Contents

All correspondence to:
The Editor
Social Work Now
PO Box 2620
Wellington
Phone 04 918 9162
Fax 04 918 9298
Email: mark.derby001@cyf.govt.nz

Production
Dunham Bremmer

ISSN 1173-4906

social work now 23
December 2002

Social Work Now *is published three times a year by the Department of Child, Youth and Family Services.*

Editorial

GLOBAL SOCIAL WORK ISSUES ARE LOCAL ISSUES

***Robyn Corrigan** asks us to consider how social workers in New Zealand can make a difference to global issues*

Ko te Aorangi te maunga teitei
Ko te Moana-nui-a-Kiwa te tai
Ko Aotearoa te whenua
Ko te iwi Maori te tangata whenua

Nga iwi taketake o te ao
Nga tai maanutanga toroa i te ao
Nga rarangi maunga teitei huri noa te ao
Tena koutou, tena koutou, tena koutou katoa.

"Local and Global Visions for Social Work Practice in Aotearoa New Zealand" was the theme of the recent Aotearoa New Zealand Association of Social Workers (ANZASW) conference held in Christchurch. As frontline social workers it is difficult to contemplate the relevance of global visions when confronted with caseloads that require instant, local, practical responses. It is equally difficult to visualise the place of Aotearoa New Zealand social work practice at an international level when national issues are the focus of our (and often media) attention. How social workers in New Zealand can make a difference to global issues is not generally part of everyday discussion over lunch, or amongst the smokers conversing outside their office. To have local and global visions for social work practice in Aotearoa New Zealand necessitates an individual response to international issues that affect the everyday lives of our clients and ourselves.

> Other countries learn from us. We learn from other countries

Yet globalisation does impact on our social work practice. With the growth of the Internet, ease of electronic accessibility has become a norm for most of us. How we use that access is another issue. Increasingly our clients reflect the immigrant or refugee status of people whose ethnic origins challenge our thinking, our practice and our values and who bring with them issues we have previously not had to confront. Child, Youth and Family is considering a framework for practice that has its theoretical origins beyond Aotearoa shores, bringing a global perspective into the Department's practice. This is not new. Social work education in New Zealand has historically been premised on theories originating in either the Americas or Europe.

Does this invalidate the place of Aotearoa New Zealand social work practice internationally? Not at all. New Zealand is internationally recognised for its implementation of Family Group Conferences (FGCs). I can confirm that. While I was a social work student on fieldwork

placement in Canada in 1994, various agencies commented on, and wanted to learn more about, the FGC process. Subsequent visits to both the United States and Canada consolidated that recognition. Today, restorative justice programmmes similar to Family Group Conferencing have been integrated into social work practice in many countries. Other countries learn from us. We learn from other countries.

This is why it is important that we avail ourselves of opportunities to exchange ideas internationally. I would never have believed, on my first day as a social work student, that I would spend three months in Canada on placement. I would never have believed that a personal interest in Maori models of practice would result in opportunities to explore indigenous models in other countries. I would never have believed that the need to claim a professional social work identity would result in my becoming President of ANZASW. This in turn has led to opportunities to share Aotearoa New Zealand social work experiences at forums of the International Federation of Social Workers (IFSW). So, broaden your horizons and grab the opportunities when they arise. Apply for conference leave to attend international conferences or present papers. Who knows, you could be successful.

The world shrinks in the face of international co-operation over the protection of children

The world shrinks in the face of international co-operation over the protection of children. The UN Convention on the Rights of the Child has been ratified by 191 countries, and New Zealand is one of those. This strengthens our relationships with other signatory countries when it comes to child protection issues that may arise between us and assists in achieving favourable outcomes.

Television also makes the world seem smaller, doing away with boundaries and barriers that impede responsibilities. Negative social information abounds, and behind every negative statistic there is a tragedy. International speakers from IFSW countries at the Christchurch conference spoke of the relationship between the "under-developed" and the "rich" world. They acknowledged New Zealand's contribution to international social work in the fight against those negative statistics.

To conclude, global issues are similar to New Zealand's issues. The contexts may be different but the social issues are similar. The agencies in which we work may be different but service delivery issues are similar. Our practice may be different but the commitment to our client groups is the same. Otherwise, why are we social workers?

No reira, ka mutu aku korero mo tenei wa. Tena koutou, tena koutou, tena koutou katoa.

Robyn Corrigan *(Ngati Kahu) is the clinical leader social work at Waikato Hospital and the President/Tumuaki of the Aotearoa New Zealand Association of Social Workers.*

Child welfare, animal welfare – strengthening the links

***Briar Humphrey** explains the connections between abuse of animals and abuse of children*

"Anyone who has accustomed himself to regard the life of any living creature as worthless is in danger of arriving also at the idea of worthless human lives."
Albert Schweitzer

The link between the abuse of animals and the abuse of children is widely acknowledged. However, there is currently no arrangement in New Zealand that formalises a relationship between those who work in the animal welfare sector and those who work in child welfare. This article recommends the establishment of collaborative working relationships between these sectors. It also suggests that child protection social workers include in their assessments of abusive and neglectful families the role of the family pet, its treatment and the children's attachments to the animal, not so much for the animal's ongoing welfare as for what it says about human behaviour.

Animal cruelty and human violence: the evidence

The range of research into the links between animal welfare and human violence is extraordinary. Anthropologists, biochemists, psychiatrists, sociologists, veterinarians and others have all found this subject worthy of study. However, most of the empirical research available pertains to the UK and US, and no New Zealand-specific research on this topic is apparently available.

Dr Frank Ascione of Utah State University confirms that, in households with domestic violence, pets are 15 times more likely to be harmed or killed than in households with no domestic violence.

"But the danger to pets is only half the story. While those who abuse people are also likely to abuse animals, the reverse is true as well. Research indicates those who abuse animals are far more likely to commit acts of violence against people.

"A study by the Massachusetts SPCA, for example, examined records of individuals who had committed acts of animal cruelty, and found 70 percent had committed at least one criminal offence and 38 percent had committed violent acts against people. In addition, abusers were four times as likely as non-abusers to commit property crimes, and three times as likely to be arrested for drug-related offences or disorderly conduct."

Dr Randall Lockwood of the Humane Society of the United States (an American expert in this area and founder of the "First Strike" movement in the UK and US) has 20 years experience in research and lobbying for recognition by institutions that the justice and welfare systems should take animal cruelty seriously because of its direct relationship to human violence. Dr Lockwood studied 57 families treated by New Jersey's Division of Youth and Family Services for incidents of child abuse. In 88 percent of these families, animals in the home had also been abused, usually by a parent. *(Humane Education News, 1977).*

Justice and welfare systems should take animal cruelty seriously because of its direct relationship to human violence

A UK report found that, of 23 families being investigated by the RSPCA, 83 percent were on record with social services agencies as having "children at risk".

There is compelling evidence that links serial and mass murderers with acts of cruelty to animals. One of the most recent studies has been conducted by American psychiatrists Alan Felthouse and Stephen Kellert, who surveyed several groups of violent adults. "In one group of 18 psychiatric patients who had repeatedly tortured dogs and cats, he found that all had high levels of aggression to people, including one patient who had murdered a boy." These abusers also shared a common history of brutal punishment by their parents, fire-setting and bed-wetting. It is borne out in the studies of Felthouse and Kellert that physical abuse by parents, cruelty to animals and violence toward people all contribute to a profile of a seriously damaged individual capable of the most violent and repeated crime.

Organised abuse of animals such as dog fighting, according to Dr Lockwood, is often the scene of a range of other crimes, including illegal gambling, drug dealing and illegal weapons dealing. "One of the most disturbing things is the number of children in attendance at these fights – from infants to teenagers. The children are exposed to all the brutality and illegal acts that go along with the sport."

Neglect of animals and children within the same households is less discussed in the literature I have found than abuse of animals and children but is alluded to in the context of the correlated evidence of abuse. This is generally indicative of research about the abuse and neglect of children until recently, when more specific medical information and political impetus have led to interventions that log neglect as an insidious form of abuse that can have permanent detrimental consequences for a child.

Children often participate in acts of animal abuse for the same reasons as adults. The Latham Foundation says there are nine common mindsets in which animals are abused:

- **To control an animal's behaviour.** Cruel or excessive punishment is often used in an

attempt to modify a pet's behaviour or to eliminate unwanted behaviours.

- **To retaliate for perceived wrong.** Those who seek retaliation or revenge often believe an animal misbehaved "deliberately" or "out of spite".
- **To retaliate against another person.** An abuser wishes to inflict pain and suffering on a human victim and does so by inflicting harm on a beloved pet.
- **Out of prejudice against a breed or species.** Some perpetrators abuse because, for example, they "hate cats" or "hate dogs", or hate a particular breed.
- **To express aggression through an animal.** Some abusers train animals to attack other animals or even humans.
- **To enhance one's own sense of, or experience with, aggressiveness.** For some, abusing animals provides a sense of strength and power. For others, it is a way of "training" aggressive skills and, in many cases, "working up to" acts of violence against humans.
- **To shock, amuse or show off.**
- **To express displaced hostility.** A person who cannot lash out against an abuser may instead displace that anger onto a more vulnerable target, such as a pet.
- **Out of sadism.**

These factors are recognisable as those that would motivate an adult to abuse a child.

Children who abuse animals by being cruel to them may be the subjects of abuse themselves. They are acting out their own frustrations in the manner in which they have seen it happen in their family, with violence. Their violence is directed at the only individual in the family less powerful than they are. Children and young people who are violent and cruel to animals need immediate help. This behaviour should be taken seriously by parents and those working in child protection.

Children and young people who are violent and cruel to animals need immediate help

A US article says "Children should be taken seriously if they report animals being neglected or mistreated. Some children won't talk about their own suffering but will talk about an animal's." (HSUS)

Animal welfare in Auckland

The Auckland SPCA has seven animal welfare inspectors with statutory power to uplift and protect animals and initiate prosecution against the perpetrator of the abuse. Each call or request to attend to a matter of welfare for an animal is responded to within the guidelines of animal risk assessment criteria and response times. Each call is logged and cross-referenced by address on FIDO, a sophisticated computer system similar to Child, Youth and Family's Risk Assessment System. Trained personnel take notifications from the public, inputting information into FIDO and dispatching work to inspectors by radio telephone.

Both the SPCA and Child, Youth and Family have the statutory power to provide an effective response to abuse and neglect. The two agencies conduct their work in the same areas and very often with the same families. There are positive arguments for both agencies to work together in special circumstances. This may mean sharing resources as well as information. An animal welfare inspector may be able to access a property when Child, Youth and Family cannot. An animal welfare officer may be able to place

or foster a family's or child's pet while the child is fostered. There might be a suitable foster parent for a child among the ranks of those fostering animals, although any such placement would, of course, be subject to the usual Child, Youth and Family checks regarding the suitability of the potential caregivers. Children may be encouraged to learn about love and nurturing after an abusive time themselves by being encouraged to love and nurture an animal via the SPCA.

The benefit for children of having loving relationships with animals is untapped as a therapeutic tool here in New Zealand. A child's relationship with a special animal is as significant to that child as their relationship with their caregiving adult if that adult is abusive to the child or animal.

A joined-up approach

Management staff at the SPCA acknowledge, as do the inspectors, that they are aware of the link between child and animal welfare. The impetus for a joined-up approach to domestic violence and child and animal welfare has come from the animal welfare sector. In fact there is great enthusiasm for an interagency approach to family violence and neglect within the animal welfare sectors. Discussions with Bob Kerridge, chief executive of the SPCA, confirm that there is support at management level for an interagency approach including the SPCA in order to best address familial abuse and neglect of children and animals.

This joined-up approach has proven internationally to be the most effective when practised across a range of disciplines such as child welfare and animal welfare workforces and the police and domestic violence networks.

A comprehensive conference was convened at UNITEC in Auckland in May 2001 entitled "First Strike – Animal Cruelty/Human Violence". Dr Randall Lockwood lectured, and the Commissioner for Children and Bob Kerridge advocated a collaborative working relationship between agencies as the most comprehensive approach to reducing family violence. One manager from South Auckland Child, Youth and Family attended the conference.

First Strike is an American initiative led by Dr Lockwood which has compiled and reviewed the research on animal cruelty and human violence and developed some practical responses for people working in the caring professions. First Strike advocates a collaborative interagency approach to family safety. There are now excellent models of this throughout the US and UK as a result of Dr Lockwood's efforts to lobby for greater awareness in the public sector and for law changes at senate and congressional levels in the US. Dr Lockwood's position is that, if penalties for animal violence reflected the crime itself (in terms of the degree of violence), violent offenders may be intercepted systemically and dealt with appropriately, both therapeutically and punitively. There is then a much greater chance that violence against humans may be curtailed earlier. He says emphatically: "Animal abuse is not just the result of some personality flaw in the abuser, but a symptom of a deeply disturbed family."

Recommendations for action

The Social Work Risk Assessment should include the presence of animals in the home and any known acts of cruelty or convictions for abuse of an animal by the child(ren), parents or caregivers. (A component of the National

Induction Programme is currently being developed to include specific information for social workers on the significance of the presence of animals in clients' homes.)

Further training is required for frontline social work staff and animal welfare inspectors. (The animal welfare sector is developing such training, and the Department of Child, Youth and Family is preparing to do so.)

A memorandum of understanding and a reciprocal reporting arrangement should exist between child welfare organisations and animal welfare organisations in New Zealand. (The Policy and Development Group of Child, Youth and Family is preparing to develop policy on this issue.)

***Briar Humphrey** is a supervisor in the Otara office of Child, Youth and Family.*

BIBLIOGRAPHY

Allen M (1998). Human Animal Abuse Connection. *Cats Magazine* (US)

Arizona Humane Society (1997). *Exploring the Cruel Streak.* American Humane Society.

Ascione F and Weber C (1997). The Abuse of Animals and Domestic Violence: A National Survey of Shelters for Women Who Are Battered. *Society of Animals Journal* (UK).

Child, Youth and Family (2001). *An Interagency Guide to Breaking the Cycle. Let's Stop Child Abuse Together.* Revised.

Coston C and Protz B (1998). "Kill your dog, beat your wife, screw your neighbour's kids, rob a bank. A cursory look at an individual's vat of social chaos resulting from deviance." *Free Inquiry in Creative Sociology.*

Duel D K (2000). *Violence Prevention and Intervention: A Directory of Animal Related Programmes*. Humane Society of the United States.

Galeno T (2001). *The Relationship Between Animal Abuse and Human Abuse*. Iona College Press (US).

Gredley E (2000). *The Link Between Cruelty to Animals and Violence Toward People*. The Humane Educator, Canada.

Henson D (2001). *The Relationship Between Animal Abuse and Antisocial Behaviour*. Iona College Press.

Humane Society of the United States (2001). *Animal Abuse & Human Abuse: Partners in Crime*. Humane Society of the United States.

Investigative Reports (television documentary) (2000). *The Cruelty Game*.

Kellert S R and Felthouse A R MD (1983). *Childhood Cruelty Toward Animals Among Criminals and Non Criminals*.

Kerridge R (2001). Pets in Crisis. Paper presentation, unpublished.

Loar L (1999). *The Limits of Education*. San Francisco Child Abuse Council.

Lockwood R (2000). *Dr Randall Lockwood on Violence*. Canadian Federation of Humane Societies.

Lockwood R and Ascione F P (1998). *Cruelty to Animals and Interpersonal Violence*. Purdue University Press (US).

Lockwood R and Hodge G R (1986). *The Tangled Web of Animal Abuse: The Links between Cruelty to Animals and Human Violence*. Humane Society of the United States.

Raupp C, Barlow M and Oliver J (1997). Perceptions of family violence: Are companion animals in the picture? *Society and Animals* (UK).

Roberts M (2000). *Join-up. Horse Sense for People*. Harper Collins Publishers.

Sale A U (2001). Animal Magic. *Community Care Magazine*. (UK).

Schiavone G (1999). The relationship between animal abuse and human abuse. *Humane Education News.* Iona College Press.

Shelburne E (2000). A social sentinel: Acts of animal cruelty can point to an offender's potential for violence against humans. *Portland Veterinary Medical Journal*.

New Zealand evidential interviewing within an international context

***Karen Wilson** compares local forensic interviewing practice with current international standards*

Introduction

The annual San Diego Conference on Child and Family Maltreatment is divided into twelve topic streams, one of which focuses on forensic (evidential) interviewing research and practice. This article summarises impressions of the key points covered in the forensic interviewing stream of the 2002 conference. The current New Zealand practice model is discussed within the context of the international models presented and is found to be robust. The value of free narrative questioning techniques is highlighted and has relevance to any professionals charged with engaging children in conversations. Risks of vicarious traumatisation for evidential interviewers, and how to minimise these, are also discussed.

Background

New Zealand introduced legislation in 1989 allowing children's evidence-in-chief to be obtained by way of a videotaped evidential interview. The Evidence (Videotaping of Child Complainants) Regulations 1990 provided interviewing guidelines for New Zealand practitioners, as did the 1996 Joint Child, Youth and Family/Police Operating Guidelines (currently under review). The initial legislation was limited to children who were complainants in sexual abuse cases, but law precedents over the years have led to a more generalised interpretation of which child witnesses can be included.

The early New Zealand evidential practice model was adapted from American interviewing models, which were in turn informed by research on child development, memory, suggestibility and recall. This growing field of literature has continued to influence interviewing practices, and the New Zealand model has evolved accordingly.

Interviewing children evidentially about alleged abuse or traumatic events is a skilled task. Workshops at the conference focused on how to combine the art of evidential interviewing (how to talk to children) with the science (research knowledge) while still maintaining a child-

focused interview (Faller, in press). There is currently international debate about whether interviews should be scripted or more flexible within a structured and phased approach. For example, the National Institute of Child Health and Human Development (NICHD) protocol advocated by Lamb et al (Orbach and Lamb, 2000) trains interviewers to use a more prescriptive set of questions, whereas other models (such as the American Professional Society on the Abuse of Children: APSAC, 2000) use a three-stage process (rapport, information gathering and closure) with a questioning hierarchy that allows interviewers to adapt the format depending on the age and stage of the child.

Encouraging children to freely narrate events has been incorporated into New Zealand evidential training for some years

Free narrative techniques

The evidential interviewing method currently taught in New Zealand has incorporated elements of both protocols. As a three-phase model (rapport, details of offences and closure), it fits into the "structured/phased" category rather than the "scripted" category. However, New Zealand guidelines have adopted the NICHD protocol's free narrative training techniques and narrative elaboration techniques in general (Orbach and Lamb, 2000). These are generally thought to be useful in assessing a child's ability to provide free narrative and as a means of increasing free narrative elaboration at the substantive (details of allegations) part of the interview. They are also thought to enhance recall memory rather than recognition memory, and therefore to increase children's accuracy. In this sense they should be essential tools in any social work assessment interview with a child.

Encouraging children to freely narrate events has been incorporated into New Zealand evidential training for some years. At the rapport-building phase of the interview, children are invited to narrate about neutral topics such as their last birthday or another event of relevance to them. This allows the child to practise talking and provides information to the interviewer about the child's ability to relate an episodic event. Questions such as "What happens at your school during the day?" can also be useful and allow children to talk about more scripted events (such as what actually happened during an incident). In this way the child speaks with minimal prompts and becomes familiar with "walking through" an incident from start to finish.

This free narrative training at the rapport stage alerts the child to the preferred pattern of the interview. Although some direct questions will always be necessary, interviewers are expected to use open questions and exhaust a child's free narrative in the first instance. Open questions such as, "Tell me all about that from the start to the finish" and "What else can you remember about that?" have replaced the closed-question-and-answer format that was used in the past. Used in association with zooming techniques (Orbach and Lamb, 2000) such as, "Can you tell me everything that happened from point A to point B?", an interviewing environment is created that enables a child to talk about what happened without having their thought processes interrupted or diverted by an adult's questioning.

Ground rules

The literature and research presented at the conference was also in agreement that children need to have ground rules explained to them in all interview situations on the continuum from social work assessment interviews through to formal evidential interviews (APSAC; 2000; Faller, in press; Orbach and Lamb, 2000). Given that children tend to view adults as authority figures, there is a risk that they may guess answers or lapse into an affirmative response pattern to please the interviewer. Some inoculation is necessary and is best achieved by interviewers giving children permission to say that they don't understand, don't know or don't remember. Children should also be told that some questions may be repeated and that they can correct the interviewer if they think the interviewer has something confused. New Zealand practice in the past has been to cover ground rules with children before the evidential interview. Since 2001, practitioners have been taught to cover these ground rules on camera, both to ensure that the process occurs and to make it more transparent.

Other practice issues

In terms of the structured/phased models presented at the San Diego conference, the New Zealand rapport phase is very similar. The key differences are the US's lack of obtaining a promise to tell the truth (which our law requires) and their practising of the ground rules in addition to covering them. The examples used for truth and lies are the same as in New Zealand, with the use of "someone" in the examples to avoid the possible effect of authority figures on responses. New Zealand interviewers have begun to explore the best way to practise ground rules with New Zealand children with the view to including this practice step in future training (Advanced Evidential Interviewers' Practice Forum: December 2001 and September 2002).

In terms of obtaining substantive detail, there are some differences regarding how direct New Zealand questioning might be. For example, some interview formats outlined at the conference used routine questions such as "Did you touch X?" (the alleged perpetrator), where we would be more likely to use a last-resort option of "Was there anything X wanted you to do?" if other open questioning options had been exhausted. Similarly they will ask "Did anything happen with mouths?", which we would view as either introducing prior knowledge or leading if the child has made no previous statement about oral incidents.

There appears to be less international consensus on the use of tools and props within evidential interviews. Lamb's NICHD scripted protocols discourage the use of dolls, diagrams or other props, while other protocols allow more use of props than we would advise in New Zealand, including the use of unclothed anatomically detailed dolls and genitally detailed diagrams. Unlike New Zealand practice, their body diagram is often introduced before an allegation has been made and is often resorted to before attempts are made to gain a verbal description for body parts and their functions. Video clips shown at the conference contained direct questions in conjunction with body diagram use that would not be considered best practice here.

However, there was consensus that after verbal disclosure dolls can be used safely to clarify body positioning, which has been the New Zealand training recommendation for some years. There is also a move in the US towards

using non-genitally detailed diagrams, with the new body outlines being a cross between what we use in New Zealand (no genitals, but with eyes, nose, mouth, navel) and a more generic "gingerbread" figure (with no features at all).

Another difference in the US formats presented was their routine exploration of whether a child has been involved in pornography. This may be something we need to incorporate more, particularly given US anecdotal figures that suggest that in 3 percent of the interviews children are disclosing being filmed pornographically. Also the New Zealand interview format does not recommend covering more than one perpetrator within a single interview unless there was co-perpetration. Questions about general safety tend to be asked off videotape after the interview, and a further evidential interview is scheduled if the child makes allegations against a different person.

A further difference in the US model was that every child is routinely asked on videotape about domestic violence and drug use in the home, regardless of the purpose of the interview and who the alleged perpetrator was. In New Zealand we do not tend to do this within the taped interview unless it has some relevance to the allegations being made (for example, if the alleged perpetrator is also allegedly involving the child in drugs or physically abusing the child). To ask about these issues routinely could risk parents' voluntary consent to the interviewing process and in that sense be counter-productive.

A consensus model of best practice

Several workshops at the San Diego conference focused on a consensus of best forensic (evidential) practice for all interviews, whether based on phased or scripted models. Although not exhaustive, the following list provided by Erna Olafsen (conference workshop) is useful and can be generalised as best practice for any interviews involving children:

- minimise distractions in the room
- explain your role
- maintain a consistently warm but neutral manner
- be developmentally sensitive with questions
- give clear ground rules
- ensure rapport-building occurs
- invite early lengthy responses on neutral topics to establish free narrative
- gain information through free narrative, for example, invitational/open questions
- use a funnel approach to questioning where necessary (open, direct, closed)
- follow closed questions with open ones
- use source monitoring throughout (whether the child heard about it, saw it or experienced it)
- avoid introducing prior knowledge
- close with an opportunity for the child to ask questions
- end with a neutral topic
- thank the child for their participation (but not their allegation)
- keep crime scene evidence and corroboration in mind throughout.

Vicarious traumatisation

Interviewers hear stories of horrific abuse perpetrated by adults on children and need to manage the impact of these stories. At the San Diego Conference workshop Jon Conte presented an excellent outline of how forensic interviewers can minimise the risk of vicarious traumatisation and burnout in their jobs.

Conte referred to vicarious traumatisation as empathetic strain resulting from repeated overload of hearing and dealing with bad experiences. His view is that empathetic strain is caused by the work, whereas burnout is usually caused by the workplace and is commonly a feature of public service organisations. Contributing to burnout are factors such as role conflicts, a lack of contingent rewards for good performance, a culture of highlighting poor performance, difficulties between workers and supervisors, and an institutional disregard for workers' needs.

Conte was asked about the common interviewer phenomenon of "forgetting" after interviews, that is, being unable to remember specific cases or details after a few days. He saw this as a positive amnesiac response to the work and said it was healthier to purge the stories than to file them away. He felt that interviewers are better able to do this than other professionals because the videotape stores the information and there is therefore less responsibility to hold on to it.

> Interviewers hear stories of horrific abuse perpetrated by adults on children and need to manage the impact of these stories

Conte listed the particular aspects of forensic interviewing that increase the risk of empathetic strain:

- there is more time pressure than in other professions
- there tends to be one interview and not making mistakes is vital
- the interviewer has to be more attentive
- mental processes have to be ratcheted up
- it is more exhausting than clinical interviews
- it is always observed by other professionals
- there is the threat of court action, media attention and litigation
- outcomes are immediate for children, leading to a sense of responsibility to facilitate a disclosure where there has been abuse
- there is a toll in always working with families in crisis
- interviewers are often the first professional contact.

Conte's advice for minimising these factors included purging the stories, finding ways to replenish, making self-care an ethical obligation of the workplace, focusing on the process of the interview rather than the outcomes (that is, having a "non-attachment to ends"), and good supervision. He talked about the importance of full-time interviewers achieving balance by being "multi-tasked", by undertaking some project work such as writing an article, doing research, helping with a group or other related work.

Summary

The art and science of talking to children are equally important factors in the forensic (evidential) interviewing context. They are also relevant for any professionals who are required to talk to children and make decisions based on what children tell them.

The evidential interviewing model currently taught in New Zealand has evolved and adapted as international analogue and field research has progressed. Attendance at conferences such as San Diego is an invaluable way to measure where

New Zealand practice currently fits. Our place on an international interviewing continuum has been discussed in the past (Wilson, 1995) and current indications are that the New Zealand training model remains professional and robust. Other countries have found it difficult to ensure that interviewing skills learned in training are generalised to field interviewing and sustained over time (Sternberg et al, 2001). New Zealand has an advantage over other countries in that the interviewing role has become a specialised task rather than a generic one. This ensures that evidential training resources can be maximised, with introductory Police College training focused on practitioners (whether Child, Youth and Family or police) who will conduct evidential interviews as their sole or main role.

Clinical supervision and peer review systems are also easier to establish and maintain within a small designated interviewing workforce. Interviewers meet cross-regionally and nationally in peer review forums to monitor practice standards and ensure consistency. Advanced practitioner workshops enable experienced interviewers to be updated in the current training curriculum and to debate new research, literature and court precedents. Forums such as these have resulted in a range of ongoing project work in New Zealand, including the national collection and analysis of evidential interviewing statistics (Basher, 1999), the development of specific interviewing guidelines for physical abuse complaints (Wilson, 1999), interviewing guidelines for children who have witnessed serious crime and traumatic events (Libeau and Dawson, in prep) and guidelines for interviewing developmentally delayed children (Basher, in prep). From an operational perspective, the benefits of maintaining a specialised and professional evidential interviewing service become apparent. □

Karen Wilson M Ed (Counselling), B Soc Sci, Dip Soc Work is the Manager and part-time specialist interviewer at Manuwai Specialist Services and has been a national trainer for evidential interviewing for several years.

REFERENCES

American Professional Society on the Abuse of Children (APSAC) (2000). APSAC Guidelines on Investigative Interviewing in Cases of Alleged Child Abuse.

Basher G (1999). Children who talk on tape: The facts behind the pictures. *Social Work Now*, 12, 4-12.

Children, Young Persons and Their Families Service and the New Zealand Police (1996). Evidential and Diagnostic Interviewing on Video under the Evidence Amendment Act 1989: Joint CYPFS and Police operating guidelines. CYPFS/Police, Wellington.

Faller K C (in press). *Understanding and Assessing Child Sexual Abuse and Maltreatment*. Sage.

Orbach Y and Lamb M E (2000). Enhancing children's narratives in investigative interviews. *Child Abuse & Neglect*, 24 (12), 1631-1648.

Sternberg J, Lamb M E, Davies G M and Westcott H L (2001). The Memorandum of Good Practice: Theory versus application. *Child Abuse & Neglect*, 25, 669-681.

Wilson K J (1995). Getting it taped: Implementing video legislation for child witnesses in New Zealand, England and Wales. *Social Work Now*, 1, 11-16.

Wilson K J (1999). Videotaping physical abuse evidence. *Social Work Now*, 12, 13-19.

Young people's experience of recovery and wellbeing following a suicide attempt

Carolyn Coggan *and* ***Sara Bennett*** *chart young people's transitions from crisis to autonomy*

Introduction

Evidence suggests that young people aged 15-24 in New Zealand are at increased risk of death by suicide compared with young people in other OECD countries (World Health Organization, 1998). In 1998, the most recent year for which data is available, 138 young people died by suicide (35 young women; 103 young men), a rate of 25.7 per 100,000 population (New Zealand Health Information Service, 2001). Acknowledging the devastating impact of suicidal behaviours on family, friends and community members, the Ministry of Health has prioritised the reduction of young people's deaths by suicide as a national health goal (Ministry of Health, 1998).

Overwhelmingly, the majority of current knowledge about young people's suicidal behaviour is informed by public health epidemiology. However, it has been suggested that a useful way of reducing the likelihood of young people's suicidal behaviours is to broaden current public health understanding of young people's health and wellbeing. Internationally, qualitative research with young people is providing valuable evidence about the complexities of young people's health and behavioural concerns (Edley & Wetherell, 1999; Wetherell & Edley, 1999). We considered that a qualitative investigation of young people who had attempted to end their own lives would provide a unique perspective on the complexities of suicidal behaviours and would also provide useful information on suicide prevention and intervention opportunities. Consequently, a research project was undertaken with the aim of exploring young people's experiences of recovery and wellbeing following a suicide attempt. Comprehensive literature searches indicated that there has been no critical public health work investigating this. The purpose of this article is to provide some practical insight into what enables young people to make a

gradual transition from a sense of crisis at the time of a suicide attempt towards an increased sense of personal responsibility and autonomy.

Participants and process of analysis

The material for this analysis comes from a series of in-depth interviews conducted with young people who had attempted to end their own lives. All participants self-identified as New Zealand European/Pakeha, had no previous record of deliberate self-harm and had presented to a public hospital Emergency Department (ED) in the Auckland region following a suicide attempt. Prior to participating in the interview phase, all participants had been assessed by members of the psychiatric liaison teams at the participating hospitals as having undertaken a deliberate attempt to end their own life, thus excluding those who undertake actions such as repetitive cutting of wrists or arms with no suicidal intent. The study began in 1999 following approval from the New Zealand Ministry of Health ethics committee.

Potential participants were initially contacted by a clinical member of the research team to invite them to take part in the interview process and were interviewed within two weeks of their presentation to an ED following a suicide attempt. A follow-up interview was undertaken nine months later. In-depth semi-structured interviews lasting one to two hours were undertaken at a venue of the participant's choice, including homes, parks, cars and university offices. All interviews were audiotaped and fully transcribed. Thirty participants were interviewed initially, and 27 follow-up interviews were undertaken. Three people could not be contacted due to relocation out of Auckland.

The analysis presented here focuses on data from the second, follow-up interview with 27 young people who had attempted to end their own lives. Acknowledging that those who have already attempted to end their own lives are at greatest risk of eventual death by suicide (Garland & Zigler, 1993), this interview focused on issues around longer-term resistance to suicidal behaviours. Multiple readings of interview transcripts were undertaken to identify themes and ideas used by participants to make sense of their understandings and experiences of their suicide attempt. Particular pieces of transcript have been selected for presentation and analysis because they illustrate broad thematic patterns observed across many interview transcripts. Participants' names have been changed to protect their anonymity.

Those who have already attempted to end their own lives are at greatest risk of eventual death by suicide

Participants came from a variety of backgrounds. At the time of the suicide attempt, the occupations of the female participants included tertiary and secondary school students, parents, health care workers, administrators, catering industry workers and unemployed. Twelve of the women participants were living with their parents, six were living in a heterosexual partnership (de facto relationship) and five were living with flatmates. Sixteen women were aged less than 20 years and seven were aged 21-25 years. The majority of female participants attempted to end their own lives by overdosing; five attempted suicide by cutting their wrists. At the time of the suicide attempt, the occupations of the male participants included tertiary and secondary school students,

a banker, a storeworker, a mechanic and unemployed. Two of the male participants were aged 21-25; the remainder were 20 or younger. Four of the male participants were living with their parents, two were living with flatmates and one was living with his wife and extended family. Two of the male participants attempted suicide by drug overdose, one by hanging, one by cutting his throat and two by gassing themselves in their cars. One male participant combined an overdose with cutting his wrists.

Findings

At the time of the initial interview the majority of participants indicated that the primary intention of their suicidal behaviours was to end their own life. A small group of young women indicated that they had undertaken deliberately non-fatal suicidal behaviours in order to attract other people's attention. However, in spite of the diversity of intentions there was a shared sense of the impact of the suicide attempt among participants and their families and friends. Irrespective of the original intentions of their suicidal behaviours, all the young people indicated that their suicidal behaviours created enormous change in their sense of self and in their relationships with others. The following extracts explore the key issues that young people discussed when considering their experiences following their suicidal behaviour and the gradual transition that young people experienced as they regained a sense of self-responsibility and autonomy.

The period following the suicide attempt was universally experienced as a highly stressful and emotional time for all the participants and their families. Many participants expressed that a foremost concern of family members was whether the suicidal behaviours were likely to be repeated. With the exception of one female participant, the participants did not undertake further suicidal behaviours during the period of this research. However, for some participants the desire to end their own life had not diminished. For example, Brett describes how, although it had been "a long time" since he attempted suicide by cutting his throat, he regularly struggled with the option of attempting to end his own life during periods of stress.

The period following the suicide attempt was universally experienced as a highly stressful and emotional time

Brett
For me, it's been ... a long time [since his original suicide attempt]. But still I haven't really got to grips with it. It keeps me awake at nights still. I still panic about it but I find it really hard when just little things get me down. It could be something like just a chain snaps on my bike, or, you know, something small and I just, like, freak. It's really hard, the minute something goes wrong for me it's extra stressful. I just go, oh I don't want to go there again, you know 'cos I've been there and I don't want to go there again but I haven't really come to grips with it.

In this extract Brett suggests that, during times of stress, he experiences a sense of out-of-control crisis. In contrast to the breakdown of his relationship, which resulted in his initial decision to end his own life, at the time of the second interview Brett articulates a sense of current danger and risk. He suggests that it could be "something small" that could result in his "freak" and reconsideration of his suicidal impulses. In this extract, Brett positions himself

as struggling to cope with self-responsibility and the difficulties of his daily life: he doesn't "want to go there again" but is unsure of how to achieve this as he hasn't "really come to grips with it [his suicide attempt]".

When asked to consider what assisted them not to re-attempt to end their own lives, changing self-image was a key factor mentioned by many participants. For many young people, the ability to perceive themselves in a more positive light was considered helpful. For example, in the following extract Jack describes his self-image at the time he attempted to end his own life.

Jack
Before I was sort of, like, double vision, two personalities trying to decide which one to have.

Interviewer
What do you mean, two personalities?

Jack
In a way, you know, I knew I had a good side and then there was my bad side there too but they were all mixed up together… My attitude then was almost like being indecisive and… making decisions and things like that, taking things upon myself which didn't work because I was just too indecisive about it and now I just feel like now I'm sort of my own person you know, I'm a single individual.

Interviewer
So that split has gone?

Jack
Yeah and now I can hold responsibilities and commitments and things like that, whereas before I couldn't.

Narrating an image for himself at the time of his suicidal behaviour, Jack suggests that he was dominated by his "bad side", which caused him to be indecisive and take things upon himself which "didn't work" (ironically, including his suicide attempt). However, at the time of the follow-up interview, Jack identified himself as a "single individual", that is, able to appropriately cope with various commitments and responsibilities. In his account, Jack suggests that his ability to understand himself as a more coherent individual enhances his sense of self-responsibility and autonomy.

For other young people, a common technique of resistance to future suicide behaviours was to make a connection with the future and to decrease a sense of social isolation. For example, in the following extract, Greg describes how establishing friendships decreased his social isolation:

Greg
I've got things to look forward to now. I've rejoined up with my neighbour in [place] and we do Dungeons and Dragons and stuff like that. I've got a girlfriend now and she's interested in it too and that's like wow! So it's just really good. I've just started connecting with my other friends so when I get stressed now and things like that it's also a good thing to look forward to… Before, I isolated myself from everyone and I didn't have anything to look forward to. A problem was suddenly my whole life, so friends have helped.

A common technique of resistance to future suicide behaviours was to make a connection with the future

In this account, Greg suggests that in contrast to his earlier feelings of social isolation and depression, his reconnection with his friends and a new relationship with his girlfriend are part of what provides him with some "good thing(s) to look forward to" in times of stress. At the time of the second interview Greg had experienced

some personal counselling, which also supported his ability to consider himself as a proactive person who took the initiative to re-establish friendships. Greg also suggests that this shift towards being responsible for his own social life was a distinct and positive change from his previous self: "Before, I isolated myself from everyone."

For most of the young people who participated in this research, resistance to future suicidal behaviours was positively associated with proactive help-seeking behaviours. However, for many young people the most effective help-seeking was contingent on their sense of self-responsibility in their choice of the provider of help and assistance. In the following extract, Tracey contrasts help and assistance provided by a counsellor with that provided by friends:

Interviewer
They say... young people should get more counselling but I think it's not that easy.

Tracey
No, because it's such a big step to actually [get counselling]. Like, you think I'll go and get counselling but it's actually like a really big thing. Because you think oh my God, someone's a stranger ... but I think friends, it's really important to have just support around you like all the time. Sometimes going to counsellors, they're not going to be seeing you and they're not going to know if you're like that [all the time] you know. That's why I think it's important where sometimes some people don't like to tell friends. I know that. I mean obviously you don't want to tell people that you're not going to trust, but I think it's important having people that know what you're like and understand you know, you can go to when you're like that. Because usually I find if I ring someone and talk to them, I just really feel heaps better afterwards. Just the other week I was feeling really crap and I rang someone and said oh, I just wish it would've worked, I don't want to be here and I was just crying and he just knew what to say. I just felt heaps better after that. So it helped by him saying certain things, just cleared me of that feeling.

In this account, talking about problems and concerns with a counsellor is positioned as less desirable than talking to a friend. Tracey suggests that a counsellor - "a stranger" - is not likely to know or care about the "real you": "They're not going to be seeing you and they're not going to know if you're like that, you know." At the time of suicidal behaviour, a lack of awareness of the "real" young person has minimal impact, as the objective is to alleviate the crisis and provide appropriate intervention and treatment. However, when the period of crisis has declined, Tracey suggests that actively seeking advice and assistance from friends at times of need is most helpful.

Participants also discussed a wide range of very practical help-seeking behaviours which they considered to be effective techniques for resisting future suicide behaviours. In the following extract Gina describes her change in self-image and how her help-seeking behaviour of shifting to another living environment provided her with personal safety and autonomy and encouraged her to redevelop a sense of self-responsibility:

Gina
I've moved out of home. I've put myself into a stable environment because it wasn't stable where I was before. I've also applied for the Independent Youth Benefit. I've done all that by myself and all these practical things which have made my life go forward. I mean, I knew what I wanted and I knew that if I was going to be at my original home any longer I'd just flip out

again. It's just too much stress and it was just too unstable and I knew that I had to get out and so I put myself somewhere safe.

In her account, Gina is critical of those who failed to provide adequate care for her and indeed suggests that others within her family home directly contributed to her suicidal behaviour. Gina describes a number of practical activities that she has undertaken to put herself into "a stable environment because it wasn't stable where I was before", including applying for financial assistance from the state. In her description of the actions she has undertaken, Gina positions herself as a determined, competent young woman who operates autonomously and is able to achieve an enormous amount of positive change, in spite of her previous decision to attempt to end her own life.

Developing a sense of resistance to future suicidal behaviours is a complex and time-consuming process

Among the participants who had experienced individual therapy or counselling following their suicide attempt, a frequent theme in their discussions was of learning and developing more appropriate ways to solve problems. Indeed, for many young people problem-solving advice which centred on containing problems as relatively minor events before they became catastrophic was considered the "best advice".

Dave
Well, that night that I ended up in the ED I talked to the therapist there, and she possibly gave me the best advice that anybody has ever given me out of all my counsellors and all my therapists. She said just take one day at a time, as simple as it seems.

Additionally, for many young people a crucial component in problem-solving was developing an ability to appropriately address problems as they occurred. In their discussions, these young people suggested that thinking positively was a useful barrier to future suicidal behaviours as it enabled them to focus on the positive aspects of their future. When asked to consider whether she would be likely to repeat her suicidal behaviours, Emma emphasised the importance of not losing sight of the balance between good and bad experiences in life, and realising that problems were frequently a temporary experience.

Emma
It's not worth it [attempting suicide] because it just does get better. You're not going to stay like that through your whole life. And even if it is bad like kind of a lot, there's always good times and things you can miss with your friends.

Similarly to Greg, Emma indicates that friends are an important component of wellbeing. However, she emphasises the primary importance of thinking positively to overcome negative experiences. Emma positions thinking positively as a technique of resistance to depression and other bad times. In her account Emma suggests that thinking positively is a powerful tool of resistance to future suicidal behaviours and is helpful: "even if it is bad like kind of a lot, there's always good times."

Discussion

From the analysis of the data presented here it is apparent that developing a sense of resistance to future suicidal behaviours is a complex and time-consuming process. Young people's comments

indicated that a number of factors, including a more positive sense of self, increased positive relationships with friends and family, counselling and a more positive living environment are useful in encouraging resistance to future suicidal behaviours.

Previous research investigating young people's perspectives of avenues for seeking help to prevent suicidal behaviour has indicated that young people have concerns about professional mental health services. These concerns include a lack of youth-oriented services and a lack of confidentiality (Coggan, Patterson and Fill, 1997). In their discussions about resistance to future suicidal behaviours, some young people indicated that talking through their problems with peers was most likely to enhance their sense of self-responsibility. Consequently, it is imperative that young people be adequately resourced to respond if friends approach them for advice about suicidal behaviours. However, other young people indicated that they would be more likely to approach professional agencies if they required help and assistance. Therefore, professional agencies must also be appropriately oriented towards addressing the needs of their youth clients.

Acknowledging that those who have previously attempted to end their own lives are at increased risk of future suicidal behaviour, the primacy of the public health concern with the importance of risk (alongside a very practical and pragmatic desire to save lives) positions such young people within a discourse of care and protection. However, young people's discussions of their experiences during the period following their suicidal behaviours suggest that while care and protection is necessary in the period immediately following the suicide attempt, there is also a need to acknowledge young people's needs for self-responsibility and autonomy.

Young people's descriptions of their journey following a suicide attempted indicate that this is a very complex process. Nine months after the event, the transition appears to be ongoing for all the participants who participated in the follow-up interviews. Although the current research does not include an analysis of significant others' (such as parents') perceptions of the period following a young person's attempt to end their own life, it is probable that this period is also complex and problematic for caregivers as they struggle with a desire to care and protect for a vulnerable young person, versus the risk of allowing and/or encouraging an increased sense of self-responsibility.

Acknowledgements

This study was funded by the Health Research Council of New Zealand and by the Alcohol Advisory Council of New Zealand. We would like to thank the young people who participated in this study for their time, trust and honesty. We would also like to thank participating hospital staff for their help with recruiting participants.

***Dr Carolyn Coggan**, PhD is the director, and **Dr Sara Bennett**, PhD, DPH (below) the associate director, of the Injury Prevention Research Centre at the University of Auckland.*

References

Coggan C, Patterson P and Fill J (1997). Suicide: Qualitative data from focus group interviews with youth. *Social Science & Medicine*, 45(10), 1563-1570.

Edley N and Wetherell M (1999). Imagined futures: Young men's talk about fatherhood and domestic life. *British Journal of Social Psychology*, 38(2), 181-194.

Garland A and Zigler E (1993). Adolescent suicide prevention: Current research and policy implications. *American Psychologist*, 48, 169-182.

Ministry of Health (1998). *Progress on Health Outcomes and Targets*. Wellington: Ministry of Health.

New Zealand Health Information Service (2001). *Suicide Trends in New Zealand 1978-1998*. Wellington: Ministry of Health.

Wetherell M and Edley N (1999). Negotiating hegemonic masculinity: Imaginary positions and psycho-discursive practices. *Feminism & Psychology*, 9(3), 335-356.

World Health Organisation (1998). *World Statistics Quarterly*. Geneva: World Health Organisation.

Attachment: guidelines and procedures for assessment and interventions

Chris Williamson *describes an interview-based approach*

"Attachment in its broadest sense is consistently found to be the most significant factor in assessing long-term outcomes for children."

(Calvert and Lightfoot, 2001, p 28)

This article outlines questions that a social worker could ask of a parent/caregiver and child to give an indication of the attachment a child has formed with significant others in their life. These questions should be used together with direct observations and other information gathered to gain a clear understanding of a child's attachment(s). For a full assessment, psychometric testing should also be undertaken.

The following questions were developed in response to a request from Child, Youth and Family to conduct an attachment assessment of one of their clients. The questions were designed to gather information about the four basic attachment types (secure, insecure avoidant, insecure ambivalent/anxious, insecure disorganised) in a way that would provide descriptive data. This descriptive data is then compared with the attachment types to look for trends. The strongest trend is seen as the dominant attachment type for the client.

I have used these questions over the past two years when attachment issues appear to be a significant factor for a client. The questions were asked during the assessment phase of the counselling.

During the development of the questions, other counsellors within the service have provided feedback, as has Nicola Atwool, a lecturer at the Community and Family Studies Department at Otago University. This feedback has led to the current version of the questions.

I have found that being able to form a clearer picture of the attachment types for the client and parents/caregivers enables a more targeted intervention to be formulated. Realistic goals

can be set and resources applied to areas of the most benefit. If attachment is a concern, goals need to be carefully considered or the family may never achieve the goals and is in effect being set up to fail.

To use the questions as intended, the interviewer needs to form a rapport with the young person and their family/caregivers, have an understanding of basic attachment types and implications, and be able to advocate for the therapeutic treatment procedures needed to assist a child in developing a more secure attachment.

It is beyond the scope of this article to discuss in detail why insecure attachments form, but it does outline a basic framework to assist the formation of a secure attachment for a child.

Attachments form most readily with people who are responsive and playful towards a child, not necessarily with the person who spends the most time with the child. "Attachment is an affectional tie that one person forms with other specific people, binding them." (Ainsworth, 1973, p 1.)

Several attachments can be very good so long as the caregiving is of a consistently high quality. However, for a secure attachment to form there must be quality and quantity time spent with the child. If there are too many people, there may not be enough time for a secure attachment to form. Being attached to more than one person does not necessarily dilute the quality of the attachments (Smith, 1988).

Children are likely to benefit from being exposed to a group of adults they trust and know. It is therefore important that environments in which children spend significant amounts of time are consistent and safe for them.

Children with an insecure attachment have shown more evidence of resilience in intellectual development than in social development. To bring about a positive change in intellectual development, the systems that affect the child's life must work together.

Types of attachment

The "Strange Situation Test" (as developed by Mary Ainsworth) has been used to give an example of the following attachment types. This test is given by bringing a child into an unfamiliar room containing various toys and activities. The child can play freely with these while the parent/caregiver is present. After a while, a stranger to the child enters the room and talks to the parent/caregiver. The parent/caregiver then leaves the room for about one minute and then the parent/caregiver re-enters the room.

The following responses may be noted:

Secure: Distressed by separation but quickly comforted by parent on their return.

Attachments form most readily with people who are responsive and playful towards a child

Insecure avoidant: Little distress on separation and ignores parent's return. Watchful of parent and inhibited in play. Later in life shows relatively low levels of empathy, inappropriate aggression and oppositional behaviours.

Insecure ambivalent/anxious: Highly distressed on separation and cannot be easily pacified on reunion. Seeks contact but then resists, alternates between anger and clinging to parent.

Later in life shows dependence on adults for assistance, little ability to attempt tasks for themselves.

Insecure disorganised: Confused behaviours including freezing or stereotyped movements when reunited with parent. Most common in abused children.

Examples of behaviours indicating insecure attachment

The following behaviours are indicators of insecure attachment:

- low frustration tolerance
- lack of empathy
- not seeking to be comforted, failing to identify caregiver
- oppositional behaviour
- child fails to pick up on caregiver's clues
- trouble forming and/or maintaining relationships
- lonely
- socially inept
- accident-prone
- tending to be aggressive and attract aggression
- using maladaptive interpersonal strategies in an attempt to gain control over others and therefore their environment.

Any of the above examples can be perfectly normal behaviour in children and should not be used on their own to determine whether a child has an insecure attachment.

Assessment

Examples of age-relevant assessment procedures include:

0-1 years old: Observation of parent and child.

1-2 years old: Observation of the Strange Situation Test.

2-5 years old: Nursery/preschool and home observations of the child and child-adult interactions. Interviews with parent(s)/caregiver(s) and child.

5-8 years old: Direct observations at home and school of child's interactions with adults and peers, play tasks, picture completion. Interviews with parent(s)/caregiver(s) and child.

8+ years old: Spoken autobiography of child and interview with parent(s)/caregiver(s).

Possible interview/assessment questions

Not all of these questions need to be answered verbally. Play and arts activities are extremely effective ways of gathering information from a child, and most questions can be easily adapted for this.

> Play and arts activities are extremely effective ways of gathering information from a child

The worker will need to determine the child's ability to answer the questions and ask the relevant questions accordingly. The questions need to be worded differently depending on whether they are being asked of the child or the parent/caregiver. (For example, question 1: Who do you go to when you are upset, worried, scared? (Child) Who does your child go to when they are upset, worried, scared? (Parent))

1. Who would the child go to when they are upset, worried, scared?

2. Who would the child go to when they are happy?

3. Has this changed over time, ie who do they go to now and who did they use to go to?

4. Who would they think of to comfort them when they are upset?

5. What kind of response did they get from… (Identify key people in the child's life and ask this question in relation to them) when they went to them when they were upset?

6. Who plays games with them, has fun with them? (A key aspect of attachment is love and stimulation.)

7. Who picked them up and cuddled them when they were under the age of three?

8. What verbal stimuli are currently provided (ie is it directive or interactive, are verbal put-downs common)?

9. What verbal stimulation was provided when under the age of three (ie verbal interactions)?

10. Does the child explore their environment?

11. Does the child stay near their parent/caregiver, show separation anxiety?

12. Does the child appear ambivalent towards their parent/caregiver?

13. What empathy/sensitivity do they show?

14. How well do they develop and maintain friendships?

15. Are they accident-prone and/or impulsive? (Children who have had few effective boundaries are often more impulsive and accident-prone.)

16. Does the child have a secure base (person) to return to?

17. What are their social skills with peer group, adults, younger children? (Insecure children often have difficulty forming positive relationships with peers of their own age.)

18. What are the child's relationships with peers (ie age of friends, number of friends)?

19. What are the range and number of the child's past and present relationships?

20. How intense are the child's relationships?

21. How secure and reliable are the child's relationships?

22. How stable is the child's environment (eg number of shifts and length of stay at the home, schools attended and for how long, number of parent's/caregiver's partners and length of relationships)?

23. What is the parents'/caregivers' current relationship with each other? (Parents/caregivers who have significant verbal, emotional or physical conflict will negatively affect the child's attachment.)

24. What was/is the parent's/caregiver's attachment pattern with their own parents? (The attachment pattern of the parent/caregiver will influence their parenting style.)

a. Secure/autonomous: Provides coherent and consistent stories about their childhood irrespective of the positive or negative aspect of the experience. Demonstrates empathy to their child(ren) and is more aware of the cues their child provides to be comforted. More relaxed, gentle, and warm in physical and verbal interactions with the child. More confident in their parenting.

b. Insecure/dismissing: Idealised or distant relationship with parents, defensive about

aspects of their past. Focusing on self-reliance, stoicism and emotional independence with their children.

c. Insecure/preoccupied: Angrily over-involved with the perceived shortcomings of their parent(s). Tendency to swing between being over-protective and neglecting their child's attachment needs.

d. Insecure/disorganised: Denial of negative occurrences or minimising the intensity of experience, rambling, fears of negative people gaining control over their lives.

The above questions will allow a worker to get a clearer picture of a child's attachment(s). In conjunction with observations and additional information gathered (such as school information), they should allow the worker to determine the type of attachment a child has formed. From this information an action plan can be developed to assist the child. Hopefully it will also allow the worker to identify family and child strengths and to build on these.

Therapeutic treatment procedures needed to assist a child in developing a more secure attachment

These are:

1. Physical safety of child and others

2. Psychological safety

3. Therapy skills – always be aware of attachment and the effects on the child. Work with significant adults in the child's life as well as the child.

4. Therapeutic relationship – will normally be long-term work as the aim is to provide the child with a secure base.

5. Therapeutic parenting (information parents/caregivers need):

a. Consider what is underlying the child's behaviours

b. Acknowledge and recognise the child's pain and be ready to advocate for them

The attachment pattern of the caregiver/parent may be repeated in the child

c. Provide appropriate interventions for inappropriate behaviours

d. Recognise your own reactions to the child's behaviours

e. Show empathy towards the child

f. Participate in the child's counselling

g. Find outside ways of restoring oneself, as work with the child will be demanding.

Due to the need to provide long-term support for children with an insecure attachment, the key worker(s) will have an extremely important role. The attachment pattern of the caregiver/parent may be repeated in the child. This needs to be acknowledged and taken into consideration when working with the family. Trust is a key element in restoring or forming a secure attachment, and it needs to exist between the worker(s), parents/caregivers and (most importantly) the child.

The worker(s) should aim to assist the primary caregiver(s) to establish a secure attachment with the child. Ways of doing this include:

- working within the house and using teachable moments
- using modelling though playing with the child and gradually involving the parents/ caregivers

- assisting the parents/caregivers to engage in their own therapy to look at their attachment issues with their own parents/caregivers
- ensuring boundaries are maintained between the worker(s), parents/caregivers and child (Workers must resist the temptation to "save" a child or family, as this will be detrimental to establishing a secure attachment between the child and their parents/caregivers.)
- ensuring the safety of the child and parents/caregivers (essential)
- challenging parenting that disrupts the establishment of a secure attachment and giving realistic alternative strategies.

If the assessment is accurate, the intervention plan is more likely to be successful. It is therefore important to gather as much pertinent information as possible without being overly intrusive. Throughout the assessment and development of the intervention plan, the paramountcy of the child's welfare should be considered, as the worker may be the only person able to effectively advocate for the child.

The development of the plan should be co-operative and have realistic, attainable goals. These goals should be measurable and monitored to ensure a sense of achievement and movement is maintained. A possible way to ensure this is to use Child, Youth and Family's Strengthening Families strategy.

If an insecure child can form a secure attachment, and it is maintained, the child's chance of having a happy, successful life is significantly improved. Just as importantly, when the child grows up the parenting they can provide to their children will be based on quality and quantity time. ⊡

Chris Williamson, BA, PG Dip (Education), MEd (endorsed in counselling), has been a counsellor for five years at Mirror Counselling Services, a free primary service for under-20-year-olds. He has previously taught educational psychology at Otago University School of Education.

REFERENCES

Ainsworth M D S (1973). The development of infant-mother attachment. In Caldwell B M and Ricciuti HN (eds). *Review of Child Development Research*. Chicago. University of Chicago Press, Vol 3, 1-94.

Calvert S and Lightfoot S (2001). Developmental psychopathology: Normal development gone askew. *Social Work Now*, 19, 26-32.

Smith A B (1988). *Understanding Children's Development*. Second Edition. Wellington. Allen & Unwin / Port Nicholson Press.

Global child protection – an area of increasing relevance

Global issues and international conventions have increasing significance for local social work, says ***Kate Ridley***

"We live in a world of ever-increasing mobility. Never before have people been moving across borders to such an extent, and never before have we seen such a closely knit global economy. As communication technology and modern means of transport make the world shrink, the need for internationally agreed rules of Private Law increases further."
(van den Berg, 1996, opening address, Hague Conference on Private International Law)

Social work has historically been preoccupied with domestic activities. It is only recently that an effort to enhance international awareness has gained widespread support (Midgley, 2000; Lyons, 1999).

Globalisation is a human invention entailing a range of rapid economic, social, political, cultural, technological and demographic dimensions and transformations. These are constantly evolving but can be managed to enhance wellbeing (Ife, 2000; Midgley, 2000; Hil, 2001).

Predominantly, the consequences of globalisation tend to be seen negatively in terms of social and economic inequality and allied governance. However, globalisation can also be advantageous in securing international co-operation in the protection of children.

The globalisation of the world's economy and, increasingly, of its social movements poses both new threats and new opportunities for social workers.

Barclay (1998) suggests:

"Events of the latter half of the 20th century have demonstrated that, indeed, we do live in a global village, where human needs and events cannot be viewed in national isolation. Therefore, in this global village we must begin the practice of global social work." (as cited by Rowe et al, 2000 p.65.)

The impact of globalisation on social work requires all social workers to place their local work into a wider perspective and to operate

outside and across national or international borders. An international perspective is increasingly important as populations become more mobile. Models of practice can no longer focus only on the domestic entity, and the traditional dichotomies of international/domestic issues must be set aside.

Issues of an international nature concern an increasing number of children and require for their solution a global mechanism of international co-operation (Lyons, 1999; Rowe et al, 2000).

Cross–jurisdictional issues

Cross-jurisdictional issues in respect of conflicts in jurisdiction, enforcement of child protection proceedings and the exchange of information and co-operation between child protection agencies are key aspects in casework management.

New Zealand child protection authorities have an interest in increasing the co-operation with equivalent overseas authorities. The effects of globalisation, the ease of international travel, the existence of children with dual and even multiple nationalities, voluntary migration and refugee settlement can all impinge on social work practice.

The principles of the Children, Young Persons, and their Families Act 1989 promote family/whanau decision-making and require that, wherever possible, family relationships be maintained and strengthened. In some cases that family/whanau may be resident outside New Zealand.

Lyons (1999) suggests:

"Globally the 'family' in various forms, and not withstanding concerns about its relative strength, remains the cornerstone of care for children and vulnerable members of society." (p.84)

It is necessary to take due account of the international dimension of the child's background and situation as well as the desirability of promoting continuity of care. More importantly, any decisions or measures taken are to respect the "best interests" and rights of the child.

The types of cases that commonly come to the attention of authorities include:

- overseas and New Zealand authorities making requests to transfer child protection measures for children immigrating and emigrating
- cases in which a child subject to an overseas protection order is brought to New Zealand without notice to authorities
- cases in which proceedings are underway in one country and the child is removed to another jurisdiction before the conclusion of the proceedings
- overseas or New Zealand authorities requesting information, assessment of proposed caregivers, serving of court papers, completion of custody reports, monitoring of placements and social work support to placements.

In securing appropriate assistance, a complex range of practice issues may arise. In reality what can occur includes:

- potential conflicts of jurisdiction between authorities
- no direct liaison between agencies or difficulty in identifying the appropriate agency
- a lack of support for agencies in the transfer of a child to another jurisdiction, especially with regard to the assessment and monitoring of children placed with caregivers
- movement of children on child protection

orders without the relevant child protection agency's knowledge or involvement

- differences in legislation between the jurisdictions in not providing consistent care, support and protection for children.

All international casework known to Child, Youth and Family is managed by the Office of the Chief Social Worker. Further, Child, Youth and Family is the designated affiliated bureau for the International Social Services Organisation (ISS). Child, Youth and Family policy requires the Chief Social Worker's involvement in the initial stages of planning any overseas placement and the Chief Social Worker's approval in the following casework decisions:

- where the child is under the guardianship and/or custody of the Chief Executive and is to go for an extended or indefinite period overseas
- any overseas travel (including holidays) for a child under the guardianship and/or custody of the Chief Executive where a parent/guardian objects to the travel
- any overseas placement of a child as part of a Family Group Conference plan with a person who is not their guardian or usual caregiver.

An international perspective is increasingly important as populations become more mobile

Current legislative framework

Currently, Child, Youth and Family social workers can use sections of the Guardianship Act 1968, the Guardianship Amendment Act 1991 and the Children, Young Persons, and their Families Act 1989 to assist in international casework management.

Specifically these are:

- **Guardianship Act 1968, s 22(a)-(k):** enabling the registration and enforcement of custody orders in prescribed countries, of which the only example at present is the States and Territories of Australia
- **Guardianship Amendment Act 1991:** implementation of the Hague Convention on the Civil Aspects of International Child Abduction 1980
- **Children, Young Persons, and their Families Act 1989, ss 205 and 206:** preventing the removal of a child from New Zealand
- **Children, Young Persons, and their Families (Trans Tasman Transfer of Protection Orders and Proceedings) Amendment Act 1999 (TTTPOP), ss 207A-207Z:** allowing for the transfer of protection orders and proceedings between New Zealand and each State and Territory of Australia.

Accompanying the TTTPOP legislation was the ratification and implementation of a protocol between all chief executives of the statutory child protection agencies. This provides for inter-state assistance and co-operation to ensure the best interests of the child are paramount and covers such areas as information requests, assessment of placements, indigenous placement principles, monitoring and resourcing of transfers.

The United Nations Convention on the Rights of the Child (UNCROC) also frequently refers to the need to act within the framework of international co-operation and the role of statutory agencies in doing this.

Towards a new approach

As family structures become more dynamic, it is timely to both review and consider the minimum requirements necessary to ensure that children have appropriate care and support, particularly when there is an international dimension.

In September 2001 the Third World Congress on Family Law and the Rights of the Child and Youth was held in England. The theme for this congress was "international co-operation for the protection of children in the new millennium".

At the congress, appeals were made for an international focus on the rights and needs of children and for governments to provide consistent monitoring and review (van Loon, as cited by Crichton, 2001). The congress concluded by formulating various resolutions for delegates to take back to their own countries to enhance and secure the protection of children throughout the world.

Legislation, policy and processes need to be developed for children as a class, but they also have to be flexible enough to be applied in a way that respects the uniqueness of each child. UNCROC is a foundation for any future legislative change relevant to the care and protection of children, setting standards and principles.

No longer can child protection issues consider only national and local factors

However, UNCROC cannot be viewed in isolation from other human rights treaties, and there are a number of child- and youth-related international instruments offering protection for children.

Van Loon (as cited by Mahoney, 1998) identifies two major developments in international treaty law for the protection of children:

- the concept of "habitual residence", which recognises the overall importance of the child's environment in which family, social and cultural bonds are developed as a basis for deciding protection of children should be governed; and
- the expansion of the role of administrative and judicial co-operation in the Hague children's conventions to ensure that the protection of children is achieved in practice.

One such instrument discussed at the World Congress – the Hague Convention on the Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Authority – merits further consideration.

This Convention, adopted in 1996 at the Hague Convention on Private International Law, provides for international co-operation between Convention countries in the interests of protection for children. It promotes co-operation by eliminating potential conflicts of jurisdiction between authorities in different countries and by providing for international recognition of measures of protection for children. It also provides for direct liaison between central authorities appointed in each country to give effect to the Convention.

Accession to the Convention by New Zealand would have significant benefits through:

- clarifying responsibilities and eliminating conflicts in jurisdiction between authorities in child protection and family law matters
- ensuring recognition and enforcement overseas of New Zealand court orders and other measures of protection.

This Convention recognises the need to improve the protection of children in international situations, confirming that the best interest of the child is to be a primary consideration.

Mahoney (1998) refers to the "triptych" of Hague Conventions, namely the Child Abduction Convention 1980, the Inter-Country Adoption Convention 1993 and the Protection of Children Convention 1996. These, he suggests, are all based on the same principle of "habitual residence" as the primary criterion for jurisdiction and applicable law and the roles of administrative and judicial co-operation.

As Australia and the UK move towards ratification and implementation of the Hague Convention on the Protection of Minors, it is timely for New Zealand to consider doing so also. This would bring about a consistency in policy and practice and expand on the intention of the Trans-Tasman protocol and legislation already in existence so as to extend child protection to countries other than Australia.

Implementation of the Convention would require amendments to domestic legislation to ensure that the courts and child protection authorities follow new jurisdictional rules in child protection cases with international aspects.

As the development of the proposed Care of Children Act progresses as a result of the review of the Guardianship Act 1968, an opportunity is presented to consider incorporating aspects of the Convention on the Protection of Children into domestic legislation to enable New Zealand to move towards full ratification and implementation of this Convention

No longer can child protection issues consider only national and local factors. Recognising the changing context in which social workers operate also requires consideration of international aspects of child protection.

Cross-jurisdictional issues therefore arise, resulting in difficulties in securing assistance and co-operation from overseas countries. It is timely for New Zealand to consider international instruments developed by the Hague to address this identified problem area. ▫

Kate Ridley *is a Senior Advisory Officer in the office of the Chief Social Worker. Her specialist areas of interest include children's rights in the media and the UNCROC.*

REFERENCES

Crichton N (2001). Protecting children in the new millennium. *New Law Journal*. 12 October 2001.

Crouch R (1996). A UCCJA for the whole world? *Family Law News*. Virginia State Bar Publications, Spring 1996.

Dyer A (1994). Report on the Revision of the 1961 Hague Convention on Protection of Minors. Preliminary Document No 1, April 1994.

Hague Conference on Private International Law (1999) 'Proceedings of the 18th session' Tome I, Miscellaneous matters, and Tome II, *Protection of Children*, SDU Publishers, the Hague

Hague Convention on the Protection of Children - Report of the Commonwealth/State Working Group. April 1999 and issues paper.

Hegar R (1989). The rights and status of children: international concerns for social work. *International Social Work* 32(2), 107-116, April.

Hil R (2001). Globalisation, governance and social work: some implications for theory and practice. *Australian Social Work* 54(4), December 2001.

Mahoney P (1998) 'Aspects of international treaty law on the protection of children: The Hague Conventions' Family Law Conference proceedings, Christchurch, 1998

Midgley J (2000) 'Globalization, Capitalism and Social Welfare: a social development perspective' Social Work and Globalization - special issue, *Canadian Social Work*, 2 (1) Summer 2000

Rowe W, Hanley J, Moreno E and Mould J (2000) 'Voices of social work practice - international reflections on the effects of globalization' *Canadian Social Work* ibid

Recent Research

Suggestions for research about children in statutory care

The following list of research topics is part of a broader research strategy about children in statutory care, recently designed for Child, Youth and Family by Canterbury University. These topics are suggestions for those thinking about undertaking graduate research in the future, and could be suited to students in such fields as social work, psychology, sociology, anthropology, Maori studies and law. Note that the Department of Child, Youth and Family is not necessarily able to fund these projects.

Children and families

- **Children entering care:** the Maori child and considerations of kaupapa
- **Why children enter care:** perspectives of children, families and social workers
- **The service histories of children entering care:** needs and realities
- **Children entering care:** cultural components and perspectives
- **The Maori child entering/leaving care:** needs assessment and services planning (two studies)
- **The Pacific child entering/leaving care:** needs assessment and services planning (two studies)
- **Children entering/leaving care:** how professional conflict affects the process (two studies)
- **Children entering/leaving care:** community connections (iwi, Pacific Islands communities, schools, churches) in child placement (two studies)
- **Children in care:** family/whanau hopes and aspirations
- **Children in care:** considerations of rangatiratanga
- **Children in care:** their perspectives of the state as caregiver
- **Families of children in care:** their perceptions of legal and social work processes
- **Children leaving care:** the state's performance in assessing the readiness of children and families
- **Children leaving care:** age and ethnicity and their implications for services
- **Children leaving care:** preparations and expectations
- **Children leaving care:** cultural considerations and implications.

Caregivers and caregiving

- **Children in care:** the role and experiences of foster fathers
- **Children in care:** the role and experiences of caregivers' families

- **Children in care:** caregiver competencies and placement outcomes
- **Children in care:** the motivations of caregivers
- **Children in care:** the impact of social worker and caregiver conflict on placement outcomes
- **Children in care:** the perceptions and performance of voluntary and professional caregivers in achieving positive placement outcomes
- **Children in care:** the cultural components of effective caregiving for Maori/Pacific Islands/Asian children (three studies).

Social workers and social work

- **Children in care:** what makes for good social work with children and families
- **Children in care:** planning for positive outcomes
- **Children in care:** social workers' contribution to placement success
- **Children in care:** factors that influence placement choice
- **Foster care and kinship care:** the perceptions and expectations of social workers
- **Children in care:** the use of the Guardianship and Adoption Acts in achieving legal permanency
- **Services for children in care:** social workers' perceptions of gaps and deficiencies and their impact on achieving positive placement outcomes
- **Children in care:** the legal pressures on social workers and their impact on professional activity and decision-making
- **Children in care:** how social workers understand the law, and the implications for the state child care system
- **Children in care:** the inter-agency activities, perceptions and performance of social workers
- **Children in care:** the effectiveness of the training of social workers in achieving culturally appropriate practice.

Services

- **Children in care:** service gaps and challenges for the system
- **Contracting out the provision of care services:** the impact of resources on the decision-making of external providers about entry to/exit from care (two studies)
- **Contracting out the provision of care services:** roles, responsibilities and resources
- **Contracting out the provision of care services:** performance and perspectives
- **Contracting out the provision of care services:** the experience, cultural competence and capability of external service providers
- **Children in care:** the professional and services networks' view of the state as a builder of resilience in children
- **Children in care:** the role, perspectives and performance of the professional and services network
- **Children in care:** geographical differences in service provision and impact on placement outcomes
- **Children in care:** the impact of Part VII of the Children, Young Persons and their Families Act 1989 on care services for children in New Zealand

• **Children in care:** How members of the professional and services network understand the law, and the implications for the state child care system.

Note: For research involving access to staff, clients or information held by the Department of Child, Youth and Family Services, an application must be made to the Research Access Committee. Further information and application forms can be obtained from Sina Solia, Policy and Development Group, National Office, Child, Youth and Family, ph: (04) 918 9244 (DDI 43244)

Book reviews

SEX DIFFERENCES IN ANTISOCIAL BEHAVIOUR – CONDUCT DISORDER, DELINQUENCY, AND VIOLENCE IN THE DUNEDIN LONGITUDINAL STUDY

By Terrie E Moffitt, Avshalom Caspi, Michael Rutter and Phil A Silva

Published by Cambridge University Press, (2001)
rrp $61.95

Reviewed by Paul Flanagan

I found this book extremely interesting given recent media coverage about youth crime in New Zealand. To think about antisocial behaviour and its causative factors and effects, and sex differences, provides me as a therapist with plenty to consider in my work with young males.

This volume of 278 pages explores the findings from the Dunedin Multidisciplinary Health and Development Study of over one thousand people born in 1972-73. This is a longitudinal study that has been acknowledged internationally for the breadth and depth of the research undertaken, and has been responsible for hundreds of articles in research journals. The first three authors of this book are all associated with the Institute of Psychiatry, King's College, London, while Silva is the Director Emeritus of the Health and Development Research Unit at the Otago University School of Medicine.

The book describes an examination of sex differences in antisocial behaviour spanning the period from three to 21 years of age, that is, what are the differences between males and females in this area, and why? While use is made of reports from parents and teachers, and from the participants themselves, the study also includes observers' ratings, official police and court records, and reports of peer-informants and partners.

I liked the way each of the 17 chapters is presented as an independent empirical research report, ending with bullet points listing "take-home messages" that briefly summarise the findings, and "unanswered questions" which suggest further directions for research.

The authors conclude that "young people develop antisocial behaviour for two main reasons. One is a neuro-developmental disorder afflicting males, with low prevalence in the population, early childhood onset, and subsequent persistence. The other, afflicting females as well as males, is common and emerges in the context of social relationships."

Factors associated with antisocial behaviour such as puberty, partner violence and the nature of intergenerational transmission are examined. Not surprisingly, males are identified as being more vulnerable to risks associated with antisocial behaviour. The book found that in the transition to young adulthood, antisocial behaviour in young men is more likely to affect

their work, abuse of substances and interaction with the law, compared with young women where antisocial behaviour is associated with problems in relationships, depression, suicidal tendency and poor physical health.

The book is one of a series of volumes within the Cambridge Studies in Criminology. I think it would be of specific interest to those involved in working with adolescent and young adult offenders. The content is extremely detailed and an understanding of research methods and statistics would be useful to the reader. ▫

A GUIDE TO ASPERGER SYNDROME

By Christopher Gillberg

Published by Cambridge University Press (2002)
rrp $89

Reviewed by Brigid Barrer

Child protection and health professionals, educators and others may work alongside people with Asperger Syndrome as adults, diagnose them as children, assess them in our jobs and are required to facilitate their progress through referrals, recommendations and treatment. Despite this author's more conservative prevalence figures, Autism New Zealand suggests Asperger occurs in one per cent of the population, which implies we require considerable awareness of the syndrome.

Only in the 1990s did Asperger Syndrome become recognised as "one of the most important diagnostic categories in the whole of psychiatry" (p4). As a guidebook requires, Christopher Gillberg launches into the complex field of definitions of Asperger Syndrome, presenting no less than six sets of criteria and recommending his own as the definitive set from 1989. The author risks confusing the reader with this perhaps overly thorough approach. Of note are references to the differential diagnosis from Developmental Co-ordination Disorder and Deficits in Attention, Motor Control and Perception. These two conditions were new to me and therefore of interest.

In chapters four and five Asperger categories and its course over childhood and adolescence are elaborated. Allied problems, especially school and academic failure, are tackled while the important topic of bullying is raised but not pursued. The strengths of Asperger Syndrome are also explored, reminding the reader of the intelligence, memory and special abilities, persistence, energy, perfectionism and slow maturation or delayed aging of a person with this condition.

Then this book starts to warm up from its somewhat technical beginning, moving to genetic factors and cognitive neuro-psychology. The latter chapter made fascinating reading, explaining functioning in terms of brain development. Specialised information is given on how to assess and diagnose the condition, including the use of screening questionnaires (some available in appendices), through structured interviews, and psychological assessment, with the Wechsler Intelligence Scales as examples.

Gillberg also writes about outcomes, attitudes, interventions and treatment. Diagnosis is perceived as critical, not to burden individuals but to protect them by alerting others attitudinally and to facilitate help, support and

programmes as required. For example the young child with Asperger Syndrome is often in need of help when starting school. Medication as treatment is discussed and a table of strategies suggested.

The need for disseminating information on Asperger Syndrome is emphasised, such knowledge being required by practitioners to facilitate clients' journeys. There is a good reference list, including Tony Attwood's book published in 1998, to which Gillberg provides a detailed addition.

I became increasingly absorbed in the later sections of Gillberg's guide, and the amount of technical information presented is very relevant to professionals working with children today, making it a valuable resource book to read and have on our shelves. Whether it would benefit persons with Asperger Syndrome would be better determined by those persons themselves.

THE REVIEWERS

Paul Flanagan *is a therapist at both Manuwai Specialist Services and Parentline, Hamilton.*

Brigid Barrer *is a senior psychologist and acting clinical team leader at Te Kupenga Marumaru (Specialist Services Unit, Auckland Central), which recently moved to the multi-agency centre Puawaitahi.*

Social Work Now

INFORMATION FOR CONTRIBUTORS

Social Work Now welcomes articles on topics relevant to social work practitioners and social work and which aim to promote professionalism and practice excellence.

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 Child, Youth and Family 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 re 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 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.
- In most instances, copyright rests with *Social Work Now*/Child, Youth and Family.
- *Social Work Now* does not hold itself responsible for statements made by contributors.
- All articles will be considered anonymously by two members of the journal's editorial advisory panel and the editor. (Exceptions may occasionally arise if a specialist authority, with knowledge outside the panel's expertise, is called upon to supplement the advisors.) Where necessary, editing work will be carried out in discussion with the author.
- 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 address, position and other work experience which is relevant to the article. Where possible you can also email articles to the editor.
- 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).

CONFERENCES

Making the youth justice system work better

Best practice in the youth justice system

Where: Brisbane, Australia

When: 21-22 February 2003

Phone: 0061 7 32348 3211

Fax: 0061 7 3229 7067

Website: www.legalaid.qld.gov.au

17th Asia Pacific Social Work Conference

Where: Huis Ten Bosch and Nagasaki International University, Japan

When: 7-11 July 2003

How: Contact Japanese Society for the Study of Social Welfare

Where: Moriyama Building, West 501 Sanei-cho 8, Shinjyuku-ku, Tokyo 160-0008

Phone: 0081 3 5366 5964

Fax: 0081 3 5366 5965

Email: renmei@apricot.ocn.ne.jp

SOCIAL WORK NOW

Aims

- to provide discussion of social work practice in Child, Youth and Family
- 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 Child, Youth and Family.

SOCIAL WORK NOW 2003

Deadline for contributions

April 2003 issue: 7 February 2003

August 2003 issue: 20 June 2003

December 2003 issue: 12 September 2003