Evidence Amendment Act (1989) and the associated Evidence (Videotaping of Child Complainants) Regulations (1990) enabled children up to the age of 17 years to present their evidence to a court in a variety of ways according to their age and needs. These were:

- to take statements on video at the time of the child's disclosure
- to present these video statements as evidence-in-chief in the courtroom
- to carry out cross-examinations via closed circuit television (CCTV) outside the courtroom
- to carry out cross-examinations inside the courtroom using screens.

Any or all of these options can be argued and agreed upon before a trial following an application to the judge from the Crown. Their introduction was seen as a major breakthrough in dealing with sexual assault allegations through the criminal court and in addressing the needs of child witnesses.

As a result of the Evidence Amendment Act and the Summary Proceedings Act, more cases of child sexual assault found their way to the criminal court arena. However, evidential interviewers and social workers quickly came to realise that children, even with this legislative protection, could not perform as good, competent witnesses without some sort of preparation and education about the judicial process and court environment they were about to take part in.

Testifying before a court can be frightening and confusing at any age, but for a child already coping with the stress and psychological repercussions of sexual abuse, court appearances can be very distressing.

Goodman (1984) has compared the position of a child who is a key witness in a courtroom (regardless of the actual type of case) to that of a rape victim. The child's credibility is challenged and attacked and this, in turn, can render them vulnerable to further emotional trauma. In child sexual abuse cases when a young witness may already be questioning their own self-worth, this type of legal manoeuvre can be particularly damaging.

Many professionals are still concerned about the effects that a trial can have on a child and whether the experiences of testifying will result in a therapeutic gain such as empowerment and control or in damaging feelings of powerlessness, self-blame and guilt (Goodman, 1984; Runyan, 1988; Whitcomb, 1990; Schwartz-Kenney, 1990).

The possibility of further traumatising a child through a courtroom experience is a valid concern. Any changes which can be made to the judicial process to reduce any potential damage or stresses on the child and their family – such as explaining unfamiliar language or unclear procedures – should be acted upon whenever possible (Berliner and Barbieri, 1984; Burgess and Holstrom, 1978).

As Goodman (1984) points out, children testify in the context of their understanding of the court process. Children can be so influenced by TV movies and uninformed

adults that court can become like, for instance, the "murder house" (the school dental clinics for instance): a place where they are told to go even though they have an anxious feeling of dread that it is going to hurt.

Saywitz (1989) proposes a medical model to address this. When children have to face unfamiliar and frightening medical procedures, techniques to reduce their anxiety are based on telling them exactly what will happen to them. Providing desensitisation and anticipatory coping strategies also helps. Clearly, similar techniques can be used for the unfamiliar and frightening judicial procedures that confront a child giving evidence in court. Improving a child's understanding of the judicial process will enable the court hearing to be more beneficial both for the children themselves as well as their case.

Stresses of the criminal justice system that impact on child witnesses include:

- long delays in getting to court (the average wait is eight months)
- changing attorneys or police officers
- public exposure (recounting personal incidences in a public courtroom at an age when speaking publicly about oneself is difficult)
- complex procedures and legal terminology that must be understood
- the adversarial context of questions and aggressive cross-examination.

A 1991 child witness pilot study in London, Ontario, revealed that the five most salient fears documented from children about court were:

- facing the accused person
- being hurt by the accused
- being on the stand or crying on the stand
- being sent to jail
- not understanding the questions.

In New Zealand, the police traditionally prepare adult witnesses for court by going through their brief, telling them what to expect, sometimes showing them around a courtroom and, at the very least, trying to make them feel less anxious about the task ahead. With the introduction of the Evidence Amendment Act, more children have needed to be briefed as witnesses. They need much more than a brief meeting with the police officer in charge of the case, a viewing of their video and a cursory look around the court. Time delays further complicate the situation and officers are not always able to check out children's fears, worries and current emotional state. Dates for hearings are often set at short notice, giving the police little time for satisfactory communication with the child and the child's carers prior to a trial.

With a child who is unprepared, the whole court experience – especially cross-examination – can be daunting, distressing and confusing. Effective and clear nationwide programmes to prepare children for court are not only in the interests of justice but are also an essential factor in the ability of children to function well as witnesses.

### Aids to witnesses

In 1994, five years after the Evidence Amendment Act was introduced, a booklet was published in English and Māori to explain basic details of the witness role and what happens in court. Entitled *Going to Court and being a Witness*, the booklet was given free of charge to children attending court. Although it went some way in offering useful background on court procedures, it was not widely known about.

In Auckland in 1995, *What Happens Next?* was published with funding from the Legal Services Board and was promoted by the Youth Law Project. It was free to children attending court and was also available for sale and at libraries.

In 1996, two filmmakers from the North Shore Women's Centre in Auckland produced *Kids in Court*, a video based on *What Happens Next?* which was funded by the New Zealand Law Foundation, the then Children, Young Persons and Their Families Service (now Agency) and the Women's Centre.

All three sources are helpful and well-produced and are used by the police, child protection agencies and various others pro-

fessionals when preparing children for court.

The CYPFA South Auckland Specialist Services Team developed a programme based on the book and video and also established a system of referral from the police. However, because preparation systems were still ad hoc nationwide, only some children were getting good preparation while others received little or none at all.

Unhappy about this situation, parents and workers involved in the court process complained to the Law Society and a working party was set up by the Ministry of Justice to investigate. It produced a document, *Child Witnesses in the Court Process: A review of practice and recommendations for change*, which examined the process of children in court. CYPFA practitioners had input into the report through the work of Auckland University researcher Emma Davies who was studying investigative procedures. Among its recommendations, the report suggested the establishment of a new working party to develop a national court preparation programme. Two meetings were held in 1997, but little progress was made until an advisory group was reconvened last August, chaired by Davies. The group is currently designing a programme to prepare child witnesses for court which it will then pilot – ten years after the Evidence Amendment Act came into being.

With the eventual completion of this much-needed standardised, national programme, mandated by Justice and the police, we will be able to say we are at the front and fighting fair for our kids.

In the meantime, social workers and others working with children in court can help by:

- making sure that children who appear in court are given all the information currently available so they can do the best possible job
- advocating for children
- making yourself aware of the resources and the people who use them
- pushing for further changes in the justice system to help children. ■

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# Making a difference: Advocacy and care and protection coordinators

Effective care and protection family group conferences can produce magic moments for young people, as **Barbara O'Reilly** and **Diana Bush** demonstrate in two case stories

The rewards and benefits of shared decision-making between families, young people and care and protection coordinators were described in the first of a two-part article on "magic moments" in family group conferences in the last issue (no 11) of *Social Work Now*. The second part of this article looks at how this theory works in practice with two care and protection family group conference case stories. These case stories bring together elements of resolution processes gained from the authors' experiences. Their aim is to illustrate that the family group conference (FGC) process needs to be seen as more than the conference itself; it is a multi-phased event within which there are many opportunities to design processes which can enhance or establish partnerships for change.

### KC's conference

Twelve-year-old KC was referred for a family group conference (FGC) after months of unsuccessful attempts to improve his behaviour, learning and attendance at school. He had been involved in numerous violent rows at home, had run away, been picked up by the police and placed in a welfare home, and had ended up in hospital after taking his mother's medication.

FGCs are run by coordinators and usually follow a standard pattern. KC's conference was typical of many. His referral to a care and protection coordinator by a social worker was based on the following risk assessments:

- self-harming behaviour
- his mother admitting she was unable to control or care for him
- the school couldn't control KC's behaviour and he stopped attending.

### Case conference

The care and protection coordinator first discusses the referral with the social worker, an educational psychologist, KC's school teacher and principal, and a mental health social worker. They analyse the relevant medical, educational and social history to confirm the risk estimation findings and these may include indicators such as the mother's increasing use of physical punishment, KC's out-of-control behaviour, and his admission to hospital with a suspected drug overdose.

The social history indicates that KC's life has been unstable and there have been several major changes in the family. The social worker presented as much information as he could about KC's situation and what KC himself felt about it. Through the course of several visits he started to establish a relationship with KC, albeit a tenuous one at this stage as KC was very reluctant to be a part of the new FGC – or any other – process.

### Preparation

The care and protection coordinator next meets

with KC's parents, siblings and wider family group to discuss KC's situation and to make arrangements for the FGC, and agree a time, date and venue. The coordinator notes that:

- the father and mother are separated and there is on-going conflict between them.
- the father appears to have a more objective view of the family situation and KC's behaviour.
- the family blames the school and the Children, Young Persons and Their Families Agency (CYPFA) for KC's problem.

Before the conference, the care and protection coordinator asks the father to prepare a family history to present as the family story and asks the other non-family participants to give their reports after the father's presentation. Written reports are also prepared for the care and protection coordinator[1] which outline the involvement of other agencies and organisations with KC and his family.

Invitations are sent to the relevant family members and inform-ation givers such as KC's teacher and principal, the educational psychologist and the police Youth Aid officer.

After considerable talk between the family members and the social worker in discussion with KC, it was agreed that KC would not attend the FGC despite every encouragement to do so. This would not mean, however, that the child/youth-centred approach would not be maintained by all the participants in the FGC.

The care and protection coordinator and social worker discuss the strategy for conducting the conference, including what reports are to be presented and any potential resourcing needs.

### Frustration

KC's family have said they were frustrated at the inability of teachers, the school principal, the psychologist, the police Youth Aid constable and the social worker to change things for KC and they were angry that an FGC referral had been made. They believed they had done everything they could to sort things out for KC and they wanted action instead of more talking. They thought the system had let them down and if they came to the FGC it would be to put the blame where it belonged – on the school and Social Welfare.

Through pre-conference discussions with the social worker and psychologist, the care and protection coordinator decided to use a strategic model of family therapy at KC's FGC to encourage the family to give different meanings to their experiences. This might help to move them from a position of blaming others to understanding KC's needs and how these might be met within the family and wider social context. Since both parents saw themselves as plain speakers and had expressed impatience with the "mucking around" they had to endure with the school and Social Welfare, a formal process would not have suited their style.

KC's family have said they were frustrated at the inability of teachers, the school principal, the psychologist, the police Youth Aid constable and the social worker to change things for KC.

KC's father, however, had a more objective view of the family situation and, while he shared the family's anger about the problem, he could also see KC's whole life as one of instability and sadness. In his presentation to the FGC he would consider the events in KC's life from conception to the present day, and present his story.

### Seeing things differently

At the FGC, KC's father said he had really been his son's primary caregiver for the first three years as his wife had post-natal depression and had been unable to cope with the new baby. KC and his father had a strong attachment and they spent a lot of time together. However, as the mother got better, she took a greater interest in her son and KC stayed

at home more often until she once again found it increasingly difficult to cope. When KC went to school things didn't go well: he didn't like it there, he didn't make friends and became a problem in class, and the teachers didn't like him.

Next, the parents' marriage began to break up and the father found comfort in KC's company. When he left the family home three years ago, KC was heartbroken. The father's new partner did not want KC with them. The two parents had hardly spoken to each other until the problems began with KC at school. They felt nothing could be done about those problems.

Everyone agreed the father had told the family story well and the social worker confirmed that he had understood KC's situation well, although the father had filled in some important gaps. The social worker admitted he had been no more successful in helping than anyone else and, while he didn't know the answers, he could see that KC needed to understand what had happened and perhaps counselling would be helpful.

The school psychologist observed that uncertainty and insecurity could block a child's learning ability and this could explain the lack of progress at school. The principal agreed and said KC was nervous and unhappy at school and would worry about trying new things or wouldn't participate at all.
The immediate problem was to help KC back to school.

KC's mother said she would put her feelings aside and let her son visit his father and new partner provided the trips were regular and didn't fall through.

The father's telling of KC's story permitted everyone – family and professionals – to join in and contribute to its completeness. There were no formal presentations of professional information; the care and protection coordinator simply checked off the points in the social worker's, psychologist's and school reports and prompted when necessary. Once the facts were established to the family's satisfaction they could begin to accept that KC's problems were long-standing and that they had problems too. No one school or teacher or person was to blame and they all agreed that KC's life had been rotten and other people's problems had got in the way.

### KC's magic moments

The FGC produced a number of practical plans to address KC's immediate needs. His teenage brother, not his mother, would take him to school and stay in the classroom until KC was settled and to help with work. The parents would work out a plan for KC to visit his father on a regular basis, and the social worker would help to organise the visits.

The school offered its full support and suggested reduced hours to start off with along with a complete educational assessment in conjunction with the psychologist.

The social worker could readily agree with the family's decisions and suggested a referral to the hospital's Child and Adolescent Mental Health Team to help KC and his family understand why KC took the pills. Counselling might follow that. Although this suggestion was put on hold by the family so they could focus on one issue at a time, they agreed to let the social worker know if other problems arose. All the decisions would be reviewed in six weeks and, in the meantime, the parents, teacher and social worker would make contact every week.

An FGC will not usually offer an immediate quick-fix solution to a family problem, especially one which has its genesis over many years. It can, however, through establishing channels of communication, trust and new insight, offer an opportunity for good decisions to be made at that time which, in turn, create possibilities for a longer-term resolution of issues. KC's conference marked the beginning of a long and uncertain journey. As time passed it became clear that the issues for KC and his parents were a lot more complex than initially understood. The conference did, however, represent an unlocking of energy while the subsequent reviews enabled sustained commitment to work to achieve positive outcomes.

### The ABC FGC

The ABC family presented an alarming history of family conflict, violence and child abuse

with evidence of severe and on-going extreme physical punishment of three young children. A risk estimation assessment indicated that the level of severity of abuse was high for all the children and abuse and neglect was highly likely to reoccur.

The family was referred for an FGC after an interim custody order had been awarded to CYPFA and the children had been removed from the parents' care. Initially, the social workers and education and health professionals involved in the case were doubtful any agreement could be reached at the conference since the parents did not accept that their treatment of the children was unusual or harmful. They were angry and hurt that the children had been taken from them, whereas CYPFA social workers believed that the children could not be returned to parental care.

Prior to the FGC, the care and protection coordinator convened a case conference with all the professionals involved with the family, including the family court appointed lawyer for the children and the parents' lawyers. A case mapping exercise enabled the participants to discuss their perspectives of the situation and to clarify their responsibilities to family members.

### The case map

*Issues from the social worker's perspective were:*

- the children were not safe in parental care
- there was a history of domestic violence
- if the children were to have access with the parents, it had to be supervised
- the maternal family offered the best placement options
- relationships and communication with the parents were very difficult.

*Issues for the counsel for the children were:*

- he was recently appointed
- he needed to collect more information
- he had received abusive phone calls from the parents.

*Issues for the public health nurse were:*

- she was concerned about the children
- she had a reasonable relationship with mother.

*Issues for the practice consultant were:*

- she recommended that more information be sought about the mother's parenting ability
- she was satisfied that correct social work procedures had been followed
- the social work had been consistent with legislative requirements.

*Issues for the counsel for the parents were:*

- the parents were angry about the situation
- the parents wanted immediate access to their children
- the parents needed to know CYPFA's intentions.

### Analysis

Case mapping for the ABC family group conference clarified several important points:

1. There was an information gap as little was known about the maternal family.
2. Everyone involved with the family had at various times experienced the parents as both extremely compliant and non-compliant. They were usually non-compliant in meetings when they were seen together or when other family members were present. At these times they could both behave aggressively and threateningly, although the public health nurse had the most consistently good relationship with the mother.
3. The parents were fiercely attached to their children, as were the children to them.
4. Everyone agreed it was unlikely the children would return to their parents' care in the foreseeable future. However, since it was also essential that the relationship between them all was preserved and nurtured – within a safe emotional and physical framework for the children – supervised access was likely to be an option for continuing contact.

## Process design

The care and protection coordinator suggested that a narrative therapy/mediation approach could provide a workable framework for the FGC using the following plan:

1. Maternal and paternal family members would be interviewed and encouraged to talk about their attitudes to child rearing. If possible, the public health nurse would be involved in the interviews with the maternal family. These interviews would also discuss the arrangements for the FGC.
2. The care and protection coordinator would write up and discuss the interviews, positively affirm any accounts of family successes, and remind people of the purpose of the FGC.
3. Another case conference would be held to plan the decision-making approach for use at the FGC.
4. The timeframe for the conference would accommodate the interviews with the family and also meet legislative requirements[2]. Because of time pressures, the social workers would help with the family interviewing.

## Social workers and parental mediation

The social workers were initially unwilling to agree to the plan as their experience with the parents had been increasingly conflicted and unpleasant. They believed that the situation would become even worse following the removal of the children from the parents' care.

The coordinator knew it was important to build relationships before the conference since it would be harder to resolve FGC issues if the social workers and the parents were barely on speaking terms. There would also need to be ongoing dialogue and case work between the two parties after the FGC so the coordinator suggested mediation.

With great reluctance the parents and social workers met with the care and protection coordinator. Both parties claimed that the other side never listened to their point of view but they agreed to listen to each other with the coordinator acting in a mediation role.

The mediated discussion made the reasons for the maltreatment of the children somewhat clearer. The parents claimed that they punished the children because they were afraid the father would lose his shift work job.

By the time the FGC was convened the social workers had been able to encourage the parents to talk about the punishment of their children and about their own childhood experiences of bedtimes. They had been physically disciplined themselves for not going to sleep when told to. The parents and the social workers all agreed that the hitting could not continue, but they disagreed strongly about rewarding good behaviour. "You don't gives bribes," said the father.

## Narrative interviews

As the interviews progressed we gained a deeper understanding of the maternal family. Their stories were of poverty, a struggle for financial survival over many years, hard manual work for the parents and children and frequent family separations in the search for employment. Education and leisure had little place in their family and they saw success as having survived life.

The paternal family stories revealed that the father was regarded as a loner and had been a quiet child. He had been injured in a car smash when he was 18-years-old and the family thought he might have suffered a head injury as his behaviour changed markedly after the accident. He had become aggressive, had been convicted for assault and served a jail sentence for several months. After this the family had lost contact with him and they had not known of his marriage until after the birth of the first child. The paternal family did not regard this as unusual and regarded success as being self-reliant and maintaining independence. They said they kept themselves to themselves.

Both families had much in common. They strongly believed that it was important to overcome problems and to be independent. They saw the problem facing the children as another struggle to be faced – and overcome. Everyone agreed that they wanted the best for

the children and that the children should leave the parents' care, although if they were to take them in there could be trouble from the parents.

Eventually, the parents decided they could not keep the children and the job. They told the social workers they were willing for the children to stay in care provided they could see them often.

The major decisions on the care of the children were made by the family prior to the conference, but were not communicated to each other until the FGC. Placements were available for all the children within the wider family if interference from the parents could be controlled.

### FGC strategy

Since it was most of the families' and social workers' experience that arguments could erupt swiftly and violently with the parents even when relationships appeared reasonably good, this eventuality needed to be planned for in the FGC. If conflict broke out, there was a real likelihood it would undo the progress made during the preparation time.

The coordinator decided to use an analysis strategy which explored any gaps in needs and services to focus discussion and attention on the children's situation and needs during the FGC. This would allow the information givers, the teacher and the Specialist Services psychologist to present their views within the context of the children's past and current circumstances, as well as to help the family set goals for the future.

All discussion was to be recorded simply and clearly on a whiteboard and the parents' understanding of events was to be checked out at every step in the conference process.

**Table one.** *Examples from the gap analysis*

| What is happening now | What we want to happen |
|---|---|
| The children are in care. | A good home for the children. |
| The children have told the social worker about the hitting. | The parents learn how to manage the children without hitting. |
| School reports say the children go to school without lunches. | The children know their parents love them. |
| The father has a job. | The father wants to keep his job so he can get things for the children. |
| The mother is upset about not having the children with her. | The mother gets to see the children frequently. |

### Magic moments – How well did we do?

The conference worked well and the parents made enthusiastic contributions to the discussion. They were able to talk about what had happened to the children in the presence of the family, and they were clear about what they wanted for them in the future. They told the FGC what plans they wanted made and, having done that, they left the meeting so the family could decide how to put their decisions into practice. When the social workers met with them afterwards, they said they were satisfied with the plans. "You've got to do the best for your children," said the mother. "We shouldn't have done what we did, but some things just get you down."

The narrative interviews had allowed time for the family to consider the reality of the abuse and neglect and to plan for the future without pressure. They were able to shift from an outright rejection of the idea of family placement to acceptance and realism about the conditions under which the children and parents could spend time together.

Mediation opened the way to improving the relationships between the social workers and parents, and the discussions on the family placements and conditions of access were carried out in a relatively calm atmosphere. When plans were made there was acceptance of the rules the family had set.

### Reflections – making magic work

These two case stories show that with insightful planning unexpected and opportune results – magic moments – can happen. They do not arrive effortlessly and they do not last unless there is effort and commitment to the process. ■

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**Barbara O'Reilly** is Practice Manager at the CYPFA Rotorua office and has previously worked as a care and protection coordinator. She has a BA and a Higher Diploma in Teaching, a background in education and training, and has studied disputes resolution.

## Notes

1. Section 23 of The Children, Young Persons, and Their Families Act 1989 requires that care and protection coordinators ensure that all relevant information is made available to the conference.
2. Section 67–73 of The Children, Young Persons, and Their Families Act 1989, Care and Protection Handbook Vol2 Chapter 7.
3. This paper was first presented at the 12th International Society for the Prevention of Child Abuse and Neglect congress in Auckland.
4. These case studies were created from several stories to create two generic, composite case studies to best illustrate the care and protection FGC process.

# Social workers and violence

**Liz Beddoe**, **Cherie Appleton** and **Barry Maher** report on the findings of a survey of social workers' experience of violence and its implications for the workplace

As a result of concerns about workplace safety issues for social workers, the authors undertook a national survey in 1996 on behalf of the New Zealand Association of Social Workers (NZASW). The survey was designed to identify the extent of violence social workers are exposed to during the course of their work.

A questionnaire was sent to all members of the NZASW and to a number of statutory and non-governmental social service agencies, including all the managers of the then Children, Young Persons and Their Families Service (CYPFS*) site offices with a request to make copies available to social work staff.

Altogether, 550 questionnaires were returned of which 273 had been completed by social workers employed by CYPFS. This article analyses the data from the CYPFS responses only and provides a useful "snapshot" of the issue of workplace violence within one agency. A full report of the survey has been published in *Social Work Review*. CYPFA is the largest single employer of social workers in New Zealand with the greatest concentration of staff involved in the potentially high risk practice areas of statutory child protection and youth justice.

*Since the survey, CYPFS has integrated with the Community Funding Agency and is now known as the Children, Young Persons and Their Families Agency, CYPFA. Even though all the social work staff in the new agency have come from CYPFS, to avoid confusion between the past and current organisations and because this article was written before the amalgamation, the name has sometimes been kept as CYPFS in this paper.

*Questionnaire*

The questionnaire included both closed and open-ended questions that were selected on the basis of a review of the literature and our experience as practitioners and educators. The questionnaire began with a broad definition of violence as, "behaviour which produces damaging or hurtful effects physically or emotionally on another person."

Respondents were asked:

- To describe any forms of violence they had experienced and their responses to the incidents.
- To categorise the relationship with the abusive person indicating whether incidents were reported to the police and/or management and, if not reported, to record their reasons.
- To indicate whether criminal charges were laid in relation to the incident.
- To indicate whether disciplinary procedures were instigated in relation to the incident.
- To indicate what support was provided by the organisation and colleagues.
- To indicate whether a workplace personal safety policy was in place and, if yes, to describe it.
- To indicate whether participants had received training in personal safety and, if yes, who provided it.
- To record any general concerns about safety in their organisation.
- To record demographic information and their practice context.

While the survey intended to gain quantifiable data, the questionnaire design also encouraged respondents to provide elaboration of their answers and to add general comments. The majority of respondents used the space available within the questionnaire and many wrote further narrative analysis of their experiences.

## CYPFS results

Of the 550 questionnaires collated, 273 (50%) were from CYPFS employees during the period July to September 1996. Of this group, 260 (95%) had experienced one or more types of violence in the course of their work. While acknowledging that the sample only represents approximately a quarter of CYPFS social workers and is not a random sample, this percentage is alarmingly high. We do not know how extensive experience of violence and abuse is among remaining CYPFS staff but consider this issue worth urgent research. Many participants had experienced more than one incident including a combination of assault and non-assault abuse.

**Table one.** *Incidents experienced*

| Incident | Number ( total N=260) | % |
|---|---|---|
| Total verbal abuse | 252 | 96.9 |
| Non-verbal abuse | 227 | 87.3 |
| Assault plus verbal abuse | 74 | 28.5 |
| Assault with weapon plus verbal abuse | 22 | 8.5 |
| Assault with missile(s) plus verbal abuse | 49 | 19 |
| Total physical assaults | 93 | 35.7 |

**Table two.** *Sample of incidents*

| Type of incidents | Profile of the respondent | Whether respondent made an official report |
|---|---|---|
| Punching, threats, stand over tactics, kicking items in my vicinity, assault by missiles being thrown around the room. | Female, urban. More than 10 years' service. | Did not report. |
| Swearing, posturing, at night was prevented from getting in my car, threatening posture, deliberate silence. | Female, urban. First year with service. | Did not report. |
| Shouting, name calling. | Female, urban. First year with service. | Did not report. |
| Death threats, threatening letters. | Female, urban/rural. 2–5 years' experience. | Advised not to report. |
| Dog-bite, dog chained in accessway to house, spitting. | Female, urban 10 years' experience. | Did report. |
| Dogs, threats to kill, witnessed an assault. | Female, urban. 2–5 years experience. | Did not report. |
| Assault with chair, hot water, punching, verbal abuse, threats. | Female. 10 years' experience plus. | Did not report. |
| Threats to throw acid in my face, to come back with a gun and shoot me. | Female, urban. 10 years' plus. | Did not report. |
| Bitten, kneed, spat at, threats to family, verbal abuse and harassment. | Male, urban. Five years' experience. | Did not report. |
| Verbal abuse, pushing, dogs, exit blocked, posturing, threats, being chased. | Female, urban. 2–5 years. | Did report. |
| Verbal abuse, threats, stand over tactics, punching, threat with knives, guns, assault with an ashtray, demolition of personal property. | Male, rural. 6-plus years' experience | Did report some incidents. |
| Verbal abuse, abuse while abusing alcohol and drugs, scratching, kicking, threats with knives, gun and axe. | Male, urban 6-plus years' experience. | Did report. |
| Verbal abuse, sexual harassment, name calling. | Female, urban/rural. 10 years' plus. | Did not report. |

*Nature of incidents*

Table two shows a sample of information from respondent questionnaires. We have whenever possible used the respondents' own words and, if known, we have given information about the individual's gender, length of service, type of locality and whether the incident was reported to the police.

## Workplace policies

Within CYPFA and the wider Department of Social Welfare there have been a myriad of both OSH and practice policies. With the exception of the policy on Dangerous Situations (1996), knowledge of, or compliance with, many existing internal policies seemed, in the survey, to be fragmented and left to the discretion of individual managers. When asked in the questionnaire whether their workplace had a policy on personal safety, 56% answered yes, 15% no and 29% didn't know. From responses to a later question about the features of workplace policies it was apparent that arrangements varied from site to site. Some offices had negotiated arrangements for out-of-hours work, access to cell phones and support systems for high risk interventions. Anecdotally, we know that receiving our questionnaire led some teams to undertake further work to develop personal safety plans.

The establishment of a single comprehensive national document incorporating all relevant policy and legislation would make it less complicated for managers to apply health and safety procedures and would help staff to have a greater awareness of their rights and responsibilities within the employment relationship.

Consistencies in organisational responses were, in the survey, highly variable and, in many cases, solely dependent upon the advocacy of the staff and the generous disposition of management. These issues were clearly illustrated in responses to the questionnaire.

Reporting behaviour in our data was variable. While the majority of respondents did report some incidents to their manager (225), only 75 out of a possible 93 reported incidents to the police. An examination of the written data revealed that these incidents were actual physical assaults with a large number of situations of severe verbal abuse and intimidation. The random sample of situations listed in table two revealed a pattern of not reporting incidents even though they showed strong indications of potential and actual violence. It seems reasonable to assume that under-reporting was common in the workplace culture of CYPFA.

There are numerous possible explanations of the phenomenon of under-reporting. The following is a list of some of the themes that have emerged in the research literature and from the data in the New Zealand study.

- Occupational violence is on the increase but still tends to be categorised as incidents happening to individuals on an infrequent basis. As a consequence, workers who have been abused may feel isolated, embarrassed and fearful of disclosing their experiences.
- Reporting places workers at risk of being faced not only with self-doubt and guilt, but also with being held responsible and perceived by colleagues as incompetent and unprofessional.
- Social workers feel that reporting the incidents or initiating criminal or disciplinary charges may add to the stresses and problems faced by clients. There is a tendency to excuse client behaviour in much the same way that male family violence has been "explained" in the past. For example, by saying, "he was upset/drunk/stressed/angry because of what happened – he wasn't his 'normal' self." The implication of this is that social workers should protect clients and others from the consequences of their violence against themselves. Perhaps the other victims are felt to be more innocent!
- This contradictory position on violence stems from ambivalence and discomfort about the nature of social work, especially in statutory social work with "involuntary clients".

- There is some degree of accommodation of bizarre and dangerous behaviour when it can be defined as symptomatic of an illness. The responses to these behavioural problems tend to be treatment-based, reflecting the social worker's wish that the client be healed, not punished.
- Social workers' strong identification with "underdogs" may add to their distress in dealing with client abuse. This may be exacerbated when social workers come from the same oppressed and marginalised communities as their clients. It can feel disloyal to report.
- "Staunchness" may have developed in an organisational culture where, in some settings, there is a certain pride in being able to "handle" abuse and violence. This may be heard by social workers as meaning it's a tough and demanding job and if you can't take a bit of abuse you should do something easier.
- Incidents of abuse and violence may cause social workers to reach the painful realisation that the "job" separates them from their clients and that they are perceived as being powerful (and often are) even when they feel vulnerable and powerless in the face of client hostility and aggression.
- There may be a very real fear of retribution and retaliation from clients and client associates. This can be heightened if threats have been made against the social worker's own family.

These "explanations" of the problem of under-reporting are linked to the relatively private nature of the discourse on client violence. The silence of the voices of victims is, however, achieved by cultural sanctions rather than active discouragement of a more public discussion of incidents and the impact on the participant. There are interesting parallels with the dynamics of family violence: notions of blame, provocation, rationalisation and the acceptance of the inevitability of abuse seem to echo in accounts of client violence against social workers.

## Extent

Since there are no national standards or national statistics on the extent of violence against social workers, there is no national monitoring. It is understood that in the majority of the survey cases involving staff assaults, reporting to the police was left to the discretion of the victim. This meant health and safety issues within the social work task were also not being reported or recognised and so went unattended. However, a new national manual on staff safety is soon to be released by CYPFA that addresses some of the major gaps and deficiencies in current policy and protocols.

In respect of staff training and development, CYPFA has for the past two years been proactive in providing a national two-day, in-house training programme on Crisis Prevention Intervention. This programme teaches de-escalation techniques, personal safety measures and a team control approach to non-violent physical intervention for extreme situations. Staff attendance at such training is generally viewed as mandatory, although it is not known how the programme is supported and integrated back into the workplace environment.

The development of a national policy and guidelines on these critical issues is the foundation for good staff management and care. Crisis management training sits in a vacuum if it is unsupported by an overall national policy on critical incident stress management. CYPFA's Critical Incident Stress Debriefing and Peer Support Services are operating within the Auckland Metro region, and a national proposal for a Critical Incident Stress Management Service is under development. Organisational developments such as these help to validate workers' experiences and reduce the likelihood of denial and victim blaming (Agnew, Dawson et al, 1998).

## Discussion

A review of the literature reveals widespread concern over the impact of constant or repeated exposure to abuse and violence on

social workers and their practice. There has been considerable general research on the impact of traumatic events on individuals (Mitchell and Everley, 1993; Kahn, 1984) which identifies the potential for significant personal disruption. Kahn writes, "The experience of being assaulted has profound psychological consequences, both immediate and long-term, and the personal disruption of feelings and behaviour can range from relatively short-term discomfort to a disabling long-term post traumatic stress disorder."

It is apparent from the literature that survivors of traumatic events may undergo dramatic changes in the way they perceive the world. Mitchell and Everly (1993), for example, suggest three possible responses to trauma.

1. Integrating the trauma into existing world views.
2. Creating an "exception to the rule" parallel world view.
3. Abolishing the old world view and creating a new world view.

It is apparent from the literature that survivors of traumatic events may undergo dramatic changes in the way they perceive the world.

The potential for changes in an indivi-dual's perception of their world and the people and situations they encounter is of grave concern to social work. Social workers, in their day-to-day work, are expected to be open and trusting, to be in control in professional situations and to regard positively the people with whom they come in contact. Social work training emphasises the role of helper not victim, so when a social worker experiences a physical or verbal assault their "world view" may be shattered. The impact of this experience may threaten their:

- belief in their own vulnerability
- perception of the world as a meaningful and comprehensible place – a just world
- sense that they are worthy decent people, due the respect of others, and having high self-esteem (Bowie, 1996).

One of the major issues that emerges both from the literature and from this research is the failure to report incidents and the lack of adequate support services for managing critical incidents (Bibby, 1994). We have written elsewhere about the culture of minimisation and denial that exists within social work agencies about the extent of violence experienced and its long-term effects (Beddoe, Appleton et al, 1998). Again, in the breakdown of the CYPFS data from this survey, we note the relatively low rate of reporting and the reasons why social workers didn't report incidents.

The literature is unequivocal about the potential for the survivors of client violence to develop maladaptive strategies within their practice that diminish their effectiveness, especially in child-focused interventions in social work. Goddard and Tucci (1991) note that the "social worker dealing with violent or potentially violent parents faces an additional burden. The interactions between the abusive parent and the worker are affected not only by the worker's own instinct to survive but also by his or her need to fulfil the role of protecting the child from further harm".

It is of concern in New Zealand that child protection social workers may be experiencing high levels of exposure to abusive and/or potentially violent clients on a fairly regular basis. Over time, such exposure can lead to blunted awareness of potentially dangerous situations. The instinct to survive may lead the worker to avoid inter-actions with abusive parents and to under-estimate the importance of indications of risk.

Child protection social work requires the support of a competent system of professional supervision within the context of a learning and development culture. Agencies must recognise that they have a fundamental responsibility to provide opportunities for staff

to "contain" the stress of the child protection task at work. It is obvious from the New Zealand survey that in too many cases staff (in all agencies, not just CYPFS) who experienced threats, abuse and even assaults felt unable to fully disclose the impact of the incidents on them. The consequences of this hidden stress and trauma may surface at work, in relationships with colleagues and clients and at home, in their personal relationships.

It is our view that a culture of denial operated within CYPFA where the myth of "toughness" and messages such as, "if you can't stand the heat, stay out of the kitchen", "only wimps complain", "I (or, you) must have deserved it", and "competent social workers can prevent violent situations" were prevalent. We were concerned to note very few positive reports from respondents about how their experience had been handled. The most positive comments were reserved for team colleagues and supervisors, who are clearly vital components in the management of post-incident care.

Morrison (1997) has described an "emotionally competent" organisation as one that requires the following conditions:

- The promotion of openness where anxiety and stress can be openly acknowledged.
- A climate that encourages experimentation and innovation.
- The availability of strong professional supervision.
- Strategies to alleviate helplessness and stress.
- Attention to role clarity and limiting personal responsibility for processes outside of worker control.
- The availability of staff counselling and support.
- Recognition of the stress of front-line work by those developing policy at corporate level.

## Conclusions

It is the clear contention of the authors that a thorough survey of the CYPFA workforce is needed to ascertain the true levels of abuse and violence being experienced by all staff employed by the Agency.

Appleton and Maher report anecdotal evidence from the non-violent crisis intervention training workshops indicating that reception, clerical, caregivers and escorting staff experience as many abusive and violent situations as social workers. The level of violence in residential settings may also be quite high and is of particular concern. A recent British study found that residential workers were more than twice as likely to be assaulted than other social workers (Balloch, Pahl et al, 1998).

We note the following comments in *Focus*, the CYPFA staff newsletter in February last year: "It is surprising that there aren't more reported cases of intimidation against social workers" and, "Thankfully physical assaults are uncommon." We were concerned those comments were made without also mentioning that no statistics are kept as there is no formal reporting policy. As reported earlier, this study revealed a total of 93 social workers who had experienced a physical assault and 252 who had experienced verbal abuse (out of a total of 273 CYPFS respondents). These figures offer a closer indication of the extent of the problem.

The last word goes to Tony Morrison:

> Plainly there are no quick fixes or standardised remedies for the complex emotional turbulence of child protection work. What is clear, however, is that such processes are best understood as a triangular interaction involving agency, clients and workers. As such, the question is not whether organisations should be concerned for their emotional health but how to grow healthy organisational environments. ■

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in New Zealand and the UK. Cherie is currently a Master Trainer in the Non-Violent Crisis Intervention Training Programme that focuses on staff safety.

**Barry Maher** is a Training Manager for CYPFA, Northern Training Unit. He has more than 20 years' experience in social work and social work training and is also a Master Trainer in the Non-Violent Crisis Intervention Training Programme.

**Liz Beddoe** is Director of the Centre for Social Work at the Auckland College of Education and is a former Executive Officer of the New Zealand Association of Social Workers. She is a keen advocate for professional social work supervision and has extensive experience in the development and delivery of supervisor education.

### Jackie Brown, General Manager CYPFA, responds.

*Statutory social work is a difficult task. Intervention in the life of a family who may resent the intrusion of the State carries with it risks of hostility and anger, feelings which can boil over into threats and even episodes of violence. This has been acknowledged as a part of statutory social work for many years and is certainly noted by myself and other senior managers of this Agency.*

*The survey described in this article, although now some three years old, still serves once again to bring into focus the stressful toll on staff exposed to situations of this kind. I can assure all staff that this Agency considers staff safety at all times when policy is being developed and works hard to enhance systems for staff support wherever possible.*

*Since this 1996 survey was collected, the Agency has put in place a number of strategies designed to minimise the efforts of threats and danger. The establishment of Dangerous Situations teams is an important initiative which puts a protective group around a social worker, and acts as a resource for staff who are feeling threatened in some way. Having proved its worth in Auckland, work has continued on bringing the Critical Incident Stress Management Service to CYPFA sites all over the country and a national plan will be in place by mid-year.*

*It is important that people who work in this Agency are aware that threats of violence or actual episodes of violence against them will not be tolerated. We will provide all the support necessary to report and deal with those who make threats or assault staff. The support of team colleagues and supervisors in caring for staff affected by incidents of trauma, threat or abuse is vitally important. But the development of any office ethos that makes excuses for violence is not to be condoned.*

*The job is a tough one but staff must not feel they have to prove how tough they are by handling violence alone. It is not acceptable that staff endure threats of violence. Managers must be told about all threats and incidences of violence. They must be taken seriously, reported to the police and dealt with appropriately. CYPFA people in these situations will have my support and that of their managers.*

### Editor's note

Due to space considerations, the references have been omitted but are available on request from the editor at *Social Work Now*.

# At the crossroads

**Freda Briggs**, **Shelley Campbell** and **Russell Hawkins** offer an evaluation of Hamilton Parentline, a child advocacy and protection service

Parentline Hamilton was one of many parent help organisations established in New Zealand in the late 1970s. Their initial purpose was to provide a 24-hour telephone help service to parents experiencing problems with babies and pre-school children. Although the agencies operated independently, they all adopted the same apprenticeship model in which volunteers underwent in-house training and were supervised by paid professionals. Dependent on the uncertainties of charitable and government funding, the organisations eventually faced a philosophical crossroads of whether to stay as voluntary agencies or become not-for-profit businesses. Parentline Hamilton chose the latter path.

At Parentline Hamilton's instigation, a national body, the New Zealand Child Abuse Prevention Society (NZCAPS), was formed in 1983 and all Parentline groups became members. However, when differences developed over internal policies and procedures, the Hamilton branch resigned from the national group in 1992.

In 1993, Parentline moved into purpose-built premises constructed with the practical assistance of Māori community groups, architects and builders.

Hamilton's founding director, Maxine Hodgson, believed that the day of the voluntary organisation was over and that Parentline had to be run as a non-profit business to meet the need for family and children's services. She predicted correctly that the Government would turn to community agencies for services previously provided by social welfare and health departments. Ms Hodgson saw that parents' needs were changing and the need for help with baby care had been replaced by parents' needs for support relating to child abuse, child protection education, domestic violence, drug abuse, positive child management skills and behaviour modification programmes for children.

By 1998, while Parentline Hamilton had gone from strength to strength, offering 12 different services employing 17 salaried counsellors and social workers, other voluntary agencies had suffered temporary or permanent closure (with some of the survivors also expected to close). The reasons for this were numerous but included inadequate funding and management. There was also a realisation that even though government departments were increasingly reliant on charitable agencies for service provision, applications for funding had become so complex and time consuming they were beyond the scope of many volunteers. Furthermore, the services necessitated a high degree of professionalism and expertise, and the professional qualifications government agencies expected workers to hold were not always to be found in volunteer groups.

In 1997–98 the services available at Parentline Hamilton were:

- child counselling and therapy for healing
- Boss of Anger groups for children (strategies for controlling anger in positive ways)
- domestic violence healing groups
- self-worth groups for children
- self-protection skills for children

- consultancy and advisory services
- brokerage services for children and child advocacy
- external supervision in child protection
- STEP programmes for parents and positive child management techniques
- anger management groups for parents
- family units for time out, respite care and foster care for children in families under stress
- family counselling and family therapy
- creche facilities with a registered child care facility with qualified staff.

### Survey of Parentline Hamilton staff

Despite innovative fundraising, Parentline's programmes are dependent on funding from charities, sponsorship and short-term government contracts for services provided for individual clients. Staff have little job security and salaries are lower than those paid elsewhere. Despite these disadvantages, a basic demographic profile showed that staff have a remarkable history of service; all of the senior social workers and counsellors joined the organisation when it was first established in 1978. Sixty-five per cent of staff originally worked as volunteers while 69% held part-time positions before full-time paid work became available. Eleven per cent of staff were former clients who became volunteers. The only employees with short work histories were clerical staff, a student on field experience, a child care worker and a recently recruited male psychologist. The staff profile included five Māori workers.

Significantly, three recent appointees had previously been employed by a government agency, the then Children, Young Persons and Their Families Service (CYPFS)*. They experienced significant salary reductions when they elected to join Parentline. The reasons given for the salary sacrifice were:

- an increase in scope for initiative
- more opportunities for job satisfaction
- more time to use their professional skills because of the reduction in bureaucratic and administrative chores
- working in a supportive new environment where staff are valued and respected.

Although all staff are highly experienced it is significant that, for their professional development, social workers and counsellors have chosen courses other than social work and counselling. This would appear to reflect the lack of availability of flexible learning programmes for full-time employees in these professions in New Zealand. All staff are also expected to undertake child abuse education programmes at the Institute of Child Protection, a unique training establishment initiated by Parentline Hamilton.

### Staff job satisfaction

High levels of job satisfaction were recorded in the following areas:

- 88% were highly satisfied with colleague support
- 82% with peer and management appreciation
- 64% with the quality of professional supervision
- 70% with hours of work
- 76.4% with opportunities for promotion.

The fact that more than three-quarters of staff were highly satisfied with promotional opportunities was deemed to be worthy of further investigation given that there is a flat management structure and there are no promotional opportunities in the conventional sense. Staff explained that they were empowered by management in that, if they saw the need for a new programme and were prepared to coordinate it, the director would seek funding for it. Opportunities for additional responsibilities, additional professional experiences, initiative and freedom of choice were equated with opportunities for promotion. Similarly, 41% of

*Now integrated with the New Zealand Community Funding Agency and known as the Children, Young Persons and Their Families Agency or CYPFA.

staff were satisfied with job security when, in reality, they have no security beyond the limits of their programme funding. This sense of security reflected confidence in the capacity of the director to obtain further funding.

### Colleague support

Parentline staff enjoy an outstanding level of colleague support. Staff members work in an open office that can be inconvenient when privacy is required, but the advantages outweigh the disadvantages. The researchers noted that, following telephone counselling sessions, staff immediately seek feedback from professional colleagues. Parentline staff claim that, "we care for each other as well as we care for our clients". This mutual caring was evident over a month of observation.

Staff suggest that the high level of support and job satisfaction enables them to engage in highly stressful child abuse work with little or no absences due to ill health.

This is in marked contrast to government child prote-ction services which are noted internationally for a high level of staff burn-out.

### Survey of funding agencies

Representatives of seven funding agencies were interviewed. Four represented charitable trusts and three represented government departments. The representatives of charitable trusts had funded Parentline for an average of 11 years. One trust routinely donated funds with no specific project in mind. Trusts supported
Parentline because they had confidence in the organisation's ability to provide important quality services for children at minimum cost.

In contrast to the charitable sector, public servants were more guarded in their praise of Parentline.

Parentline's advocacy role was criticised largely because some government departments were often targeted in its criticisms. It was suggested that although the organisation provided an impressive service at an excellent cost, Parentline's advocacy work could conflict with its other role with contract funders. This suggests that the two roles should be separated.

### Maori community survey

Interviews with representatives of Māori communities showed a long history of association between Parentline and themselves. They viewed Parentline's Māori staff as professionally skilled and more capable than many workers in other agencies for working with cases of child abuse. There were concerns that Māori staff lacked authority and autonomy at management level within the organisation and this situation was addressed as a result of the survey findings. Discussions around the need for parallel development of Māori staff and services were identified in this survey and by Te Roopu Awhina (Māori staff at Parentline).

Respondents viewed the greatest strengths of the organisation as staff expertise, motivation, sound teamwork and professionalism.

### Surveys of members of the executive and external professional consultants

Respondents from the executive and external professional consultants viewed the greatest strengths of the organisation as staff expertise, motivation, sound teamwork and professionalism. Second, they referred to the quality of programmes offered and the fast service which, unlike the government sector, did not prioritise cases or have waiting lists. Third was the high profile of the organisation in the community and fourth came strong leadership, vision, drive and good fundraising skills.

When asked to identify the organisation's strengths, most participants referred to the management structure and the management style as being both strengths and weaknesses. The flat management structure ensured that staff could concentrate on service to clients while the manager attended to publicity and

fundraising. It also meant that the organisation was overly dependent on its founder and, after 20 years, there was no future leader in waiting.

### Survey of foster parents

Thirty-four of Parentline's 52 foster parents were interviewed. One third had more than five years' experience of fostering for Parentline and another third had between two to five years' service. Forty-eight per cent also had experience of fostering children for the government agency. All of these foster parents rated Parentline as superior in relation to:

- frequency and quality of support and communications between staff and foster families
- reliability and availability of Parentline staff
- Parentline's ability to step in quickly when problems arise, thereby preventing situations from becoming major crises.

In 1997, Parentline placed 574 children in alternative care placements.

### Client survey

Two hundred clients were interviewed as a result of a random selection from Parentline records. Males (17%) and Māori clients (10%) were under-represented. The client sample was tested for ethnic differences. There were none in relation to age, sex, income, the speed with which they received attention or levels of client satisfaction. Forty eight per cent of clients were in receipt of social welfare benefits, 35% were unemployed and 37% were in part-time employment. The impoverishment of clients led Parentline to offer free services. Clients were referred by 35 different agencies which included schools.

In 1997, cases brought to Parentline involved:

- emotional abuse (13%)
- physical abuse (29%)
- neglect (3%)
- sexual abuse (55%)
- domestic violence (23.5%)
- lack of parenting skills (17.6%)
- parental stress (17.6%)
- parents' uncontrolled anger (17.6%)
- social isolation and lack of family support (17.6%).

In 98% of these cases of child abuse, the offender had been known to the victim. Offences had been committed by family members in 57% of cases.

Feedback from clients indicated that access to and the level of support from staff were major features of the Parentline service. Comments indicated that the staff were perceived to play a "supportive helper role" by many clients. The individual personalities of staff members were seen to be a significant factor in both the positive and negative feedback, however, no one particular service was singled out in this regard.

### Community survey

It is interesting to note that, despite a lack of advertising, a random telephone survey of 118 private addresses in the Hamilton telephone directory showed that 80% of respondents knew something about Parentline's services.

### Discussion

This comprehensive, "warts and all" study and the emerging model of service provision, that is, the Parentline model, has proved to be a challenging experience for the agency. It is a tribute to the staff and management that they participated in an honest evaluation and critique of their services.

The study has been entitled "At the Crossroads" for several reasons. First, there are some organisational considerations such as the future management and leadership of Parentline. Second, there is a need to assess the impact on the organisational culture of changing staff composition (and induction), and the newly formed partnership between Māori and Pākehā. There is also the issue of separating service provision from the child advocacy function of the agency given the conflict that can arise from these two roles, such as when government agencies are the targets of criticism. In identifying Parentline's

model of service provision (as perceived by all key stake-holders), the researchers believe that the organisation now needs to decide whether it wishes to provide a family support/helper type of service or a more intensive, more professional therapy/treatment service. Choosing the latter type of service will necessitate the pursuit of staff with appropriate skills, professional qualifications and the payment of professional salaries. This latter course would move Parentline further away from its voluntary roots. There are advantages and disadvantages in pursuing either of these approaches, that is, helpers versus therapists.

Significant themes emerged throughout the study in relation to the transition of a voluntary community-based agency to a multi-skilled professional social service. Some of these themes are generic and relate to the political and economic environment of community-based agencies; other themes are specific to the charismatic leadership style and flat management structure that guided the agency's development. Some of the specific themes that have emerged include:

- Entrepreneurial non-profit leadership styles and their advantages and disadvantages.
- The unique staff relationships and organisational culture at Parentline Hamilton and whether these can be replicated.
- Experienced-based approaches to client intervention and the "naming" of commonsense practice.
- The need to articulate and make organisational and service provision models transparent.
- The advantages and disadvantages of flat organisational structures in community agencies.
- Staff training versus professional education, professional development programmes and the difficulties for social workers and counsellors who wish to study part-time using distance education.
- How non-profit businesses can plan for the longer term when funding is unreliable.
- The need to provide market rates for appropriately qualified staff.
- The need for continued active participation of Māori in the change and development of the agency.

At the end of the day there can be no doubt that, unlike some other community social service agencies, Parentline Hamilton has accurately predicted trends, anticipated community needs, and survived and flourished in its 20-year history. As an agency, it enjoys a reputation as a reliable and accessible service to the community and a strong advocate for children. As a "one-stop" family centre it continues to provide child abuse prevention and treatment services to large numbers of families within the Hamilton region. ■

**Freda Briggs** is Professor of Child Development at the University of South Australia and has a long history of working and researching in the child protection area. She has worked on other evaluations in New Zealand most notably with the police in relation to the Keeping Ourselves Safe programme.

**Shelley Campbell**, Ngati Hine, is a self-employed Researcher and Project Manager in Waikato with recent experience in Maori health and education research, the development of best practice models and the implementation or integrated child health systems in New Zealand. She has qualifications in social work, social policy and education.

**Russell Hawkins** is a Senior Lecturer in Psychology at the University of South Australia and a clinical psychologist in private practice. Child abuse issues are a major focus of his research.

## Editor's note

This paper was first presented at the 12th International Society for the Prevention of Child Abuse and Neglect congress in Auckland.

# Legal Note

# Courting the Press, pressing the Court

How private is the business of a family court? **Stewart Bartlett** looks at how much the media can report

A number of high profile media cases have recently focused attention on the business of the family court and what may or may not be reported of its proceedings. Since we live in a constitutional democracy, the rules generally require that justice is done and is seen to be done. Therefore, the courts of this country are open to the public, and reports of court proceedings may be published more or less at will by the media.

However, there are exceptions to the rule such as the granting of name suppression to defendants facing criminal charges. Parliament has recognised that the public interest sometimes requires that the public's right to know about what is happening in the country's courts be circumscribed. One area in which Parliament has been particularly active is the operation of the family court.

### Statutory prohibitions

Within the context of this article, there are two significant statutory bars prohibiting the publication of family court proceedings.

Section 27A of the Guardianship Act 1968 states:

> No person shall publish any report of proceedings under this Act…except with the leave of the Court which heard the proceedings.

It is clear that a court can lift the prohibition if it believes such a course to be appropriate and not contrary to the best interests of the child who is the subject of the proceedings.

Section 438 of the Children, Young Persons, and Their Families Act 1989 (CYP&F Act) also states that, "no person shall publish any report of proceedings under this Act except with the leave of the Court that heard the proceedings."

However it goes one step further in stating:

> In no case shall it be lawful to publish, in any report of proceedings under this Act:
>
> - The name of any child or young person or the parents or guardians or any person having the care of the child or young person; or
> - The name of any school that the child or young person is or was attending; or
> - Any other particulars likely to lead to the identification of the child or young person or of any school that the child or young person is or was attending.

Both statutes relax the no publication without permission rule for publications which are of a specialist nature and are intended for a readership in the medical, legal or teaching professions or for people who otherwise have a professional interest in the field (including social welfare workers).

The CYP&F Act makes it clear that in no circumstances can reports be published which identify or would be likely to lead to the identification of a child, their parents or their school. This prohibition applies to technical and professional publications as well as reports of proceedings that have otherwise been permitted by the court.

### Judicial considerations

The phrase "report of proceedings" has featured in reported cases that have considered these provisions, in particular two earlier cases which have contrary views as to the meaning of the word "proceeding".

In **The Director-General of Social Welfare v Television NZ Limited** (1989) 5 FRNZ 594, Justice Gault considered the point in relation to a disclosure made in a television programme, that a particular child was in the care of the Director-General. Although he held that the disclosure of that information did not constitute a report of proceedings, he decided that the word "proceeding" had a wider meaning than just what took place in the courtroom. He held it encompassed all matters that have been sent to the court for a decision. He also believed it may "be taken to extend to the execution and enforcement of judgements and orders."

A different view was adopted by Justice Holland in **TVNZ v DSW** [1990] NZFLR 150. For some years this difference has caused uncertainty, especially as the context of this case was not remarkably different to the earlier case. Justice Holland decided:

> I am persuaded that "report of proceedings"…must mean no more than a report of what took place in the Courtroom and not include the fact that proceedings had been commenced or then result of the proceedings.

It was thought that Justice Holland's approach meant that material such as applications and affidavits that have been filed in court did not come within the definition of "proceedings" as they were not strictly part of what took place in the courtroom. This interpretation has caused some concern to people who believe that the confidentiality of the family court is in the best interests of children, especially children whose circumstances have brought them within CYPFA's jurisdiction.

This point has now been considered again and in a decision passed down by Justice Pankhurst in **D-GSW v Christchurch Press Company** (High Court, Christchurch, CP 31/98, 29 May 1998), the approach of Justice Gault was preferred. This is, in the writer's view, the correct approach to the situation. There seems to be little point in protecting the words spoken in a courtroom if the written words on documentation filed in the court cannot be similarly protected. It is more sensible to adopt the wider prohibition, especially if we assume that the philosophy of s438 is that children should not have their affairs available for public scrutiny since, by virtue of the fact that CYP&F Act proceedings have been instigated, they are already in a particularly vulnerable state.

There seems to be little point in protecting the words spoken in a courtroom if the written words on documentation filed in the court cannot be similarly protected.

However, Justice Pankhurst's judgement does tip its hat to Justice Holland's approach in one important respect. He was asked by the D-GSW to issue an injunction against *The Press* in Christchurch from reporting certain allegations which were critical of CYPFA, but which mirrored details included in affidavits filed in CYP&F Act proceedings. The judge declined to issue such an injunction. The fact that allegations may be contained in affidavits does not necessarily mean that a prohibition against publication extends to those allegations. The judge indicated that it is a matter of judgement in each case.

The impact of Justice Pankhurst's judgement is clear. CYPFA can contemplate answering allegations made by individuals in the media against the Agency. The previously held belief that it is expressly and completely prohibited from doing so has been shown not to be completely valid. It is likely that CYPFA will be able to take a more front-footed

approach to criticisms levelled against it in certain instances.

Naturally, caution and discretion must be the hallmarks of any comment in the media about the Agency's clientele and all judgement must be exercised with the best interests of the child in clear focus. It must also always be borne in mind that, legal imperatives aside, respect for individual privacy is an obvious feature of a statutory child protection agency's ethos.

However, it also means that, in appropriate circumstances, the Agency may be able to answer criticisms that it has previously felt prevented from answering. All comments to the media may be made through delegated and trained CYPFA spokespeople after careful discussion with both CYPFA legal and media advisors. This scrutiny will help develop strategies to ensure CYPFA's point of view is effectively, lawfully and fairly put across to the public. ■

**Stewart Bartlett** is a solicitor in the Legal Service at CYPFA national office.

# Book Reviews

## Family Matters: Child welfare in twentieth-century New Zealand

By **Bronwyn Dalley**

Published by the Auckland University Press in association with the Historical Branch of the Department of Internal Affairs (1998) Price $39.95

Reviewed by Vaughan Milner

*Family Matters* is an intriguing read that traces the origins of state social work in New Zealand with a mix of file and interview quotes, photos, cartoons and analytical text in a straightforward presentation.

It says two main themes dominated policy and practice between 1902 to 1992, which were that: "all children and young people have been seen as victims of society or as threats to it, and sometimes both at once."

It also reminds us that, "taking a long-term historical view encourages us to see the changes (in policy and practice) as successive loops in cycles of welfare provision". From this perspective alone, the book should be compulsory reading for our strategic planners, business analysts, and research and development staff, as well as front-line staff who want to understand their statutory origins.

*Family Matters* describes and analyses four periods of history: The emergence of a child welfare system between 1902–25; social readjustment and the work of the Child Welfare Branch from 1925–48; from child welfare to social welfare 1948–72; and child focused-family centred change between 1972–92.

Bronwen Dalley reports many insights from the past, which are still relevant to social work practice today, such as the following comment:

> The essential features of the Department's child welfare system and philosophy were in place by 1916… Pursuing child welfare through family welfare emphasised family and community responsibility for children; the 'partnership', however uneven, between the state, the family and the community was a way of nurturing the country's welfare.

The tortuous path to a policy and practice framework stretches from 1916 to the enactment of the Children, Young Persons, and their Families Act in 1989 and the subsequent formation of the New Zealand Children and Young Persons Service (NZCYPS) and then CYPFS (now CYPFA).

The history concludes by re-emphasising the centrality of family care as "the foundation of children's welfare" throughout this century in New Zealand, and the difficulties in balancing the roles of the state, family and community in the 1990s often under "intense media and public interest and new forms of financial constraints". It also highlights the changing features of "family" and what this has meant when, at different times, the preference has been for birth families and family groups or, at other times, for alternative family care. These varying emphases reflect the book's introductory message about the lessons we learn over time and the cycles of provision. These themes are also interwoven with snapshots of various national preoccupations such as adolescent sexuality, the growth of psychiatry, views of parenthood, gangs, and the influence of film and television on behaviour.

As someone who can look back through personal involvement with state social work over the last quarter century, I enjoyed this book and its portrayal of the ways that state social workers have persevered and struggled practically to ensure that families matter. Read it. You'll either learn something new or suddenly realise that the latest innovation has been recycled from 1930-something.

## Understanding Children's Development: A New Zealand perspective

By **Anne B Smith**

Fourth edition published by Bridget Williams Books (1998) rrp $39.95

Reviewed by Paul Muir

This 358-page book on child development is impressive and its 18-page bibliography will enable readers to explore further and comprehensively the issues it raises.

Social service workers will find it a useful

resource as it offers a New Zealand context, is easy to read and you can choose specific areas of interest rather than feel you have to read it all.

Some of the areas covered include the theory and description of child development, language development (including an account of normal language development), how children learn, the knowledge acquired through the systematic observation of children, thinking in context, including the difference between what children can do independently and what they can do with assistance, and ways of evaluating child learning and development in which Smith challenges the view that IQ tests have any scientific validity in measuring learning capacity or potential.

There is a new chapter on children's perspectives which reinforces the view that children are "social actors rather than passive objects of adults' observations and actions". In the section on the nature and consequences of early childhood experience, social workers will be interested in the discussion on deprivation in early childhood and the potential for recovery in areas of intellectual and social development. Smith says interventions need to be powerful to be effective and society needs to be more aware of the crucial formative experiences of early childhood. Another section on the social development of children includes caregiver attachment, intera-ction with adults and peers and the influence of friendships.

The issue of the development of gender roles is also covered, with an interesting discussion on how parents react differently to male and female children from birth, interpret children's behaviour differently depending on their sex and "encourage boys towards activity and exploration and girls towards dependence and interpersonal relations". This poses real challenges in a time of changing attitudes towards gender differentiation.

Keith Ballard, Associate Professor at the University of Otago, has written the chapter on disability and development and his focus is on the inclusion of children with disabilities in early childhood education and school systems. He discusses the shift from mainstreaming to inclusive education with an emphasis on diversity over assimilation.

The family and its influence on child well-being and development is also discussed including the influence of increasing varieties of family form as well as family stress factors such as poverty, parental separation or divorce.

Professor Anne Smith is the director of the Children's Issues Centre at Otago University. This is the fourth edition of this book and I would recommend that all CYPFA staff have a copy available at their site.

## Maternities and Modernities: Colonial and postcolonial experiences in Asia and the Pacific

Edited by **Kalpana Ram** and **Margaret Jolly**

Published by Cambridge University Press, Australia (1998) rrp A$36.95

Reviewed by Marnie Hunter

This volume is a collection of essays selected from papers presented at a 1992 workshop on maternity held by the Gender Relations Project based in the Research School of Pacific and Asian Studies at the Australian National University in Canberra, Australia. My hopes that the book might be a resource for practising social workers with an interest in broadening their understanding of motherhood, birthing and nurturing practices in indigenous cultures which are also part of the CYPFS client group faded as I read the contents page. This is a text written for a narrow audience of feminist scholars working within university systems. The theorising is presented in language which excludes the reader like myself who, despite an intelligent interest in birthing, mothering and feminism, finds the code of jargon in which contemporary academic feminism wraps up simple ideas elitist, excluding and very irritating. For example, "The embodied maternal subject is pervaded by a profound tension, perhaps even a split, as the mother is sundered in contests between 'tradition' and 'modernity'."

The essays are an in-depth look at fragments of experience, not a broad sweep across the topic of mothering in Asia and the Pacific. The areas of the Pacific and Asia under scrutiny are early 20th century Malaya and contemporary

Malaysia, parts of south India, rural Bangladesh, the Southern Highlands of Papua New Guinea, Simbo in the Western Solomon Islands, and Fiji and Vanuatu between 1890 and 1930.

The authors write about big topics: power, gender difference, the impact of "civilisation", colonisation and scientific medicine on indigenous patterns of mothering, and ways in which this impact has been resisted and co-opted back into ancestral traditions. Some of the content I found fascinating. There are numerous descriptions of practices to do with preparation for birth, delivering the child, severing the cord, planting, placing or disposing of the placenta, feeding children, and creating and maintaining family relationships. There is also discussion about what these practices mean for those involved and how meaning is created. Several articles describe collective action by women, while others explore the impact of Christianity and the contest between traditional beliefs and colonising influences.

*Maternities and Modernities* contains some wonderful information and is a prompt to thinking about diversity, but it is not an easy read. I found some segments impenetrable because familiar language is used in unfamiliar ways and the meaning of whole sentences dissolved as I read them. Some essays are illustrated and the book is beautifully produced.

## Victims: The other side of crime

Kit produced by the **Department of Families, Youth and Community Care**, State of Queensland, Australia (1998) A$75 per kit

Reviewed by Chris Polaschek

*Victims: The other side of crime* is a victim awareness kit produced by Queesnland's Department of Families, Youth and Community Care. It is a tool to aid practitioners working with young offenders to raise awareness of the effects of crime on victims, thereby possibly changing their behaviour.

The kit contains a written practice framework as well as practical aids such as session plans, activity sheets, crime scene photographs, tips on how to use existing resources such as victim impact statements, and a guide to using the video in which victims describe their experiences of offending behaviour. The practice guidelines are in easy-to-read language that has been compressed into 19 pages. The resource material is set out at the back of the folder.

There is nothing in the material to indicate how or why this programme came into being, or whether it is based on work that has been validated elsewhere. There is an evaluation sheet for use by participants that may contribute eventually to validating the tool.

*Victims: The other side of crime* is like a home handy person's guide for the skilled practitioner. It appears to be pitched towards the handy person in terms of language and depth of coverage, but at the same time there is an expectation that the tool will be in the hands of a skilled craftsperson. For example, "Many victims of crime respond to the crime incident in a way which is consistent with the grief and loss process. Stages to recovery include shock, denial, anger, bargaining/guilt, depression and acceptance."

The brevity of detail about these different stages does not really do justice the depth of skills or specialised knowledge that is necessary to effectively understand and manage the grief/loss process. This is not an isolated example.

The philosophy behind the model, and the attitudes it demonstrates about victim participation, do not have the same restorative focus as New Zealand's Children, Young Persons, and Their Families Act. Their focus is on changing the offender's behaviour rather than healing the hurt and "putting things right" with the victim at an interpersonal level. Victim and offender conferencing is covered in one page.

In the absence of any validated alternative, the kit does provide a framework that will take a young person through a range of potential "awareness raising" processes. As such it could contribute modules to a victim awareness programme for use in residential or group home settings. However, for New Zealand conditions, it would be more useful to have a model which builds on the family group conference restorative and reconciliation processes.

Contact the Department of Families, Youth and Community Care at GPO Box 806, Brisbane, Queensland 4000, Australia or fax 00 61 (07) 3404 3570.

## Youth Studies: An Australian perspective

By **Judith Bessant**, **Howard Sercombe** and **Rob Watts**

Published by Addison Wesley Longman (1998)

Reviewed by Tania Anderson

*Youth Studies: An Australian perspective* examines issues concerning young people, their place in society and the practice of the community and social workers who work with them. It offers an interesting overview of issues relevant to youth and youth work.

The authors adopt four key principles in writing about young people. First, young people are normal; second, the youth category is a social construction; third, young people are not a homogenous group; and fourth, young people are active agents in their own lives.

Authors Judith Bessant, Howard Sercombe and Rob Watts are all acknowledged experts in their field. Bessant is a Senior Lecturer at the School of Social Studies, Australian Catholic University in Melbourne, Sercombe is a Lecturer in youth work studies at Edith Cowan University in Perth and Watts is Principal Lecturer in the Department of Social Science and Social Work at RMIT.

The topics they cover include a range of issues and how they interface with youth such as, history, identity, health, the media, education, crime and violence, and young people on the margins.

Other chapters offer a more practical approach and look at research, an introduction to helping skills, ethics and youth work practice, and youth and group work.

The authors' perspective is both interesting and challenging and, despite the Australian context, the book has relevance to the New Zealand situation and social work practice here.

*Youth Issues: An Australian perspective* would provide a good introduction and reference text to people wanting to work in this area. Some of the professional practice sections on topics such as client ethics and group work ethics have greater relevance to social workers, while other material, such as that on youth and group work and community change perhaps relate more to community workers.

## Folding back the Shadows

Edited by **Sarah Romans**

Published by University of Otago Press

Reviewed by Diane Clark

The idea for this book (which will "fill an international vacuum" according to its editor Professor Sarah Romans), arose out of a seminar on women's mental health held in Dunedin in 1995.

Romans introduces the book with comments about women's mental health issues and the need to consider "context" when looking for the causes of mental illness and factors such as gender differences, culture and ethnicity, biological factors and chronic stresses (for instance, poor education, poor housing and diet, unemployment, lack of childcare and exposure to violence).

A variety of people involved in the mental health area from professionals to consumers have contributed to the book with some papers taken from the 1995 seminar. *Folding Back the Shadows* is organised into three main sections that examine general issues, the psychological determinants of mental health and clinical issues. These articles include women and disordered eating, women's personality, mental health issues for lesbians, and women and substance abuse.

From a lay person's perspective, this collection of writing is informative and challenges us to understand women's health issues better. It may also help expand the knowledge and understanding of a range of health professionals, from psychiatrists to social workers, as well as people whose personal lives have been affected by the topics covered in the book and will hopefully also be read by policy makers and those involved in service delivery and research.

The information gathered needs to be fed into coordinated efforts to improve state and gender-related policies (including equal educational opportunity, halting violence against women, and improved health care for women). These are no easy challenges. ■

## The reviewers

**Vaughan Milner**, until recently, was the Southern Area Manager for CYPFA.

**Paul Muir** is a Quality Advocate at CYPFA Papanui.

**Chris Polaschek** is a Senior Advisory Officer at CYPFA National Office.

**Marnie Hunter** is a Practice Consultant at CYPFA Grey Lynn.

**Tania Anderson** is a Care and Protection Social Worker at Dunedin CYPFA.

**Diane Clark** is a Care and Protection Coordinator at Dunedin CYPFA.

## Social Work Now

**Aims**

- to promote discussion of social work practice in CYPFA;
- to encourage reflective and innovative social work practice;
- to extend practice knowledge in any aspect of adoption, care and protection, residential care and youth justice practice;
- to extend knowledge in any child, family or related service, on any aspect of administration, supervision, casework, group work, community organisation, teaching, research, interpretation, inter-disciplinary work, or social policy theory, as it relates to professional practice relevant to CYPFA.

# *Social Work Now*
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We appreciate authors may be at varying levels of familiarity with professional journal writing and for those less used to this style, we hope it won't be a barrier to approaching *Social Work Now*. We are always available to talk through ideas and to discuss how best to present your information.

Contributions are welcomed from social workers, other CYPFA staff and professionals working within the wider field. Articles can include accounts of innovatory workplace practice, case reports, research, education, review articles, conference and workshop reports or be written specifically for one of the regular columns ie innovations, legal note or book reviews. We are also interested in short and medium-length pieces as well as long articles.

The guidelines listed below are a detailed summary of our editorial requirements. If you would like to discuss any aspect of them please get in touch with the editor.

- All work must be the original work of the author/s, have altered names and other details to protect client confidentiality and will show (where relevant) that the case has been followed up over a specified period and that the outcome remains the same as that described in the case study.
- Material will be received on the understanding that it has not been published, simultaneously submitted or accepted for publication elsewhere.
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- Three copies of each article should be submitted, maximum word length 2000 words (unless otherwise negotiated), typed, double spaced, page numbered, on A4 paper and on one side of the page only. On a separate sheet of paper give details of your name, work phone number and adddress, position and other work experience which is relevant to the article. Where possible, also send manuscripts on 3.5" computer disc Word 6 for Windows.
- Please keep notes to a minimum and for referencing format, please contact the editor or check out the style in this issue. References should be pertinent to the text and not a complete review of the literature (unless that is the purpose of the article). Photographs and illustrations are always welcome (black and white or colour). ■