Child Protection Assessment:

an Ecological Perspective

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This thesis was undertaken in the Department of Social Work at the University of Melbourne. It is submitted in fulfilment of the requirements of the Degree of Doctor of Philosophy and is less than 100,000 words in length, exclusive of tables, bibliographies and appendices.
Abstract

In a semi-longitudinal exploratory study using observational and in-depth interviewing methods the following questions were explored through an intensive analysis of 10 families involving 17 allegedly abused children.

1. What are the factors to which social work practitioners in different organisational settings (a hospital based child abuse service and a statutory child protection service) give salience in their assessment of alleged child abuse cases and what is the nature of their observed models of practice?

2. What is the nature of the interaction between different organisations, and in particular between the core organisations (the hospital, police and child protection services) in cases of alleged child abuse?

3. How do parents perceive their experiences related to the alleged abuse of their children, and how do they perceive their interactions with core organisations?

Professionals were interviewed about their unfolding perceptions throughout the life of each case, with a total of 134 interviews being conducted with practitioners (an average of 13.4 per case). A total of 46 practice episodes were also observed (an average of 4.6 per case), including office interviews, home visits, groups sessions, meetings, case conferences and a court hearing. For all but one of the ten families it was also possible to conduct lengthy, in-depth home interviews with the parents about their experiences relating to the alleged abuse and their contact with services, thus bringing the combined total of professionals’ and parents’ in-depth interviews to 143.

A content analysis of the fieldnotes yielded a number of themes and key findings. In relation to the first question, it was found that social workers in both the hospital and the child protection service gave salience to quite different variables and both groups attended to a much narrower range of variables than the framework of psycho-social assessment traditionally taught in professional social work education.

In relation to the second question, it was found that a pattern of marked tensions was evident in the relationship between the child protection service and both the hospital and the police. This mirrored the inter-organisational tensions which existed at a broader political level between these organisations. The tensions at the service delivery level were conceptualised as gatekeeping disputes, dispositional disputes and domain disputes.
In relation to the third question, it was found that parents were deeply ambivalent to professional power and authority in relation to hospital social workers as well as child protection workers. Some families also described a contamination of normal sexuality in the aftermath of alleged sexual abuse by someone outside the household.

The broader significance of this study for social work practice, education and research is twofold. It analyses fundamental problems relating to the tension between professional and organisational socialisation and the obstacles to family centred social work practice. It also makes an original contribution to the conceptualisation of methodological and ethical issues in social work practice research.
To Len Tierney, my teacher and my friend, who has cared and thought so deeply about children and their families, and who has given so much and so generously to his students.
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Preface

Doing a Ph.D. thesis is like having a baby, a strange mixture of agony and ecstasy. While the idea is conceived in a moment of pleasure, at times the gestation period seems never ending and is full of doubts as well as delights, and birth is often a prolonged and painful process. While the baby is a source of immense gratification, there is an inherent element of ambivalence in the mother-infant relationship. So it has been with this thesis.

There is an African proverb that says it takes a village to raise a child. I am deeply grateful to the many people who have helped bring this thesis to fruition. First and foremost, I am indebted to the parents and the professionals who allowed me into their lives. The parents of the children were, without exception, grappling with very difficult circumstances, and yet tolerated the additional burden of this study. They spoke honestly about their experiences, showing a level of trust and an intensity of feelings which, at times, was deeply moving. Some expressed the hope that through this research others might benefit from their experiences. I share their hope.

The social workers and other service providers in this study inevitably made themselves professionally vulnerable by exposing their practice to me. I feel a certain humility when I recall my own professional practice in this field and I have wondered how a researcher would have made sense of the things I did and thought in the course of my attempts to help abused children and their families. I have also wondered how I would have felt about my work being so closely scrutinised. I imagine that there might be people who feel that the criticisms I make about current practice in parts of the thesis, are, in a way, a betrayal of their trust in me. If so, then I very much regret this, as my intention was to help enhance the services for abused children and their families, not to hurt those who do such demanding work under such difficult conditions. Their organisations must also be thanked for permitting and facilitating the study, and for respecting the liberal tradition of academic freedom. On a practical level I am also grateful for support in the form of a research grant from the Royal Children's Hospital Research Foundation, and a Post-Graduate Research Award from the Australian Government.

My friends and colleagues have given me much assistance and support. Janet Farrow helped me with the literature search, while also being a sounding board for my ideas. Dr Len Tierney, as supervisor, expertly guided me through the design and data collection stages of the thesis. The standards he sets for his students, like those he sets for himself,
are never achieved, but it is a privilege to have had the opportunity to struggle with the challenge, and it will always be an honour to follow in his footsteps. Len’s serious illness mid-way through the thesis greatly reduced his participation but despite this, he has retained an interest in its progress and been a continuing source of support.

In the data analysis and writing up stages of the thesis, Dr Lynda Campbell has provided extremely valuable assistance. She has given me very constructive feedback on successive drafts of the thesis, helped me to reflect upon my more subjective responses to the research material and shared in the development of ideas about practice research. Lynda gave this assistance when, as a result of Len’s absence and mine, she was left to carry the responsibility for child and family welfare in the Department of Social Work. It was a time when Lynda’s own career required that she should have devoted her energies to pursuing her own research and publications unburdened by that of others. I am deeply indebted to Lynda for such generosity.

I have enjoyed the continuing support of the Head of Department, Dr Bruce Lagay, who also made valuable comments on the thesis at the final draft stage. Dr Mark Ezell, from the University of Washington, gave me feedback on the inter-organisational section of the findings, and David Tregaskis assisted in the proof reading of the thesis.

Closer to home is the gratitude I feel to my family. My parents, Arthur and Dorothy Scott, helped me in very practical ways, as they always have, which enabled me to get on with the work. Our children, Owen and Ellen have endured the thesis, as they endured the Masters’ thesis before it, neither of them being able to recall a time when there wasn’t a “Mum’s thesis” in their lives. If producing a thesis is akin to having a baby, I hope they haven’t felt too displaced by having such a strange sibling. And last but not least, to my husband, John Pittman, who has given me so much practical assistance, intellectual stimulation, and moral support, I give my deepest thanks and my absolute assurance that my thesis bearing days are now over!

Dorothy Scott
Chapter 1 Introduction

There have been two waves in the history of the child rescue movement. The first wave rose out of the turbulent sea of urban industrialised societies in the second half of the nineteenth century. It led to legislative changes and the creation of voluntary societies for the prevention of cruelty to children. The second wave of the child rescue movement arose in the turbulent sea of western society in the 1960's and 1970's, starting with the "discovery" of the "battered baby syndrome" in the United States and spreading rapidly throughout the western world.

During the intervening century, there had occurred massive social changes: the diminution of "laissez faire" attitudes to the role of government in the private sphere of the family; the development of the welfare state and the professionalisation of human services; and the rise of the "therapeutic state" (Polsky, 1991). This led to greater statutory involvement in the investigation of suspected abuse and to the creation and professionalisation of treatment services.

The second wave of the child rescue movement occurred in Victoria much as it had elsewhere, and then there was a lull before the storm erupted in the late 1980's and early 1990's as the second wave rose to tidal proportions. The storm, which politicised the issue of child abuse, focussed on the deaths of children under the care of the child protection service. Also, in the wake of the second wave of the feminist movement and the discovery of child sexual abuse, there was intense concern about this "new" form of child abuse. The media showed photographs of children killed by their parents and left unprotected by the child protection authorities. (See Appendix A for an outline of the themes in the newspaper coverage on child abuse throughout the period of the thesis).

The State Government, and the professions which had claimed the territory of child abuse, were called to judgment by press and parliament, culminating in new child protection and sexual offences legislation and closer public scrutiny of child protection practice. Increased resources were allocated to child protection and new sexual assault counselling services.

This is the historical context in which this study was conceived and carried out. Immersed in the present, it is easy to lose sight of the past, and fail to see our moment of history in perspective. Dr Len Tierney, who played a leading role in post-war child welfare services in Victoria, has posed a number of key questions to ask of each era of
child welfare history: “What events in children’s lives have excited a community response? How have parents been regarded? What ideas have been held about cause and effect? How has the State attempted to define its role in intervention having regard to the fact that official programs are not the only way in which social life is regulated? What is the validity of the community’s perceptions from the point of view of those attempting to implement programs related to these perceptions?” (Tierney, 1990, p.14).

Drawing on Studt’s (1965) conceptualisation of a field of service, Tierney differentiates three dimensions of the child welfare field - the perception of the social problem, the nature of the social task or organised response, and the service system which carries out this response. These three dimensions are closely interrelated and change over time. In relation to the changing community perception of the child welfare problem, Tierney (1990) gives a chronology of Victorian legislation in respect to: child destitution and child offenders in the 1860’s; exploitation of child labour and parental neglect of children in the 1880’s; “baby farming” of illegitimate children in the depression of the 1890’s; and adoption in the 1920’s and 1960’s.

The most recent Victorian legislation, the Children and Young Persons Act of 1989, enshrined principles of diversion and “least restrictive options” (Carney, 1989), and an amendment introduced mandatory reporting of suspected physical and sexual abuse.

Through legislation, Tierney notes the transition over the past century from a focus on a parent’s financial obligation to support their child while in substitute care to a “rights” perspective with corresponding shifts in the evaluation of both parents and children, culminating in the late twentieth century so that:

It is not so much the parent’s liability to support children which is being evaluated but the protective nurturing function of the family. It is not the child’s moral welfare which is judged to be at risk but its emotional, intellectual and physical well-being. Despite the change of vocabulary, normative criteria are still being applied. Whether the new criteria are a matter of substance or sensibility can only be discovered by observing practice (Tierney, 1990, p.18).

This study is based on the observation of practice and on in-depth interviews with practitioners and parents in a small number of alleged child abuse cases. It is an intensive, semi-longitudinal study arising from and conducted within the historical context of the recent Victorian child protection system outlined above.
The thesis addresses three key questions.

1. What are the factors to which social work practitioners in different organisational settings (a hospital based child abuse service and a statutory child protection service) give salience in their assessment of alleged child abuse cases and what is the nature of their observed models of practice?

2. What is the nature of the interaction between different organisations, and in particular between the core organisations (the hospital, police and child protective services) in cases of alleged child abuse?

3. How do parents perceive their experiences related to the alleged abuse of their children, and how do they perceive their interactions with core organisations?

The study was planned in late 1988, the literature search commenced in early 1989, and the data collection occurred from mid-1989 to mid-1993. As the study evolved, so too did the dynamic context in which it was located. The context explored in this research can be conceptualised in the terms of Urie Bronfenbrenner’s (1979) ecological model of interacting systems.

The microsystems include those of the family for the child and the parents, and those of the particular units within the three core organisations for the professionals.

The mesosystem or the intersection of these microsystems at the service delivery level, form the central focus of the study. This is done through an analysis of case studies which capture the unfolding constructions of the actors in each case.

The exosystem consists of the core organisations in the study which were key players in the politics of child protection, as well as the legislature, professional organisations, political parties, and the media. The period of the study was marked by a severe economic recession and major changes in the Victorian service system infrastructure.

The macrosystem refers to the overarching blueprint of a society, and its historical and cultural context. This shapes the social construction of social problems such as child abuse. At this level one might also include cultural changes in the boundary between public and private domains, the emergence of women’s and children’s rights, and the psychologising of human behaviour in contemporary western culture.
The Victorian child protection service system at the time of this study can be characterised as a "turbulent field", a term used to describe a large number of organisations, an inability of agencies to satisfy the demand for services, an unstable social situation, a new programme or piece of legislation, and a retracting economy (Emery and Trist, 1965). Important features of this field included: the politicisation of child protection; major changes in organisational responsibility for child protection; a staffing crisis in the child protection service; new legislation; the proceduralisation of practice; and the transfer of practice technologies.

The Politicisation of Child Protection

The very use of the term "child protection" to describe what was previously known as the child and family welfare field is highly significant, and largely reflects the politicisation of child abuse brought about by highly publicised non-accidental deaths of children. While most of the media coverage and the resulting political controversy surrounded the perceived failure of authorities to respond to the plight of physically and sexually abused children, there was also some public criticism about alleged "overintervention" by child protection services. In 1992 a number of dramatic "dawn raids" on a religious sect called "The Children of God" resulted in the temporary removal of a large number of children. While the legal case did not ultimately proceed, it was assumed by many that there was insufficient evidence to justify the interventions which had occurred, and that such actions constituted a serious breach of civil liberties. The State Ombudsman also criticised the child protection service for its response in a series of other cases in the early 1990's in which he believed child sexual abuse had been falsely suspected and zealously pursued (Special Report of the Ombudsman for Victoria, 1994). The publicity about "overintervention" however, did not have the same level of media coverage or the same political effect as publicity about underintervention resulting in the death of children.

Media and judicial criticism also centred on the lack of capacity of the child protection service to respond to notifications of abuse. At the investigation stage the publicity focussed on the practice of imposing "caseload controls" (placing a limit on the notifications accepted and redirecting the excess to the police, who were then obliged to investigate them). At the stage at which children had been placed on orders by the Children's Court, criticism was focussed on the high number of "unallocated cases" which had not yet been assigned to a child protection worker to supervise.
Major Inter-organisational Changes

Major changes occurred in the inter-organisational domain of child protection in Victoria in the period of this study. One of the distinguishing features of the Victorian child welfare system is the central role which has traditionally been played by non-government agencies. Unlike the rest of Australia, where child protection investigation had long been a State responsibility, it was only in 1985 that the Victorian Government assumed responsibility for child protection investigation from the non-government agency, the Children's Protection Society (formerly the Victorian Society for the Prevention of Cruelty to Children). The women police had also played an historic central role in child protection investigation while the statutory child welfare agency had previously only dealt with child welfare cases after they had been placed on an order by the Children's Court.

In the second half of the 1980's the newly created statutory child protection investigation service and a specialist unit within the police force, shared the investigatory role. This was referred to as the "dual track" system, a system which was seen as fatally flawed (literally as well as metaphorically), as it was seen by many to be responsible for the deaths of several children who "fell" between the "tracks" of these two services which failed to communicate effectively with each other (Fogarty & Sargeant, 1989). The "dual track system" was subsequently replaced with the "single track system", leaving the "welfare-based" state child protection agency as the lead authority and delegating the police to the criminal investigation aspects of child abuse. The police perceived this policy shift as a displacement of their traditional role in child protection.

There was also a series of changes in the Ministerial advisory bodies on child protection policy during this period, the very creation and demise of each reflecting the political sensitivity of the issue. At the commencement of the study the Ministerial advisory body was the Child Protection Council, which was then replaced by the Standing Committee on Child Protection. This became a sub-committee of the Victorian Family and Children's Services Council which was enshrined in new legislation and resourced by its own secretariat. After a change of government in 1992, the Council was disbanded, ostensibly on cost cutting grounds.

Child Protection Staffing Crisis

The Victorian child protection system in 1988 was in danger of collapsing, with increasing referrals, and an extremely high staff turnover. Both the widespread and
frequent practice of “caseload controls” and the high number of “unallocated cases” were symptoms of the severity of the crisis in the service. In an attempt to address the staffing problem a number of measures were taken by the government, including salary increases, improvement in staff development opportunities, the recruitment of overseas social workers and the declassification of social work positions. In some ways the latter formalised a process which had been going on for many years, particularly in rural regions, in which many non-social workers had been appointed to social work positions. While staff turnover continued to be a serious problem, particularly in certain urban and rural regions where it remained severe and chronic, the annual turnover rate fell to half what it had been in 1988-9 (Markiewicz, 1995).

New Legislation

The Children and Young Persons Act (1989) was progressively introduced from 1989 to 1992. The objectives behind the new legislation were: to divert cases from the child protection system and the Children’s Court; to maintain children within their natural family; and to uphold the rights of children and parents through allowing them a greater say in decision making processes and appeal mechanisms (Carney, 1989). Shortly after the legislation was enacted public controversy surrounding the much publicised death of Daniel Valero culminated in the newly elected government reluctantly amending the legislation to introduce mandatory reporting. Thus the legislation ended up containing the contradictory objectives of diversion and compulsory notification. The introduction of mandatory reporting led to a dramatic increase in notifications, and more resources were allocated to the child protection service at the same time as cutbacks were made to other child welfare programs.

The Proceduralisation of Practice

Statutory child welfare practice became increasingly proceduralised through this period with detailed Departmental guidelines and manuals prescribing courses of action to be followed. This was an attempt to standardise practice, which varied enormously across regions (for example in the rate of substantiated notifications and the proportion of cases resulting in court orders), as well as being an attempt to translate new legislation and policy into practice and to prevent the recurrence of more child protection “mistakes”. Due to lengthy delays in the passage of the new legislation, a new Child Protection Practice Manual reflecting its new thrust, was developed and put into practice well before the legislation was finally enacted.
The Transfer of Practice Technologies

The influence of ideas from the United States was apparent in a number of areas during this period, including the introduction of intensive family preservation programs, and the development of Protective Behaviours programs in schools. In a less formal way the practice technology associated with interviewing sexually abused children for both forensic and clinical purposes was also absorbed by the field. Techniques and play therapy aids such as anatomically correct dolls, puppets and so on became increasingly common tools of practice in child protection services and in services for sexual assault victims, and child sexual abuse came to be seen as a new area of specialisation.

The mere listing of the above features does not capture the dynamic process of evolution of this field of service in Victoria during these years. It does however, give some idea of the backdrop to this study. Within the context of this turbulent field, I sought to capture in detail the dynamic processes at the case level, describing and analysing how each case was constructed as it unfolded in the agency and inter-agency contexts. While a study such as this is always limited in terms of its generalisability to other settings, many child protection systems in Australia and elsewhere share some of the features which characterised the Victorian child protection system at this time. These findings are therefore relevant to other child protection systems.

Child Protection - through the Binoculars and the Microscope

As well as being about child protection practice, this thesis highlights central issues relating to social work. In the preface to his recent book "Child Abuse Revisited, Children, Society and Social Work," British social worker David Cooper argues that child abuse needs to be seen within the broader context of the social work profession and society. "If there are any 'answers' to child abuse then they are to be found in the wide view, through binoculars rather than through microscopes" (Cooper, 1993, p.iv). In contrast, I believe that answers are more likely to be discovered by those who possess both a set of binoculars and a microscope. This thesis has attempted to develop a bifocal view. While it primarily uses a microscope to look at the detail at the case level, it keeps glancing through the binoculars to see the big picture.

In this study one can see trees as a metaphor for cases of alleged child abuse and the leaves of the tree as the minute detail of each case as it unfolds over time. While the microscope shows the detail of the cells of a leaf the binoculars show the forest in which
the tree and its individual leaves exist. Under the microscope the impact of the forest can be seen at work in every leaf in terms of the effect of the climate or the quality of air in the forest. Of course, each leaf is also unique, with the intricacies of its structure and functioning of cells being in some respects like all other leaves, and in other respects like no other. So too, each case is unique, yet at the same time it is embedded in a common context - that of the agency, the service system and the broader socio-political milieu of a particular place and time.

The semi-longitudinal description given for each case is like a series of photographs which captures its development over time. Photographs are not passive or objective recorders of events. The photographer chooses what is photographed and from which angles objects and events will be portrayed. Different photographers will take different photographs of the same events. In this sense, the researcher is akin to the photographer. In recent times anthropologists have shown increasing recognition of the significance of the researcher’s autobiography as this “relates to the anthropological enterprise, which includes the choice and area of study, the experience of fieldwork, analysis and writing” (Okley, 1988, p.1).

It would be wrong to assume that there is a simple linear relationship between research questions and research method with the former determining the latter. It is likely that a researcher’s preference for a particular method based on personal preference and expertise is likely to shape the questions as much as the questions shape the method. In this instance, my experience in the 1970’s as a student of the anthropologist and historian, Professor Greg Dening, introduced me to the world of ethnography. This is a world, as I have argued elsewhere (Scott, 1989), which is very similar to the world of social work practice, to the extent that both are fundamentally concerned with meaning construction - how the other, be they native or client, makes sense of their world and their experiences. I have always been reluctant to leave behind both the world of ethnography and the world of social work practice. This study was an opportunity to return to both worlds and to bring them together.

In assessing a piece of research, it helps if the reader can place the researcher in context and identify the filters which the researcher is likely to have brought to the research task. These filters are sometimes not apparent to the researcher and may be personal and political as well as professional. The research questions themselves grew out of my roles as a practitioner, teacher, consultant and researcher. I began my work in the child welfare field as a seventeen year old child care worker at Allambie, a centralised State
reception centre in the late 1960's. There I was exposed to highly traumatised children
who had just been removed from their families and placed in a very large and
overcrowded institution. Following social work training at the University of Melbourne,
in the early 1970's I worked in a statutory child welfare service which placed and
supervised wards of state in foster and adoptive families. In the mid-1970's, I worked as
a psychiatric social worker in a women's hospital and was closely involved in
establishing the first sexual assault counselling service in Victoria at the Queen Victoria
Medical Centre in 1976. In the 1980's I became involved in social work education and
staff development, as well as providing advice on child protection policy to a number of
Ministerial advisory bodies.

As a social work educator my interests have gone beyond the substantive issues relating
to the field of child welfare. I have become increasingly concerned about whether I was
adequately preparing my students for practice in organisations in which they sometimes
seemed to become rapidly deskilled. As an agent of professional socialisation, I was
mindful of the power of organisational socialisation to defeat my efforts to transmit the
values, knowledge and skills of the social work profession. I was also interested in
psycho-social assessment, which has traditionally been regarded as a cornerstone of
social casework theory and practice. Assessment is particularly important to child
protection practice, with social workers in this field having a clear professional and
agency injunction to undertake assessment of the child and family. The first of the three
research questions relates to how social workers in this field make sense of these
injunctions and how this is reflected in their practice.

Assessment has received renewed attention very recently by Meyer who captures the
essence of social work assessment.

Assessment is actually about two things. It is a straight forward cognitive process
that involves using relevant (as determined by the practice model being used)
knowledge, and exercising informed judgments. It is also a product, a statement
that is the consequence of the exploration of the case data, use of inference, and
definition of the problems to be treated ... As a process, assessment proceeds as
the case unfolds and as new data are disclosed; it is continually called upon (as is
thinking itself) to weave through practice like a thread (Meyer, 1993, p.2).

"Weaving through practice like a thread" is a fitting metaphor for some of the questions
which I set out to explore. How do social workers, over the life of a case, weave the
threads into a tapestry? Why do they choose certain threads to highlight the surface of the tapestry (to which variables does the social worker give salience)? Is the social worker following a predetermined pattern as she weaves the tapestry and if so, where does this pattern come from and does the social worker make adjustments to the pattern in the light of the uniqueness of each case? How do social workers in two different organisations weave the tapestry in relation to the same case - for example, do they work together on the one tapestry or is each pattern woven in isolation from or even in competition with the other? When a number of tapestries are compared across social workers and agencies, what are the similarities and the differences? And last but certainly not least, how do the families see those who weave the tapestries around them, and how do they pick up the threads of their own lives in the aftermath of their involvement with the service system?

As a social work researcher I was becoming increasingly dissatisfied with the type of research appearing in social work journals. To use child protection assessment and decision making as an example, I was disappointed with the research methods which had traditionally been used. These included the use of hypothetical case vignettes and questionnaires asking practitioners what they would do or look for in such a situation, and the examination of case records.

In regard to the former I doubted whether there was much correspondence between the responses to hypothetical situations and what practitioners actually did in an agency context. In regard to the latter, having written case reports myself, I was well aware that they were a tool of organisational accountability and often justified decisions made on the basis of available resources, rather than capturing the process of professional assessment and its link to intervention. I wanted to find new ways of researching issues relevant to social work practice. In previous postgraduate research (Scott, 1987) this led to exploring at both an epistemological and a practical level the nature of “practice research”.

I hoped to use this thesis to explore different methods of research which might serve the needs of practice. It is for this reason that the Methodology chapter in this thesis is longer than would normally be expected. While somewhat apprehensive about adopting an unorthodox methodology, once the study was underway I was encouraged and excited by a new vision beginning to dawn in social work. This was captured by Hartman’s 1990 editorial in the journal Social Work in which she affirmed the breadth of the social work domain and called for the development of “new ways of knowing” to explore this domain.
The boundaries of our profession are wide and deep. We are concerned about the nature of our society, about social policy, social justice, and social programs. We are concerned about human associations, about communities, neighbourhoods, organizations, and families. We are concerned about the life stories and the inner experiences of the people we serve and about the meaning to them of their experiences. No one way of knowing can explore this vast and varied territory (Hartman, 1990, pp. 3-4).

It seemed to me that the methods of practice research needed to become wide and deep to reflect the boundaries of social work practice - wide in seeing the broader context and deep in entering the minds of the actors. This editorial cited some of my published ideas on “meaning construction and social work practice” (Scott, 1989). I was particularly interested in developing further research methods which might be able to explore how social workers constructed meaning in their practice and how their tacit knowledge was expressed (Scott, 1990).

Interest in related theoretical concepts such as that of cognitive schema and the notion of "espoused theories" as distinct from "theories in use", made me wary of methods which relied exclusively on what social workers said was guiding their practice. I therefore used observation as well as in-depth interviewing to see their practice as well as hear what social workers and their clients said about it. The voice of the latter was important to me, as I believed clients’ voices had been persistently muted in social work research. Yet I was dissatisfied with existing consumer satisfaction questionnaires which are the common method for tapping client perceptions of services. I wanted to hear both the client’s and the practitioner’s side of the “same” story, and I yearned for a method which had more depth, even if it meant sacrificing the size of the sample to achieve this.

I also wanted to avoid giving a distorted account of how the study actually unfolded. Ann Oakley (1992), a feminist sociologist, has recently given an account of “the natural history of a research project” which tells the story which is usually hidden between the lines of the research report. This “tell it how it really was” approach is becoming more common among social researchers, and for feminist researchers in particular, this has involved an acknowledgment of the self in the process of research. It has also involved a rethinking of the relationship between the researcher and the researched, and a commitment to hearing the voices of the latter.
Even in medical research it has also long been recognised by some leading figures that research reports present post hoc reconstructions of the research process which distort it.

Medawar has complained that scientific writing is often intellectually "fraudulent" because the careful organisation given in the published material does not reflect the way things happened ... He may omit many of the things he did initially, include others he did not do until much later, or sometimes put first what he thought of last (Feinstein, 1967, p.1).

To some extent, the post-hoc reconstruction of the process of the research in the actual product of the research is inevitable. For example, in this study as in most others, the literature which appears in the literature review is, to a significant degree, not the literature which existed before the study commenced. Yet the sequential structure of a thesis tends to convey the impression that this body of knowledge was available to the researcher before the study commenced and that it determined the choice of questions and the methodology. Similarly, many of the issues which are presented in methodology sections of research reports typically came to light during the study rather than before, but this is rarely acknowledged. While following the conventional format of sequencing the chapters, I have therefore tried to avoid deliberate post hoc reconstruction and have attempted to give as honest an account of the research process as it unfolded. However, within the scope of this thesis it is not possible to give a full account of "the natural history" of this research project. That would be another thesis!
CHAPTER 2  LITERATURE REVIEW

Chapter Outline

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2.1 Introduction

The chapter is structured sequentially so that it begins with the “wide angle lens” of an historical perspective on the social construction of child abuse, before moving on to a narrower focus on contemporary research on the definitions, prevalence, effects and etiology of child abuse. The focus then shifts to the literature on social work assessment, again viewed from an historical perspective in order to highlight the way assessment has been and is being constructed within the profession, and then moving to social work practice in the area of child protection and clients’ perceptions of their interactions with this service system. The last section of the review moves back to a “wide angle lens” to focus on the organisational and inter-organisational contexts of child protection practice.

The areas listed above represent a vast landscape of theory and research and in some parts of this territory there has been a knowledge explosion in the past few decades. For example, in regard to empirical research on child abuse, the number of published papers on child abuse and neglect found in electronic databases in the behavioural sciences has increased from about a dozen prior to 1970 to an average of 390 per annum in the years 1986 to 1990 (Wilcox & VandenBros, 1991). The analysis of the literature has therefore needed to be selective, and there has been an inevitable “trade off” between breadth and depth of coverage. While trying to avoid sacrificing breadth, a choice has been made to focus on those parts of the landscape which have the greatest relevance to the three research questions while on the way, identifying the signposts but not exploring peripheral parts of the landscape. The reason for the breadth of selection is that this study emphasises the links between the practitioners’ constructions at the case level and the wider social construction of the phenomenon of child abuse.

Methodological considerations have also been given attention. For example, the assumptions and limitations of the research methods typically adopted in child protection research, have been highlighted in order to set the stage for the next chapter’s rationale for the particular research methodology adopted in this study.

A literature review completed toward the end of a semi-longitudinal study can give a somewhat distorted impression and a “post-hoc construction” of the map available to the researcher at the outset. Here it is explicitly acknowledged that the decision to include or exclude some areas has been shaped by the findings emerging from the study. For example, as it became clear that the majority of cases were child sexual abuse cases, the
specialist literature area in this area was given more attention than other types of abuse. Much of the material in this literature review was not available to the researcher before the data was collected and analysed. Nor was it available to the practitioners who are the focus of this research and who also had less access to the pre-existing literature than the researcher. This must be borne in mind when judgments are made about the nature of the practice observed.

Another feature of the literature review which needs to be noted is the predominance of North American material. This reflects the sheer volume of research emanating from North America but this is a limiting factor in that the U.S. service systems both in relation to child welfare and to broader, related institutions such as the legislature, and health and welfare systems are quite different from those in Australia. While an attempt has been made to draw in British child welfare research as well, and where it exists, Australian research, almost no research from non-English speaking countries has been included. This is due to problems of language and accessibility but it is a significant shortcoming given the diversity and innovative nature of other child welfare systems (particularly those in Western Europe and Scandinavia).

2.2 The Social Construction of Child Abuse

2.2.1 The First Wave of the Child Rescue Movement

Anthropologist Don Handelman (1983) has remarked that “the great bulk of studies of abuse and neglect almost never question how these phenomena acquire the status of social-facts in our world. Instead, such studies accept the existence of these phenomena as unquestioned, objectified, and reified givens; and are then concerned with the why of their existence, and so with how they can be prevented or treated” (Handelman, 1983, p. 6). It is essential that social work, which claims to incorporate the broader social context in its perspective, reflects upon the social construction of child abuse as a social problem.

This is not an easy task for in our attempt to make sense of social problems we are caught in our own webs of understanding. Whether we can really see the pattern of the webs we have woven is doubtful but an historical perspective may help to illuminate the process by which social problems are “socially constructed”. Becker (1966) has argued that all social problems have a history and develop through a series of stages reflecting a change in who
defines the problem, the definition it is given, and the actions taken to solve the problem (Becker, 1966). Drawing upon these ideas, Nigel Parton developed a natural history of child abuse as a social problem in the United Kingdom (Parton, 1979) and identified its stages as those of discovery, diffusion, consolidation and reification. There are key questions which arise from each of these stages. In regard to its discovery, what is it in a particular historical milieu which gives rise to the definition of a phenomenon as a problem? In regard to its diffusion, to whom and how does the concern about the phenomenon spread? In regard to its consolidation, who is given responsibility for responding to the phenomenon? In regard to its reification, how does it come to be taken for granted as a natural area of concern by the general community and by agencies and professions who might come to have an interest in its future existence?

While there is a history dating back over several centuries of societal concern about, and statutory and philanthropic responses to, problems such as child destitution and juvenile crime, the problem of “child abuse” as it has come to be known, was “discovered” in the late nineteenth century. The high visibility of a range of social ills in late nineteenth century cities in societies undergoing rapid industrialisation, and the associated political and social climate of this period, gave rise to the discovery of and new responses to, a range of problems visible among the urban poor. The same historical milieu also gave rise to the discipline of sociology and the profession of social work, both based on a belief in the “scientific” approach to the study of social problems. A recently published historical analysis of media coverage and the politicisation of child protection relevant to this thesis is presented in Appendix B (Scott, 1995).

Down in the Antipodes in the 1880’s the child rescue movement was born. This was the Victorian era of “Marvellous Melbourne” as it was then known, when the city had the highest per capita income in the world. The economic boom of the 1880’s saw extraordinary urban and industrial growth and the flowering of a city resplendent in late Victorian architecture. Yet for all its splendour it was a city with a dark underside, one of prostitution in the lanes, and of slums along the banks of the polluted Yarra River, and of the other associated social evils of many late nineteenth century cities. It was an era in which there was great social concern and debate among the respectable classes about problems such as prostitution (including the moral dangers this posed to girls and young women), illegitimacy and “baby farming”, and the control of sexually transmitted diseases. Cruelty to children was another social evil which moved many in the community, and this concern culminated in the creation of the Society for the Prevention of Cruelty to Children (SPCC) in Melbourne in 1897.
Modelled on the British National Society for the Prevention of Cruelty to Children (the NSPCC), the SPCC (later the VSPCC or the Victorian Society for the Prevention of Cruelty to Children) was established at a public meeting which filled Melbourne Town Hall, and legislation gave it similar powers to those of the inspectors or “cruelty men” of the NSPCC.

Despite some attempts of those in the first wave of the child rescue movement to expose the problem of child sexual abuse, their efforts were not as successful as their attempts to expose the problems of physical abuse and neglect. However, sexual abuse did not completely escape the attention of the public or parliament. For example, incest was made a criminal offence in Victoria in 1890 following a notorious case of a man and his adult daughter who murdered their child. The most revealing parliamentary debates on this legislation are analysed elsewhere (Scott, 1983) but it is worth noting here that the origin of the criminalisation of incest in this State was not about protecting children from sexual abuse but about prohibiting deviant sexual behaviour between related adults.

The “late” (re)discovery of child sexual abuse is generally attributed to societal denial, particularly in a sexually repressive social climate. Evidence for such an interpretations is, by definition of the hypothesis, difficult to find but there are at least two sources of evidence which could be seen to support this argument. One is the documentation produced by Masson (1984) to support his claim that Freud changed his original “seduction theory” based on the actuality of child sexual abuse, to his emphasis on the child’s incestual fantasies, as a result of the reaction of colleagues. The other is research by Taylor (1985) on the prevalence of venereal disease among European and American children in the nineteenth century, and evidence on how doctors dismissed adult-child sexual contact as a possible cause of venereal disease in cases in which it had been clearly not contracted in utero, and where there was virtually no other possible explanation.

The late nineteenth century historical milieu was not ready for child sexual abuse in the same way that it was ready for child physical abuse and neglect. While it can be claimed that the “discovery” of child sexual abuse happened at the same time as the “discovery” of child physical abuse, child physical abuse as a social problem moved on to the other stages in Parton’s model long before that of child sexual abuse. The historical conditions required for the transition of child sexual abuse from discovery to the stages of diffusion, consolidation and reification would not come until the 1980’s, after the second wave of feminism and the second wave of the child rescue movement, had paved the way.
2.2.2 The Second Wave of the Child Rescue Movement

The discovery of child abuse is often incorrectly stated as beginning with the “Battered Baby Syndrome” paper of Henry Kempe and his colleagues in the 1960’s. Those who do acknowledge that the discovery of child abuse was a nineteenth century phenomenon, have sometimes incorrectly implied that little happened between its initial discovery and its rediscovery in the 1960’s, based on an assumption that a low public and political profile can be equated with a low level of professional and philanthropic activity. Rather than marking a rediscovery of the problem of child abuse, the second wave of the child rescue movement can be more accurately characterised as reflecting the medicalisation of the problem of child abuse and a reawakening of public interest.

Historians, like anthropologists, do not and cannot give an “objective” account of those who existed across time and space. Rather, they reconstruct the past (Dening, 1973) and in doing so, often project the present on to the past. At best, historians attempt to capture the perspectives of the actors of other times and place, and to reflect on how the lens of the present may be affecting their reconstruction of the past. The past is powerful, serving interests of the present, which is why history is often censored and rewritten. Histories of child welfare have often failed to capture the perspectives of these actors, or to reflect on how the perspective of the historian might be projected on to the past.

In examining different historical accounts of the child protection movement it became clear that those commenting on the past did so according to where they stand philosophically in current child protection controversies. The history of child welfare, like the history of anything else, can thus become a battleground for current ideological conflicts. The contrasting accounts by Williams (1983) and Anderson (1989) of the evolution of the child protection movement in the United States can be seen in this light. They must also be seen, like all history, in the light of the evidence which is available to, and made use of, by the historian. In this case the primary sources are almost exclusively documentary material, either of speeches given at conferences or the annual general meetings of philanthropic societies, or material from case and court records. The voices of children and their parents are rarely heard in such sources.

While Williams (1983) laments the loss of a child rescue orientation which characterised the early child protection movement, Anderson (1989) sees the transition from child rescue to child and family welfare in the United States as a hard won and enlightened
transition. He documents a period of continuing reform in public child welfare and progressive children’s agencies in the United States following the First World War, culminating in the formation of the Child Welfare League of America in 1921 and the Family Welfare Association of America in 1930 (later becoming the Family Service Association of America). Anderson argues that the period from the turn of the century to the 1950’s was certainly not a period of dormancy and that “long before child abuse became a fashionable cause it had engaged some of America’s most thoughtful social workers” (Anderson, 1989, p. 222). Williams does not paint social workers in such a positive light, seeing them as responsible for a family centred orientation displacing a focus on the needs of the child. However, she acknowledges that “while for several decades social work was the guardian of child protection and was identifying and treating child abuse, the medical profession did not officially discover the problem until the 1950’s” (Williams, 1983, p. 239).

The year which is seen to mark the medical discovery of child abuse is 1962, the year when U.S. paediatrician Henry Kempe and his associates (radiologist Silverman, psychiatrist Steele, obstetrician Droegemueller and radiologist Silver) published their research based on the use of recently developed radiological techniques to identify previously undiagnosed fractures in young children (Kempe, Silverman, Steele, Droegemueller & Silver, 1962). They called their discovery “the battered baby syndrome”, a powerfully emotive term which, enhanced by the high social standing of the medical profession, helped to capture professional and public attention.

Parton (1979) has argued that professional interests were being served by the medical colonisation of child abuse by radiologists and paediatricians. However, without a broader social and political climate which was responsive to the newly identified problem of child abuse, it is hard to imagine that professional interests alone would constitute a sufficient explanation for the extraordinary growth in legislation and services to combat child abuse which subsequently swept through the western world. There has been little analysis of how the broader social and political climate of the 1960’s and 1970’s, a period of social upheaval in most western societies and characterised by dissent against various forms of oppression, may have contributed to creating a climate in which the issue of child abuse and children’s rights came to the fore.

Publicisation of child abuse cases has been a phenomenon in most of the western world from the 1970’s onwards. The deaths of some children have taken on such a high profile that their names have come to act as markers in the history of child protection policy and
practice (as reflected in the British term “pre-Colwell”). The British second wave of the child rescue movement began in the 1970’s with the case of Maria Colwell, a child who was beaten and starved over a long period of time under the nose of the local authorities (Report of the Committee of Inquiry into the Care and Supervision Provided in Relation to Maria Colwell, 1974). A series of similar cases erupted in Britain in the ensuing decade, receiving extraordinary media coverage, particularly in the tabloid press, which scapegoated social workers for their failure to protect children from their parents.

The Victorian equivalents to the article by Kempe and his colleagues were two articles which appeared in the Australian Medical Journal in December 1966, one by Dr Dora Bialestock, the Medical Officer at Allambie, the centralised State reception centre to which children were admitted awaiting Children’s Court proceedings, and the other by police surgeon Dr J.H. Birrell and physician Dr R.G. Birrell. The paper by Bialestock (1966) presented findings on medical examinations of 289 babies admitted consecutively to Allambie. The paper by Birrell and Birrell (1966) adopted the term “The Maltreatment Syndrome in Children” and was based on 42 cases of maltreatment seen at the Royal Children’s Hospital between 1964 and 1966 (25 physical abuse, 10 neglect and physical abuse, 7 gross neglect).

In response to these two articles and the professional concern they generated, the Victorian Minister for Health established a Committee of Investigation into Allegations of Neglect and Maltreatment of Young Children, which produced its report in 1969. The members were: Mr A.R. Whatmore, the Director-General of Social Welfare (Convenor); the former Deputy Commissioner of Police, Mr C. H. Petty; and the Consultant Paediatrician to the Department of Health, Dr R. Southby. While the Committee reflected the triad of health, social welfare and police, it is interesting that it was the Department of Health and not the Social Welfare Department or the Police to which the Committee was accountable or which took the lead role in what had been a defined as a medical “syndrome”.

The terms of reference make the link to the two articles explicit: “To investigate allegations made in the report by Dr J.H.W. Birrell and Dr R.G. Birrell and Dr Dora Bialestock published in the December issue of the Medical Journal of Australia and to advise the Chief Secretary and the Minister of Health - (1) whether such allegations are based on fact; and (2) whether any administrative changes or amendments of the law are recommended” (Committee of Investigation into Allegations of Neglect and Maltreatment of Young Children, 1969).
The list of witnesses who appeared before the Committee was a “who’s who” of public child health and child welfare circles in Victoria: Dr J. Birrell and Dr R. Birrell; Professor Arthur Clark, Head of the Department of Paediatrics at Monash University; Dr Betty Wilmot, Director of Maternal and Child Health, Health Department; Dr Winston Rickards and Dr Frank Bishop, child psychiatrists at the Royal Children’s Hospital; Dr L.E. Sloan, Medical Director of the Royal Children’s Hospital; Professor L. Waller, Dean of Law, Monash University; representatives of the Australian Medical Association (Dr Murray Maxwell), the Australian Association of Social Workers (Miss Kath Dawe, Chief Social Worker at the Royal Children’s Hospital, the Reverend Graeme Gregory, Director of the Methodist Babies’ Home, and Miss Marjorie Awburn), and the Victorian Society for the Prevention of Cruelty to Children (Mrs M. Clemens and Mr P. Hannan); and leading social work academic Mr Len Tierney, from the Department of Social Studies (later the Department of Social Work) at the University of Melbourne. Written submissions were also received from four individuals: Dr David Gil from Brandeis University; Mr G.C. Bruff, Acting Director of Social Welfare in South Australia; Dr Dora Bialestock; and Mrs Louise Arnold from the Department of Social Studies, University of Melbourne.

The Committee made a range of recommendations in its report of December 1967. These related to: the creation of a voluntary reporting scheme; upgrading of the nursery at Allambie; appointment of additional staff to the Children’s Homes Section of the Social Welfare Department; registration of child care workers and improved training of residential child care workers, maternal and child health nurses, mothercraft nurses and foster parents; defining minimal standards of child care; expansion of ante-natal clinics; investigation into low rental housing; and legislation relating to children left unattended. Arising from this Committee’s recommendations the multi-disciplinary specialist unit at the Royal Children’s Hospital was established.

As had occurred a little earlier in the United States, other articles on child abuse began to appear rapidly in Australian medical and social work journals in the early 1970’s. The staff at the Royal Children’s Hospital, in collaboration with the Mental Health Authority, were very involved in the Australian research done in the 1970’s (for example, Price and Krupinski, 1976). Staff of the hospital such as the chief social worker, Miss Kath Dawe and child psychiatrist Dr Frank Bishop, also published professional papers in this period (Bishop, 1971; Dawe, 1975) and they and their colleagues were active in promoting professional and political awareness of child abuse.
In 1975 a two day seminar was held by a committee representing the Health Department, the Mental Health Authority, the Social Welfare Department, the Royal Children’s Hospital and the Children’s Protection Society (formerly the Victorian Society for the Prevention of Cruelty to Children). The seminar was well attended by predominantly health and welfare professionals, with some representatives from educational and legal circles. Out of it developed six interdisciplinary groups on different aspects of child maltreatment. A report including the recommendations of these groups, was published by the Victorian Government (Report of the Child Maltreatment Workshop, 1976).

The Report provides an excellent exposition of how child maltreatment was being defined and understood in professional circles in Melbourne during the mid 1970’s. For example, the competing psychological and sociological explanations of child maltreatment are evident in the report and there were strong statements about the need to redress social inequalities. While there was no mention at all of child sexual abuse, the beginning of a feminist awareness in relation to societal expectations of women as mothers can be detected. Notions of children’s rights were evident and legislative changes were recommended, although mandatory reporting was rejected. There was a strong emphasis on professional education and on inter-agency and inter-professional collaboration but no changes were recommended in relation to the responsibilities of the main organisations. With the notable exception of child sexual abuse, all the elements which were part of the Victorian debate on child abuse over the next two decades were reflected in the Report.

2.2.3 The Discovery of Child Sexual Abuse

By the end of the 1970’s the women’s movement in Victoria had, as elsewhere, succeeded in putting the issue of rape on to the Victorian political and social agenda, leading to law reform on sexual offences and the emergence of the first services for victims of sexual assault. By the early 1980’s these fledgling services had seen a steady growth in the number of women who talked about having been sexually abused as children, and in the number of children who had been, or were being, sexually abused. There was an increasing awareness in child abuse professional circles of developments which had been occurring in the United States in relation to the recognition of child sexual abuse. The issue quickly came to permeate the popular press as well as the professional literature.

It should not be assumed that child sexual abuse in general or incest in particular, was discovered in the 1980’s. As previously mentioned, child sexual abuse was identified as
a social problem in the late nineteenth century child rescue movement. Nor had it disappeared somewhere in the period between the first and second waves of the child rescue movement. Howitt (1992) presents annual statistics on convictions for incest in England and Wales from 1950 to 1989, which show a very steady rate of approximately 300 offences per annum until 1986 to 1989 during which period there are fluctuating rates from 444 to 516 (averaging 483 per annum). While this represents a significant increase, it is important to recognise the substantial and steady number of convictions in the preceding decades. “What happened in the 1970’s clearly could not be construed as the discovery of incest; it was the transformation of incest into a social issue. That is a very different matter” (Howitt, 1992, p.55). Interestingly, incest has received much more attention than other forms of child sexual abuse.

In 1986 the International Society for the Prevention of Child Abuse and Neglect held its international conference in Sydney which generated much publicity on the issue of child sexual abuse. The Conference marked the turning point from the (re)discovery of child sexual abuse to what Parton would term its diffusion. The remainder of the 1980’s witnessed its consolidation as a social problem with the development of specific policies and programs. By the early 1990’s child sexual abuse was beginning to take centre stage in the field of child maltreatment, dominating journals on child abuse, public and professional educational programs, conferences, legislative changes, and the allocation of resources for new programs. It was at this point, only a decade after its (re)discovery, that the social problem of child sexual abuse reached the stage of reification. In the 1990’s, unlike the 1890’s, it was not a problem which was seen to be confined to the urban poor. Rather, there was a growing perception that society was in the middle of a child abuse epidemic with child sexual abuse being seen as a particularly virulent virus. At both ends of the political spectrum, the perception of an epidemic of child abuse has come to be seen as a motif of social decay, the sign of a civilisation in disintegration.

At the 1992 International Congress on Child Abuse and Neglect held in Chicago, the conference opened in a manner reflecting the culture of the host nation, with Oprah Winfrey giving an impassioned and detailed account of her childhood experiences of sexual abuse. In 1992 and 1993 other U.S. “celebrities” came to be cast as perpetrators as well as victims of child sexual abuse, culminating in allegations of child sexual abuse against Woody Allen and Michael Jackson. This sensational media coverage saturated the newsprint and flashed on the television screens in the rest of the western world, contributing to a climate which some have described as a “moral panic”.
Jenkins (1992), drawing on the ideas of Stanley Cohen (1972) on "folk devils and moral panics", argues that since 1986 Britain has been in the grip of a moral panic centred on child sexual abuse. He analyses the content of the media coverage on a series of child abuse controversies, culminating in the Cleveland controversy and a series of alleged 'satanic ritual abuse' rings such as that in Rochdale and the Orkney Islands, in which large numbers of children were removed by child protection authorities on grounds that proved very difficult to substantiate and which resulted in judicial and public condemnation. The names of places have also come to act as historical markers of overintervention in Britain (as reflected in the term "post-Cleveland").

Toward the end of the 1980's and in the early 1990's concern began to be expressed in the literature about a range of controversial issues: the preoccupation with extracting disclosures of sexual abuse from children (O'Hagan, 1989); false allegations of sexual abuse in custody disputes (Robin, 1991); the questionable evidence for claims of widespread satanic ritual abuse (Putnam, 1991); the damaging overintervention of child protection professionals in the lives of families based on unjustified suspicions of child abuse (Howitt, 1992); and the complex issues relating to the recovery of allegedly repressed memories of child sexual abuse (Yapko, 1994).

Such critiques of child protection practice in the area of child sexual abuse have been largely ignored by child protection professionals and on the few occasions they are mentioned, they are often dismissed as part of the so-called "backlash". For example, at the 1992 International Congress on Child Abuse and Neglect in Chicago, professionals involved in both the U.K. Cleveland cases, and the U.S. McMartin day care cases, received a standing ovation. There was an understandable empathy with the personal suffering of professionals who had been persecuted in the witness box and the press, but there was no critique of professional practice.

Similarly, at the First Australian National Conference on Child Sexual Abuse held in 1994 there was no examination of the controversies surrounding interventions in child sexual abuse, apart from the unofficial distribution of a pamphlet by members of the Children of God sect which criticised the intervention of child protection authorities in their families. This was surprising in the light of publicity in the preceding month about the Children of God case and the Victorian Ombudsman's criticism of the Department of Health and Community Services in relation to four cases in which "unsubstantiated and uninvestigated allegations of sexual abuse have led to traumatic situations" (Special Report of the Ombudsman for Victoria, 1994).
It would appear as if many professionals have been unwilling to hear what some parents have had to say about their practice. In recent years parents who feel that they have been victimised by child protection professionals, have formed associations such as VOCAL (Victims of Child Abuse Laws) in the United States and PAIN (Parents Against Injustice) in Britain. Similar ad hoc groups have formed in Australia. The history of the child sexual abuse movement written from the inside, reframes the critique as part of an attempt to suppress the discovery of child sexual abuse (Olafson, Corwin and Summit, 1993).

There are strong similarities between the United States, the United Kingdom and Australia in the themes underpinning the second wave of the child rescue movement. In all three nations it is hard to underestimate the role of the media in publicising child sexual abuse and child protection practice in a polarised manner in which right and wrong are dichotomised. "The media are implicated in social policy on at least two levels, in its creation and in its administration. Firstly they frame public debate, advancing priorities and a sense of issues in a way that media researchers have labelled agenda-setting ... At a second level the expectations, mythologies, stereotypes and elisions of media creation influence the day-to-day administration of policy" (Golding & Middleton, 1982, p. 236).

2.3 Child Abuse - Prevalence, Effects and Etiology

2.3.1 Science or Scientism?

The growth in the scientific and professional literature over the past two decades on child abuse is astounding. This is reflected in the journal Child Abuse and Neglect from its inception in 1977 to the present. This widely circulated journal is the official publication of the International Society for Prevention of Child Abuse and Neglect (also established in 1977). The Society grew out of the efforts of Kempe and his colleagues, and now has regional associations throughout the world comprised of professionals working and undertaking research in the field of child maltreatment. According to the editors, the journal "provides an international, multidisciplinary forum on all aspects of child abuse and neglect including sexual abuse with special emphasis on prevention and treatment" (Child Abuse and Neglect, 1994, p.ii). In recent years new journals devoted entirely to areas such as child sexual abuse, interpersonal violence and victimology have emerged, but a content analysis of the articles appearing in Child Abuse and Neglect, still the main
child abuse journal, provides an excellent window through which to observe the changes in the literature. A breakdown of the articles published since the inception of the journal was undertaken for this literature review.

One of the most striking features is the marked increase in the sheer volume of articles. However, it is the changing proportion of articles dealing with different types of abuse and the disproportionate nature of this in comparison with patterns of child protection notifications which is particularly revealing. While a large proportion of the published papers deal with multiple types of abuse or with more general issues (such as multidisciplinary teams, child protection samples or public and professional attitudes to abuse), it is the pattern relating to papers dealing exclusively with particular types of abuse which is relevant to this discussion.

The proportion of papers on **neglect and emotional abuse** has remained relatively steady at a very low level (with a combined average of 4% throughout the life of the journal to 1994). Of these, the neglect papers are largely focussed on non-organic failure to thrive in young infants. In contrast, in Victoria in 1993-4, 57% of all notifications were either neglect or emotional abuse, with neglect comprising 35% and emotional abuse comprising 22% of notifications (Health and Community Services, 1995).

National data for 1992-3 indicates that 48% of substantiated cases were either neglect or emotional abuse, with neglect comprising 23% and emotional abuse comprising 25% (Angus & Zabar, 1995). Moreover, children under one year of age comprise only approximately 10% of all substantiated neglect cases (Angus, Wilkinson & Zabar, 1994). This highlights the contrast between the proportion of papers relating to different types of abuse in this journal, and the characteristics of at least the Victorian and Australian child protection population. The emphasis on infant failure to thrive also reflects the strength of medical contributions and the paucity of social work contributions to the journal.

The proportion of papers in Child Abuse and Neglect dealing exclusively with **physical abuse** has fluctuated within a range of 5% to 15% throughout this period. In contrast, the proportion of papers dealing exclusively with **child sexual abuse** skyrocketed during the 1980’s from 10% in 1980 to a peak of 51% in 1994 (or from an average of 25% of the papers for the decade of the 1980’s to an average of 49% of the papers for the period 1990 to the end of 1994). Also interesting to note is that in the most recent issues of the journal the general term abuse or abused is being used in titles to describe articles which are dealing exclusively with child sexual abuse, in comparison with the early years
of the journal when the general term abuse was a synonym for physical abuse. The terminology as well as the proportion of articles thus reflect the "ascendancy" of child sexual abuse.

There is also an obvious "scientism" reflected in much of the child abuse literature, and in the journal Child Abuse and Neglect in particular. Thorpe (1994) has recently advanced a critique of bodies such as the International Society for the Prevention of Child Abuse and Neglect. He argues that under the guise of scientific research, the "expert definers" as he calls them, have obscured the essentially normative and moral nature of the definition ("diagnosis") of child abuse and of child protection practice.

It can also be argued that the very typology of child abuse based on so-called different types of abuse is itself highly questionable. While this literature review uses such categories, because these are now so deeply entrenched in professional and official nomenclature, the problems of doing so need to be acknowledged. Such problems include: a failure to recognise that so-called types of abuse often co-exist; assumptions about the homogeneity of cases within a so-called category; and assumptions about the seriousness of cases based on the type of abuse.

2.3.2 Debates About Definitions and the Politics of Prevalence

Debates about the prevalence of child abuse, and its definitions, etiology and effects, are not politically neutral. For example, the narrowness or breadth of definitions of child abuse shape perceptions about the magnitude of the social problem. Jenkins (1992) argues that prevalence estimates can be a form of "claims making" and that this is an important element in the social construction of the seriousness of a social problem and in placing an issue on the social and political agenda. Notions of etiology are sometimes implicit in the terminology and definitions of abuse, and epidemiological patterns (for example, between gender or social class and the prevalence of abuse) can reinforce notions about etiology. The association between having had experiences which may be defined as child abuse, and later psycho-social well-being, are used to draw conclusions about the effects of abuse, although community samples and clinical samples give a very different picture. Thus, while issues relating to the definition of child abuse, its prevalence, etiology and effects are sometimes regarded as epidemiological and empirical in nature, they are also inextricably connected to the social construction of child abuse and the solutions which are therefore sought by a society to confront such a problem.
This section of the literature review builds upon the previous section, and in keeping with the overall theme of the thesis on the multiple constructions of reality, emphasises the symbolic as well as the substantive significance related to the literature on the definitions, prevalence, etiology and effects of child abuse.

Definitions of child abuse are cultural constructions. In the words of anthropologist Jill Korbin, “there is no universal standard for optimal child rearing or for child abuse and neglect. This presents us with a dilemma. If we do not include a cultural perspective, we will be entangled in the ethnocentric position of considering our own set of cultural values and practices as preferable, and indeed superior, to any other. At the same time, a stance of extreme cultural relativism, in which all judgments of human treatment of children are suspended in the name of cultural sensitivity, would be counterproductive to promoting the well-being of the world’s children” (Korbin, 1981, p.3).

What constitutes deviance in behaviour toward children varies across time as well as culture. Physical disciplinary practices which were once acceptable in the family and the school are no longer normative and in some instances, are now illegal. Childrearing practices may also vary between groups within a society at one point in historical time, and such differences may be based on different norms related to religious beliefs, social class, ethnicity and so on. For example, a recent U.S. study found marked differences between Caucasian, Asian and Afro-Americans in their attitudes to a number of parent-child behaviours relating to nudity, shared bathing, and genital touching which were defined by some groups as constituting sexual abuse but not by others (Ahn, 1990). However, it is possible to overstate the cultural relativism argument as different cultures would appear to be more similar than different in relation to practices such as incest. Murdock (1949) examined the ethnographies of 250 societies studied by anthropologists and found that there were strong prohibitions on incest in all of them and that such prohibitions were characterised by a particular intensity and emotional quality in comparison with other sexual prohibitions.

Some definitions of terms have been extremely broad. For example, Blume defines incest in the following way. “Incest has many subtle faces. Incest can be an uncle showing pornographic pictures to a 4-year-old ... a father masturbating as he hovers outside the bathroom where his child is, or one who barges in without knocking. It can be the way a babysitter handles a child when he bathes her. It can be the school bus driver forcing a student to sit with him, fondling her under her skirt at traffic lights ... It can be the way a father stares at his daughter’s developing body, and the comments he makes. It can be the
way an aunt caresses her niece when she visits. It can be the forced exposure to the sounds or sights of one or both parents’ sexual acts ...” (Blume, 1990, pp 8-9).

Others have criticised such wide definitions of sexual abuse which have been used in much of the research. As an example, Taylor describes one of the most widely publicised surveys of sexual abuse as “a minefield of ambiguity, including terms such as ‘sexually mature’, ‘erotic arousal’, ‘touching’, ‘pornographic material’ and ‘talking about things in an erotic way’. In fact, it is almost a textbook example of how not to write a survey question” (Taylor, 1989, p 49). Similarly, Cooper (1993) criticises what he sees as overestimates of child sexual abuse. “The danger of a movement which is seeking fundamental social change is that in challenging past underestimates of abuse it may go too far the other way. Thus a comment such as ‘we know that all women and girls in our society have experienced or are experiencing some kind of sexual assault in our day-to-day-lives’ (Manning, 1988, p.22) is a political rather than an empirical assertion” (Cooper, 1993, p. 51).

Within the professional literature on child abuse and within statutory child protection services, there is surprisingly little debate on definitions of abuse. (See Appendix C for the definitions adopted by both the hospital and the child protection service in this study). Gelles (1982) maintains that defining child abuse is impossible because of the complexity of identifying intent, and the lack of objective standards for caregiver actions and harm to the child. Hutchison (1990) argues that the definition of child abuse is dependent upon the purpose, and distinguishes the different purposes as those relating to social policy and planning, legal regulations, research and case management.

In relation to social policy Hutchison argues that the choice of definition is important for child welfare policy and planning because it determines eligibility for services and the nature of the services to be provided, suggesting that a broad definition may be valuable for such purposes. In relation to legal regulations, definitions of concepts such as harm or risk determine the threshold of coercive State intervention and the limits of parental rights. She supports the views of Douglas Besharov (1985) and others who have argued against a broadening of legal definitions of abuse and the direction of more resources into the policing of families. In relation to research, Hutchison notes that most researchers have adopted the agencies’ definition of a case as one of abuse, citing Lamphear’s (1985) identification of the lack of common operational definitions of abuse as an obstacle to research on the effects of maltreatment.
Hutchison sees policy and statutory definitions of abuse posing ethical and technical problems for practitioners. “Child welfare workers cannot ethically engage in coercive interventions into family life without a clear sense that they represent social standards rather than individual practitioner, professional, institutional, or administrative agendas. Further, practice ethics as well as practice technology require child welfare workers to inform involuntary clients of the thresholds at which coercive action will be initiated” (Hutchison, 1990). A lack of clear definitions at the case management level has been held responsible for a range of problems: overreporting; underreporting; low rates of substantiation; unnecessary intrusion into family life; and unwarranted strain on the child welfare system (Hutchison, 1990).

Besharov’s suggestion of a two-level definition, one for voluntary service and the other for coercive intervention, should be considered. This would eliminate the practice of substantiating maltreatment reports in the gray or non-serious area because this is the only way to make such clients eligible for certain services. The negative consequences of such labelling have not yet been tested empirically but may be substantial (Hutchison, 1990, p.75).

Two major sources of data are used to estimate the magnitude of the problem of child abuse: prevalence and incidence data. Epidemiological or community-based samples measure the prevalence of child abuse (the actual extent of the problem in the community at a point in time). Child protection statistics or clinically based samples measure the incidence of child abuse (the number of reported instances of abuse over a specified period). The concepts of prevalence and incidence and their very different sources of data have often been confused in the literature, particularly in debates relating to etiology and effects, as will be explored later.

It has sometimes been assumed that the marked increase in the incidence of child abuse reflects an increase in the prevalence of abuse yet the evidence which exists suggests that the prevalence has not changed significantly, although the number of reported cases has increased markedly (National Research Council, 1993). Yet even with a marked increase in the number of reported cases of child abuse, the epidemiological research would indicate that this still constitutes a very small proportion of the abuse which is occurring in the community.

In relation to child sexual abuse, an analysis of the different prevalence estimates demonstrates that definitional and methodological factors affect the findings (Wyatt and
Peters, 1986a; Wyatt and Peters, 1986b; Haugaard & Emery, 1989). Among the definitional factors which are associated with higher prevalence findings are: an extended age range for childhood (for example, 18 years rather than 12 years); the breadth of the criteria for defining abuse (for example, the inclusion of non-contact “sexual harassment” as sexual abuse); the inclusion of age peers as perpetrators; and the use of the same criteria of abuse for adolescents as for younger children. Among the methodological factors which yield higher prevalence rates are face to face interviews rather than survey questionnaires), and multiple and specific questions relating to abuse. The estimates of prevalence were found not to be affected by: the method used to obtain a random sample; where (within the United States) the sample was obtained; and the educational level of subjects and their ethnicity.

Most of the studies prior to the 1980’s were conducted on North American college students using lifetime prevalence of non-contact behaviours (for example, exhibitionism and solicitation) and contact sexual abuse. Depending on the definition, prevalence estimates ranged from 6% to 62% for females and 3% to 31% for males (Peters, Wyatt & Finkelhor, 1986a). The wording of questions has been the subject of some criticism by those who perceive a net widening process occurring which leads to a perception of an epidemic of child abuse. For example, Howitt (1992) points to the inherent vagueness in the phrase “or anything like that” used in the questions in a study by Finkelhor, Hotaling, Lewis and Smith (1990).

There are few Australian and New Zealand prevalence studies. That of Mullen, Romans-Clarkson, Walton and Herbison (1988) is the most extensive and methodologically rigorous with the findings being published in The Lancet and other international refereed journals of similar standing. In a random community sample of over 1500 New Zealand women (response rate 73% with none of the respondents failing to answer questions regarding the occurrence of abuse), a prevalence rate of childhood sexual abuse of 9.9% for the female population as a whole was estimated. A random sample of 314 of the respondents were also interviewed and 36 of the 41 women in the interview group who reported childhood sexual abuse (childhood defined as 12 years or younger) were prepared to provide details of the abuse. Of these 36 women, 20 reported that the perpetrator was a stranger to them (although this included a lodger living in the family household, suggesting that interviewees may have used varying definitions of “stranger”) and 16 women reported molestation by relatives. Of these 16, the perpetrators were identified as natural fathers in 2 cases, stepfathers in 4, grandfathers in 3, brothers in 2, and other more distant male relatives in the remaining 5 cases.
Unlike most other studies which have used a random sample of college students, this one was based on a electoral roll sampling method and yielded a sample of women across the age spectrum. This allowed the researchers to investigate whether the prevalence of childhood sexual abuse was different for the various generational cohorts of women. No difference was found, thus suggesting that at least in New Zealand, there has not been an increase in the prevalence of childhood sexual abuse over the past half century.

An Australian study by Goldman and Goldman (1988) used a sample of over 1000 first year tertiary students and found that 28% of females and 9% of males had, by the time they had reached 18 years, reported some form of sexual exploitation by “an older person”. (By this definition adolescents involved with children 5 or more years their junior were defined as adult perpetrators). The study by Goldman and Goldman (1988) used a very broad and somewhat vague definition of sexual abuse, including “an invitation to do something sexual”, “being hugged in a sexual way” and “the adult showing genitals”. Of the female subjects, 5% of the sample reported actual or attempted intercourse, and less than 1% of the males reported penetration. In relation to intrafamilial sexual experiences, two thirds of the 35% of their sample reporting some form of sexual experience with relatives, referred to experiences under 12 years of age with other children (siblings or cousins) and these were predominantly the same type of exploration of genitals as occurred with non-related peers. At the other end of the spectrum, legally defined incest was reported in 0.5% of the total sample of males and females, and 0.7% of females, with 3 out of 603 girls reporting intercourse with a father or stepfather (these categories of perpetrators were collapsed).

The different age limit used to define perpetrators and victims (12 years in the study by Goldman and Goldman compared with 18 years in the study by Mullen et al), as well as the definitions of abuses in the two studies, are probably responsible for the difference in the overall prevalence estimates generated by the two studies. However, when the two studies are compared in relation to the prevalence of the same definition of a type of abuse, such as father/stepfather-daughter intercourse, their findings are very similar.

It is interesting to note that coverage on the topic of child sexual abuse in the Australian mass media and in official child protection publications (for example, Community Services Victoria, 1991a) has drawn upon the “28% of girls and 9% of boys” (usually expressed as “one in four girls and one in ten boys”) from the Goldman and Goldman (1988) study rather than that of Mullen et al (1988), which is based on a far more representative and a much larger sample. The reason may be that the latter is a
New Zealand rather than an Australian study, and has been published in scientific journals. However, it may be that there is also a tendency to selectively use those studies which show a high prevalence rate in an attempt to convey a message of the seriousness of the problem of child sexual abuse.

Howitt (1992) argues that the literature gives a distorted perception of the prevalence of incest and that this heightens the threshold of suspicion among child abuse professionals in relation to household members, leading to “errors” in the diagnosis of incestual abuse. He re-analyses the findings of two of the largest and most often quoted North American studies on the prevalence of child sexual abuse (Russell, 1983; Finkelhor et al, 1990). Howitt (1992) represents Russell’s data in terms of percentages of the total sample, finding a prevalence rate of biological fathers as perpetrators of very serious sexual abuse of 0.8% of the sample compared with non-biological fathers of 0.9%, and brothers of 0.8%. In relation to all sexual abuse (serious and not serious), there was a prevalence rate of 3% for biological fathers, 2% for non-biological fathers, and 3% for brothers. Relatives who were not part of the household were responsible for significantly more of the sexual abuse than were biological and non-biological fathers and brothers (Howitt, 1992). He concludes that nuclear family sexual abuse is significantly less common than other forms of sexual abuse. This does not diminish the seriousness of sexual abuse by members of the household but highlights the discrepancy which might exist between the epidemiological evidence and professional perceptions.

Professional perceptions are likely to be shaped less by the epidemiological research than by clinical populations, and in the latter biological and non-biological fathers are overrepresented as perpetrators in comparison with community studies. This would appear to be particularly so where victims later seek treatment (Kendall-Tackett & Simon, 1987). There are a number of possible explanations for this, including the possibility that intrafamilial abuse is associated with more severe psychological effects and with greater family dysfunction.

A point not included in Howitt’s criticism of the major methodological shortcomings of much of the research which has been done on the prevalence and incidence of child sexual abuse is the common practice of including in the perpetrator categories of father, individuals such as stepfather, or mother’s de facto husband/boyfriend who may not have occupied a paternal role in relation to the child. Female equivalents are not classified as “mothers”. Given that most studies of the incidence of child sexual abuse note an over-representation of stepfathers compared with fathers, the collapsing of such categories
may lead to a distorted perception of the risk biological fathers pose to their daughters. The factors which might differentiate the minority of stepfathers and fathers who sexually abuse their children from those who do not is unclear. In some populations the probability of sexual abuse occurring might be higher, and professionals in some fields may be exposed to skewed populations of families (for example, families in which children have a series of different father figures in their lives).

Exaggerating the estimates of the prevalence of child sexual abuse in order to convey the seriousness of the problem may ultimately prove to be counterproductive if it leads the community to disbelieve and discount such claims as alarmist and as driven by ideological or professional interests. It is not the prevalence of a condition or phenomenon per se which determines its seriousness as a social problem, but its consequences as well as its deviance in relation to social norms. For example, schizophrenia and epilepsy each have a prevalence rate of approximately 1% yet both are serious problems affecting very large numbers of people directly and indirectly. The seriousness of each of these conditions is also shaped by the stigmatisation and deviance surrounding them in different cultural and historical contexts. Moreover, even a condition with a low prevalence rate still affects a very large number of people in the population as a whole. Thus, even a low prevalence rate can constitute a serious social problem in a population if it is regarded as deviant and adversely affects the individual and significant others in their lives. In this respect even the lowest estimates of the prevalence rates of child sexual abuse are serious in terms of the number of individuals affected and in the deviance of the behaviour. But what is known of the effects of abuse?

2.3.3 Clinicians’ and Researchers’ Perspectives on Effects

“Although physical abuse and sexual abuse garner much of the public attention, neglect and psychological maltreatment often cause more long-term damage to children” (Pecora, Whittaker & Maluccio, 1992, p.225). In regard to the effects of child sexual abuse, the research has produced mixed findings with the typically ignored difference between the epidemiological and clinical populations being central to the debate. The gap between clinicians and researchers was highlighted in a recent commentary on the effects of childhood sexual abuse between Lucy Berliner, a social worker in the United States who has played a leading role in the development of services for sexually abused children, and Paul Mullen, Director of Forensic Psychiatry in Victoria, whose research is outlined above. Berliner (1993) paints a clinical picture of victims deeply traumatised by
childhood sexual assault and suffering a range of distressing symptoms, including Post-Traumatic Stress Disorder. Mullen (1993) replies that:

what remains in doubt is the extent to which this association reflects a causal connection and by what means child sexual abuse exerts its baleful long-term effects ... Clinicians and victims’ groups who deal daily with the long-term sequelae of severe abuse on occasion promote CSA as being the dominant, if not the sole, origin of their clients’ psychopathology. This position is often bolstered by a post-traumatic stress disorder (PTSD) model in which the blow of CSA continues to reverberate down the years causing distress and disorder. Researchers have ... become increasingly aware that CSA often emerges from a matrix of social and family disadvantage from which its effects are difficult to disentangle. CSA is not randomly distributed through the community but tends to occur more frequently to children from disorganised and disadvantaged homes. Further the unholy trinity of emotional deprivation, physical misuse, and sexual abuse tend to travel together (Mullen, 1993, p.429).

Most of the studies conducted on clinical populations (for example, women with eating disorders, substance abuse, and sexual dysfunction) highlight an association between a history of childhood sexual abuse and a range of symptoms of poor psycho-social functioning, concluding that the abuse is of marked etiological significance. Clinical samples are problematic because those appearing in the clinical population with a history of sexual abuse are likely to be unrepresentative of those with a similar history who are not clients. For example, studies using community samples have not found an association between eating disorders and a history of child sexual abuse (Schaaf & McCanne, 1994) yet clinicians sometimes tend to assume a cause-effect relationship and intervene accordingly, even in the absence of recollections or evidence of abuse in a particular case.

In relation to clinical samples of recently abused children and adolescents, there are the confounding variables associated with the disclosure of the abuse and the subsequent impact on the child and others. Mannarino, Cohen and Berman (1994) found that there was a range of both pre-abuse factors and post-abuse factors which affected the psychological adjustment of sexually abused girls. In a review of the short term effects of child sexual abuse (Beitchman, Zucker, Hood, DaCosta & Akman, 1991) it was found that, with the exception of sexualised behaviour, the majority of short-term effects noted in the literature are symptoms that characterise child clinical samples in general. Among adolescents, commonly reported sequelae include sexual dissatisfaction, promiscuity,
homosexuality and an increased risk of revictimization, with depression and suicidal ideation or behaviour being more common among victims of sexual abuse compared with normal and psychiatric non-abused controls (Beitchman, Zucker, Hood, DaCosta & Akman, 1991). The conceptualisation of the effects of child sexual abuse in terms of "Post Traumatic Stress Disorder" has frequently appeared in the literature, but in a recent review of empirical studies the usefulness of this conceptualisation has been questioned (Kendall-Tackett, Williams & Finkelhor, 1993).

In a review of the long term effects of child sexual abuse it was concluded that "the evidence suggests that sexual abuse is an important problem with serious long-term sequelae; but the specific effects of sexual abuse, independent of force, threat of force, or such family variables as parental psychopathology, are still to be clarified. Adult women with a history of childhood sexual abuse show greater evidence of sexual disturbance or dysfunction, homosexual experiences in adolescence or adulthood, depression, and are more likely than nonabused women to be revictimized ... male victims of child sexual abuse show disturbed adult sexual functioning ... greater long-term harm is associated with abuse involving a father or stepfather and abuse involving penetration. Longer duration is associated with greater impact, and the use of force or threat of force is associated with greater harm" (Beitchman, Zucker, Hood, DaCosta, Akman & Cassavia, 1992, pp.101-102).

Some of the epidemiological research on the long-term effects of child sexual abuse challenges prevailing clinical assumptions and research based on clinical samples. For example, Fromuth's research (1986) found that "It is not the sexual abuse itself which is related to later negative adjustment but rather the lack of parental supportiveness which characterises the home of the sexually abused". Briere's (1988) research echoes this, concluding that child sexual abuse on its own is not associated with adverse outcomes in adulthood and that such outcomes are solely the result of the family backgrounds which are associated with child sexual abuse.

The study of Mullen et al (1988) described above, used a logistic regression that took account of potentially confounding variables in the family and social background. They found that these variables reduced but did not remove the significant association between a history of child sexual abuse and adult psychopathology (Mullen, Martin, Anderson, Roman & Herbison, in press) and that sexual penetration was more strongly associated with adverse outcome than other forms of sexual abuse.
Most of the research on clinical and community samples has been on girls and women and so it is difficult to extrapolate these findings to sexual abuse of boys. There may be significant gender differences in relation to the effects of abuse (for example sexually abused boys would appear to be at greater risk of later becoming perpetrators than sexually abused girls). While it is still not yet clear how intervening variables may reduce or increase the risk posed by child sexual abuse, the emerging picture would appear to be one in which childhood sexual abuse constitutes a significant risk factor, but does not inevitably lead to long-term damage.

Recent research on stress resilience and vulnerability in children in the face of various adverse life events and circumstances (Rutter, 1988; Garmezy, 1974; Werner & Smith, 1992) may hold some of the keys to a better understanding of the outcome of child sexual abuse for the victim. With the exception of a conceptual paper by Mrazek and Mrazek (1987), there has been very little attention given to this research in the child sexual abuse literature. This is surprising given the potential of this body of research to provide directions for clinical intervention, particularly in the light of the lack of clinical relevance of the vast bulk of published material on child sexual abuse.

Mullen’s conclusion on the effects of child sexual abuse reflects upon the way professional opinion shifts over time. “It was but a short time ago that mental health professionals were blind to CSA and its long-term effects. We took note only when the women’s movement and victim groups shoved it under our noses. Having looked, all too many of us were blinded by the revelation. The time has come to stop being dazzled by CSA and its sequelae and while giving it its full and proper weight, view it within the context of those other social, family, and interpersonal factors that contribute to the development of disorder” (Mullen, 1993, p.431).

### 2.3.4 Etiology and Ecology

Ideas regarding the etiology of a social problem are closely associated with its social construction. How one makes sense of the phenomenon is shaped by the pre-existing conceptual filters which one brings. In turn, the explanation of a phenomenon partially determines the response to it. Different disciplines filter the world through different lenses: biochemical; intra-psychic; interpersonal; or socio-cultural levels of analysis.

The etiology of child abuse is also an arena of ideological conflict. While this has taken a number of forms, it is fundamentally a conflict between those perspectives which
emphasise the individual and family factors and those perspectives which emphasise broader social structural factors. The former focus on individual factors such as parental personality characteristics (for example, parental attitudes or the use of disinhibiting agents) and family factors such as intergenerational patterns of child abuse, while the latter focus on factors such as poverty, the “culture of violence” or patriarchal social norms and institutions. The nature and emphasis of such factors varies in relation to the so-called type of maltreatment: physical abuse; sexual abuse; emotional abuse; or neglect.

The early phase of the second wave of the child rescue movement was characterised by differences in conceptualisation, with medical and mental health professionals emphasising parental psychopathology and sociologists and a few social work researchers such as Gil (1970) emphasising broader structural factors. Child abuse has also been conceptualised as a subset of types of assaults suffered by adults such that child abuse comes to be defined as a subset of domestic violence and rape. In this conceptualisation, feminist analyses have been very influential (MacLeod & Saraga, 1988; Bolton & Bolton, 1987; Driver & Doisen, 1989).

Explanations at different levels of analysis have different connotations relating to attribution of responsibility. Both individualistic and structural analyses can attribute responsibility for abusive acts to the perpetrator or reframe the abusive behaviour in terms which have a determinist overtone and which lead to a diminution of free will and personal responsibility. For example, some structural explanations for abuse and neglect emphasise poverty, situational stressors and economic disadvantage, and so reframe the abusive parent as a victim of social oppression.

Ironically, structural explanations for child sexual abuse which are based on a feminist analysis attribute child sexual abuse to patriarchal institutions and socialisation into traditional gender roles, but still hold the (assumed to be male) abuser responsible for his behaviour. Explanations in terms of individual factors or family factors, which are seen as diminishing the abuser’s personal responsibility for his behaviour, are typically rejected. Individualistic explanations can imply that abusers are victims of their upbringing or of forces over which they have little control, such as deviant sexual arousal. However, some interventions which flow from a more individualistic conceptualisation, such as cognitive-behavioural therapy, focus on increasing abusers’ internal locus of control so that they might develop a sense of personal responsibility.
Evidence for different conceptualisations is often based on correlations. For example, the findings that the majority of child sexual abusers are male and the majority of victims of child sexual abuse are female is used to support an analysis based on gendered relationships. Similarly the association between neglect and poverty is assumed to be of etiological significance. Sometimes the association of child abuse with another problem in which the etiology is understood in a particular way, can lead to an assumption that child abuse has a similar etiology. For example, in a study by Goddard and Hiller (1993), a strong association was found between marital violence and both child physical abuse and sexual abuse. This association was interpreted as supporting a feminist perspective on child abuse and negating a family pathology perspective. However, it is equally possible to interpret marital violence and child abuse as examples of family pathology. While an individualistic explanatory model which does not address such correlations is inadequate, an explanatory model which is exclusively focussed on the structural level of analysis is equally inadequate. It fails, for example, to address the issues why most men do not sexually abuse children or why most poor people do not neglect their children.

The U.S. National Research Council's Panel on Research on Child Abuse and Neglect (1993) recently reviewed the extraordinarily large literature which has accumulated on the issue of child abuse over the past decades. In synthesising the research on the etiology of abuse they adopted what they describe as a “developmental/ecological/transactional model of the etiology of child maltreatment ... [which] was selected for its breadth and advantages in organising the large and often conflicting literature on the etiology of child maltreatment” (National Research Council, 1993). This model is derived from Bronfenbrenner (1979) and Garbarino (1982) who conceptualise the socio-cultural risks and opportunities in the various systems in which the child and family are located.

The National Research Council concluded that:

Many factors have been identified as contributing to the occurrence of child maltreatment, but single-factor or unicausal theories of child maltreatment have not been able to identify specific mechanisms that influence the etiology of child maltreatment. Environmental factors such as poverty or unemployment and individual characteristics such as a prior history of abuse, social isolation, or low self-esteem have been significantly associated with child maltreatment offenders, but the relationships among such factors are not well understood ... The panel believes that the etiology of child maltreatment involves a complex interactive process, one that includes constellations of variables that interact along various
dimensions of a child’s ecological/transactional system ... Although theoretical models that describe the etiological complexity of maltreatment have been developed, they have not been subjected to testing and adequate research (National Research Council Panel on Research on Child Abuse and Neglect, 1993, pp. 139-140).

While an admirable objective, there are two aspects to the pursuit of research-grounded “theoretical models that describe the etiological complexity of maltreatment” which invite comment. First, the field of child abuse has tended be driven more by theory than by empirical research. This is particularly evident in relation to sexual abuse and particularly incest. For example, psychoanalytic formulations of incest in terms of oedipal theory gave way to the early family systems formulations in terms of the “classic collusive triangle” (Machotka, Pittman & Flomenhaft, 1967). In turn feminist formulations have been in terms of the patriarchal institution of the family (Driver, 1989; Bolton & Bolton, 1987). Thus powerful theories rather than empirical research have shaped the way incest is understood and how practitioners respond to it (Scott, 1983).

Second, even if the goal of empirically based theoretical models of the etiological complexity of maltreatment were achievable, such models would not necessarily provide those at the service delivery system with a useful prescriptive theory. The practitioner grapples with the complex and unique set of factors operating at the level of the individual case. At the heart of the difference between the researcher and the practitioner is what might be called the researcher’s “nomothetic” approach (Nagel, 1961) or the search for general laws, and the practitioner’s “ideographic” approach (Nagel, 1961), or the search for an understanding of the unique. It is in relation to the latter that social work practitioners have developed, in a largely inductive fashion (Scott, 1990), a method of analysing the case specific “person-situation” configuration”.

2.4 Social Work Assessment

The first research question in this thesis, that relating to the salience given to different factors in assessment, necessitates an examination of the social work literature on assessment. Assessment has long occupied a central place in the theory and practice of social work: “understanding cases through the assessment process is a cornerstone of professional practice; the alternative is, of course, routinized and nonindividualized practice” (Meyer, 1993, p.6).
In 1917 Mary Richmond described psycho-social assessment, or what she metaphorically termed “social diagnosis,” as “an exact a definition as possible of the social situation and personality of a given client. Investigation or the gathering of evidence begins the process, the critical examination and comparison of evidence follow, and last comes its interpretation and the definition of the social difficulty” (Richmond, 1917, p.51). Richmond’s 1901 model of case co-ordination (Meyer, 1993) consists of concentric circles with the family (not the individual) at its centre, surrounded by circles representing various “social forces” and is similar to Bronfenbrenner’s model of micro-, meso, exo- and macro- systems.

Despite the transition from the terminology of “social diagnosis” to “psycho-social assessment, the “person-situation configuration” has been the enduring unit of attention of social work over the century. The conceptualisation of the “situation” or “context” of the individual as central to assessment means that social work shares the fundamental paradigm of the ecological perspective mentioned above, although its place in the theory and practice of social casework long precedes the use of the term “ecological” in developmental psychology.

While distinctions have been made in relation to systems theory, ecological models and eco-systems theory (Payne, 1991) in terms of their conceptual origins, they have much in common and they have all been influential in social work practice texts in the past 25 years. Albeit in different language, their ideas are similar to the fundamental tenets of psycho-social assessment. For example, one of the things they have in common is the notion that factors within the person and the situation are not merely added together but need to be seen as synergistic or in complex interaction. This complex interaction of organisms and their environments has been explored by a number of disciplines. For example, in the 1930’s Kurt Lewin advanced the formula \( B = f(P,E) \) to outline how behaviour (B) is a function of person (P) and environment (E). This includes objective features of the situation as well as the individual’s perception of the situation.

Every scientific psychology must take into account whole situations, i.e. the state of both person and environment. This implies that it is necessary to find methods of representing person and environment in common terms as parts of one situation. We have no expression in psychology that includes both. For the word situation is commonly used to mean environment ... our concepts have to represent the interrelationships of conditions (Lewin, 1936, pp.11-12).
Ecological and ecosystems perspectives have been criticised from a structuralist perspective on the grounds that they see systems as unchanging and seek to make individuals adjust to unjust environments, failing to consider the inherent conflicts of interests within the society (Payne, 1991). Such a critique would appear to misrepresent ecological and ecosystems perspectives as there is no logical reason why these perspectives cannot incorporate conflict within and between each of the systems. The confusion may result from a mistakenly romantic view of the metaphor of ecology as being commensurate with a notion of natural harmony. Yet this is as much a misrepresentation of the natural world as it is the social world.

Just as nature cannot be understood without a recognition of the conflict within and between species ... conflict can be seen within and between individuals and systems: conflict within the individual (for example, the conflicting drives of the individual for close attachment and personal autonomy); microsystem conflict (e.g. in families, sibling conflict or marital conflict over the division of household labour); mesosystem conflict (for example, the incongruent norms of an ethnic adolescent’s Australian peer group and the values of his/her family); exosystem conflict ... as different services and sectors compete within different levels of government for resources (for example, conflicting eligibility requirements for services, competition for resources between different services); and macrosystem conflict in relation to racial/religious heterogeneity, class conflict, or fundamental tensions between individualist and collectivist values or secular and religious values (Scott, 1992, p.206).

Germain (1991) incorporates a structural analysis within an ecological framework.

Dominant groups in society may withhold power from others and/or may abuse their political and economic power and exploit others. Power may be withheld on the basis of various personal or cultural characteristics such as colour, ethnicity, gender, age, sexual preference, religion, socioeconomic status, and physical or mental disablement, the result being oppression (prejudicial discrimination against or disempowerment) of vulnerable groups. The abuse of power by dominant groups creates both social and technological pollutions. Social pollutions include poverty, structural unemployment, militarism and nuclear arms proliferation, and inadequate systems of housing, education, health care and income distribution. Technological pollutions poison our air, water, food, soils, and oceans (Germain, 1991, p.24).
Allen-Meares and Lane (1987) see the balance of emphasis on person or environment as having shifted across time, giving as examples: the early settlement house movement emphasis on the environment part of the person-environment equation; the influence of psychoanalytic ideas in the 1930's leading to a greater emphasis on the person part of the equation; and the emergence in recent decades of an "ecological systems theory" in which there is a more equal balance in the equation. They propose six principles of an Ecosystems Assessment Framework:

1. A comprehensive ecosystems assessment requires that data be collected about multiple ecosystems (for example, school, home, and community) ...

2. Assessment should include data from all three data sources (person, significant others, and direct observation of the client in the environment).

3. Assessment should gather data on all of the critical data variables that describe the person (for example, cognitive and affective characteristics, behaviour and physical attributes) and the situation (for example, physical, psychosocial behaviour, and historic normative environments).

4. A comprehensive assessment should include as many components as is possible (i.e. data about as many of the critical variables and systems as is possible and relevant). Each variable and system is one piece of a total picture. A practitioner cannot achieve a clear picture of the client's situation if assessment data are missing (for example, a child's behaviour across settings) ...

5. The assessment data must be integrated into a comprehensive picture of the client's situation. An ecosystems assessment helps the practitioner identify dysfunctional aspects of the person's interaction with his or her environments. It reminds the practitioner that the source of difficulty may be located within the person, the environment or both.

6. The ecosystems assessment must be linked to an eclectic repertoire of intervention strategies. Practitioners must have at their disposal interventions that are both person- and environment-changing” (Allen-Meares and Lane, 1987, p 519-520).

What is absent from these criteria is any reference to the purpose of the assessment (assessment for what?) and the organisational context in which it is undertaken. Debates about the degree to which salience should be placed on the “person” or the “situational”
parts of the psycho-social assessment equation can be seen in terms of their historical milieu and the contemporary social and intellectual climate. Just as it is no coincidence that the term “ecological” was adopted in the 1970’s and 1980’s, giving rise to a renewed interest in environment factors (for example, “natural helping networks” as well as variables such as class, gender and ethnicity), in the 1930’s intra-psychic factors came to be given salience. Virginia Robinson (1930) captured the excitement of the discovery of concepts relating to unconscious elements in the casework relationship and reflected upon the previous 50 years of the history of social casework. Fifty years later, her observations would strike many as equally pertinent to today.

The growth in knowledge and point of view in this field in the past fifty years has been phenomenal. Looking back over this development from the viewpoint of 1930, it is clear that social workers are no longer dealing with the same concepts, the same values or even the same facts that they were occupied with in 1880 .... A class of students just from college entering a school of social work in 1930 approaches the problem of trying to analyze and understand the behavior of an individual with awareness of more varieties of differences in behavior and in experience and with greater sensitivity to the ambivalences which operate in the case work contact than did a class in 1920 ... New values have developed in the experience and consciousness of case workers as they have come into closer contact with human problems. These values are psychological in contrast to economic, religious, moral or sociological values. To articulate these values, to define them clearly in relation to other values, to conceive the goals of treatment in terms which will relate these values organically; here is a task which social casework might do well to accomplish within another fifty years (Robinson, 1930, p.xiii).

The history of ideas is less an ever upward and onward progression than an ebbing and flowing of the intellectual tide, as similar shores are revisited in new historical contexts, sometimes giving rise to new language which is used to describe old ideas. Virginia Robinson articulated a critique of an earlier era of social work as science which is distinctively post-modernist in character. She criticised and quoted Lovell for her remark in the 1884 publication “Methods of Charity” that “the task of dealing with the poor and degraded has become a science” (Lovell, 1884, quoted in Robinson, 1930, p.xii). Robinson also quotes “modern physicists” to support her argument on the relativism and uncertainty of human knowledge. This is precisely the argument advanced in many recent social work critiques of positivism (for example, Wood, 1990).
In almost identical language to that of Wood, Robinson argued that “While the natural sciences are abandoning their concepts of fixed law and replacing them by a concept of relativity, the social sciences and therapies concerned with human behavior are still seeking for law and causation” (Robinson, 1930, p.xi).

Recent post-positivist critiques of social work theory and practice are very reminiscent of Robinson’s ideas and similar in their perception that they are heralding a new age. In a current climate of post-modernist thinking, phenomenological and hermeneutic conceptualisations of social work practice (including assessment) have emerged. Yet the argument advanced in the quote below was long preceded by Lowry’s succinct conceptualisation of social work assessment as “the act of deriving meanings” (Lowry, 1938, p.587).

In assessing a situation, the practitioner is engaged in developing a series of working hypotheses about what an event may mean or come to mean to the key actors involved. For example, what might rape mean to the victim in relation to self-perception, sense of control and autonomy, sexuality and relationships with others? What might it mean for significant others in her life and how might this influence their response to the victim? What might it mean for the police and medical and nursing personnel at this moment in the emergency department of the hospital ... what does it mean to the social worker, and how might this facilitate or inhibit the ability to deliver an effective service ... each case is a unique constellation of possible meanings and definitions of the situation by various actors (Scott, 1989, p.41).

However, it would be wrong not to acknowledge that recent post-modernist conceptualisations have made a valuable contribution to the debate on the nature of social work practice (Laird, 1995). One of the difficulties in the debate is the abstract level on which it has been conducted, and the lack of an empirical basis in discussions on the nature of assessment. For example, Rodwell’s (1987) argument is based on an assumption that the linear way in which social work texts have tended to conceptualise the process of assessment, reflects the manner in which assessment has actually been undertaken in practice. Yet it is possible that social workers have long practised a more naturalistic form of assessment and that the codification of this process in texts has portrayed a distorted image of assessment as more rational and less messy than it really is. Also, a danger of hermeneutic conceptualisations of assessment is an overemphasis on states of mind to the neglect of states of affairs.
One of the hallmarks of the tradition of social casework which dates back to Octavia Hill and Mary Richmond has been its sensitivity to matters of both substance and symbolism. Psycho-social assessment needs to attend to both - the material circumstances of the client's situation as well as "the definition of the situation" which result from the intra- and inter-subjective realities of objects or events. This also applies to the family as the unit of attention. Sociologist Reuben Hill (1965) incorporated the family's "definition of the event", in interaction with other variables, in his classic research on why conscription of married men in the Second World War in the U.S. constituted a "crisis" for some families but not for others. While one needs to exercise great caution in assuming that an event has the same meaning for different members of the family, the family is a legitimate unit of analysis in relation to the significance of the event in terms of its role system.

Also relevant in relation to the family as the unit of attention is the framework of family assessment developed by Hartman and Laird (1983). Unlike some of the frameworks for family assessment developed by family therapists without a social work background, Hartman and Laird's framework bridges the interior and the exterior worlds of the family, and begins with the material needs of the family and its members in areas such as income, housing and access to health services. A recent analysis of the relationship between family therapy and social work ideas, has demonstrated the contribution of social work to the development of family therapy (Furlong & Smith, 1995). Family centred social casework covers a broader range of interventions than family therapy, and its hallmark is probably that the social worker has the individual client's family in mind even if they are not in the room.

The cognitive schema which guides a social worker in family assessment is succinctly captured by Meyer (1993). "Depending somewhat upon the family treatment theory applied, assessment of roles (who in the family does what), rules governing individual behaviour in the family, family goals, their patterns of communication, expression of feelings, and their style of life, decision-making, problem-solving, and handling of conflict are fundamental processes that require evaluation" (Meyer, 1993, p.82).

In exploring social workers' observed models of practice, one might thus consider the degree to which their assessment gives salience to the possible meanings of events for the client and for significant others in their life. In addition, one might consider to what degree the assessment gives salience to the familial context of the individual client. Yet the social worker's cognitive schema in assessment is also determined by the purpose (assessment for what purpose), and this relates to the field of practice and to the agency
structure, function and resources. These are part of the ecology of both worker and client. Following an analysis of the literature on social work practice in child protection, including parental perceptions of professional practice, selected aspects of research relating to organisational and inter-organisational issues are reviewed.

2.5 Social Work Practice in Child Protection

The literature on social work practice in the area which has come to be known as child protection, includes clinical practice with abused children and their families, and child protection investigation and decision making. In relation to children who are suspected of having been sexually abused, there is considerable overlap between these areas in the literature. While an emphasis in this section of the review has been placed on intervention in relation to child sexual abuse, many of the issues apply equally to child abuse in general. A related and rapidly growing area of the literature but one which is beyond the scope of this review, is that relating to the treatment of sex offenders.

In their audit of research on child protection, Melton and Flood (1994) outline the major advances which have been achieved in relation to: the behavioural consequences of abuse on children; the link between poverty and maltreatment; the reliability of reporting and factors affecting the decision to report suspected child abuse; children’s skills as witnesses; and the effectiveness of home visitor programs in the prevention of child abuse. “Despite these advances, the field of child protection is notable more for what is not known, and the situation has not changed appreciably in recent years” (Melton and Flood, 1994, p.3). Their list of gaps is relevant to this study. “Little is known about the perception that maltreated children and their parents have of the child protection system ... little research is available on the functioning of the child protection system itself ... only the decision whether to file a report of suspected abuse has been carefully studied ... (and) knowledge about interventions is especially scant because of a lack of commitment to careful evaluation” (Melton and Flood, 1994, pp. 4-5).

2.5.1 Clinical Responses to Child Sexual Abuse

There has been an explosion in the number of books and papers recommending guidelines for both the investigation of alleged child sexual abuse and for the clinical treatment of sexually abused children and their families. This literature on the latter is
overwhelmingly based on practitioners' clinical experience rather than on research. While this is not to diminish the importance of clinical experience as a basis of practice knowledge (Scott, 1990), assessing the value of such literature in relation to the effectiveness of interventions remains difficult. Given the current state of our knowledge it is appropriate to draw upon such clinically based knowledge in a review of the literature (not least because of how it shapes practice), but propositions which have not been, or cannot be tested, must be viewed with a certain scepticism.

Practitioners confronting the needs of their clients have no choice but to respond as best they can and usually they cannot afford the luxury of waiting until interventions have been tested. Add to this the enormous complexity of variables involved in evaluating the effectiveness of sometimes imprecise and multiple interventions for a range of clients in different situations, and it is hardly surprising that in most fields of social work practice it is hard to demonstrate the empirical basis upon which interventions are based (Russell, 1990; Cheetham, 1992).

However, given the volume of research on child sexual abuse in the past decade, it is surprising that the key handbooks on child sexual abuse intervention published in the 1990's (for example, Furniss, 1991), as well as those published a decade earlier (for example, Sgroi, 1982) make few, if any, references to the research basis of their prescriptions for practice. Some beliefs have reached such a taken-for-granted status in professional circles, and to some degree in the broader society, that they remain largely implicit in the prescriptive literature and rarely challenged. They include: not "bottling up" feelings; the assumption that child sexual abuse is predominantly perpetrated by members of the child's familial household; and the effectiveness of therapy.

The belief that it is important to express painful feelings is widely held across a range of mental health professions and is central to much of grief counselling and recovery from stressful or traumatic life events. Yet at the same time, the literature and policy guidelines make frequent references to the undesirability of sexually abused children having to repeatedly go over accounts of their abuse. In the broader society there are similarly mixed social norms which lead to the avoidance of discussing potentially painful topics, and popular beliefs about the importance expressing feelings. Yet it is not possible at this stage to refine such propositions so that one can predict, for example, the positive and negative outcomes of using techniques which stimulate or repress the expression of intense emotion in sexually abused children of a particular developmental phase. It remains a matter of the practitioner's "clinical judgment" and theoretical perspective. In
the light of the complexity of variables and the uniqueness of individuals, it may be unrealisitic to expect it to be otherwise.

Many of the clinical guidelines provide detailed prescriptions for interviewing children both in terms of investigation and therapy. As outlined by O’Hagan (1989) the texts and papers on the management of child sexual abuse have emphasised the importance of interviewing techniques which lead to detailed disclosures of abuse. This is related to the importance placed on the child’s evidence for legal and forensic purposes.

The literature on investigative and therapeutic interviewing has drawn on similar techniques and aids to enable children to give detailed accounts of the abuse. Techniques derived from play therapy, such as use of imaginary beings in the form of puppets, anatomically correct dolls, miniature homes and family figures and so on, have been incorporated into forensic and clinical practice with sexually abused children, as have techniques relating to the interpretation of drawings and dreams.

Such techniques are problematic diagnostically, given the absence of valid normative standards for children of different ages. For example, Naitove (1982) offers an interpretation of a self-portrait requested during a diagnostic interview with a six year old girl “suspected of having been sexually molested” in which she sees the figure’s lack of arms as implying helplessness. Such an interpretation remains highly speculative unless the frequency with which non-abused children of this age draw such figures is known. Similarly, the type of play a sexually abused child engages in with anatomically correct dolls is very difficult to interpret in the absence of a strong database on how a random sample of children from similar cultural backgrounds behave in their play with anatomically correct dolls. Factors other than child sexual abuse (for example, the family’s norms in relation to issues of nudity and sexuality) may also explain individual differences within a cultural group in children’s play with such dolls.

Most of the clinical literature is focussed on intra-familial sexual abuse in which the child’s father or stepfather is the perpetrator. As the research presented earlier indicates, this is not the most typical situation found in either the general population in relation to child sexual abuse or the child protection population, although this group is overrepresented in the clinical population. There is almost nothing in the literature on the non-offending fathers of sexually abused children. The emphasis has been very strongly on the relationship between the mother and her sexually abused child. The literature over the past decade reflects a shift from a fairly negative and at times overtly judgmental
attitude toward the mothers to a far more supportive orientation, particularly by feminist researchers. An Australian social work example of the latter is the research of Humphreys (1992), who examined mothers’ experiences following the disclosure of what was largely intra-familial sexual abuse of their children.

The literature also reflects differences in theoretical perspectives on child sexual abuse, with psychodynamic, family systems and feminist theory being dominant perspectives cutting across different professional groups. It is hard to detect differences in professional orientation in the child sexual abuse literature. This may reflect the blurred boundaries between the mental health professions (particularly in the United States). The material which is available is also overwhelmingly clinical in orientation with very little written from the perspective of those in the child protection statutory services, with the exception of O’Hagan (1989). Even books aimed specifically at a social work audience which discuss the social work role are often not written by social workers. For example, the book on child sexual abuse (Glaser & Frosh, 1988) in the well known British Association of Social Work Practical Social Work Series, is authored by a psychiatrist and psychologist, although the editor’s introduction to all the books in this series states clearly that all the authors are practitioners and teachers of social work.

This perhaps reflects the greater status generally accorded to “clinical” and “therapeutic” practice over public welfare practice. Yet it is unclear how relevant much of the clinically oriented literature on the management of child sexual abuse is to social workers in statutory child welfare settings. One of the few contributors to the literature is O’Hagan (1989), a social worker practising in a statutory setting who has been outspoken in his criticism of “so-called experts” in child sexual abuse. He is particularly critical of the way British child protection workers have been attracted to the trappings of child sexual abuse technology.

Social work has always been vulnerable to novelty, to untested, unproven, dubious gimmickry. Thus the unedifying sight in social-services offices up and down the country of generic social workers and inexperienced, inexpert ‘specialists’ gathering their anatomical dolls, their drawing paper and crayons, and trying to operate their brand new video equipment, and then imposing themselves upon some hapless abused child, to emerge sometime later with an expression akin to Archimedes’ when he roared ‘Eureka!’ (O’Hagan, 1989, pp.117-118).
Much of the clinical intervention literature in relation to sexually abused children draws heavily upon the didactic principles “Protective Behaviours” programs. These programs are based on an empowerment model and were designed as a primary prevention strategy in schools. They teach children key principles such as: their right to feel safe at all times; how to recognise “good” and “bad” touching; telling someone they trust if they are being abused; and the responsibility for abuse rests with the perpetrator and not the child.

Protective Behaviours programs have become widespread in Australian primary schools. It is very difficult to evaluate their effectiveness. Krivacska (1992) has criticised such programs for the risk their preoccupation with negative touching might pose to the development of healthy sexuality in young children. Berrick and Gilbert (1991) have also raised the possibility of unintended consequences in relation to the diminution of children’s trust in adults, as well as their efficacy as a preventive strategy. In regard to the latter, their research found that children under the age of eight years had poor comprehension of the key concepts which they had been taught, and that they were unable to generalise the principles to different situations and contexts. Australian researchers Briggs and Hawkins (1993) have produced similar findings but they argue that rather than abandoning such programs, they need to be modified to be more developmentally appropriate for young children and to have more parental involvement.

Protective Behaviours concepts have also been very influential in therapeutic intervention with sexually abused children, along with play therapy techniques (Mann and McDermott, 1983; Jernberg, 1983; Porter, Blick and Sgroi, 1982; Schaefer and O’Connor, 1983; James & Nasjleti, 1983; Waterman, 1986). All of the above are North American texts published in the early to mid 1980’s and reflect the literature which was available to those developing services for sexually abused children in Australia in the late 1980’s. Such therapeutic models make extensive use of experiential techniques in a sequence of interviews focussed on: identifying the child’s significant others and daily routines; knowing and articulating feelings; naming body parts; distinguishing between “good” and “bad” touching; facilitating the disclosure of the details of the abuse and the feelings which are assumed to be associated with this; attributing responsibility to the offender; and developing a plan of action in the event of further abuse.

There has been considerable debate on the boundaries between the investigative interview and the therapeutic interview, particularly in relation to the use of therapists as expert witnesses in legal proceedings related to criminal prosecution, custody and access, and child protection (Robin, 1991). It is this which has led to some of the heated
controversies in this field, although it needs to be noted that only a very small proportion of reported cases of child sexual abuse result in legal proceedings (Goddard & Hiller, 1989). This is another example of the discrepancy between the emphasis given to certain aspects of child sexual abuse in the literature and the child protection population.

There have been strong criticisms of both investigative and therapeutic interviews with children who have been allegedly sexually abused, on the grounds that interviewers have sometimes been driven by the desire to extract a disclosure and have assumed that sexual abuse has occurred. Perhaps the most well-known is the judicial report on Cleveland where: “Staff felt under pressure to seek confirmation from children of the diagnosis, or if the diagnosis was accepted by professionals, to help children disclose the experiences they had encountered. The boundaries between the diagnostic/assessment work and longer term therapeutic objectives were often confused” (Butler-Sloss, 1988, pp.73-74).

A number of other controversies have plagued this area of practice. The issue of false allegations has become particularly controversial, especially in relation to custody disputes (Robin, 1991). The use of “checklists” based on generalised behavioural indicators in relation to the identification of child sexual abuse has also been criticised, with De Young warning that “there is little consistency among the various indicator lists. The net effect is a kind of melange - a veritable grab bag of indicators that potentially lends itself to much abuse and most certainly to false positive identifications” (De Young, 1986, p. 555). As an alternative De Young proposes a method for the assessment of the quality of information about the alleged abuse and the child’s development, which tests the clarity, celerity, certainty, and consistency of the child’s statement.

Recently there has emerged in the literature debate on the use of empirically based instruments for assessing the veracity of children’s disclosures of sexual abuse (for example, Bradford, 1994; Jones, 1994; Davies, 1994). The use of anatomically correct dolls has received a lot of attention for both investigative and clinical purposes and has been the subject of research and controversy (White & Santilli, 1988).

As outlined earlier, in the United Kingdom the recent critique of child protection practice has centred on a series of highly publicised, large scale removals of children suspected of being sexually abused. Howitt (1992) argues that a theory of professional errors in child protection needs to account for numerous influences including: ideology; organisational structures; beliefs and practices of child protection professionals; situational factors in the presentation of so-called symptoms; and dynamic and process-linked factors leading to
errors. Of particular interest is Howitt’s exposition of cognitive theories of error, the concept of a social template which drives assessment towards identification of abuse, justificatory theorising, and ratcheting or the tendency for child protection processes to move in an irreversible direction with no unwinding or going back on a decision.

While this is an original analysis, Howitt’s argument is weakened by his reliance on evidence obtained from parents who have grievances with child protection authorities. In some of the cases he describes it is not at all clear that there have been any “errors” in decision making. It would seem important to tap the accounts of both professionals and parents in order to better understand the dynamics of child protection practice, an issue which will be explored in the next chapter in relation to this study’s design.

2.5.2 Child Protection Assessment and Decision-Making

Assessment in child protection remains an area in which the research base is relatively weak. In their audit of research Melton and Flood state that, “Little research is available on the functioning of the child protection system itself, including the validity of predictions by workers in the various sectors of the child protection system and the factors affecting such judgments. Only the decision whether to file a report of suspected maltreatment has been carefully studied, and little research is available to guide workers in assessing risk of imminent danger to children” (Melton and Flood, 1994, p.4).

Some of the existing literature in this area is at a conceptual level rather than an empirical level. Frameworks for conceptualising risk assessment in child protection have included extrapolating concepts relating to risk analysis and critical pathways from research on pilot errors in aircraft (Hendry & Lewis, 1991) or insurance and safety technology (Brearley, 1979). Other conceptualisations have focussed on the individual worker, and speculated that when child protection workers are fearful of parents, they may become immobilised and adopt a hostage-like role, thus failing to identify and act upon danger to a child (Goddard & Carew, 1988).

In relation to empirical research there have been attempts to develop risk assessment instruments derived from the data base on the correlates of substantiated child abuse cases. In perhaps the most rigorous study of this type in Australia, the relationship of child abuse indicators to the assessment of perceived risk and the court’s decision to remove the child were examined (Dalgleish and Drew, 1989). They found that the child abuse indicators were able to successfully predict 86.8 % of cases in terms of removal.
While recommending that these indicators be included in risk assessment, the researchers recommended against using such indicators as screening instruments to decide upon the removal of children from their families.

One of the reasons for such caution is the very high false positive rates of screening instruments of this nature. Browne (1993) has argued that while their use is appropriate in offering additional services to high risk families, it is unethical to use them to instigate child protection intervention. Yet in one Brisbane hospital a risk assessment instrument is routinely used to screen newborn babies of public patients and to make automatic child protection notifications in the cases with high scores (Roylance, Wood & Murphy, 1993). The problems associated with the use of such instruments have led some U.S. researchers and paediatricians to conclude that “the prediction of false positives and false negatives suggest a low practical utility for an unacceptably high social cost” (Daniel, Newberger, Reed, & Kotelchuck, 1978). Moreover, in the United States variables such as race and class have been found to be stronger predictors of whether a case is reported than severity of injury (Hampton & Newberger, 1983) which raises serious issues about the ethics associated with “actuarial” risk assessment.

The research methods used to explore professionals’ assessment of risk in child protection cases have been limited in their capacity to illuminate the processes of intervention. The widespread use of case vignettes to which professionals are asked to give their hypothetical intended responses (for example, Rosen, 1980; Meddin, 1984) has particular limitations. The major weakness in the use of case vignettes is that the subject is responding in a contextual vacuum and it is unclear to what degree hypothetical responses to case vignettes reflect decision making as it actually occurs within the agency environment and the broader legal context.

In one Australian study a comparison was undertaken of subjects’ hypothetical decisions to instigate an investigation in response to case vignettes (using a computerised information board format in which subjects were asked to select information cues related to the initial referral) and the actual decisions which occurred in the cases from which the vignettes were derived (Stewart, 1993). This comparison found a high level of consistency between the hypothetical and actual decisions. This may be due in part to the subjects being mostly drawn from the agency in which the actual cases used in the vignettes were located. It could also be suggested that the decision to investigate or not on the basis of an initial referral may be a less complex decision and more directly governed by organisational guidelines than later points in the child protection decision path, such as
the decision to remove a child from the home or return the child to his or her home. No other studies comparing hypothetical and actual decision making were found. One of the other findings of this study was that experience and the time allowed did not influence the outcome of hypothetical decision-making but the level of difficulty of the case did.

Another common method in child protection decision research is the analysis of dispositional decisions based on official records and outcomes. An Australian example of this method is the research of Goddard and Hiller (1989) which is based on a large sample of cases from the same hospital as this study. The tracking of cases as they move through the service system yields useful outcome data on different categories of cases and also allows correlations with other variables to be identified. However this method is not suited to examining the process of assessment and decision making.

The few studies which specifically attempt to explore the process of decision making have used qualitative research designs. Victorian examples include the studies of Batten (1988) and Clark (1988). Batten (1988) conducted a detailed retrospective analysis of small number of case records but this method is problematic, given the possibility that official records are likely to capture the post-hoc explanations for actions taken. Clark (1988) used in-depth interviewing of child protection workers rather than relying on an analysis of case files, which is more likely to capture the reasoning of child protection workers, but as this was retrospectively rather than prospectively undertaken, there is still a risk of tapping post-hoc reconstructions rather than the unfolding of the practitioner’s thinking during the case. Budde (1992) used in-depth interviewing of child protection workers to understand how they come to decisions to refer a case to an intensive family preservation program (and how they effectively resisted researchers’ attempts to allocate their cases to a control group!).

Studies using observational methods have yielded a rich picture of child protection decision making in action. Perhaps the largest and best known study of this type is that of Dingwall, Eekelaar and Murray (1983), who conducted a major ethnographic study of British child protection practice. Starting with the hypothesis “that abuse and neglect are the products of complex processes of identification, confirmation and disposal rather than inherent in a child’s presenting condition” these sociologists described the day-to-day practice of a group of British child protection professionals. They directly observed social workers at work - home visiting, participating in case conferences with other professionals, and giving evidence in court. They also conducted “naturalistic interviews” with informants, as well as examining case records and official documents.
Dingwall, Eekelaar and Murray (1983) chose to observe a slice of professional practice which cut across the practitioner’s different cases rather than to shadow the practitioner over the life of particular cases, thus allowing the day-to-day reality of the practitioner to be described and analysed in a holistic way, but giving only a time limited glimpse of the life of any particular case. They found that the medical evidence relating to suspected abuse was supplemented by a broader scrutiny of the child’s general state of well-being and social environment before attributing responsibility for the symptoms or signs of abuse. Dingwall et al (1983) describe social workers and health visitors as “licensed interpreters of social evidence” who observe and draw inferences from two sources of social data - the material circumstances of the child and the interpersonal environment. Social workers were seen to give greater emphasis to the latter than the former and to organise their “interpretation into a plausible and preferred version of events”, as well as being more likely to adopt a position of cultural relativism in relation to normative judgments across class and ethnic boundaries.

Dingwall et al (1983) describe the complexities of child protection investigation, highlighting the degree to which professionals are dependent upon the co-operation of the family and that when parents co-operate, the worker “is under great pressure to minimize the importance of possibly discrediting observations” (Dingwall et al, p.61). They refer to this as the “rule of optimism”, which is not a characteristic of the practitioner but a regulatory mechanism which serves the organisation’s interest in gatekeeping and the societal interest in avoiding too much of a threat to the liberal social order. “The liberal compromise, that the family will be laid open for inspection provided that the state undertakes to make the best of what its agents find, is enshrined in these devices” (Dingwall et al, 1983, p.91). The failure of parents to co-operate resulted in an escalation of coercive intervention and “once a household does move away from the frontline worker’s model of acceptable conduct ... its moral character can be openly questioned” (Dingwall et al, 1983, p. 69).

In another ethnographic study, Handelman (1983) emphasised the organisational context in “the dialectics of case construction” in the interaction between officials and clients in a Newfoundland child protection case. He argued that child welfare workers build a case that “makes sense” within the context of a “bureaucratic life world” but that clients are not passive in this process. He advocates a phenomenological approach in order to get beneath the “common sense grounds of organizational life” arguing that the “tacit quality of interpretation ... contributes no less than explicit regulations and routines to the stable continuity of bureaucratic regimen” (Handelman, 1983, p.5).
Corby (1987) followed a series of English child protection cases for six months following the case conference. “To date there have been very few accounts of ongoing social work practice carried out by statutory agencies with cases of child abuse. The most authoritative study, that of Dingwall et al (1983), focuses on the early stages of intervention only ... to some extent, therefore, this area of practice is a relatively unchartered one” (Corby, 1987, p.85).

A number of Corby’s findings are of particular interest: the ambiguity of many cases in terms of validation of the alleged abuse; the lack of connection between the decision to register a case and the variables which practitioners considered more likely to lead to such a decision; and social workers’ negative views about the system in which they worked. In relation to the latter many perceived that “‘safety first’ decisions were more likely to be made by groups of professionals who were less involved with the long-term consequences of intervention than if such decision-making was left to social workers themselves” (Corby, 1987, p129). The social workers saw child abuse as only one of many interrelated problems of the families and that their organisation constrained their capacity to address such problems.

In an Australian social work study of child protection cases following a court order, “case planning meetings” were observed and their outcomes evaluated in terms of the degree to which their stated interventions were achieved (Campbell, 1987). The finding of this study was that the goals were generally not achieved and the real sphere of decision making was found not to be in the official domain but in the domain of the family.

Planning for these children occurs by action or default within their families and communities. If staff of official organizations are energetic, sympathetic, skilled and humble they may be privileged to be granted access to this planning process in order to assist the family to identify impediments to successful child rearing, and to bring to the child’s social network agency resources which might help resolve these problems (Campbell, 1987, p.511).
2.6 Selected Aspects of Organisational Theory

In reflecting upon the past one hundred years since the "discovery" of child abuse, it would seem that one of the most fundamental yet largely unrecognised changes which has occurred is the shift in the responsibility for the problem of child abuse from voluntary philanthropic organisations to complex bureaucracies which are part of the structure of the modern state.

A comprehensive examination of organisational theory is far beyond the scope of this review and the analysis presented below is restricted to three aspects of organisational theory which are of particular relevance to this study's questions: consumer perspectives on services; the professional in the bureaucracy; and inter-organisational relations.

Perhaps more than any other profession, social work is organisationally grounded. This may be less true of social work in the United States in which there has emerged a sizeable group of clinical social workers (who are eligible for third party reimbursement as mental health providers) but in the U.K. and Australia, social workers are directly or indirectly part and parcel of the welfare state. British social workers are almost exclusively employed in statutory social services and while this is less true in Australia, the many non-government agencies which also employ social workers are almost completely directly funded by and accountable to government.

Yet the literature reviewed above in relation to child abuse, social work assessment and professional practice in the area of child protection, has tended to assume that practice occurs within an organisational vacuum. Social work practice cannot be understood without reference to its organisational context.

2.6.1 Client Perceptions of Child Protection Services

Research on client perceptions of services is only one aspect of a much broader literature on organisational-client interaction. For example, there is a rich ethnographic literature on "encounters" between individuals and professionals in the health system (for example, Fletcher, 1971; Zola, 1973; Slavitt, 1987; Roter & Hall, 1989) and in the criminal justice system (for example, Dixon, Bottomley, Coleman, Gill & Wall, 1989; Stenross & Kleinman, 1989; Van Maanen, 1982). A similar literature is beginning to emerge in relation to other human service organisations. The ethnographic studies of child
protection practice such as that of Dingwall et al (1983) outlined earlier, are part of this tradition of research. However, for the purposes of this review in relation to the third research question, the focus is restricted to the literature on client perceptions of services.

Research on standardised interviews with child protection services clients has been hampered by low response rates (Magura & Moses, 1984). Of those clients who responded, satisfaction with caseworkers focussed on their perceived empathy, genuineness and accessibility (Magura, 1982). In a comprehensive analysis of the use of authority in social casework, a topic which has been somewhat neglected in recent decades, Hutchison (1987) concluded that “Little is known about how mandated clients perceive their involuntary status and what expectations they have about how their mandated social workers will use authority. Research about client perception of these issues is a crucial next step in development of practice technology for work with mandated clients” (Hutchison, 1987, p.594).

A series of British studies has begun to cast more light on parental experiences of the child protection system. In the wake of the Cleveland controversy and new British child welfare legislation which gives greater emphasis to parental participation in proceedings such as case conferences, there have been a number of studies which have sought parental views on their experiences. This had previously been the subject of very little British research, the notable exception being the now classic work of Mayer and Timms (1970) and Timms (1973) published a generation earlier. While parents often described attendance at case conferences as a very intimidating and disempowering experience, most stated that they preferred to be present rather than absent and to be present for the whole of the meeting rather than part of it (Thoburn, Lewis, & Shemmings, 1992).

One of the few examples of research which attempts to reconstruct the case from the perspective of professionals and parents is the United States study of Diorio (1992), who used in-depth interviewing of parents who were child protection services clients, interviews with the caseworkers and examination of case records. Diorio found that the parents he interviewed perceived the agency as having unstoppable power to act independently of the courts and that their response to the child protection agency, particularly in the initial stages, was characterised by fear and vulnerability. There was also a perception by some parents that caseworkers misused their authority during investigations.
In relation to child protection services in Australia, it is accurate to state, as Diorio (1992) does of the United States, that client perspectives have been more the subject of reports by journalists and Ombudsmen than by researchers. Yet this would appear to be changing as recently some rich qualitative accounts of client experiences of child welfare services have begun to appear in the Australian literature. In a recent Australian publication on child welfare, there are chapters containing accounts of children’s experiences of being in care (Mason, 1993) and on parents’ experiences of their children being in foster care (Smith, 1993). Other recent examples of such studies include one on the experiences of parents involved in family conferences (Swain, 1993) and another on the perceptions of adoptive parents who experienced a breakdown in the placement (O’Neill, 1991).

Parental perceptions of services are beginning to be included in larger studies. An Australian example which is very relevant to this thesis, is the research of Humphreys (1993) on the referral of sexually abused children for counselling in New South Wales. While the major focus of that study is an analysis of the organisational factors associated with why relatively few sexually abused children and their parents receive counselling, interviews were also conducted with a small group of parents on their perceptions of the services they had received. Among the findings was dissatisfaction expressed by mothers about what they perceived to be their exclusion by those counselling their children.

2.6.2 The Professional in the Bureaucracy

Organisational goals, mandates, and pressures impinge upon social work practice. Several areas of organisational theory are relevant to this study: the sociology of the professions; organisational socialisation, inter-disciplinary relationships; managerialism; the relationships between management, policy and service domains within an organisation; inter-organisational relations; and the broader political economy. Each of these areas constitutes an enormous body of knowledge, and bearing in mind the other numerous bodies of knowledge outlined above, which are also relevant to the research questions, a very selective analysis of aspects of organisational theory will be presented.

The “problem of the professional in the bureaucracy”, as it has commonly been called, is central to the second research question. Parry and Parry (1979) have used the notion of “bureau-profession” to describe a modern hybrid between the two classic organisational forms of the profession and the bureaucracy. Scott (1965) and Toren (1972) characterised social work as a “heteronomous profession.
Heteronomy ... means that members of the profession are guided and controlled not only from ‘within’ - that is, by internalised professional norms, expert knowledge and the professional community - but also by administrative rules and by superiors in the organisational hierarchy (Toren, 1972, pp.52-53).

Dingwall et al (1983) have explored the tension between bureaucratic and professional orientations. “The occupation’s claims to autonomy may be at odds with the managerial direction which is an essential part of the chain of moral accountability which legitimates the organization’s activities. In effect then, bureau-professions attempt to reconcile internally the personalization of professional services with the public moral accountability of bureaucracies” (Dingwall et al, 1983, p.108).

Mintzberg (1979) argues that there are different types of bureaucratic structures. He classifies hospitals, universities and non-government family service agencies as “professional bureaucratic structures”. Within such structures, professionals have a high level of autonomy and because of the nature of their complex tasks, exercise a high level of individualised judgment. They are less hierarchical than “machine bureaucratic structures” in which individuals have very little autonomy and where their actions are predetermined by administratively controlled, standardised procedures. Mintzberg argues that a machine bureaucratic structure is not suited to the delivery of professional services as organisational controls cannot ensure competent practice: “... the fact is that complex work cannot be effectively performed unless it comes under the control of the operator who does it ... if that professional is incompetent, no plan or rule fashioned in the techno structure, no order from an administrator can ever make him competent” (Mintzberg, 1979, pp.377-378).

Lipsky (1980) argues that in practice bureau-professionals such as social workers or police, possess significant discretionary power despite attempts of their organisation to control them, and that the exercise of discretionary power of such “street level bureaucrats” is necessary for the functioning of such organisations.

Secondary socialisation takes place in settings such as organisations and professions (termed “secondary” to distinguish it from the “primary” socialisation which occurs in the family). Related to this is the notion of organisational culture which has been prevalent in organisational theory in the past decade. Some sociologists have portrayed organisational and professional socialisation as a somewhat passive process through which the individual internalises the external normative order (Olesen & Whittaker, 1970). Others
have emphasised socialisation as a form of enculturation which is related to the broader social context and which is a more active process in which new members of a group make sense of the setting and acquire the knowledge required for the performance of his or her role in that setting (Dingwall, 1977a).

There is little research on the enculturation process for social workers. One example is an ethnographic/linguistic study of the experiences of one social worker joining a multi-disciplinary team in a hospital setting (Sands, 1989). What is crucial about socialisation in relation to the bureau-professional is the degree of congruence between the normative order of the profession and that of the organisation. There has been little research on the interrelationship of organisational and professional enculturation in social work despite it being a recurrent theme in social work literature. Weissman, Epstein & Savage (1983) argue that the social work practice literature has generally ignored the agency context and tends to assume that practice occurs in an organisational vacuum.

In a recent Australian social work text, Jones and May (1992) reject the terms “bureau-profession” and “heteronomous profession”, preferring to conceptualise social work as “an occupation that claims professional status, and that has to negotiate these claims in organisational, social and political contexts” (Jones & May, 1992, p.15). They question the dichotomy between professional and bureaucratic goals and values which often appears in the social work literature (for example, Green, 1966; Finch, 1976) and in which the organisation is cast as the enemy seeking to weaken professional identification (for example, George, 1982; Billingsley, 1964). Jones and May (1992) ask whether organisational goals and values are necessarily less desirable than professional goals and values, which may be driven by professional self-interest rather than consumer need. They argue that it is organisations that respond to human needs identified by the society and that professionals are tools within such organisations, not vice versa.

Another aspect of organisational theory which has particular significance for the professional in the bureaucracy is domain theory (Kouzes & Mico, 1979). From this perspective human service organisations are seen to consist of three interrelated domains: the policy domain; the management domain; and the service domain, all of which are necessary but which operate by different principles, outcome measures, structural arrangements and work modes, resulting in discordant interactions between the three domains. For example, the policy domain in child protection organisations can be highly sensitive to media pressures and lead to pressures on management which in turn places pressure on service providers.
The tensions experienced by practitioners in the service domain may be partly determined by the degree to which those in the management and policy domains of the organisation share the practitioner’s professional orientation to service. There is likely to be less congruence across the domains in relation to a professional orientation under the influences of managerialism and the “content free manager” (for whom management expertise is sufficient regardless of the substantive expertise in the area of professional practice being managed).

Similarly when policy analysis and development is seen as a profession in its own right and not necessarily connected to the professional practice in a particular substantive area, the congruence between those in the service and policy domains is likely to be further diminished. The way in which the different domains in an organisation perceive one another is also of interest. In a small unpublished study of a Queensland statutory child protection service conducted in the late 1980’s, Gordon (1993) applied domain theory to an exploration of who was perceived to have influence in the organisation on service, management and policy. Based on interviews with senior managers, middle managers, and direct service delivery staff, it was found that each of these groups perceived influence in these areas to be located in domains other than the one to which they belonged. Gordon concluded that this perception reinforced a sense of disempowerment and helplessness in the organisation. Tierney (1985) applied domain theory to the problem of “bureaucratic reductionism” in child welfare.

The implication of Domain Theory is that unless each domain is developed, then each of the other domains is flawed. Admittedly there are tensions between domains if they operate upon different principles but norms of collaboration can be evolved. The customary way of dealing with these tensions in child and youth welfare has been the formation of a coalition between management and policy makers to so simplify the service task as to suppress the claims of service providers to different normative criteria. In the process, however, it has shed the more complex, and, I would suggest, the more important dimensions of service - those that might encompass child and family development (Tierney, 1985, p.5).

Hasenfeld (1979) emphasises the inherent nature of some practice situations which are governed by multiple contingencies. Where “clients are variable and unstable, knowledge is incomplete ... the service tasks are likely to be viewed as non-routine and unpredictable and their consequences viewed as uncertain” (Hasenfeld, 1979, p.377).
2.6.3 Inter-organisational Relations

While the emphasis in this section of the review is on the theory of inter-organisational relations, this is part of a larger body of organisational theory dealing with the broader environment which has been conceptualised in a number of ways. The area called "organisational ecology" is a 1980's development, and focuses on the complex dynamics in an organisational field in which organisations, like organisms in the natural environment, compete for scarce resources and evolve over time (Hannan & Freeman, 1989; Singh, 1990). Jones & May (1992) conceptualise the organisational environment as a set of overlapping arenas, as a task environment and as a general environment.

They identify five arenas in which human service organisations take part: the supra-organisation (providing legitimacy, resources and support for the organisations operating under its authority); the sector (government or non-government or a field of service); the locality (geographical environment); the network; and the industry. Jones and May (1992) identify the task environment as consisting of a number of categories of organisations which can profoundly affect the organisation: pressure groups; the media; research organisations; mediating bodies; and political parties.

However, while emphasising the importance of the organisational environment, Jones and May (1992) give little attention to inter-organisational interaction at the service delivery level, which is surprising given the centrality which inter-agency interactions have in the day-to-day work of social work practitioners who are the audience of their book. There is a substantial body of theory and research on inter-organisational relations which has been developed over the past two decades or so. Hall (1977) applied the notion of an "organisational set" in which one organisation is examined in terms of the network of organisations in which it is embedded. As in social network theory, the linkages between the focal organisation and another organisation can be classified in terms of variables such as frequency of contact, the degree of formalisation of the relationship, and the degree of co-operation or conflict.

In the child protection literature inter-professional and inter-organisational conflict have been identified as serious problems yet inter-organizational theory tends to normalise inter-organizational conflict, even going so far as to argue that the avoidance of conflict may be dysfunctional (DiStefano, 1984) and that the "elimination of conflict is a deviant instance and likely to lead to the disruption of interorganizational relations" (Litwak & Hylton, 1962, p.397).
Similarly, Assael (1969) has normalised inter-agency conflict, and argued that "conflict between organizations is an inevitable growth of functional interdependence and the scarcity of resources" (Assael, 1969, p.573).

Hudson (1987) also challenges the viability of inter-agency collaboration:

It may be more realistic to assume not only that inter-organizational collaboration in social welfare has no qualities of spontaneous growth or self-perpetuation but also that organizations strive to maintain their autonomy. From an agency's viewpoint, collaborative activity raises two main difficulties. First, it loses some of its freedom to act independently, when it would prefer to maintain control over its domain and affairs. Secondly, it must invest scarce resources and energy in developing and maintaining relationships with other organizations, when the potential returns on this investment are often unclear or intangible (Hudson, 1987, p.175).

In their extensive review of child protection collaboration, Hallett and Birchall (1992) make the point often ignored by organizational theorists, that "it is people who act, not organizations". This draws attention to the complex interpersonal processes as well as the inter-organisational processes which may operate in child protection practice. Research on decision making in small groups is also relevant, particularly to understanding the dynamics of case conferences and how factors such as the size of the group and leadership style can influence levels of participation and communication patterns (Palazzolo, 1981).

Dingwall et al (1983) highlight how the interaction between participants in a case occurs against a background of past interactions between individuals and/or their respective agencies, and in the expectation of future interactions.

A social worker or any other agency worker, has a longer term perspective than the outcome of any particular case. Actions which call their credibility into question on one occasion may jeopardise their ability to succeed in subsequent and more important matters (Dingwall et al, 1983, pp.164-165).

In a Scottish study of interaction between police and social services in cases of child sexual abuse, problems in inter-agency communication had occurred in 20% of a sample of 55 cases (Waterhouse & Carnie, 1991). These problems were attributed to five factors:
delays in passing on information; competing professional objectives (criminal investigation or assessment of child protection risk); unrealistic expectations of the powers and responsibilities of social work departments; disputes over control or management of a case; and procedural inexperience.

In the remaining 80% there was satisfactory inter-agency communication, and this was attributed to the presence of informal lines of communication and a clear specification of respective roles. They found three models of inter-agency interaction at work: a minimalist model based on contact limited to the minimum dictated by formal channels; a collaborative model involving close consultations on a formal and informal basis; and an integrated model involving joint simultaneous investigation as a single operational entity.

The literature on collaboration in child protection has tended to confuse inter-organisational interaction and inter-professional interaction, and to give more emphasis to inter-professional differences than to inter-organisational differences. Yet it is possible for inter-organisational interaction to occur between members of the same profession (for example, that between a hospital social worker and a CPS social worker), and for inter-professional interaction to occur within the one organisation (for example, between a doctor and a social worker in a hospital).

In a previous study on members of different professions within the same hospital as this study, Kaufman (1986) used a semi-structured interviewer-administered questionnaire to investigate beliefs about the causes of child abuse, the management of cases, and inter-professional interaction. She found that different professions held very similar beliefs and that “there was a common feeling of pessimism about the eventual outcome of cases, when attention was extended beyond the narrower scope of in-hospital roles” (Kaufman, 1986, p.402).

Kaufman found that the ultimate outcome of cases was generally dependent on other organisations, and this was recognised by the subjects. “One respondent described this hospital as a funnel whereby at-risk and maltreatment cases were ‘caught’, defined and assessed, and (generally) passed back into the community for management” (Kaufman, 1986, p.496).

Thus, child protection practice is embedded in a complex organisational and inter-organisational context, and inter-organisational research would suggest that there are inherent obstacles to inter-agency collaboration.
2.7 Conclusion

In regard to the first research question, “What are the factors to which social work practitioners in different organisational settings (a hospital based child abuse service and a statutory child protection service) give salience in their assessment of alleged child abuse cases and what is the nature of their observed models of practice?”, the literature reviewed provides a number of important signposts. The historical analysis has demonstrated how the definition of child abuse as a social problem is a socially constructed phenomenon and that whether a case will be defined as abuse will be shaped by the definer’s time and place. Once defined, how cases of abuse are understood is related to the available knowledge base on child maltreatment and this includes clinical prescriptive knowledge as well as empirical research.

Such knowledge is itself socially constructed, based on implicit if not explicit, ideological and value positions. While professional socialisation upholds an understanding of social work assessment based on the “person-situation configuration”, there are organisational factors which shape the nature of social work assessment and intervention. By examining how social workers in two different agency settings go about making an assessment of the same cases of alleged abuse, the degree to which social work assessment is shaped by agency factors such as purpose, mandate, and available resources can be illuminated.

In regard to the second research question “What is the nature of the interaction between different organisations, and in particular between the core organisations (the hospital, police and child protection services) in cases of alleged abuse?”, a rich body of relevant organisational theory has been identified. While the main level of analysis in this study is at the case level, a number of areas of organisational theory are relevant, especially that relating to “the professional in the bureaucracy” and inter-organisational relations.

In regard to the third research question “How do parents perceive their experiences related to the alleged abuse of their children, and how do they perceive their interactions with core organisations?”, the literature review has highlighted that there has been relatively little research which has allowed the clients’ voice to be heard. However, this would appear to be changing and a number of very recent social work studies, including some undertaken in Australia, have begun to build a knowledge base on client perceptions and experiences. This thesis is part of this emerging genre of practice research and builds upon previous research.
Some of the research which has been done in the same hospital setting as this study, such as that of Kaufman, identified the following areas as those in which further research was required.

We also need direct observational studies of practice; studies comparing other professions, or settings in which a researcher might expect to find different dominant ideologies and exigencies; and studies which compare the inter-professional management of maltreatment with that of other cases in a single setting ... with regard to specific substantive areas, that of sexual abuse (which was specifically precluded from this study because it was by no means always recognised and reflected in the responses), would be suitable for a research project similar to this one ... Finally, although there are serious problems associated with subjecting both precarious situations and vulnerable parents to yet further professional scrutiny, studies of the perceptions of maltreating parents with regard to the parent-professional interaction, ‘their side of the story’, would contribute a lot (Kaufman, 1986, pp.510-511).

This study addresses some of these gaps. Just as the research questions themselves are different dimensions of a whole, so the different bodies of knowledge constitute parts of the map of the one landscape formed by the three research questions. Within the scope of this thesis, this review of the literature has not been able to provide anything like a complete map of this landscape. While, in keeping with the ecological orientation of this study, the literature review has attempted to create a map which contextualises social work practice, the extraordinary complexity of the topography has limited the detail of any particular area on the map. The cartographer must strike a balance between the advantages and disadvantages of large scale and small scale maps. In this instance the choice has been made to draw a broad map but with those areas which are most relevant to the research questions being drawn in greater detail.

A map of a territory which has the complexity and magnitude of the subject of this thesis defies any cartographer to complete the exercise. The map is dated before it is finished, with new territory being continually discovered and navigated by other researchers. Moreover, the boundaries of the territory in child protection research are inherently unclear, merging as they do into so many disciplines and domains of social life.

There are many maps than can be drawn of the same territory and the features which one cartographer highlights will differ from those of other cartographers, partly because
different maps have different purposes but also because each cartographer sees the landscape in a different way. This literature review is only one of many possible maps. While the landscape was originally surveyed prior to the journey commencing, the map presented here has altered as a result of the journey. As a result the map, in part, tells the story of the journey itself.
CHAPTER 3  METHOD

Chapter Outline

3.1 Introduction and Overview

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3.10 Data Analysis
3.1 Introduction and Overview

This thesis is an example of practice research and is based on case studies of 17 allegedly abused children from ten families, selected from the intake meetings of a hospital child abuse service. Each case was shadowed throughout its involvement with the hospital, the child protection service and the police. The duration of contact with these three services ranged from a minimum of two weeks to a maximum of 13 months, with seven cases falling in the 2 to 4 month range and the mean being 4.2 months (See Appendix D).

Professionals involved in the cases from the hospital, the child protection service and the police, were interviewed at length about their involvement as this unfolded over the life of the case. The number of professionals interviewed was 36, which was comprised of 12 hospital social workers, 15 child protection workers, and 9 “other professionals” (hospital doctors, police surgeon and police officers). Many of these professionals, particularly the social workers, were interviewed repeatedly over the life of the case, with the total number of interviews with professionals being 134 (89 interviews with hospital social workers, 34 interviews with child protection workers, and 11 interviews with “other professionals”). The average number of research interviews with professionals was 13.4 per case. It was also possible to observe social workers in their interventions in relation to these cases. These practice episodes totalled 46 or an average of 4.6 per case, and included social work office interviews and home visits (26), group therapy sessions (4), meetings and case conferences (15), and one court hearing. See Appendix E for a breakdown of the number of observations of practice episodes and research interviews with professionals for each case.

Three months following the last contact between any of the three core organisations and the family, in-depth home interviews were conducted with parents in 8 of the 10 families (5 two parent families and 3 single parent families), and in another single parent family a home visit was made at an earlier stage in the case. In the remaining case it was not possible to trace the whereabouts of the family.

Tape recording and transcribing was not used because of concern expressed by professionals and because of potential legal problems associated with the possible subpoena of research material. Instead, detailed field notes were made of observations and in-depth interviews and these were entered as soon as possible on to a word processor with comments and working hypotheses recorded in parentheses. Fieldnotes from both sources of data were subject to a content analysis in relation to the three...
research questions, and the fieldnotes in each of the cases was summarised into case narratives which were further analysed.

The following areas, which are central to the choice of the methodology in this study, are explored in this chapter: epistemological debates and the nature of practice research in social work; the rationale for the research design and clarification of constructs; issues relating to subjectivity and reflexivity; and the ethical dilemmas entailed in this research. Moving from these broader issues to the details of the procedures, the following are presented and discussed in terms of their implications and limitations: the method of gaining entry; selection of cases; and the methods of data collection and analysis.

This chapter is probably longer, more conceptual in nature and gives a more detailed description of the data collection methods than would normally be the case. The reason for this is that the research is, above and beyond its substantive focus, a vehicle for providing a “thick description” of practice research and for developing ideas about the nature, methodology and ethics of practice research.

3.2 Practice Research

In recent times there has been a vigorous and polarised debate about the epistemology of social work, mirroring broader debates in the philosophy of science about the nature of knowledge, and debates in the social sciences concerning the relative merits of quantitative and qualitative methods of research. In the now classic paper entitled “The Future of Social Work Research” presented in 1983 at the NASW Professional Symposium in Washington D.C., Martha Heineman Pieper’s opening words were:

Social work research is poised at a cross-roads, the signposts of which point to two different, mutually exclusive, paths to the future. The first, more familiar, road is the one that, for the past 30 years, has offered to take social work to that promised land of the ‘scientifically respectable’. Because of the outmoded, discredited assumptions that pave this road, it is termed here the ‘pseudoscientific approach’ to the future (Heineman Pieper, 1985, p. 3).

In the 1970’s and 1980’s there was a similarly vigorous debate within the social sciences about epistemological issues, which centred on the relevance of “the positivist paradigm” for the “human sciences”. Some advocated a heuristic paradigm, which draws upon cognitive, linguistic and cultural studies. “Believing, with Max Weber, that man is an
animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning” (Geertz, 1973, p.5).

Lincoln and Guba (1985) challenge the assumptions upon which they see logical positivism as based:

An ontological assumption of a single, tangible reality ‘out there’ that can be broken apart into pieces capable of being studied independently; the whole is simply the sum of the parts.
An epistemological assumption about the possibility of separation of the observer from the observed - the knower from the known.
An assumption of the temporal and contextual independence of observations, so that what is true at one time and place may, under appropriate circumstances (such as sampling), also be true at another time and place.
An assumption of linear causality; there are no effects without causes and no causes without effects.
An axiological assumption of value freedom, that is, that the methodology guarantees that the results of an inquiry are essentially free from the influence of any value system ... (Lincoln & Guba, 1985, p.28).

In a recent critique of “vulgar” post-positivism, Phillips (1992) argues cogently that Lincoln and Guba, like many others in the social sciences, have created a straw man out of logical positivism which he claims is not the accepted basis of natural science. Phillips (1992) argues that those who vehemently reject positivism have generally misunderstood the debates on the philosophy of science, misinterpreted Popper, Dewey and Kuhn, and misused positivism as a term of abuse. Phillips argues that essentially the same type of reasoning is involved in both the natural and the social sciences.

Within social work, this debate on epistemology has at times been characterised by a simplistic understanding of the arguments relating to the nature of science, at both the “positivist” and the “post-positivist” ends of the spectrum. The former position is epitomised by individuals such as Fischer (1981, 1984) and Hudson (1978), the latter being well known for his statements that “If you cannot measure the client’s problem, it does not exist” and “If you cannot measure the client’s problem you cannot treat it” (Hudson, 1978, p.65). To which one might retort that “it seems often to be the case that the more sophisticated the counting, the less sophisticated the understanding of the
phenomena being counted ... It is probably less damaging to miscalculate well understood phenomena than most elegantly to quantify a heap of nonsense” (Christie, cited in Mattinson & Sinclair, 1979, p.12).

The faith in the capacity of science to deliver knowledge for social work is captured by another proponent of empirically based practice. “The issue of whether one can measure the subtleties of human nature and interaction will cease to be a problem once devised measurement rules can be shown to have a rational and empirical correspondence to reality” (Bostwick & Kyte, 1981, p.677). The word “empirical” has incorrectly come to be seen as interchangeable with quantitative research (for example, Thyer, 1995).

One can empirically and operationally observe and investigate subjective experiences, meanings, and feelings without using random samples, controlled experimental group designs, or statistical analysis of quantified data. Hermeneutical dialogue is one such method ... Such methods should help social workers understand better how clients construe their reality and experience; how upon the basis of their constructions, meaning and feelings, objectively and subjectively, individually and communally, they function well or poorly; and how social workers can help clients experience and live their reality more functionally (Siporin, 1990, p.392).

By the same token the term “naturalistic” in the social sciences has become synonymous with qualitative research. Yet the basis of the term “naturalistic” - that such research does not interfere with the situation under scrutiny because it does not artificially manipulate the conditions, is highly questionable in relation to some qualitative research.

Between the two poles of the social work debate on epistemology represented by Heineman Pieper and Tyson (1992) at one end, and Hudson and Fischer at the other, there have been a number of voices arguing against what they see as a false dichotomy of epistemological approaches for social work research. They include Piele (1988; 1994), Scott (1989), Wood (1990), Orcutt (1990) and Epstein (1985). Some of the more recent contributions to the debate on the epistemology of social work indicate that the polarisation characteristic of the early phase of the debate may be lessening. The middle ground would appear to be not just a matter of pragmatic pluralism but one which represents a more sophisticated understanding of the debates in the philosophy of science and a rejection of the schismatic overtones of doctrinaire epistemological positions.
The belief that "science makes knowledge, practice uses it" has been claimed to be one of the assumptions of positivism (Rein & White, 1981, p.36). In regard to social work, this belief has been challenged by Imre (1985) who has drawn upon the ideas of the philosopher Polanyi (1967). There is evidence that practitioners have not been satisfied with much of the academic research which purports to be relevant to practice. For example, some leading North American social work educators have expressed dissatisfaction with the capacity of available research approaches to grapple with the complexity of practice.

Our own conviction is that the continuing call for more research in the same tradition is not particularly useful. There is a far greater need for re-examination of the research paradigms themselves, for questioning the methodologies and the criteria on which most studies depend (Hartman & Laird, 1983, p.x).

Carol Meyer, has stated similar dissatisfaction with the narrowness and lack of practice relevance of prevailing social work research.

The requirement (insistence) by researchers that the psychosocial phenomena of a case should be reduced to the narrowest variables for statistical convenience distorts their perceptions of these phenomena ... there is a need for research on and the development of a new set of theories that will illuminate interactive events, processes and the impact of environments ... Researchers cannot continue to pursue isolated behaviors and expect this inquiry to help. They cannot persistently (and pretentiously) crunch numbers that reflect only the thinnest veneer of the phenomena under study (Meyer, 1990, pp.396-8).

These statements appear to reflect a divide between the worlds of academe and practice which is akin to the "clinician-researcher split" in psychology noted by Hersen and Barlow (1976). Donald Schon (1983), writing about a broad range of professions, has argued that universities have been committed "to a particular epistemology, a view of knowledge that fosters selective inattention to practical competence and professional artistry" (Schon, 1983, p.vii).

Some have claimed that "in the organizational structure of social work, the researcher-academician sits on the top of the status pyramid" (Karger, 1983, p.202). Wood (1990) places this within the context of social work's marginal position within the university environment.
In their struggle to ... prove they were just as 'scholarly' as members of the high-status disciplines, social work academics adopted the positivistic epistemology of the university concerning not only science and knowledge but practice ... a rational technology 'theory' for practice, which they expect practitioners to accept and implement unquestioningly (Wood, 1990, p.386).

The emergence of interest in practice research carries the hope of a rapprochement between practice and research. Such interest is reflected in the collaboration of agencies and universities in the recent establishment of centres for the study of social work practice (Jenkins & Mattaini, 1992) and in the creation of a new journal "Research on Social Work Practice". While the editor of this journal is highly critical of what he calls the advocates of "many ways of knowing" (Thyer, 1995), a stance which is reflected in the lack of qualitative research published in the journal, there have been some recent publications of qualitative social work (Gilgun, Daly & Handel, 1992; Riessman, 1994). Qualitative research methods have also recently been given more recognition in professions such as nursing (Brenner, 1984).

This growing interest in qualitative methods in practice research coincides with a resurgence in qualitative research generally within the social sciences and with the development of a feminist research tradition (Smith, 1987) which attempts to address the power imbalance between the researcher and the researched and to allow the voice of the "subject" to be heard. This study has been shaped by these influences and by the researcher's pre-existing position in the debate on the epistemology of social work and the nature of practice research. I have previously argued that social work practice is based as much on experientially derived tacit knowledge (practice wisdom) and practice theory, as on research or the deductive application of "borrowed theory" from the behavioural and social sciences (Scott, 1990). Furthermore, there is a parallel between social work practice and qualitative research methods (Scott, 1990).

Social work practice research has not been clearly defined in the literature but it would appear to have a number of characteristics. Reflecting on our own research in the field of child and family welfare, a few years ago colleagues Len Tierney, Lynda Campbell, Stuart Evans and I formulated the following unpublished definition:

Social Work Practice Research aims to improve social work practice. Undertaken by practitioners or through collaborative partnerships of practitioners, researchers and agencies, practice research seeks an understanding of the composition,
operation and/or effects of a "slice" or episode of social work practice (be it a "case", a project, or a program). Typically the practitioners are active participants in the research design and execution, and a range of research methods may be used (both "quantitative" and "qualitative"). Research activities include describing and classifying the population served, specifying and conceptualising the practice activities, and measuring outcomes for clients and agencies. Since the transferability of practice strategies across settings is a key issue in social work, practice research must include the broad context of practice (policies, ethical considerations, organisational and interorganizational constraints and opportunities) in order to be 'ecologically valid' or to produce generalisable findings. The process and outcomes must, in turn, be used to inform practitioners, administrators, policy makers, and social work educators and students.

In the light of this definition, social work practice research can be distinguished from other social research in the degree to which: the research questions are relevant to practice; practitioners are active participants in the research process; the breadth of questions which can be encompassed; the context of practice is recognised; and the degree to which the implications of the research findings for practice are disseminated.

This study qualifies as an example of practice research in terms of most of these criteria. The questions are relevant to practice, to a significant degree having grown out of my role as a clinical consultant. The focus of the research is clearly on social work practice and practitioners are central to the research design, although the degree of their involvement in the research process itself is limited. An appreciation of the complexity of the context of practice is strongly incorporated within the research questions and design. And the implications for practice have been disseminated through direct feedback to the practitioners and agencies concerned, and to a broader professional audience.

The definition of practice research presented above is not limited to a particular epistemological approach or research method, as a range of methods is necessary to address the range of questions which can arise from social work practice. Implicit in such an understanding of practice research is the complementarity of different research methods. This is not to suggest that there are no differences in assumptions which underlie epistemological and methodological differences or that different approaches should always be integrated within one piece of research, but that quantitative and qualitative methods both play a part in this endeavour.
3.3 Research Rationale

Quantitative research methods are utilized to count and correlate social and psychological phenomena. Qualitative research methods determine to seek the essential character of social and psychological phenomena. Both methods attempt to describe and explain social reality. The two research methods have existed side by side since the beginning of contemporary social science. Each research method emphasized a different form of logic. Thus, quantitative methods have tended to rely on deductive logic. Qualitative methods have generally been used inductively ... both methods are equally valid approaches to social work knowledge generation. Thus, neither research method is clearly more suitable for social work utilization. Instead a social worker needs to consider the context in which the research study is taking place and the question it is attempting to answer (Epstein, 1985, p. 274).

This study utilises qualitative methods as these are appropriate in relation to the research questions. However, the relationship between the research questions and the choice of methodology is not a simple one in which the former determines the latter. The choice of questions and method reflects the researcher’s theory, values, practice experience and attraction to a particular approach. Thus the questions may be determined as much from a researcher’s preference for a particular method as the method may be determined by the questions. Whichever method(s) one chooses, it is necessary to provide a rationale for the compatibility or “goodness of fit” between a choice of method, the researcher’s aims and the phenomena being studied, as well as the researcher’s theory and assumptions. As outlined earlier, the research questions in this study are:

1. What are the factors to which social work practitioners in different organisational settings (a hospital based child abuse service and a statutory child protection service) give salience in their assessment of alleged child abuse cases and what is the nature of their observed models of practice?

2. What is the nature of the interaction between different organizations, and in particular between the core organisations (the hospital, police and child protective services) in cases of alleged child abuse?

3. How do parents perceive their experiences related to the alleged abuse of their children, and how do they perceive their interactions with core organizations?
These questions involve several important constructs. The first question includes the constructs of assessment, salience, case, and observed models of practice. In the preceding chapter an overview of the literature on social work assessment was presented. Of particular importance to the way this question is explored in this study is the notion that assessment is embedded in models of practice. Different models of practice will give different salience to various factors. “Different theories ask different questions, value different case data, and select different sites in the case for intervention ... (Meyer, 1993, p.78). Salience is a key aspect of assessment. “Salience means that which is prominent to the client or to the practitioner; the factors in the case that thrust themselves forward as particularly significant, either because they hurt the most, are causing the most trouble, or are particularly connected to the reason the client has come to the agency” (Meyer, 1993, p.80).

The first research question is based on an assumption that practitioners are actually working from a model of practice. Yet a practitioner’s model of practice and the theory which underpins it might not be self-evident, or identified by simply asking what it is. Argyris (1976) has differentiated “espoused theory” from the “theories in use” of professionals, the latter being tacit in nature and akin to Schon’s (1983) notions of “knowing in action” and “knowing more than one can say”. The nature of the assessment can therefore be embedded in a model of practice which is implicit rather than explicit, and so direct observation of practice in addition to interviewing practitioners might be an important method for identifying the practitioner’s “theories in use” (Scott, 1990). It is for this reason that the term “observed” models of practice is used in the question.

The construct of “a case” is central to both the first and second questions. In social work the notion of a case refers to a particular “person-situation configuration”. Despite the way in which practitioners often use the term, a case is not synonymous with a person (or a family) for two reasons. First, individuals have a life beyond their “caseness”. Second, the situational context of the individual is an essential component of the case, and is made up of the social environment of which the agency and the social worker are themselves important elements. A case is also an organisational construction, shaped by factors such as agency eligibility criteria for service and agency classification systems (for example, a case of sexual abuse). The first research question is concerned with how social workers in two different settings construct “cases” which involve the same clients.

The second research question is fundamentally concerned with the consequences of different agencies’ constructions of these cases. Thus, while this thesis is an intensive
study of ten cases, it is not a case study of ten families but a study of ten person(s)-situation configurations over a period of organisationally defined time (the life of "the case"). The second research question also refers to interaction between organisations at the case level. This interaction can be expressed in a number of ways - in face to face contact, by telephone and through written communication, as well as in the absence of communication when inter-agency protocols or case situations would appear to require communication. Not all the interactions between the three core agencies could be readily observed (telephone communication for example) so practitioners were also asked about their interaction. The term "core organisations" refers to the hospital, the police and the child protection service.

In relation to the third question, for the purpose of this study parents were defined as the primary caregivers of the child. In cases in which only one of the child’s biological parents lived with the child, the “custodial parent” was interviewed as it was thought that it could be difficult to obtain the custodial parent’s participation if non-custodial parents were also involved. In a couple of cases this would very likely have been so. Adults unrelated to the child but living in the same household, such as a mother’s de facto husband, were included in the interview with the child’s parent.

Parental perceptions were defined as perceptions reported by parents. The term “perceptions” refers to reported perceptions (it is only reported perceptions that one can analyse). In relation to “experiences related to the alleged abuse of their children” and “interactions with core organisations”, these related to the children and the alleged abuse which was the focus of the recent assessment or investigation. However, sometimes parents shared experiences of prior allegations of abuse.

Thus, the three research questions refer to complex constructs which are central to all social work practice. Some research methods carry the risk that contexts and processes occurring within such contexts will be simplified in order to fit the method. Bronfenbrenner (1994) is critical of psychological research on the grounds that it is “context stripping” and argues that “ecologically valid” research needs to include variables relating to: the organism (such as an aspect of the child’s development); proximal processes (such as the nature of the interactions between adults and the child; context (such as the home or the school environment); and the dimension of time. Martha Heineman Pieper critiques much social work research on similar grounds - that it is “complexity stripping” (Heineman Pieper, 1989).
In this study an attempt was made to avoid the twin dangers of context stripping and complexity stripping. This, in addition to the purpose of this study (as reflected in the research questions), the phenomena being examined, and the researcher’s ecological and hermeneutic theoretical inclinations and assumptions, led to the choice of a qualitative research design. The particular type of qualitative design was one based on case studies using ethnographic methods of observation and in-depth interviewing. As such it is descriptive and exploratory in nature, generating hypotheses rather than testing them. Investigating similar research questions, Dingwall et al (1983) succinctly expressed the rationale for their choice of an ethnographic method in the following terms:

Such an approach is particularly suited to the study of social processes, since it relies on a continuing involvement of the researchers alongside those people actually involved in the processes. It is possible to chronicle events as they unfold, where others must rely on post hoc rationalizations or responses to hypothetical problems (Dingwall, Eekelaar and Murray, 1983, pp. 20-21).

Not all case studies are qualitative studies, nor are they restricted to a particular method of data collection (Yin, 1989). Jane Gilgun (1994) recently explored the goodness of fit between the case study as a research method and social work practice which are both essentially idiographic endeavours:

Idiographic findings fit well with practice. Embedded in context and characterized by multiple variables, practice situations themselves are idiographic. Caseloads are not probabilistic samples but rather sets of individual cases. In addition, practitioners use a form of analytic generalization. When practitioners enter new case situations, they bring their knowledge of past cases and of related research and theory; they attempt not to impose their prior knowledge on new cases, but to assess how this knowledge fits (Gilgun, 1994, p.372).

Gilgun (1994) classifies practice-related case studies into those related to: assessment; the process of intervention; and the outcome of intervention. This research is an example of both assessment related and process-related case studies. One of the key advantages of case studies is their capacity to capture the perspectives of subjects. “The perspectives and experiences of those persons who are served by applied programs must be grasped, interpreted, and understood, if solid, effective applied programs are to be created” (Denzin, 1989, p.12).
However, Sainsbury (1987), who has done extensive research on clients’ perceptions, has warned against expecting too much of research which is based on client perspectives, particularly in relation to creating effective programs. One of the things about which clients cannot tell us is what is going on in the heads of service providers in the process of intervention or about the context of intervention such as the agency constraints and conditions under which practitioners work. Clients may be able to see only one part of the process of intervention which involves multiple actors, including some of whom the client is largely unaware, such as supervisors.

Case studies in which the unit of attention is a family have been used by anthropologists and sociologists for many decades (for example, Lewis, 1959, 1961; Hess and Handel, 1959) and in more recent times, by family therapists (for example, Vetere & Gales, 1987). Case studies have also been widely used to study organisations, communities, societies and policies. This raises the central question - “what is a case a case of?”. Ragin (1992) makes the point that “virtually every social scientific study is a case-study or can be conceived as a case-study, often from a variety of viewpoints. At a minimum, every study is a case study because it is an analysis of social phenomena specific to time and place” (Ragin, 1992, p.2). Thus one piece of research can be many case studies, depending on the level of analysis. For example, this research is a case study of: ten cases; social work assessment; inter-agency interaction; the Victorian child protection system in the years 1989-1993; and it is also a case study of practice research. Ragin challenges the misconception about the differences between quantitative and qualitative research in relation to the concept of a “case”.

The view that quantitative researchers look at many cases, while qualitative researchers look at only one or a small number of cases, can be maintained only by allowing considerable slippage in what is meant by “case”. The ethnographer who interviews the employees of a firm in order to uncover its informal organization has at least as much empirical data as the researcher who uses these same interviews to construct a data set appropriate for quantitative assessment of variation among employees in job satisfaction. Both have data on employees and on the firm, and both produce findings specific in time and place to that single firm. Further, both researchers make sense of their findings by connecting them to studies of other firms. Yet the ethnographer is said to have but one case and to be conducting a case study, while the quantitative researcher is seen as having many cases (Ragin, 1992, pp.3-4).
Howard Becker (1992) suggests researchers ask “what is it a case of?”, noting that the answer to this question may not emerge until the end of the research process when the evidence is worked through in relation to ideas. The social workers in this study used the term “case” in several ways: to refer to a child; to refer to a family; to refer to a type of abuse (as in “a case of sexual abuse”); and as a defining attribute in relation to the service system (as in a “statutory case”). In terms of the research the notion of case includes the practitioner’s construction of what they define as a case, and the organisational context in which this construction occurs.

3.4 Subjectivity and Objectivity

In the wake of post-modernism the very notion of objectivity has been rejected by those who argue that reality is socially constructed. Phillips (1992) is critical of the extreme relativism inherent in the “objectivity is dead” position. “If all views are subjective, are they all on a par, or are some more subjective than others?” (Phillips, 1992, p.64). He asserts that we do not believe that all views are on a par and implicitly or explicitly give weight to different views. “If some stories are regarded as being better than others, then this belief, upon unpacking, will be found to presuppose the notion of truth as a regulative ideal” (Phillips, 1992, p.66).

Phillips emphasises the centrality of establishing the “truth value”, or as Dewey called it, “the warranted assertability” of any research findings. Later in this chapter some of the issues relating to the criteria relevant to the “warranted assertability” of this study’s findings will be explored. Contrary to Phillips’ argument, it can be claimed that the very recognition that subjectivity is an important part of the research process enhances “warranted assertability”. It has become increasingly common for those working within a “naturalistic” framework, to reflect upon the self in relation to the research process. Some researchers argue that anthropology and autobiography are so intertwined that “the experience [of research] involves so much of the self that it is impossible to reflect upon it fully by extracting the self” (Okely, 1992, p.8). Ramos argues that subject bias permeates the qualitative research process:

It is seen in the selection of respondents, in attention to certain stimuli during data collection, and in the manner of data distillation, as well as reporting. In order for the final data to be trustworthy, the investigator must evaluate himself or herself as a data collection instrument (Ramos, 1989, p.60).
By the same token it should not be assumed that quantitative research is without such bias, an assumption which Heineman Pieper (1985) refers to as "the fiction of the objective researcher". Qualitative researchers have tended to be more open about this, recognising the complexity of the interaction between researcher and subject, even when the researcher is ostensibly in a "passive" observer role.

The observer is radically implicated in his research, that is in the field of the object under investigation. The latter, far from being passive, continually modifies his behaviour according to the behaviour of the observer. This circular feedback process renders any presumption of objectivity of knowledge simply ridiculous (Ferrarotti, 1981, p.20).

This is not necessarily a source of "contamination" but can be viewed as another dimension in the dynamic and complex processes being investigated. The need for "reflexivity", or reflecting upon one's own filters and the dynamics of the research process in naturalistic research, has received increasing attention in the last few years, particularly from feminist researchers (for example, Ely, Anzul & Friedman, 1991; Steier, 1991; Shakespeare, Atkinson & French, 1993; Hyde, 1994). The question is whether it is ever possible to look at the lens at the same time one is looking through it, given that our vision is always filtered by a lens of some sort. The notion of reflexivity is akin to social work supervision in which the worker reflects upon countertransference phenomena and the dynamics of the worker-client relationship. In the ethnographic literature reflexivity is related to "the authorial voice" and the degree to which the experience and voice of the researcher is made implicit or explicit in the text.

Geertz (1988) distinguishes between the discourse of an ethnography and its "signature". He asks of the former "What is it that is said?", and of the latter "How is the author made manifest in the text?". Geertz also challenges "the myth of the chameleon field-worker perfectly self-tuned to his exotic surroundings" who has "some sort of extraordinary sensibility, an almost preternatural capacity to think, feel and perceive like a native ... the ethnographer does not ... perceive what his informants perceive. What he perceives - and that uncertainly enough - is what they perceive 'with' or 'by means of' ..." (Geertz, 1975, p.47). He distinguishes between "experience near" and "experience distant," or "emic" and "etic" accounts. In social work practice this is equivalent to the distinction between the client's world view and the worker's construction and conceptualisation of the client's world view. In this study an attempt is made to capture both these dimensions, while acknowledging that both are reconstructed by the researcher.
The issue of reflexivity has taken on a new dimension in relation to “auto anthropology” or “anthropology at home” where ethnographic studies are conducted in one’s own society, as this is seen to require greater reflexivity on the part of the researcher (Strathern, 1987, p.17). This is particularly pertinent to this study, which is not only an ethnographic study undertaken within the researcher’s own society but within her own profession. Can one do ethnography on one’s own tribe? Are the taken for granted assumptions of the subjects so internalised by the researcher that they cannot be seen? If anthropology is about “making the familiar seem strange” then is it that the more familiar something is, the more difficult it is to make it strange? On the other hand, the advantage of studying one’s own tribe may be a greater understanding of the inside view.

Two social work researchers investigating collaboration between social workers and physicians recently described the need to achieve a balance: “If too far removed, researchers are divorced from the world of experience; too near and they ‘go native’, losing the outsider’s alternative lens. We chose a topic which was familiar to us, but we examined it in unfamiliar settings” (Abramson & Mizrahi, 1994, p.33).

Van Maanen (1988) deals with the issue of the “authorial voice” by focussing not on how the ethnography is done but how it is written. Drawing on his own fieldnotes on observations of the world of patrol police in U.S. society, Van Maanen demonstrates how it is possible to write ethnography in quite different styles. In the style he calls “realist tales” the researcher is the chronicler who writes in the third person and disappears from the reader’s view. In “confessional tales” the researcher writes in the first person in a highly personalised, self-absorbed style in an attempt to demystify fieldwork. This style captures the shifting point of view of the ethnographer over the period of the fieldwork, his or her understandings, interests, modes of entry and exit, methods of data collection and analysis and how the ethnographer thinks he or she was perceived by others in the fieldwork. Sometimes these are combined with a realist account having a confessional postscript. In “impressionist tales” the account is personalised and literary, with a racier, “journalistic” flavour which attempts to recreate the scene so that the reader can imagine that they were there. In doing so detailed descriptions are sometimes omitted.

The parallel of fieldnotes in social work practice is the process record, the reconstruction of the interview traditionally used in the fieldwork education of social work students. The traditional style prescribed for writing process records is a realist one, written in the third person, and recording as much of the detail of what was said and done as possible. It is
possible for process records to be also written in a confessional style, producing a self-reflective account of an interview which focuses on the student’s feelings and reactions or in an impressionist style which captures the ambience and the themes in an immediate way but in doing so leaves out details of what was said and done. There is always the danger of the confessional account degenerating into self-indulgence, a point Andrea Fontana makes in pithy language:

One risks becoming so reflexively involved with one’s part in the interaction that one fails to see the interaction itself. If the researcher were to fail, he would no longer be a sociologist but would resemble a flamenco dancer, who, in the words of Lenny Bruce, is ‘a guy who’s always trying to get a look at his own ass’ (Fontana, 1977, p.186).

3.5 Researcher Responses

The researcher-subject relationship can be especially complex in qualitative research. A number of authors have described quasi-therapeutic relationships entailing giving support and advice (Larossa, Bennett & Gelles, 1981; Kaslow & Gurman, 1985; Rubin & Mitchell, 1976). Like other relationships, that between researcher and subject is governed by norms of reciprocity. In this study, a few parents made requests which were difficult to refuse. These ranged from requests such as giving a mother a lift to the bank to providing a report on a sexually abused child for the Crimes Compensation Tribunal. In relation to affect aroused in the researcher by the plight of research subjects, Lofland and Lofland (1984) remark that “Naturalistic researchers ... must often struggle with the personally painful question of whether to throw in the towel on doing research, and give themselves over entirely to ‘helping’ or to remain in the field as a chronicler of the difficulties” (Lofland & Lofland, 1984, p.34).

Practice research which brings the researcher in close proximity to families who are struggling with experiences of the nature shared by the families in this study can evoke powerful responses. For me these responses were very similar to those encountered in practice. In some respects they were more intense, as at least in the practice situation I had a role and a purpose to alleviate suffering, while as the chronicler of the difficulties I felt a sense of helplessness and an unease with the voyeurism inherent in the act of observation. The suffering of the client may also be more visible to the researcher than to the practitioner for other reasons. Workers may become somewhat desensitised to the client’s pain, particularly if their very interventions are a source of the pain. At times,
witnessing the distress of some children and hearing the pain of some of the parents who felt victimised by the services, the very processes of which I had so painstakingly observed and recorded, aroused strong feelings.

At one point in the study this led to an identification with the vulnerability of clients and an ambivalence toward the workers. I became aware, with the passage of time and the assistance of the supervisory process, of the censorious tone which was sometimes audible in the “authorial voice”. Exposed early in the study to three consecutive cases (Cases 3, 4 and 5) which were particularly painful to witness, it became harder to identify the positive aspects in the practice of these and subsequent cases than to identify the negative aspects.

It is not surprising that in two of the few studies reviewed in the literature which involved immersion in the world of child protection cases, either through observation of child protection intervention (Handelman, 1981), or through in-depth interviews with parents who had strong grievances with the child protection system (Howitt, 1992), the tone of both these authorial voices was nothing short of vitriolic when describing the actions and thinking of social workers. This was not so of the ethnographic study by Dingwall et al (1983), perhaps because they shadowed the social workers rather than the clients and so were exposed to the day-to-day pressures and emotions of the workers while only having one off glimpses of the families.

Both Handelman’s and Howitt’s hostility to the social workers appears to have limited their capacity to perform the role of a chronicler of the difficulties who attempts to explain the apparent gulf between the world of the worker and the world of the family. While from a naturalistic perspective there can be no such thing as a neutral authorial voice, researchers whose purpose is to make sense of social work practice need to deal with their subjective reactions if they are to take the position of the other in relation to both workers and clients. In discussing the desired attitude for the ethnographer, Berg (1989) states:

The researcher’s frame of mind when entering a natural setting is crucial to the eventual results of a study. If the wrong attitude is struck, one might well destroy the possibility of ever learning about the observed participants and their perceptions ... According to Matza (1969) one must enter ‘appreciating’ the situations(s) rather than intending to ‘correct’ them. This sort of ‘neutral’ posture allows researchers to understand what is going on around them rather than
becoming either advocates or critics of the events they witness ... appreciation does not require the interviewers to agree with or even accept the perceptions of their subjects, merely to offer empathy (Berg, 1989, p.56).

Practice research is not an end in itself but a means to an end - the enhancement of social work practice. This means that in practice research, the relationship with the research subjects has particular tensions, similar to but at a different level from, the tensions in the researcher-subject or practitioner-client relationships. With the goal of enhancing practice, the relationship between practice researcher and subject involves a clear agenda and an element of subjectivity that inevitably constrains "neutrality". As a consequence it may be blinkered but it is a purposeful and clearly directed relationship.

Moreover, the researcher's affective reactions can provide fresh insights into the phenomena being explored. For example, my awareness of how negative feelings were being aroused after helplessly witnessing the vulnerability and suffering of some clients, led me to see in a new way the hostility I observed being expressed between professionals in cases of children they felt helpless to protect. One of the hypotheses generated by this study about the dynamics of inter-agency conflict in child protection cases (displacement of hostility) arose directly from this source.

In this respect some of the researcher's reactions can be likened to what psychodynamic theory refers to as "diagnostic countertransference" - when the therapist's emotional reaction to a client is diagnostic, saying as much (if not more) about the client than about the therapist. Reflexivity in practice research, like reflective supervision in social work practice, can thus enhance the quality of research.

Until recently researchers have tended to reconstruct the research process in published forms in such a way that it has been sanitised in terms of these issues. Punch (1986) argues that in reporting the research, the researcher "should come clean not only on the nature of his data - how and where it was collected, how reliable and valid he thinks it is, and what successive interpretations he had placed on it - but also on the nature of his relationship with the field setting and with the 'subjects' of the inquiry" (Punch, 1986, p. 15). In this regard, the practice researcher-subject relationship and the integrity of the researcher, becomes, in part, an ethical issue.
3.6 Ethical Issues

"Ethics is not just a nice thing to have; research is fundamentally weak without it" (Deetz, 1985, p.254). In the past decade there has been an increased awareness of the complex ethical issues associated with research involving both human and animal subjects. Examples of grossly unethical practices involving human experimentation in medical research have led to the development of mechanisms aimed at protecting the interests of research subjects. Research grants and the permission to undertake research under the auspice of an organisation are increasingly subject to processes through which the ethical issues associated with a particular study are screened. While ethical guidelines used in university and medical research settings were originally oriented to human experimentation (as in clinical drug trials), their mandate has now extended to behavioural and social science research.

Some of the issues relating to informed consent, intrusiveness and confidentiality, are similar to those in medical research, and while the nature of the risks may differ, it is now recognised that behavioural and social science research is by no means risk free. Qualitative research might heighten the importance of some ethical issues (Ramos, 1989).

The characteristics of qualitative investigation seem to generate particular decision-making problems for the investigator who seeks to safeguard the research participant. There are three types of problems, although the categories are loose and overlapping: (a) the participant-investigator relationship itself; within which are divulged many confidences, (b) the investigator's subjective interpretation of the collected data, and (c) the more loosely defined, emergent, design (Ramos, 1989, p.58).

Ethics vary across space and time. For example, recent coverage in the popular press about complicity and corruption of pharmaceutical companies, health officials and medical practitioners in Japan (The Age, August 13, 1994) highlights the degree to which notions relating to informed consent and the right of patients to know about their medical diagnosis and treatment are culturally determined. There is historical as well as cultural relativism in ethical standards for research. Practices which are now regarded as ethically questionable in western societies were not generally seen in this way a generation or even a decade earlier. Even within the time frame of this study for which permission was sought and granted in 1989 by an ethics committee of high repute, normative standards have changed. For example, if permission were sought for this study now it is very likely
that informed written consent rather than informed verbal consent of parents would be required, and that the research subjects would need to be offered opportunities for debriefing and possible referral following research interviews relating to sensitive issues.

Practice research adds another layer of complexity to the ethical dimensions of research as it embodies a cross-over between professional ethics and research ethics. While professional codes of ethics typically contain little on research ethics, the code of ethics of the Australian Association of Social workers specifies the generation of knowledge for the improvement of service as a major ethical imperative. The ethical obligation to undertake research needs to be balanced against other ethical obligations such as informed consent, the intrusiveness of the research methods and confidentiality. Some of these issues were anticipated prior to the study commencing, and were identified in the application to the Ethics Committee, while others only emerged during the study.

3.6.1 Informed Consent

Questions relating to the informed consent of adults in research has been the subject of recent public controversy in Australia, particularly in relation to women’s reproductive research (for example, IVF and non-surgical methods of abortion). The issue of children as research subjects has received little attention. The question of how much information about the study is required in order for potential subjects to be able to make an informed decision about participation, is complicated. There are a number of factors which might influence how much the researcher is prepared or able to share.

Some of the questions raised in this study which relate to informed consent are:

**How far should one collect information about a case prior to the parents’ giving consent to their participation in the study?**

Selecting the cases at an intake meeting at which certain details are presented, raises an issue about the access of the researcher to confidential information prior to obtaining parental consent. This was not an issue of which I was aware at the time, as my presence at intake meetings had been “normalised” by the practice situation. Although I had terminated my role as consultant giving group supervision six months prior to taking up the research in order to avoid confusion of the roles of consultant and researcher for the staff, the simple fact that the intake meetings were held in the same room as the group supervision, made me feel that it was normal to be listening to details of the social
workers’ cases. In the consultant role I had not seen my access to such information as requiring the informed consent of the parent (although it could be argued that clients should have a right to know that what is told to the social worker may be discussed in supervision). Furthermore, the presence of others at the intake meeting, such as social work students, also helped to normalise the situation. There was also the practical issue of how to seek permission before the cases were selected.

How should parents be approached in relation to consent to the research?

How should parents be contacted about their possible participation without the researcher being given confidential information such as telephone numbers or addresses, and what is the risk of such contact being experienced as an intrusion of privacy? Alternatively if the social worker is used to arrange a meeting between the parents and the researcher for the purpose of explaining the study and seeking consent, is there a risk that parents might feel (even if told otherwise), that receiving the service is related to participation in the research, thus diminishing their freedom to give or withhold consent?

I decided that an unexpected letter or telephone call was probably worse than having the social worker to whom the case was allocated ask the parents if I could meet them in order to explain the research and seek their permission for their participation. However, while I talked with each social worker about how to present my request to meet the parents, asking them to make it clear that meeting me was the parents’ choice and that the research was quite separate from the service, it was not possible to control how this was done. In retrospect it may have been better to have the social worker give the parents a written statement introducing the study, and allow them time to consider this before deciding to meet me.

How might being in a crisis situation diminish the capacity of a parent to give informed consent?

The capacity of an individual to give their informed consent freely can be diminished by factors which affect their judgment. The parents in this study were in what would normally be regarded as highly stressful situations - in the immediate aftermath of discovering that their child could have been abused and/or being themselves the subject of a child protection investigation. For some parents this appeared to constitute a crisis, that is, their normal coping capacities were at risk of being overwhelmed. Recognising this and taking my cues from the social worker to whom the case was allocated, in some
cases I chose to delay approaching the parents during the immediate crisis. This meant that collection of data in the initial phase of the case was limited.

When I was introduced to the parent(s), I asked the social worker to remain so that she could witness how I explained the study and sought their consent, and act as their advocate by helping to clarify issues. In hindsight, this could have conveyed the opposite message - that the research and the service were closely related. On one occasion (when the mother was hostile to the services) I decided that it would be more appropriate to see the mother alone when explaining the study and seeking her permission. This highlighted the importance of making individual professional judgments according to the needs of the particular situation, and the limitations of having to follow a rigid protocol.

I informed parents of what the study entailed, reiterated its independence from the hospital, and told them that they did not have to make a decision on the spot, and that they could withhold consent from any part of the study. For example, they might decide to allow me to interview staff or have access to written records but not to observe an interview with their child through the one-way screen. Similarly, they were told that they could withdraw consent at any time, and that I would seek their permission at a later stage for the follow up home visit.

No parent declined to participate and none placed restrictions on parts of the study. I was surprised how readily parents gave their consent and how few questions they asked. This could have been due to a range of factors: a diminished capacity to make an informed judgment; a high level of trust in the researcher and in institutions such as hospitals and universities; altruism and a willingness to help (this was expressed by a number of the parents at the stage of the follow up home interview but not at the time their consent was sought); and/or a sense of powerlessness and dependency on those in positions of perceived authority and status which made it hard to refuse permission.

Under conditions in which it is likely that the capacity for freely informed consent may be diminished, it seems to me that researchers have a duty of care not to ask potential participants to give consent to that which might not be in their interests. For example, it would seem unethical in such circumstances to ask parents to place themselves in a situation in which they could legally incriminate themselves. “Regardless of the information divulged, research participants should be able to trust the investigator to protect their welfare. The depth of this trust should increase in proportion to the degree of shared intimacy and respondent vulnerability” (Ramos, 1989, p.59).
Consequently I decided not to interview parents during or immediately after the period of intervention, because of the risk that parents might divulge information which could be subpoenaed in either Children’s Court or criminal legal proceedings. Moreover, I thought that it might be very hard for parents to trust the confidentiality of what they might say to me when they regularly witnessed my close interaction with staff on first name terms. Yet there are different opinions about such a decision. For example, one academic colleague thought that not offering parents the option of being interviewed throughout the process in the same way that the professionals were interviewed, was paternalistic and clashed with social work values of giving people choices.

**Can children give informed consent and should parents be able to give consent on behalf of their children?**

There are more questions than answers in regard to the use of children as research subjects. At what age should children be able to give informed consent to participation in research? Under what conditions might it be ethical for parents to give consent on behalf of their children? Does the participation of children in research depend upon the actual or potential benefits to the child who is the subject, or to other children? Such questions are beginning to be explored in the literature (Abramovitch, Freedman, Thoden & Nikolich, 1991). If one adopts an individualistic rather than a collectivist value position on this issue, then does it follow that it was unethical for my generation to be used in the early immunisation trials for polio and other contagious diseases which have given our children’s generation the benefit of safe immunisation? That is, is there something akin to a social contract between generations in the development of potentially useful knowledge? If so, what are the limits on such a contract in terms of acceptable risk?

In the late 1970’s the U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research made the distinction between therapeutic research intended to directly benefit patients and nontherapeutic research in which there was no direct potential benefit to the subjects. The former was regarded as requiring lesser consent procedures and allowing higher levels of risk. More recently the National Commission has discontinued using such terminology but still advances criteria for the assessment of the level of acceptable risk in relation to the potential benefit to the participants or to others.

Where the proposed benefit might accrue to those other than the subjects, the question still remains: “Is it ethical to use children in research which is for the social good, even if
parents give their permission? (Koocher & Keith-Speigel, 1994, 51). The U.S. 
Department of Health and Human Services has stated that research may be acceptable on 
children even if there is no intended benefit to the participants or to children in general so 
long as the research poses "no greater than minimal risk". Such guidelines and their 
definitions are ultimately a matter of judgment by researchers and ethics bodies. 

The U.S. Department of Health and Human Services also states that research which 
involves greater than minimal risk may be acceptable if it presents the prospect of direct 
benefit to the child, and that an anticipated "risk/benefit" assessment be the basis for 
deliberation. While these guidelines were not available at the commencement of this 
study, I decided that research interviews with children who had been allegedly abused 
could not be justified because of the risk of further traumatisation and because it was not 
possible to predict the potential benefit of such research to these or other children. This 
decision is supported by a recent statement about research ethics made in a review of 
child protection research:

Research on child maltreatment may be susceptible to the research analogue to 
iatrogenic effects in treatment. For example, if, as some clinicians believe, 
repeated interviewing about an experience of victimization induces further trauma, 
there is an obvious conflict with the need to gather information for research ... are 
the anxiety, increased scrutiny, and perhaps even self-fulfilling prophecies that 
may result warranted by the knowledge to be gained? (Melton & Flood, 1994, 
p.24).

I also believed that pre-adolescent children were not capable of giving free and informed 
consent to participation in research. The informed consent of parents (and social workers) 
was sought to observe social work interviews with the children through a one way 
screen. Initially I thought that this did not constitute an additional risk to the child as 
obervation of interviews was already standard practice in the hospital. As the study 
unfolded however, the issues became less clear. On a number of occasions in the follow-
up home interviews with parents, the children were present for some of the interview 
although I had tried to plan the visit at a time when the children would not be there. For 
example, one child was home from school sick and another had not yet gone to bed when 
I arrived at the appointed time. Did I have the right to ask the parents not to have the child 
present because of my concern about the possible effect of overhearing our interview? 
This was resolved by parents putting the children to bed or arranging other activities, but 
it illustrates the unanticipated complexities of naturalistic studies involving children.
What are the issues associated with the informed consent of agencies and staff? Are staff in a position to refuse to participate when their employing agency has given its approval (and even its financial support) to the study?

An issue which is often overlooked in discussions of research ethics are the interests of agencies and service providers, yet they are as much the subjects of the research as clients. Typically this is discussed as a political and practical issue in research related to "gaining entry". If it is seen to have an ethical component it is only in so far as the principle of academic freedom and the scientific norm of the search for truth may be compromised in order to gain access to an organization for the purpose of research.

Some willingness to have findings reviewed by the host (organisation) prior to publication may ... be necessary to agreements to have research conducted at all. At the same time, secrecy in research is inconsistent with the scientific norm of search for truth and with the public interest in knowing about agency performance (Melton & Flood, 1994, p.24).

As well as being a political issue, it is also possible to see the giving of consent by an organisation as an ethical issue as the research may have the capacity to harm the legitimate interests of the organisation, just as it may have the capacity to harm the reputation of individuals within it. A related issue which has also received little attention is that of the rights of service providers involved in research which has been approved by their employing organisation. This is perhaps not such an issue in research which is commissioned by the agency such as program evaluation, in which it is assumed that it is the right of management to instigate such research and that staff have an obligation to cooperate in this. It is less clear when the research does not belong to the agency. Moreover, the interests of senior management and service providers might be different and so the question arises, under what circumstances can the former give consent on behalf of the latter?

The formal permission for this study was obtained from each of the core organisations (hospital, police and child protection service) at a senior management level. This is not to imply that other organisations are not important. For example, non-government child welfare agencies are key service providers in Victoria, but it was not possible to predict which of the many agencies might be involved. Moreover, these organisations do not have as their core role child protection assessment. While the involvement of other
services was noted (for example, drug rehabilitation, foster care, family support services) the staff in these agencies were not part of the study.

Approval by the police was dependent upon regular progress reports, and both the police and the child protection service requested advance notice of any publicity which might result from the research. The hospital required approval by its Research Ethics Committee.

With the hospital social workers it was possible to consult with them as a group at the planning stage. The response was positive, although there was some performance anxiety in relation to being scrutinised and the uncertainty about whether the results would be favourable. While it was possible to describe what was likely to be involved in terms of their participation, and to state that staff were free as individuals not to participate, it was not possible to give any idea or assurances about the findings. Over the life of the study there was a steady turnover in the hospital team so that by the time the data collection was finished only two of the original staff remained. This illustrates how a researcher might consult with a group of staff at the outset of a project but end up dealing with a different group of people.

The notion of informed consent assumes that both researcher and subject are clear what consent is being given for, yet differences in both parties’ perceptions of this might not emerge until late in the research process. For example, in relation to the hospital social workers, I thought I had explained the nature of the research and the research questions clearly, and that they understood that I would be observing and describing the way “the case was constructed” in the agency and the nature of inter-agency dynamics. Differences in perceptions emerged when I presented my preliminary findings to the team (during the data analysis stage) when concern was expressed that I had drawn on what I had observed and heard during intake meetings, and that they had believed that I was only at the intake meeting to “pick up a new case”. I had very openly taken detailed notes throughout all of the intake meetings and these included comments social workers made about clients and other agencies. This type of data was very significant to the research questions relating to how certain cases came to be constructed, and how inter-agency interaction was influenced by attitudes to one another. Yet, perhaps not surprisingly, some of the social workers felt it was inappropriate for me to have used such material. In relation to parents, similar questions can arise as to whether in giving permission to be interviewed, they are also giving permission for their home and their interactions to be observed and described?
Some researchers have observed that it is often at the stage of presenting the findings of a study that these issues arise. "It is in preparing a manuscript for formal publication that the field researcher most fully realizes how much insight has depended on his identification with others, and how much his interest in accuracy might affect them adversely" (Colvard, 1967, p.319).

In relation to organisational research in particular, Richard Scott (1969) has noted that:

misunderstandings between the researcher and his subjects often come to the surface on the occasion when the research findings are published ... even the researcher who does not center his analysis on deviations (from rules or ideals) of one sort or another may still offend his subjects simply by applying his particular perspective, for he attempts to take an objective and relative view of matters which from the standpoint of his subjects are value-laden and unique. How much and what sorts of things to tell subjects about the research in progress and how much and what sorts of things to put into the published report - these are the kinds of ethical questions to which the open field researcher will find no easy solutions (Scott, 1969, pp. 571-572).

In relation to the police and the child protection service, which were both statewide decentralised services, it was not possible to consult with the practitioners beforehand. This proved to be a difficulty with the police as on several occasions they were not satisfied with the central research committee’s authorisation. This led to delays in interviewing police in several cases and prevented any observation of the police (although it is questionable whether this would have been allowed by the police in any case).

Ultimately permission was obtained at the district level in all instances. This difficulty did not arise with child protection workers, many of whom knew me, and who did not express concerns about the research (which is not to say that they did not have them).

3.6.2 Intrusiveness

By no standard can in-depth interviewing and observation be regarded as “non-intrusive methods” (Webb, Campbell, Schwartz & Sechrest, 1966). They are particularly intrusive methods when the research deals with such personal and painful issues as those related to child abuse. “Research on child abuse and neglect generally involves domains that are consensually regarded as private. Such work is commonly perceived as more intrusive than researchers believe it to be” (Melton & Flood, 1994, p.23).
While I had decided not to interview children because of the potential harm this might cause, in the early stages of the study I did not perceive the observation of social work interviews with children to constitute a risk. Yet observations are not necessarily less intrusive or potentially less harmful than in-depth interviews. For example, being observed might prevent a client deriving the benefit from a service, because of the effect of being observed on the worker, and/or the effect of being observed on the client. The reasons for my different perceptions of the degree of intrusiveness posed by observation and interviewing, would appear to be twofold. One, observation is experienced by the researcher as a more passive process than interviewing and this led to the assumption that a passive process was somehow less potentially harmful. Two, observation through a one way screen was normalised because it was standard practice in the unit for students, colleagues and supervisors to observe interviews (with the knowledge of clients).

It can be argued that researchers have a higher ethical obligation than practitioners because their intrusion is less readily justified in terms of potential benefit to the client. In practice research the boundary between practice ethics and research ethics becomes blurred as the researcher typically is, or has been, a practitioner, and might not see the difference between the two sets of ethical standards. Moreover, even if the researcher is not currently the client’s social worker, the ancillary involvement of practitioners in research, could result in more intrusive practice. For example, practitioners might interview their clients more intrusively in order to obtain information which they think the researcher wants.

The blurring of practice and research ethics was evident in my initial belief about the lower level of intrusiveness and risk entailed in observation compared with interviewing because of my previous role as a practitioner. Having worked in mental health settings I had come to accept (although always with a sense of personal discomfort) that with the clients’ knowledge, observing interviews through a one way screen was part and parcel of clinical practice and training, particularly in family therapy. In relation to professional ethics, such observation is not seen as problematic if the observation is not done in a deceptive way and if the observers respect the confidentiality of what they have seen and heard. Therefore, I implicitly reasoned, why should observing an interview for research purposes be any different from the many occasions when I had observed interviews as a supervisor, colleague or a student?

While I was certainly aware that such observations were potentially intrusive, and that as a result they posed a risk to the research (through possible contamination resulting
from subject reactivity to being observed) that such observation may have posed a risk to the client was less apparent. Similarly, in seeking permission of parents and child protection workers to be present during some home visits, this became normalised in my mind because working in pairs and conducting joint home visits was common child protection practice in Victoria. Yet being observed by someone in the role of researcher, student or supervisor, might affect the interview to differing degrees.

In relation to observations of interviews, the social worker had the discretion to judge whether it was appropriate for the interview to be observed in terms of clinical interests, and if she considered that it was appropriate, the parents’ permission would then be sought. Observation of interviews with children for the purpose of this study were thus dealt with in the same way as observation of interviews for teaching and supervision purposes. However, it became apparent that social workers handled the issue of observation differently, regardless of the identity of the observer. Some social workers would state to the child and the parents at the outset of the counselling that interviews in the room with the one-way screen were routinely observed for clinical and educational reasons and in subsequent sessions would not raise the issue unless the child asked. Consequently, the child remained unaware whether or not they were being observed on a particular occasion. Other social workers would inform the parents on each occasion but not necessarily the child, while some social workers informed both and even showed the child the observing room and the people within it.

In seeking consent directly from the parents for the observation of interviews with their child, I informed them that I planned to be present during all the interviews, and that if I was unable to attend, I would inform them ahead of time or the social would tell them of my absence. In relation to the child, however, I accepted the way each social worker managed the issue of observation, although I personally felt uncomfortable watching interviews in which I was unsure whether the child was aware of being observed. The researcher’s discomfort, however, cannot be assumed to be a barometer for what is ethically appropriate, as it is possible that the more comfortable I felt (when children were fully aware of my presence), the more intrusive such observation may have been.

Another ethical issue which relates to observing interviews arose in a presentation of the research in progress to colleagues. In the light of my criticism of one case in which there were repeated interviews with a sexually abused girl who appeared extremely anxious in the face of what I perceived to be intrusive, disclosure-focused confrontation, an academic colleague remarked that it was unethical for a researcher in such a situation not
to intervene. That is, she argued that researchers had an obligation to take action to protect vulnerable clients/research subjects. I did not see that I had the right to interrupt an interview on the grounds that I disapproved of the social worker’s practice, especially seeing that the particular child’s mother had granted permission for, and strongly supported, the therapy. Moreover, it was not at all clear what type of intervention might be appropriate in such a case and the very purpose of the research was to try to understand the nature of the intervention and social workers’ rationales for their practice. Any interference on my part would not only change that process but was likely to result in the denial of further access to the service as well. However, this does raise the issue whether there are circumstances in which it is appropriate for the researcher to intervene.

For example, in this study there was a case of a 10 year old boy who was coercively removed from his family under conditions which appeared both unethical and illegal. While he had already returned home by the stage I became involved (the hospital social worker having intervened to secure this on his behalf) if this had not been so, might it have been appropriate for the researcher to intervene in a situation in which there appeared to a be clear abuse of authority and a violation of the legal rights of the child and the parents? While it has been recognised that “Research on child maltreatment often raises ethical issues regarding whistle-blowing” (Melton & Flood, 1994, p.24) this has been discussed in the literature only in relation to the moral or legal obligation which the researcher might have to report a case of suspected child maltreatment. It would seem to apply equally to the obligation which the researcher might have when witnessing behaviour which could be seen as professional malpractice.

3.6.3 Confidentiality

In most discussions on confidentiality, it is presented as a fairly straight forward ethical issue related to the development of data collection and storage systems in which the identity of research subjects is disguised. Accordingly, research participants are routinely given assurances of confidentiality and anonymity, as both parents and staff were given in this study. I recognised the difficulty of disguising the agencies themselves, as people in Victoria would easily recognise the identity of a “statutory child protection service” or “a major paediatric hospital”. Consequently I did not make an undertaking to protect the identity of the organisations (although generic titles rather than the organisations’ actual titles have been adopted in the presentation of the study).
As the research progressed, I became more aware of the difficulty of fulfilling the undertaking of confidentiality when it came to the dissemination of the findings. It is very difficult to present the findings of research based on an intensive analysis of case studies without using illustrations from the cases which may be recognisable to the staff and the clients. Can it be said that confidentiality has been preserved if a service provider recognises a client or other service providers? What might be the consequences in relation to future interactions between that agency and the client or other agencies, if negative comments are made about each other? Similarly, what might be the impact on a worker, a team or an agency of having their professional practice critically analysed in a public or professional forum? What if the results of a study become a source of increased tension between agencies or further demoralisation of staff? Alternatively, is it right to remain silent to avoid these dangers if the research can potentially help to improve the services given to children and their families? Is there an ethical obligation to disseminate findings, even if they are critical of current practice?

How far should the research be compromised to address such concerns? Lofland and Lofland (1984) maintain that the researcher needs to present sufficient detailed description and direct quotes of subjects. To reduce the risk of recognition of case studies, the very purpose of which is to show the person-situation configuration in a rich and holistic way, should the data be disaggregated in a way which destroys its very essence? Moreover, should other researchers have access to the raw data in order to undertake secondary analysis of the data? Given the centrality of the case study method in practice research, these are important issues yet they have received little attention in the literature to date.

The ethical issues raised by this study need to be seen in perspective. No research is without risks. Bronfenbrenner has gone so far as to say that the "only safe way to avoid violating principles of professional ethics is to refrain from doing social research altogether" (Bronfenbrenner, 1952, p.453). Moreover, is it ethical not to do such research? Currently we do not know whether the services being delivered to children and their families in this area are helpful or harmful. Practice itself is a social experiment which may hurt as well as help clients. It is also a highly expensive experiment for the community, competing with other important social needs for valuable and scarce resources. In relation to the statutory child protection system it is also an experiment which involves the coercive powers of the State and is potentially highly intrusive in the lives of families. It can be argued that such services are themselves unethical unless they are clinically, financially and morally accountable for their interventions, and that research is an essential part of this accountability. While this study does not directly address the
issue of outcome by evaluating the effectiveness of interventions, it does address the
prior question of the nature of the interventions, and explores the hitherto neglected issue
of how parents, if not their children, perceive these interventions.

The best one can do is to consider the ethical and political issues in asking a
particular research question, determine the areas of concern prior to the research,
take into account professional standards that have been established and then
consider the ethics of the entire research process as an individual case with its
own social and political ramifications (Minichiello, Aroni, Timewell and

3.7 Gaining Entry

Ethnographers typically talk of the problem of “getting in” or “gaining entry” to a
research setting in a tone which is analogous to the investigative journalist trying to track
down reluctant sources or an undercover agent trying to work behind enemy lines. Such
a tone does not sit comfortably with a researcher who wishes to working in collaboration
with colleagues and their clients. Yet perhaps the analogy is appropriate. For the social
work researcher “getting in” might not be difficult, precisely because one is seen as
already in, but in the process of the research one might come to feel and to be perceived
as “a defector” exposing the inner workings of the tribe.

There is little doubt that gaining entry to the hospital in this study was possible because of
my prior relationships with the staff. As a former consultant to the service and a member
of the service’s advisory committee, I was perceived as having supported the team
through some of its difficulties in the early stages of its development and was well
known to a number of senior social work and medical consultants in the hospital. This,
and my history of involvement in the development of the first sexual abuse counselling
service in Victoria, was reflected in the invitation to be the guest speaker at the official
opening of the service. The study also occurred at a time when a closer partnership
between the hospital’s social work department and the University’s School of Social
Work was beginning to be forged, with practice research being one of the common
interests in this partnership.

The easy entry to the child protection service was also facilitated by close acquaintance
with many of those in leadership positions in the management, policy and service
delivery domains of that organisation. Despite the tensions that existed between the hospital and the CPS in relation to child protection, I was close to both organisations, and therefore thought that I might be able to make a constructive contribution in regard to this tension.

It is no coincidence that gaining entry with the police proved to be more difficult, partly because I was unknown to them. Perhaps as a social worker and an academic, I was also seen as a member of a potentially hostile tribe, especially given the tensions between police and social work in relation to the phasing out of the police role in child protection. It may also have been a function of an organisational culture around which there is a clear boundary. In 1969 organisational researcher and theorist Richard Scott made some pertinent observations about "gaining entry" into organisations and the different relationships which can exist between the researcher and those in the organisation.

When a complex organization, such as the military, is involved, it is often difficult to tell exactly whose permission is required, and the selection is made more difficult with the knowledge that the various 'higher echelon gateways are perceived quite differently by lower echelon personnel' and hence will affect the latter's willingness to cooperate with the researcher (Scott, 1969, pp.562-563).

Richard Scott (1969) also talks about the difference between field studies in which the researcher is a "transitory participant" in an organisation and those in which the researcher engages in sustained interaction with members of a group. In relation to this study "transitory participation" is a more accurate description of the role in regard to the police, and to a lesser extent in regard to the child protection service, while the role vis a vis the hospital was clearly one of sustained interaction.

While getting in may be easier in practice research, there may be no getting out or getting back because both researcher and agency personnel may inhabit the same place in terms of profession and field of practice, and perhaps even share interconnecting personal social networks. Moreover, the very purpose of practice research, unlike purely academic ethnographic research, is to enhance practice. It is almost inevitable that different perspectives will be brought to bear in relation to the implications and recommendations flowing from a piece of practice research. Grappling with these challenges is thus part and parcel of the process of practice research, a fact with which I became more familiar as the study unfolded.
3.8 Selection of Cases

Intake meetings in the hospital service were held first thing each morning, when the cases which had come into the unit in the previous 24 hours (or over the weekend), would be briefly presented, discussed and allocated to a social worker (sometimes the same person who had taken the initial call). The intake meeting was also an opportunity for general communication and to “touch base” with the other social workers on a daily basis. I attended intake meetings in order to receive the cases for the study, gaining a new case at the point at which the service was terminated in the previous case. Other cases were also discussed in the intake meetings - ongoing cases in which some new information had to be communicated, or cases which had involved the social worker on call overnight or at the weekend but which were not continuing or were referred elsewhere.

Cases were selected consecutively such that as soon as the data collection for one case had been completed (with the exception of the follow-up home interview), I would attend the next intake meeting to select the next case. For example, Case Number 2 was selected at an intake meeting occurring immediately after the last contact of any of the three services with Case Number 1 and so on. Data collection on Case Number 2 thus occurred during the three month period between the closure and the follow up home interview for Case Number 1. On all but one occasion, there was only one new case at the intake meetings so the need to choose between two or more cases did not arise. On the occasion on which there were two cases, one was a new case and the other a re-presentation of an old case. While I had intended to use a “pick a name from a box” method in such an event, I decided to choose the new one because it provided a better opportunity to shadow a case from the outset. At several intake meetings there were no new cases and on these occasions I returned to the next intake meeting. The day prior to attending an intake meeting I would inform the co-ordinator of this. I don’t believe this affected the cases available for selection in any way.

The consecutive method of case selection was necessary because of the intensity of the data collection methods (at times involving multiple interviews and observations within a short period of time) so it was not feasible to undertake more than one case at a time because of the likelihood of the different client contacts in each case occurring simultaneously. Given that most cases had a life in the service system with one or more of the three core agencies for approximately 4 months, the intensity of service system contact (and thus the intensity of the data collection) was usually reduced by the time of the home interview for the previous case. The exceptionally long case lasted 13 months.
(the only one to proceed to the Children’s Court), and was not followed intensively in the post-court phase. The reason for this was that the thesis was focussed on the assessment process and the original intention had been to “shadow” cases only up to the court hearing. In addition there was a very practical consideration - to intensively follow a case for 12 months would have greatly extended the period of data collection for the whole study beyond the limits of the timelines of the thesis, particularly if this had been followed by more cases of similar duration.

There are two important implications of the consecutive selection of cases. One, it meant that each of the cases was selected from the population of cases at that point in time. This proved to be significant because over the course of the study, the nature of the presenting problems evolved from being a mixture of physical and sexual abuse cases to being predominantly sexual abuse cases. It is therefore no coincidence that the first two cases in the study concerned alleged physical abuse and that the subsequent cases all concerned alleged sexual abuse. It is also possible that in a semi-longitudinal study the nature of the practice changes over the period of the study, both as a result of the changeover of staff, and the evolution of the service. In relation to the child protection service, the cases and practitioners came from six different urban and rural regions, so there were issues relating to differences in practice across regions, as well as differences in practice occurring over time.

Two, the consecutive selection method meant that I saw the later cases in the light of earlier cases. This is part of the process in qualitative research, in which questions and working hypotheses inductively generated from earlier cases are tested and reformulated in subsequent cases. Because the researcher perceives later cases with a more focussed perspective than earlier cases, this is likely to be reflected in the nature of the observations made and the line of questioning pursued in in-depth interviews in later cases.

The evolution of the researcher’s perspective is not just a cognitive process but also an affective process (the dichotomy between “thinking” and “feeling” itself being very questionable). Thus the comments made earlier about the emotional arousal which occurred after exposure to three consecutive cases in the first half of the study and the reflection upon this, must also be seen as leading to the evolution of the researcher’s mindset. Royce Sadler (1982) has claimed that there is a tendency for the qualitative researcher to be unduly influenced or anchored by experiences undergone early in the research.
Because the cases were all selected from intake meetings at the hospital, every case involved hospital personnel, although the extent of this involvement varied considerably. The pattern of involvement with the other services varied. While most of the cases were also involved with either the police or the child protection service, in a few instances the hospital was the only service involved. CPS involvement occurred in those cases in which there were concerns about the parents’ capacity to protect the children and police involvement occurred when there was an investigation of a criminal offence. In some cases all three organisations were involved. The direction of referral also varied, with most cases being referred to the hospital by the police or the child protection service for medical examination and/or counselling, but in some cases the hospital referred cases to the other two organisations. It should also be noted that the cases selected were different from that which would be obtained from a child protection service. By including cases in which the abuser was outside the family and in which the parents were acting to protect the child, the term “child protection” is used in a broader way in this study than when it is restricted to the work of the statutory child protection service.

The method of case selection was used not to achieve representativeness of the population in order to allow generalisation of findings, but in the hope of obtaining a sufficient range of cases which might enable hypotheses to be generated. Due to a change in the record keeping (resulting in cases in which children were seen being no longer differentiated from cases which did not proceed to this stage) it is not possible to estimate what proportion of the hospital social work cases those included in this study represents, but given the duration of the study, it would constitute a very small proportion.

While the above discussion has assumed that this study consists of ten cases, the unit of attention is actually quite different in relation to each of the research questions, and as a result, the issues relating to selecting cases are also somewhat different. In regard to the first question, the unit of attention is the practitioner’s cognitive schema or observed model of practice at multiple points in time over the life of each case. A total of 15 child protection workers and 12 hospital social workers were directly involved in the study’s cases. While this constitutes a tiny proportion of the State’s over 400 child protection workers, it constitutes most of the social workers in the hospital child protection unit. One of the effects of this might have been to increase the visibility (and perhaps the vulnerability) of the hospital social workers in this study, which in turn, might have given them a stronger investment in the outcome.
In relation to the second question the unit of attention is inter-organisational interaction, and in this regard, the study involves many hundreds of episodes of practice and inter-agency interventions, which, while accessed through a small number of families, might provide a stronger base for generating hypotheses applicable to the population of these phenomena.

In relation to the third research question in this study, that relating to parents’ perceptions and experiences, the unit is the family and only ten families were involved in the study. Fundamentally however, the third question is not dependent upon a sample of families whose characteristics are necessarily representative of the population from which they were drawn. “What we seek to do with qualitative research on families is not to count the number of families exhibiting some set of characteristics, but to understand how some families give insight into the meanings of their experience” (Daly, 1992, p.4). How typical such insights are is not a question which can be answered from the small group of cases in this study.

In order to describe insights into the meaning of experiences, a design which allowed for the experiences of some families to be studied in context and in some depth, was chosen over one which would “isolate particular fragments of family experiences like an attitude or a behavior” (Daly, 1992, p.4). If the study had been solely addressing the question of parental perceptions and experiences, it would have been possible to have interviewed a large, representative sample of families, and to have drawn more generalisable conclusions about the nature of parental perceptions and experiences. However, such a study, within the same time and resource constraints of this thesis, would have had to sacrifice the intensive observation and interviewing of the practitioners involved.

The design chosen, with a multiple focus on professionals’ behaviour and perceptions of cases, inter-agency interactions and on the parents’ perceptions, allowed for a comparison of the multiple constructions of the actors involved in the same cases. While there have been a few qualitative studies which have looked only at families’ perceptions and experiences (for example, Diorio, 1992), and others which have focussed only on professional constructions of cases (for example, Dingwall et al, 1983; Handelman, 1981), none appear to have focussed on both, or on the unfolding of such constructions over time. Hence the decision was made in this research to study a relatively small number of cases across time and across multiple actors.
3.9 Methods of Data Collection

"No research method is without bias ... the issue is not choosing among individual methods. Rather it is the necessity for a multiple operationalism, a collection of methods combined to avoid sharing the same weakness" (Webb, Campbell, Schwartz & Sechrest, 1966, pp.1-2).

Three methods were employed in this study: documentary analysis; participant-observation; and in-depth interviewing, and these were closely interrelated. The least data was obtained by the former, which is in keeping with the capacity of these sources of data to address the study’s questions. The relative importance of the different methods, however, is not merely a reflection of the quantity of data each generated. For example, observational data was very important although the amount of data it yielded was considerably less than that obtained from the in-depth interviews.

3.9.1 Documentary Sources of Data

Documentary analysis was useful in the initial stage of the research, as well as yielding rich information on the contexts within the hospital and the child protection service, and on the broader socio-political context.

In regard to the hospital, I immersed myself in the hospital unit on a daily basis for a month prior to commencing data collection on the cases. During this period: I attended all meetings; became acquainted with staff in the unit on an informal basis; observed organisational dynamics at the horizontal level (for example, the interaction between the unit and the hospital’s social work department) and the vertical level (for example, between the unit and the hospital’s senior management); learned administrative procedures such as the registering of cases; and read many case files and other documents. There was a broad range of documents used in the early phase in addition to case records. They included: minutes of the unit’s meetings from its inception; papers on child maltreatment written by the hospital’s senior social workers over the past decades; major policy documents of the hospital; and the unit’s intake records.

During this period I also piloted the in-depth interviewing techniques on a number of social workers. Detailed field notes were taken throughout this initial stage and these reflect the multiple sources of data - documentation, interviews and observations, and the generation of ideas. While I subsequently examined the case records in the ten cases, this
was not a major source of data. Typically case notes were brief and consisted of entries on the presenting problem and action taken rather than on the reasoning process or formulation of assessment. This is not a criticism of the practitioners as case recording was often a low priority. Moreover, the agency purpose of the case record dictates its nature. For the hospital social worker the purpose was to communicate the nature of the protective concerns and actions taken in a clear and very succinct way to medical and nursing staff, but it was not necessary to go into the reasoning process behind the assessment. For the child protective workers, reports were shaped by the statutory function and the need for organisational accountability.

In regard to the child protection service, I had access to a range of documentation other than case records relating to the broader child protection system. This included annual reports of the Department, policy documents such as protocols for inter-agency co-ordination, and the new procedural manual which was produced during the period of the study in anticipation of new legislation. In addition, my membership of three consecutive Ministerial advisory bodies on child protection gave me access to a broad range of Departmental documentation.

Newspaper coverage of child protection issues provided an additional source on the broader socio-political context in which the practice being researched was occurring. Articles and news items relating to child protection were systematically collected during the entire period of the study. While a detailed content analysis of this material was well beyond the scope of this study, a profile of the issues covered is outlined in Appendix A.

3.9.2 Observation

Junker (1960) has described differing degrees of participation in participant-observation. At one end of the spectrum is the “complete participant” who acts as a full member of the group being studied. At the opposite end is the “complete observer” who has no contact with those being observed (for example, in observations through a one way screen). In the middle are the “participant as observer” and the “observer as participant” (depending on the degree of involvement). In this study I was not a complete participant in the sense that I also occupied another role in the immediate settings of the research. The degree of participation varied (for example, being somewhat greater in an observed home visit and lower in observations made through a one way screen), but was generally low. Junker (1960) saw a trade off between observation and participation, assuming that greater accuracy and reliability were more likely under conditions in which there was less
participation and involvement. In contrast, some recent qualitative researchers have argued that “the potential for misunderstanding and inaccurate observation increases as the researcher remains aloof and distanced physically and socially from the subject” (Jorgensen, 1989, p.56).

This relates to issues of reliability and validity. “Loosely speaking, ‘reliability’ is the extent to which a measurement procedure yields the same answer however and whenever it is carried out; ‘validity’ is the extent to which it gives the correct answer. These concepts apply equally to qualitative observations” (Kirk & Miller, 1986, p.19). The distinction between these two threats to the integrity of a study is not as clear as is often suggested. For example, one can argue that there can be little validity without reliability. As will be illustrated below, reactivity in observational methods can be seen as a threat to reliability, and this leads to a threat to validity as well, since the very nature of what is being measured thus changes. Without validity, reliability is a waste of effort. Hence the qualitative researcher puts priority on getting as full a picture as possible, and this in itself, can tip the scales against replicability.

While issues of validity and reliability are important in all research, Kirk and Miller (1986) explore how they take a different form in qualitative research than they do, for example, in assessing the reliability and validity of an instrument such as a thermometer. In relation to ethnographic research, validity might depend on the degree to which the researcher is aware of the subjects and his or her understanding of the meaning of a particular term or concept which is being explored. Kirk and Miller (1986) show how the three forms of validity - apparent validity, instrumental validity, and theoretical validity, may apply to ethnographic research.

They argue that “face-to-face routine contact with people continues throughout the period of fieldwork, and unless the fieldworker is unusually craven or complacent, his or her emerging hypotheses are continually tested in stronger and stronger ways in the pragmatic routine of everyday life. This ‘method’ is unusually sensitive to discrepancies between the meanings presumed by investigators and those understood by the target population ... Because of this built-in sensitivity, field research intrinsically possesses certain kinds of validities not ordinarily possessed by nonquantitative methods” (Kirk and Miller, 1986, pp.30-31). It has been claimed that even in a triangulated design using quantitative and qualitative methods, observationally derived data are unfairly vulnerable to dismissal because the data is so difficult to check for reliability, even though it may have a high level of apparent validity (Trend, 1979).
There are two central problems in observational methods. One is the issue of theory laden perception and the other is the issue of reactivity, or how being observed (and/or being interviewed) can affect the actual behaviour being studied. The notion of theory laden perception (or the idea that “there is more to seeing than meets the eyeball”) holds that “the theory, hypothesis, or background knowledge held by an observer can influence in a major way what is observed” (Hanson, 1958, p.7). Given that it is impossible to observe everything, to what does the observer attend and give salience?

The observer’s filters unavoidably illuminate and obscure what is seen. The observer is not and cannot be a camera. The research questions shape what is attended to and given salience. The goal is not to be filter free. “It is unscientific as well as maddening to initiate data collection without a language (paradigm) that precisely contrasts data and noise. The ethnographer who gathers without knowing what he or she wants (at the logical level) will find no happiness in the process” (Kirk & Miller, 1986, p.66).

This is not to say that the ethnographer is free to selectively seek only what he or she wants to find. In fact, as will be argued below, to establish the “warranted assertability” or “truth value” of qualitative research, the researcher should actively seek disconfirming data. But other than reflecting upon one’s filters as honestly as one can, “... no systematic methodology has emerged that allows one to describe the ethnographer’s cognitive stance, basic premises, or schema from which data are perceived, categorized and correlated” (McElroy & Jezewski, 1986, p.204).

Reactivity is the other important issue. "Reactive effects of observation are the most perplexing feature of participant observation, since the presence of an observer in any setting is often a 'foreign object'. The creation of the role of participant observer inevitably introduces some reactivity into the field setting” (Denzin, 1970, pp.203-204). Some qualitative researchers (for example, Berg, 1989) claim that over time the observer “becomes invisible” and that alteration in the usual behaviour of subjects as a result of knowing they are research subjects (“the Hawthorne Effect”) is generally short lived.

It is difficult to prove or disprove this claim. My presence in the child protection service and the police settings was very short lived, and while I was a familiar figure in the hospital unit over several years, my visibility to a social worker in a particular case involved in the study is likely to have remained quite high.
The practitioner researcher might sometimes gain an impression of the degree to which
the observation is influencing events. For example, I felt that my presence in some
interviews probably inhibited the quality of intimacy in the worker-client encounter in a
similar way that the presence of an additional worker was described by some practitioners
as affecting the process. On the other hand, in situations in which there were numerous
people present, such as in an intake meeting or at a case conference, I had the strong
sense that I became part of the background and that the events unfolded as they did pretty
much regardless of my presence.

The impact of the observer’s presence is related to how the researcher is perceived. In
many instances I was known to the professionals, either as a former teacher or colleague,
and so one needs to consider the possible effects of these relationships. To ask those
being observed how they see the observation affecting them is one strategy. The general
response to such questions was that the observation was not affecting the service being
delivered but it would be incorrect to assume from such statements that this was
necessarily so. For example, a “social desirability set” might exist such that those being
observed may feel that this was the desirable response to such a question.

Moreover, the impact of observation can be subtle and not immediately apparent to the
social worker, who, like the client, is not really in a position to say how the case might
have gone if it had not been part of the study, or how a particular interview might have
unfolded if it had not been observed. The very provision of even a passive vehicle for
articulating and reflecting upon practice, be it writing a process record or privately
speaking into a tape recorder, is likely to lead to the formulation of ideas which shape
subsequent practice. While observation through a one way screen was common clinical
practice in the hospital, as was taking along a co-worker on home visits in child
protection practice, the purpose of the observation might affect those being observed in
different ways. The nature and magnitude of this effect in this study is unknown.

What is known is that the nature of the observational data was influenced by the different
situational contexts in which it was collected, and this is reflected in the fieldnotes
themselves. To give some idea of the type of data on which the findings of this study are
based, and how its collection was influenced by the different situational contexts,
excerpts from the fieldnotes are presented below.
Illustration

In Katie's case in which the interviews were observed through the one way screen, there was no inhibition about taking notes and the field notes are virtually a verbatim record.

Nancy (social worker) - "What we're going to do now is use this special dice with faces on it. Then we need to put the heading Feelings at the top of the page. What a neat writer. What is different about this dice? It has different faces and the words proud, scared, sad, etc. on each side. I want you to throw the dice and then draw the face and the feeling and we'll write down some of the things that make you feel that."

Katie takes the dice and throws it gently. Nancy enthusiastically encourages her to throw harder. 'A big throw' and Katie does this with obvious pleasure.

Nancy - "Scared. OK copy the face down from the dice and tell me one of the things that makes Katie feel scared".

Long pause. Katie smiles a little nervously.

Nancy - "Think about the last time you were scared. Can you remember?"

Another long pause.

Nancy - "What might make little girls scared?"

Katie - "The dark."

Nancy - "Have you ever been afraid of the dark?"

Katie - "No."

Yet being free to concentrate on, and record the verbal exchange in this way sometimes meant that less attention was paid to behaviour and non-verbal cues. Interestingly on one occasion the sound equipment was not working so I was able to see but not hear through the one way screen. Notes of both these interviews contain much more detail on the children's facial and body gestures in response to anatomically correct dolls or visual
prompts used by the worker, than do the notes of other interviews which were observed. In a few of the observations made without the one way screen, the fieldnotes provide a similar record of verbal content, as illustrated in the following excerpt from a case conference held in a child protection service office.

**Illustration**

Present: P. (Senior Child Protection Worker), Dr I. (Paediatrician), A. (Child Protection Worker, from new region), C. (Senior Child Protection Worker, from new region), N. (hospital social worker).

P. runs through the case data (with genogram) on the white board.

C. “It looks like she was pregnant before marriage.”

P. continues with case details re notification, physical abuse.

C. “Shaking or hitting - non-accidental?”

Dr I. “Categorically non-accidental - strong likelihood of shaking.”

(Interruption by tradesmen).

P. “What I’ve been saying to Chris and Helen (parents) is likelihood of shaking ... Detective says he has no idea where the case is going - so many suspects ... within 7 days prior to symptoms ... all have to be interviewed by CIB.”

C. “How have they [the parents] accepted it?”

P. “Very passive.”

N. “Helen is passive aggressive.”

C. “Any cultural issues?”

N. “Helen is --- ” (Middle Eastern-European background).
P. "But she is third generation and speaks neither ------ or ------."

C. "Is Chris very westernised?"

P. "Yes."

N. "He's only been here four years."

P. "Nothing stands out culturally - you'd have to dig for it ... Routine: Chris two jobs, 10.30 am to midnight. Primary caregiver is Helen and that's accepted by Helen. Chris' wage is $1400 per month and they have a $1200 mortgage (per month)! Therefore Helen has to work ... Met Chris through work, fell in love, got pregnant, been married for one year, didn't consider abortion but very worried about having a baby - 'hot' all through pregnancy, seven and half hour labour, induced forceps delivery, cord around neck several times. Post-natal depression for several weeks - Chris didn't understand, no formal help with PND. Chris' response to baby - said he was 'rapt'. Therefore all the indications of risk - husband works late, temperamental baby."

N. "Baby doesn't like to be held."

C. "Attachment problems?"

Dr I. "There are major attachment problems."

However, most of the observations made without a one way screen are not of this verbatim type. My degree of participation and the sensitivity about taking notes in situations in which the client was present, meant that brief jottings of headings discussed during the interview itself were typically all that was recorded during the observation itself and the notes were made immediately after the observation. A different style characterised these fieldnotes. While they do not provide the same detail of verbal content of the more "realist" descriptions above, they pay more attention to the physical surroundings and non-verbal behaviour and interactions of those present, and convey a stronger sense of the ambience and affective tone (as in a more "impressionist" style). They often have a more self-reflective (or "confessional") style as well.
This is illustrated in the following fieldnotes of my observation of the child protection worker’s home visit in the same case as above.

Illustration

Housing Estate, nearing completion with about half the brick veneer houses completed and occupied ... streets in this estate were deserted. No pedestrians in a period of half an hour while I waited ... this is a very desolate neighbourhood - barren and the stereotype of a new dormitory suburb on the very outskirts of the city (50 km). I wonder what it must be like to live here. Sheets hang as temporary curtains. Lawn seed has just been planted in some front gardens. I was uncomfortable about the intrusive nature of my presence at a home visit ... I waited outside thinking that A.(CPS social worker) may have had to cancel/delay the meeting, and hadn’t been able to contact me. I finally knocked on the front door. There was no car in the drive way and the front and backyards were entirely mud following the rain today. I could see someone in the kitchen. Helen (the mother) answered the front door, and asked me inside, offering me a cup of coffee, and asking if I would like to sit in the lounge. I accepted the cup of coffee but followed her into the kitchen rather than sit in the lounge on my own, in order to be more informal. At the same time I was a bit apprehensive about following her into the kitchen in case she perceived that as intrusive. This dilemma reminded me of how I had felt as a young social worker doing home visits, particularly in a statutory setting. I was never sure in any particular situation if I was being offered the lounge room out of the client’s preference or because they felt this was appropriate to accord my visit a formal status until I had demonstrated a desire for a more informal atmosphere. I usually took the risk of following them into the kitchen unless the client was very formal in dress and manner. My best interviews had nearly always been conducted at the kitchen table over a cup of tea rather than in the lounge room, so I usually asked if it was OK if I came into the kitchen. All this was going through my mind as Helen boiled the jug ... I was cautious about not wanting to appear as a social worker in my interaction with Helen as I felt I had no legitimacy in occupying such a role, and was therefore unsure if she would interpret any “common courtesy” comments such as “How are you?” or “How’s Lula?” as being more than “casual” conversation ... The house smelled “new” and I commented on how nice it was. Helen said she liked being at home here with Lula ... the new job she was due to start was in the city and that meant getting up and leaving very early ... at this point A. arrived, apologised for being
late ... there was some confusion about seating arrangements in the lounge - I didn’t want to sit between Helen and A. and block their eye contact, and offered to sit on the floor. A. then said she’d swap with me as she preferred it on the floor (my equivalent of the kitchen?). Helen then said she could hear Lula (waking up), although I hadn’t heard anything, and Helen went to get her, bringing her back and placing her on the floor with some toys, well away from where we were all sitting. A. moved across and started to interact with the baby who was very socially responsive and physically active ... A. continued to interact with the baby. I wondered if this was deliberate - a “modelling” strategy or just A’s responsiveness to the appeal of the baby. Helen remained in her chair, on the opposite side of the room .... A. asked about Helen’s return to work, and they discussed the practicalities of transport, and the creche. ... A. then asked Helen if she would mind if the Infant Welfare Sister called at the creche each fortnight to see the baby ... Helen agreed to this and A. said she’d already discussed it with the Infant Welfare Sister. Helen said she’d told them at the creche “all about Lula’s problem” and that they could contact her immediately if there was a problem. A. didn’t respond to the anxiety in Helen’s voice ....

Rather than the variety of observational fieldnotes being seen as a source of inconsistency, the differences in fieldnotes give a richness to the data, and reflect the range of situational contexts in which the observations were made. These different situational contexts allowed for different dimensions of the research questions being studied to be explored. Thus, the reproduction of the data on the whiteboard and the detailed account of the verbal exchanges in the case conference highlighted the factors to which the different practitioners were attending in their assessment of this case. The verbal content, when seen for the whole of this case conference, also highlights aspects of inter-professional and inter-organisational interaction.

Yet so intent was I in trying to record the detail of what was being said that the fieldnotes of the case conference miss how it was being said. In contrast, the observation of the home visit captures more of the affective tone of the interview. Moreover, the excerpt provides an insight into the interaction of the social worker, the mother, and child, as well as giving a sense of the observer’s filters. In doing so, the observational fieldnotes of the home visit are also more interpretive, for example, speculating on the worker’s rationale. But observation can go only so far in yielding data on what is going on in the actors’ minds. To know more about this one needs to ask them.
3.9.3 In-depth Interviewing

"The issue is not whether observational data is more desirable, valid or meaningful than self-report data. The fact of the matter is that we cannot observe everything. We cannot observe feelings, thoughts, and intentions ... the purpose of interviewing, then is to allow us to enter into the other person's perspective" (Patton, 1980, p.196).

The data which the in-depth interviews yielded ranged from a page for a ten minute telephone interview with a social worker about a short contact with the client or another agency, to more than a dozen typed pages for a four hour home interview. The interviews with practitioners were conducted in their work environment and those with parents were all conducted in the family home. The parents’ interviews ranged from one hour to four hours in length, most lasting approximately two hours, and the fieldnotes were approximately ten single spaced typed pages. Interviews with practitioners varied greatly in length due to the duration of contact with the client, time constraints on the workers’ part, because some had more to say than others, or because the same worker had more to say on some occasions than on other occasions.

It was not always possible to interview practitioners immediately after the client contact due to practical constraints. For example, child protection workers and police were hard to reach because most of their work occurs outside the office and they tended to have less predictable schedules than the hospital social workers, who would typically see clients at a regular time each week. It was particularly hard to interview police promptly because of the necessity to renegotiate access through their senior officers.

The home environment was not just a location for an interview but an interpersonal context. While the interviews with parents were not conducted in the presence of their children, the children were sometimes present for a short period, for example, before going to bed or after returning from kindergarten, and this provided a glimpse of parent-child interaction. Couples were interviewed together, and their interaction described in the fieldnotes of the interview. On a couple of occasions other adults were also present for part of the interview, for example, a grandmother who lived with the family or a neighbour who called in. In both these instances the parents were happy for them to be present and their presence strengthened my understanding of the parents' "ethnographic context". For the workers, their work environment was a rich context for observation of interaction with other workers. Thus, observation was also included within the in-depth interviews.
The two methods were particularly well linked on those occasions when the in-depth interviewing of professionals immediately followed the observation of the practice episode. It was like two phases in the one data collection process, with the interview being guided by the observation. This was particularly rich data as I could compare their reconstruction of the interview with my own notes, and ask more informed questions (such as “Do you remember what you were thinking in the interview when ...?”).

Thus the two ethnographic methods of observation and in-depth interviewing are complementary, each having its own advantages and disadvantages and each strengthened by the other. Patton (1980) recommends blending both methods in qualitative evaluation. He also distinguishes between three types of interviewing used in qualitative research. One, the informal conversational interview “relies entirely on the spontaneous generation of questions and the natural flow of an interaction, typically an interview that occurs as part of an ongoing participant observation fieldwork” (Patton, 1980, pp.197-198). Two, the general interview guide approach “involves outlining a set of issues that are to be explored with each respondent before interviewing begins” (Patton, 1980, p.198). Three, the standardised open-ended interview “consists of a set of questions carefully worded and arranged with the intention of taking each respondent through the same sequence and asking each respondent the same questions with essentially the same words” (Patton, 1980, p.198). This study did not involve the third type of interview, and while some of the interviews could easily be classified as being of either the first or second type, some interviews had elements of both.

In unstandardised interviews, interviewers begin with the assumption that they do not know in advance what all the necessary questions are. Nor do they assume that all subjects will find equal meanings in like worded questions. “In an unstandardized interview, interviewers must develop, adapt, and generate questions and follow-up probes appropriate to the given situation and the central purpose of the investigation” (Berg, 1989, p.17).

The essence of in-depth interviewing is that it has a “conversational” style but it is also quite different from a normal conversation (Minichiello, Aroni, Timewell & Alexander, 1990). For example, the process is controlled by the researcher even in unstructured interviews. Some claim that there is therefore an inevitable inequality in the relationship, which is typically “painted out” in idealised accounts of in-depth interviewing (Bell & Encel, 1978; Oakley, 1988). In-depth interviewing is also similar to and different from a clinical or counselling interview (Minichiello, Aroni, Timewell & Alexander, 1990).
While the core interviewing skills of in-depth interviewing - establishing rapport, eye contact, active listening and so on, are similar, the purpose remains very different. Their similarities however, can easily lead to the blurring of the boundaries in practice research.

Minichiello, Aroni, Timewell & Alexander (1990) describe a number of styles of questioning used in this study. However, it should be noted that these techniques were naturally part of my repertoire of casework skills, and that when I began the interviews I was unaware of the terminology these authors use to describe them. The style of the follow-up interviews with parents was predominantly a “recursive model of questioning”, relying on the process of conversational interaction itself. Using the natural flow of conversation and “transitions” to refocus attention on key issues, the interviewer can “treat people and situations as unique and ... alter the research technique in the light of information fed back during the research process itself” (Schwartz & Jacobs, 1979, p. 45). At the same time an aide memoire or a list of general issues I wanted to cover, helped to prevent losing sight of key themes, although the list did not determine the sequence in which they were explored.

Indented below are brief extracts from the fieldnotes on two home interviews which include the aide memoire. The themes in both cases were similar and were guided both by the third research question and an ecosystems perspective, but their operationalisation depended on the characteristics of the case. My planned sequence of topics was influenced by the different nature of my relationship with each of the couples and my anticipation of the dynamics of the interview. In both instances the sequence had to be put aside to allow the parents to tell their story in their own way. Perhaps as a result of the naturalistic and empathic style of recursive interviewing which can be paced to suit the interviewee, both couples spontaneously shared their feelings about issues which I had thought were too sensitive to explore directly, and raised issues which I had not anticipated. This is one of the key advantages of such an interviewing style.

Illustration

In anticipation of Mr Cameron being very verbal and going off on tangents I had structured a number of topics, starting with their views on Donald’s adjustment; and then moving on to the impact of the abuse on the other children, each of them as individuals and as a couple, Mr Cameron’s mother (who lives in a “Granny flat” in the backyard), and the reactions of and support given by extended family, neighbours and friends. Following this I wanted to ask about the response of
Donald's school in relation to the abuse, and their views of their involvement with organizations such as the police and the hospital.

I had already developed a rapport with this family, particularly with the father who was very extroverted, and whom I had seen frequently at the hospital. When I arrived at their home I was warmly welcomed. The interview began in an orderly fashion as I used the photographs of all their children on the wall to systematically ask about each of them. Thereafter, as I expected, the father went off on many tangents but in a circuitous way his tangents ended up covering the issues I wanted to explore as well as issues I hadn't anticipated. Also, the grandmother was present for part of the interview so instead of asking questions about her as I intended, I was able to ask questions of her as well as observe her in interaction with her son and daughter-in-law. The family's previous involvement with the child protection service came up spontaneously in the conversation, as did other sensitive issues such as how their feelings about their son's sexual abuse had affected their own sexual relationship, and the father's experience of being anally raped by a scout master when he was 9 years old.

**Illustration**

My plan for the interview was to try and develop some rapport with the family, observe their interactions and in a "naturalistic" manner, collect data on the following areas: health - parents, children, relationship with health services; housing - rent/purchase; neighbours; school - Catherine's adjustment; extended family - identity, location and degree of support; employment - financial troubles, nature of work demands; parental perceptions of experiences with Victorian child protection system.

This family had fled the country in fear of their children being removed. Unlike the family in the earlier illustration, they were guarded and apprehensive about my visit. I had intended opening the interview by asking after the children's health, given the health problems of Susan, and thinking this was a fairly safe topic. I thought that this would let me work my way around to the emotionally charged issue of child protection involvement after I had established some rapport. However, the couple's feelings were so intense about the way they had been treated by the services that they ventilated these feelings right from the outset and at great length. Because so much time was taken by this and their anguish about Susan's health, other issues, such as the husband's employment situation, almost got left out. The husband offered to give me a lift back to the hotel as it
was by this stage very late in the evening and it was only in the car that I asked about his employment. It was at this stage that he also spontaneously shared his feelings about his wife’s former addiction to prescribed drugs (an issue I had thought too sensitive to raise because of previously expressed feelings), and how this had eroded his trust in her but how ultimately their relationship had been strengthened by the ordeal.

Because of the highly sensitive nature of the content and the potential of such interviews to be very intrusive on families who had sometimes experienced the services as extremely intrusive, the non-verbal cues of parents were respected in regard to probing on particular issues. For example, I chose not to raise some issues, such as the parent’s childhood experiences of sexual abuse or the effect of the abuse on the sexual dimension of the marital relationship, but endeavoured to create a climate of trust in the interview which enabled some parents to spontaneously discuss such issues. Again, it must be stated that the point of such an interviewing style is not “to count the number of families exhibiting some set of characteristics, but to understand how some families give insight into the meanings of their experience” (Daly, 1992, p.4). Such experiences may not have been elicited at all if asked about in a direct and standardised manner in a structured interview or questionnaire, or only done so at the price of causing considerable embarrassment and anguish to the parents.

Some parents spontaneously adopted a story telling approach, and seemed to want to go through their experience from the disclosure of the abuse and the events which ensued in a chronological way, as if attempting to make sense of it. While some researchers have recommended that questions be asked with the deliberate intention of eliciting the interviewee’s story (Askhan, 1982), this was not my intention as this may not have felt right for some parents, particularly as they may have perceived me as already knowing their story by having followed it. The interviews were sometimes emotionally charged. One father said that the interview had brought painful issues to the surface again (“it was Horrorland revisited” to use his words) although he added that it was always on his mind anyway. Other parents said that they found it a relief to share their feelings after what, for some parents, had been highly stressful interactions with the service system.

The in-depth interviews with professionals about their unfolding perceptions of the cases in which they were involved, took a somewhat different form from the follow up interviews with parents. They could best be described as using “descriptive questioning” (Spradley, 1979). Used in tandem with descriptive questioning were “structural questioning”, “contrast questioning,” and on rare occasions, “probing questions”.
Descriptive questioning asks interviewees to provide descriptions of events and "enables informants to discuss their experiences, placing their own interpretation on these in the process of describing them. In addition, it is regarded as a non-threatening strategy because the interviewer is not probing for specific answers to specific questions but is allowing the informant to take control of the flow of information" (Minichiello et al, 1990, p.121).

Typically I would ask the practitioner if they could describe what happened in their most recent contact with the family or child, and as they gave a descriptive account of the interview I would draw out their inferential reasoning through open-ended questions. These were of the nature: "And what sense did you make of that?", "What was your impression when she said that?", "How was it for you at that moment in the interview?" and "So what were your thoughts at that point, then?". Such questions encouraged elaboration of their response and the interviewees would often speak at length with only minimal non-verbal prompts on my part.

"Structural questioning" was used extensively and is "aimed at finding out how informants organise their knowledge" (Minichiello et al, 1990, p.121). This, of course, was the central purpose of the first research question and the questions cited above which drew out inferential reasoning are very much of the structural variety.

To a lesser extent "contrast questioning" was used. "This enables the informants to make comparisons of situations or events within their world and to discuss the meanings of these situations" (Minichiello et al, 1990, pp.121-122). This type of question was asked at the end of the interview. After general "summing up" questions (such as "And how do you see things overall then?", "So where do you see the case going from here?" and "Is there anything else that comes to mind about this case?"), I would ask a contrasting question such as "How is this case similar to or different from other cases?". This would often yield responses about the perceived level of difficulty of the case, the degree to which it was typical or atypical of cases with a similar presenting problem, the positive or negative feelings the worker had toward the family and the level of satisfaction that the worker had derived from the case.

"Probing questions" were rarely used. Typically they are employed "when the informant's statements seem incomplete, and vague, or when the informant gives no answers ... These strategies are more directive and aggressive" (Minichiello et al, 1990). This style of questioning was rarely used because it can evoke a defensive response and
not yield the data being sought. The few occasions on which probing questions were used are described below. The following excerpt is from the early part of a very long interview (10 closely typed pages) with two child protection workers who had conducted a one-off home visit together. It shows a very active and directive interviewing style, largely attributable to the enormous difficulty the two non-social work trained child protection workers had in articulating their rationale for their intervention. It may have also been influenced by my feelings about the forced removal of this child from his home although I was very careful to control the affect in my voice in this interview.

There was a “warming up” exchange which focussed on their office environment and a “winding down” exchange about how they felt about their work at the end, which are not presented below, and which gave the interview a somewhat “softer” tone than this extract might indicate. (Because of the length of the excerpt and because the point being illustrated here is my line of questioning, their responses have been omitted).

**Illustration**

“What were your thoughts about the case before you went on your visit?”

“What do you think the mother’s expectations were of your visit?”

“So was your role to arrange the referral ... to the hospital?”

“What did you see as the purpose of your home visit?”

“Did you discuss the case in the car on the way - your ideas, options, how to handle the interview etcetera?”

“Did you have any thoughts about how you might handle the interview?”

“What were your first impressions when you got there, before you even knocked on the door?”

“Where did you go in the house - did you talk in the lounge or the kitchen for example?”

“What do you think she (the mother) expected of you?”

“What were your impressions at this stage of the interview?”

“So your initial thoughts about the mother’s motivation and concern were being confirmed?”

“Where were the children while this was happening?”

In another case a clarifying probe appeared to be interpreted as a prescription and seemed to influence subsequent practice, thus highlighting the potential reactivity of such questioning.
Illustration

After observing one hospital social worker repeatedly describe to a child the experience of her sexual abuse as “yucky” (without the child giving any indication about how she perceived the experience), I asked the social worker about her rationale for this. Seemingly puzzled by my question, I elaborated a little, asking whether in some instances the sexual abuse could have multiple meanings for a child and that it might even include feelings and sensations that were pleasurable, or there may have been elements in the relationship with the abuser which were experienced positively by the child. While claiming that in her experience “yucky” was an accurate construction of all children’s sexual abuse, it was interesting to note that the next time I observed the social worker, facilitating a group therapy session, her practice was very different. Speaking to the girls about their feelings toward the abusers, she commented “Sometimes people feel good things about them too” to which one girl replied “Yeah, he took me nice places” and the social worker answered “It’s a bit confusing isn’t it? Part of what he did was bad but a bit of you thought he did nice things too”. As this was the only occasion in the entire study that I observed a social worker (or had one describe to me) any attempt to tap the “positive” side of what might be ambivalent feelings in a child about the abuse and the abuser, it might constitute an example of how a researcher’s “probe” can create a level of reactivity if perceived as prescriptive.

While it was most unusual for a worker to say that being interviewed was influencing their practice, in the instance described below, the social worker clearly stated that this was so. However, she attributed this not to prescriptive probes but to the lack of feedback I gave her.

Illustration

A recent graduate and former student of mine with whom I had a good rapport openly shared her feelings of discomfort about her practice being scrutinised. In particular she found my lack of feedback to her anxiety-provoking, which I interpreted as indicating that I was not giving her enough cues about what she should be doing or saying. Asked about her reaction to the case being allocated to her, she replied “I thought ‘just my luck’ because I knew I would be under the microscope”, referring to the study. Later in the case, my field notes record the following exchange:
Lorna: “I think the research is influencing me to be more forward thinking and trying to grasp the issues sooner than I usually would [expressed in a tone which did not indicate that this was a good thing]. That’s me trying to be a perfectionist. I feel that I’m on trial in some ways but I don’t think I am a bad worker.”

Dorothy: “I’m glad you told me that ... Do you mean that you feel as if being scrutinised like this leads to you forcing the case along rather than pacing yourself to them? Is that what you are saying?”

Lorna: “Yes that’s it. I’ve got to let him [the father] vent and get an assessment. It’s hard because I’m not getting any feedback from you - I’m not saying that I want that but it is different in supervision for example, where I get reassurance about what I am doing.”

Dorothy: “Yes, I can appreciate that it is difficult but I am trying not to influence what you do so that the research doesn’t ‘contaminate’ the practice, if you understand ...”

Lorna: “Yes. I had to tell you that. It gives me permission to calm down.”

On another occasion, a very experienced social worker favourably compared the in-depth interviews with supervision, which indicates that the research interviews might have taken on a quasi-supervisory function for her. “She ... commented on how valuable she found this ... opportunity to debrief directly after an interview as a way of trying to clarify her thoughts. I asked her whether she received supervision and she said that this was on a weekly basis but it was more a review of all the cases and that the issues had often lost something by that time.”

“The role of the interviewer is in part determined by the expectations of others” (Kahn & Cannell, cited by Berg, 1989, p.28). In relation to professionals with whom I did not have pre-existing relationships or familiarity, the issue of what the researcher might mean to the subjects presented itself in different ways. For example police officers were well aware that I was a social worker and in the context of heightened tensions in the wake of the phasing out of the police child protection role, comments were made which indicated their frustration. How this affected the interviews is hard to assess, but such reactivity to me as a social worker does not have to be seen only as a source of contamination. Rather, it was an additional source of data about the prevailing inter-professional tensions. This is
shown in the excerpt below from fieldnotes of a visit to a police station the week before the “dual track system” was phased out in that region.

Illustration

(As I waited in the sergeant’s office to see the constable I had come to interview) ... the door of the office was left open and a loud conversation was soon underway in the adjoining open plan office area. One woman, whom I correctly assumed to be the senior sergeant (who had unsuccessfully tried to block my interview with the constable and who insisted on being present during the interview) was vociferously expressing her contempt of the Child Protection Service. (She was complaining that they had just “bungled” another case by presenting too much information at the preliminary hearing, seeing this as akin to the police giving away their evidence to the accused in a committal hearing) ... “you only tell the Children’s Court what they need to know, nothing more ... I am sick and tired of this professional jealousy and crap. They (CPS workers) go in where angels fear to tread and then go to the Children’s Court and spout it all out there. They’ve got no commonsense, honestly! I’ve got unlimited resources for any university which has a course in common sense”. This last comment made me wonder whether the office conversation was deliberately intended for my ears.

Sometimes I interviewed co-workers simultaneously. These interviews took two forms. One was similar to the individual interviews except that the workers elaborated on each other’s comments. The other occurred within the debriefing session which they held with each other immediately after they had conducted their respective interviews with the parents or the child. In the debriefing type of conjoint interview, I was able to observe the workers in the process of building a shared construction of the case and deliberating about case management. Often I said very little because they would draw each other out and make the inferences on the spot. One could just as easily classify this as an observation of a practice episode, it was in effect, a hybrid form of data collection. When I had observed the interview with the client I would open with a question such as “Well, how do you think that went - shall we start with how the interview began perhaps?” and try to draw out their thoughts and inferences as they had occurred, finishing off with similar questions as I asked when I had not seen the practice episode. Below is an excerpt of the questions I asked in a brief interview (the social worker was pressed for time), conducted immediately after observing the social worker’s interview
with the child through a one way screen. This social worker was very articulate and elaborated on her responses at length, which, in addition to the interview’s brevity, explains the few questions asked.

Illustration

“Well, how do you see it going?”
“And what are your impressions about what is going on for her?”
“How do you arrive at your assessment of Katie?”
“What are your thoughts about where you are going in this case?”
“How do you see this case in comparison with others?”
“Have you and — (co-worker) had the opportunity to consult about this case?”

Thus, observational and in-depth interviewing techniques were adapted to the different requirements of the situation, and they were closely integrated.

3.10 Data Analysis

Social work practice textbooks, perhaps to partialise and simplify a complex phenomenon, but perhaps also as a result of a distorted understanding of the phenomenon, have tended to portray practice as a linear process in which the collection of data, assessment and intervention occurs in separate stages. Yet many practitioners would describe how making sense of the information and observations gathered in a social work assessment occurs as this is being gathered rather than waiting until it is all in. Or, as maternal and child health nurses in previous practice research (Scott, 1987) eloquently described it, they “built up a picture” of the case over time. While the product of the assessment (for example, a written or verbal formulation of assessment) occurs after the information and observations have been gathered, the process of assessment occurs during the period it is being gathered. While there is a greater emphasis on assessment early in the case compared with later, data collection and assessment (and intervention for that matter) are thus experienced by practitioners as dynamic processes.

A similar parallel can be seen in relation to data collection and analysis in research. Most research texts, perhaps to partialise and simplify a complex phenomenon, but perhaps also as a result of a distorted understanding of the phenomenon, have tended to portray research as a linear process in which the collection of data and its analysis occur in
separate stages. Of course data analysis can hardly occur before the data is collected, but in qualitative research it is recognised that data analysis begins as the data is being collected.

The ongoing analysis that takes place in qualitative research requires that the researcher develops an eye for detecting the conceptual issues while the data are collected. Without analysis occurring in the field, data has no direction (Minichiello et al., 1990, p.285).

Thus, throughout the collection of the data the researcher is making sense of, and conceptualising, what is being observed, and generating working hypotheses to explain phenomena, while also looking for instances which might challenge or modify these working hypotheses. While the primary emphasis might be data collection, analysis of the data begins as it is being collected, and this shapes what is subsequently collected and how it might be interpreted. In light of comments made above about how early images can loom large in the researcher’s mind, the importance of a systematic method of data analysis is paramount.

"The aim of data analysis is to find the meaning in the information collected. Data analysis is the process of systematically arranging and presenting information into a series of ideas" (Minichiello et al, 1990, p.285). They draw upon Bogdan and Taylor’s (1975) framework of three data analysis stages: coding the data, discovering themes and developing propositions; refining themes and propositions; and reporting the findings.

In keeping with the methods of qualitative research, I wrote memos in the fieldnotes (in brackets and capitals) to denote my comments or reflections on the content of the notes. This was the first level of data analysis. But unlike grounded theory where the coding categories and even the research questions are seen as inductively emerging from the data (sometimes being the “in vivo” categories apparent in the subjects’ accounts), in this study the questions themselves formed the coding framework for the content analysis.

This is not to say that “in vivo” categories were not noted. For example, the repeated use of the word “appropriate” or “inappropriate” by hospital social workers in their description of parental behaviour was noted and explored. But the actual coding of the fieldnotes was not based on such categories. Rather, the field notes were repeatedly read and passages which appeared to relate to any of the three research questions were identified as such. For example the letters IOR (standing for “inter-organisational
relations) were written in the margin next to all the paragraphs in the fieldnotes concerned with inter-agency interaction. In some instances the same passage related to more than one question, and were coded accordingly.

Brief notes were also made in the margins, often just one or two words signifying a particular aspect or sub-category of the questions’ themes. For example, in relation to Question 1, terms such as “family background”, “finances”, “work” or “housing” were written next to passages which were concerned with the social worker’s assessment of the family. In relation to Question 2, terms such as “Hospital-CPS” were used to denote passages referring to or describing interaction between the hospital and the child protection service. In relation to Question 3, “Positive Perceptions- Police” or “Negative Perceptions-CPS” were used to identify passages relating to Question 3. Sometimes a term was used only once or on a few occasions while other terms (such as “parental appropriateness”) were used extensively. The repetition of these led to the identification of the patterns relating to each question. For example, by examining “parental appropriateness” passages it was evident that this term was used far more by hospital social workers than by child protection workers.

Recently this type of coding has led some qualitative researchers to use software specifically designed to search and retrieve text which have the same code or multiple codes, or where text units (such as lines, paragraphs or pages) with certain code(s) are in close proximity to text of another particular code. Originally it was envisaged that a software program such as the Ethnograph or NUD-IST (Nonnumerical Unstructured Data Indexing Search and Theorising) would be used in this study. In a closely related study (Scott, Lindsay & Jackson, in press), NUD-IST was used effectively to analyse data which consisted of open ended responses to open ended questions in interviewer-administered one-off interviews with a range of professionals. But in this study there were no set questions as such because the cases themselves varied greatly in their presenting problems and circumstances, and to a lesser degree in the amount of data gathered, the number of personnel interviewed and the degree to which observational data was included. While the NUD-IST program proved to be useful in helping to conceptualise the data through the construction of a “tree-like structure” of sub-categories (for example, variables attended to in psycho-social assessment) it did not deal adequately with the nuances of the data.

For example, the passages identified as “health” in one case did not reflect the way in which the social worker attended to the health variable. While the field notes included
repeated references to the hospital social worker’s remarks about the father missing
counselling appointments because he was sick and in hospital, the social worker’s
statements did not attribute his illness with much significance in relation to the
functioning of the family. This was quite different in quality from the fieldnotes in
another case in which a child protection worker on only one occasion discussed the
significance of a child’s medical problem for the parents but did so in a way which
showed an appreciation of the impact of this on the whole family. That is, while such a
program would have shown the quantity of these themes, it would have failed to show
their quality. It could have been analysed to show that the hospital social workers paid
more attention to health factors in relation to family functioning than child protection
workers which was not so.

Such an approach to data analysis also tends to disaggregate the cases by focussing on
common elements across them even when they have very different contexts. The so-
called common elements may end up with oranges being compared with lemons, and
with context stripping which is contrary to the very purpose of qualitative research.
Therefore, it did not seem the best way to analyse the diverse and rich data gathered in
this study. Upon reflection it also seemed as if one of my reasons for wanting to use such
a program was that it would make the research “seem scientifically respectable” to use
Heineman Pieper’s words. This did not seem to be an adequate reason for doing so.
Instead, the analysis of the data occurred in the way already described above and through
a process of constructing summarised case narratives.

Researchers working with qualitative data are often concerned with summarising,
collapsing and reorganising data in order to discover concepts and themes
contained within it. A transcript file may often be so large and complex that it may
be difficult to differentiate between information relevant to the research question
and information that is interesting, but peripheral to it. A strategy that is often
used by researchers to condense data contained in the transcript file is to produce
case summaries of each informant’s interview or to use Bogdan and Taylor’s
(1975) term, ‘develop a story line’ (Minichiello et al., 1990 p.299).

However, in this study the content analysis was largely done on the fieldnotes prior to
the creating the case narratives because the case narratives were not only reductions of the
data but also reconstructions of the data. They were deliberately described as case
narratives rather than case summaries because the term “narrative” signifies that they are
the researcher’s construction of each case. Even though I endeavoured to be balanced in
summarising the wealth of data on each case and to avoid interpretation in the summaries, it was inevitable that in deciding to include some details and to omit others, I was giving salience to certain events or aspects of the case. That is, it is quite possible that others could write different narratives from the same fieldnotes.

For example, the case narratives contain more detail relating to the three research questions than detail which does not relate to these questions. A researcher whose purpose and interest was in understanding the symptoms exhibited by sexually abused children in the aftermath of disclosure, would construct a very different case narrative from the same fieldnotes. (And if they were to have made fieldnotes of the same cases, their fieldnotes would also be quite different). The fieldnotes were thus filtered through the study’s questions.

After writing each case narrative it was examined and compared with the original field notes, and checked for inaccuracies or omissions of important details. Following this, each case summary was analysed according to the three research questions and the sub-questions they implied (for example, the observed models of practice were divided into those relating to the hospital, the child protection service and the police). These were called the case analyses. Each case narrative and analysis was examined in supervision (and the supervisor also read the original fieldnotes). Thesis supervision thus provided a similar sounding board for reflection and examination of the inferences drawn from each case as clinical supervision does in relation to practice. This included not only the supervisor’s thoughts on the logic between fieldnotes, the case narratives and case analyses, but also on the researcher’s reactions.

Of critical importance in the analysis of qualitative data are the criteria used for assessing the “truth claims” or the “warranted assertability” of the findings. Surprisingly, texts on qualitative research methodology have generally had little to say about this. Phillips (1992) accuses many social scientists, and particularly qualitative researchers, of being coy about the “truth value” of their findings, always putting “truth” and “objectivity” in parentheses (as I have done!) and hiding behind phenomenological relativism. As outlined earlier in this chapter, Phillips (1992) argues that not all findings can be regarded as equally convincing or as having the same level of “warranted assertability”. The question therefore arises - what are the criteria which might be used to evaluate the “truth claims” or “warranted assertability” of a study’s findings?
This is particularly challenging for qualitative research. Miles and Huberman (1985), who describe themselves as “right wing qualitative researchers” or “soft-nosed positivists”, put it powerfully. “As we have said often qualitative analyses can be evocative, illuminating, masterful and downright wrong” (Miles and Huberman, 1985, p.230). They add that “the problem is that there is an insufficient corpus of reliable, valid, or even minimally agreed-upon working analysis procedures for qualitative data” (Miles and Huberman, 1985, p.230). They suggest “verification tactics” which are largely based on the level of consensus among investigators or what Eisner (1983) calls “multiplicative replication”. Multiplicative replication is based on others seeing the same things but consensual validation might reflect only what a particular community believes.

To multiplicative replication Eisner adds “structural corroboration” and “referential adequacy”. Structural corroboration involves “gathering data or information and using it to establish links that eventually create a whole that is supported by the bits of evidence that constitute it” (Eisner, 1983, p.215). Phillips (1992) claims that such internal consistency is more a test of coherence rather than truth. Referential adequacy refers to being able to see the link between the data and the researcher’s interpretation. Phillips (1992) responds by saying that it is possible to look at an autistic child after having studied Freudian theory about autism and be able to see what the Freudians see, but that this does not establish the truth of their propositions.

Guba and Lincoln (1982) discuss truth value in terms of the researcher’s credibility and the subjects’ corroboration or “member checks” but member checks cannot be regarded as establishing the warranted assertability of an interpretation. Of greater value is Miles and Huberman’s (1985) suggestion that qualitative researchers “look for negative evidence”. Phillips remarks that “while this is not absolutely foolproof, and cannot establish that a finding or conclusion is right, it can help in what Popper has called ‘error elimination’ ... surviving a serious attempt at refutation provides the strongest basis that probably can be attained for belief” (Phillips, 1992, p.118).

In this study, structural corroboration, verbal member checks and searching for negative evidence were used. In combination, they provide the findings with greater “warranted assertability” than if such checks had not been used, but they cannot give certainty. Even with such checks, it remains inherently difficult to establish the truth value of the findings of qualitative research. But if, as I have argued in this chapter, qualitative methods are the most suitable research methods for the research questions in this study, then this is the best that can be done with the tools currently at our disposal.
The alternative is not to ask such questions, yet perhaps the questions in life which are the hardest to answer are among the most important to ask. "In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing 'messes' incapable of technical solution. The difficulty is that the problems of the high ground, however great their technical interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern" (Schon, 1983, pp.42-43).
CHAPTER 4  FINDINGS

Chapter Outline

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4.1 Introduction

Qualitative research requires data reduction if the mass of raw data is to be presented in a useable form. In this study the fieldnotes amounted to many hundreds of thousands words. Too little data reduction can leave the reader (not to mention the researcher!) lost in a mass of detail with the broad themes remaining unclear. Too much data reduction leaves the reader in a position in which he or she is unable to make a judgment about the rigour of the researcher’s interpretation of the data because there is too little of the data available. Too much data reduction also destroys the richness and complexity of qualitative data and replaces it with bald generalisations.

This chapter presents the themes which emerged from a content analysis of the fieldnotes. Extensive use of case illustrations has been made in order to provide evidence of the interpretations and also to allow a little of the richness and complexity of the data to come through in the analysis. For the purpose of partialising the themes emerging from this study, the content analysis identified the passages in the fieldnotes relevant to each question but these themes, like the data itself, are closely interrelated.

The population from which the cases were selected is hard to define in a precise way because the cases were drawn over a four year period. The unit’s referrals were examined at the beginning of the data collection period, the most recent data available being that for the period June ‘87 to March ‘89. In this 21 month period 1471 cases were referred to the unit - 1106 sexual abuse cases and 365 “suspected maltreatment” cases (the term was generally applied to physical abuse cases). However, the total figure of 1471 included telephone inquiries, and the actual number of clients seen was far less, as approximately 80% of cases were immediately redirected to the child protection service, the police or to the Centre Against Sexual Assault (CASA) in the region in which the family lived.

The hospital’s high public profile and its 24 hour availability meant that the service was often used as a centralised point of contact. Despite only being funded to serve sexually abused children from a particular region, however, the unit often served clients outside its regional boundaries because CASA’s were not yet fully established in these regions. As referrals increased this became an increasing burden on the resources of the service.

In terms of cases actually seen in the 21 month period from June 1987 to March 1989, there were 437 new cases (sexual abuse 331, other 106). From an examination of the intake book for the most recent month for which the data was complete (May 1989) prior
to the selection of cases, I was able to classify the cases as follows: 10 registered and seen for assessment (7 sexual abuse cases, 3 “other abuse”); 49 cases not registered and referred elsewhere or no follow-up necessary or given (39 sexual abuse, 10 “other abuse”). That is 10 cases were registered and seen, and 49 referral were not seen, which is similar to the proportion for the 21 month period until March 1989. There continued to be a steady increase in the number of referrals over the period of the study but unfortunately it was not possible to obtain accurate data on the later client population in terms of those actually seen (the pool from which the cases were drawn) as recording practices were changed so that all referrals were registered even if they were immediately re-referred. Sexual abuse cases comprised approximately 75% of the unit’s referrals.

4.2 The Practice Settings

The practitioners in this study worked in one of three organisations - the hospital child protection unit, the statutory child protection service or the police. I had a much better opportunity to observe the hospital setting than the others. This was because it was one location rather than many, and because it was the site from which the cases were selected. The child protection workers were situated in a number of regional offices. The police setting was least observed because the police role was less central to the study’s questions and police involvement with the families tended to be a one off contact, as were the research interviews.

The hospital’s child protection unit was established in 1987 to provide a co-ordinated and specialised service to all child abuse cases within the hospital, and to provide a new, regionalised service for sexually abused children. It was one of a number of regionalised “Centres Against Sexual Assault” (or CASA’s as they came to be known), which were established at this time, and the only one to exclusively serve sexually abused children. These services were funded by the State Government under the Women’s Health Policy Unit and served women and children who had suffered sexual abuse. That is, the funding was from the women’s health budget, not from child welfare or child mental health. Later in the period of the study additional State government funding was obtained from the child welfare budget, to be used to provide a specific service for children who were clients of the child protection service.

The hospital adopted the model of a multi-disciplinary team for the newly established unit. The team was originally led by a sessional consultant paediatrician, and consisted of
full-time social workers, and sessional doctors, a sessional child psychologist and a sessional child psychotherapist. With the exception of some of the doctors, all the staff were female. Some of the social work positions were exclusively child abuse positions, having been created as a result of the new State Government funding mentioned above, while the other positions were part of the social work establishment and entailed responsibilities in other units in the hospital as well.

Not long after the creation of the unit, the sessional paediatrician who had been appointed as the co-ordinator was replaced by the senior social worker in the team. Social workers were the dominant group in the unit, both numerically and in terms of influence. After a social worker replaced the paediatrician as Co-ordinator, there was less inter-professional tension within the unit, but greater tension then arose between the unit and the social work department, due in part to ambiguous lines of accountability.

Initially, there was a lot of emphasis in the unit on obtaining disclosures of sexual abuse from children and sometimes this was done jointly with police. However, by the time the study commenced, this had come to be seen as the role of the police and the child protective service, and the unit saw its role in terms of assessment and therapeutic intervention.

Case management procedures within the unit at the time of the study were as follows. The social worker on intake duty would receive the initial referral. At this point the case was immediately referred elsewhere or accepted. All intake cases were presented at a daily intake meeting first thing each morning at which continuing cases were allocated to a social worker. In physical abuse cases one worker was usually allocated to the case and her primary role was liaison between the paediatrician and the child protection service. In sexual abuse cases, the usual practice was for two social workers to be allocated to a case - one for the child or children and one for the parents. The more experienced social worker usually saw the child and this interview was scheduled at the same time as the other social worker saw the parents. At the initial interview and at termination it was common for both social workers to interview the parents and the child(ren) conjointly. Occasionally there were conjoint interviews in between these two stages.

During my one month period of orientation and observation in the unit prior to the selection of cases the following tasks were undertaken: examining policy documents and case records; observing meetings; and conducting informal discussions with staff. An analysis of the minutes of team meetings since the inception of the unit highlighted a
number of recurrent themes: the unit's extensive interaction with bodies external to the hospital; an initial period of inter-disciplinary power struggles; strains over operating a new 24 hour service when other child sexual abuse services had not yet been fully established; and a steady increase in referrals.

Reproduced in Appendix F are: the philosophy of the unit; job descriptions for hospital social work positions generally and for child protection unit positions specifically; and guidelines for management of suspected maltreatment cases. Dates were absent on most of these documents, but they were in use during the period covered by the study. Of particular significance in relation to the first research question is the general social work job description relating to psycho-social assessment:

“Psycho-social Assessment

To carry out psychosocial assessments of patients and their family and social network.

To complete a relevant history of the patient/family/network, including past and present psycho-social problems, pre-morbid inter-personal functioning and coping patterns.

To carry out a situational assessment - size, composition and quality of family and community support network, finance, work, accommodation and cultural factors.

To assess how these factors affect, and are affected by, current medical diagnoses, treatment and prognosis, and examination of any inter-connections.

To note areas of impaired social functioning and general social problems of patients.”

The above applied to all hospital social work positions and was supplemented by unit specific job descriptions. The one for the child protection unit did not elaborate on assessment but the Guidelines for Management of Suspected Child Maltreatment Cases did (see excerpt below). It does not differentiate types of abuse, and was probably developed when physical abuse was the most common type of case.
“Psycho-social assessments - includes assessment of the following:

- social situation/current stresses

- ability to protect

- support system; ability to utilise supports

- child development i.e. child’s development age appropriate

- child’s recent history

- emotional affect of parent/child

- explanation for injuries

- doctor’s information in UR - signs of neglect, past injuries, observation of injuries, social situation.”

The Child Protection Service was located within a large State Government Department with a regionalised management structure. Statewide data on the child protection service shows marked regional differences in the rate of child abuse notifications, the proportion of cases which proceed to court and the proportion of children in substitute care, which suggests different practices across regions (Health & Community Services, 1995). It is therefore difficult to generalise about the settings in which the child protection workers in this study worked as the regions ranged from inner city to outer suburban and rural areas, and there were differences in the service delivery systems across regions.

For example, at the time of this study the police role in the dual track child protection system had not been phased out in some regions while it had in others. Furthermore, in some regions workers did pre- and post-court work while elsewhere this was divided into different teams. The pre-court work was sub-divided further into different teams for different stages of the investigation. In regions in which there were separate pre- and post-court units, the pre-court child protection workers sometimes tended to see “the guardianship workers” or the post-court child protection workers as more laissez-faire in
their child protection practice, while the post-court workers saw the pre-court workers as being more authoritarian. During the period of this study, the term “child protection worker” came to refer to all statutory child welfare workers.

A centralised Child Protection After Hours Service provided a mobile crisis service outside normal business hours. These child protection workers assessed whether urgent action was required and then referred cases to the regional child protection workers for follow-up. In some of the cases in this study the After Hours Service was involved. These workers were aware that they had to operate under conditions of limited data and that their interventions were not based on a thorough assessment of the situation. The complexity of having both a crisis after hours service and a regional service, added to the problem of intra-organisational communication already exacerbated by the mobility of families across regional boundaries.

The training and qualifications of staff also differed between the two settings. Departmental data on the proportion of child protection staff during the period of the study who were social work trained is not available. However, Scott and Farrow (1993) conducted a survey of child protection workers immediately prior to the declassification of social work positions in the child protection service in late 1989. The study found that for the State as a whole, 55% of child protection workers and 63% of their immediate supervisors had social work qualifications, with those in rural areas were far less likely to have been social work trained. In 1990 a similar survey of hospital social work services found that 97% of those occupying “base grade” social work positions and 100% of their supervisors, were social work qualified (Scott & Farrow, 1993).

A once-off analysis of data provided by the CPS indicated that in June 1994, 40.3% of child protection workers at the lowest level (Soc 1) and 42.7% of child protection workers at the second lowest level (Soc 2) were social work qualified (Markiewicz, 1995). At the next level up, that of the supervisor level (Soc 3), only 38.5% were qualified social workers, while at the team leader level (Soc 4), 66.7% had social work qualifications. At the highest level (Soc 5), that of the regional leader of child protection teams, all five positions in the State were occupied by social workers.

It is hard to compare these two different data sets for 1989 and 1994 because the former was a representative survey with a response rate of 62% rather than an analysis of the total population of child protection workers. While acknowledging these problems, the differences between the 1989 and 1994 data indicate that there has been a significant
decrease in the proportion of social work trained child protection staff at the direct service and supervisory levels since the declassification of social work positions.

In relation to this study, with the exception of the two rural child protection workers in Case Number 6, the child protection workers were social work trained, although of greatly varying levels of experience. The preponderance of social workers might have occurred by chance, but other factors could have also contributed to this, such as the urban location of all but one of the cases. In addition, it might have been the result of the decision to allocate complex and potentially controversial cases to those child protection workers with social work qualifications (perhaps regarded as complex partly because they were referred by the hospital). This was spontaneously stated by one supervisor as her rationale for allocating the case to a particular worker.

In relation to gender, the child protection service is largely staffed by women and in this study, all but two child protection workers were female (and one of the men was in a supervisory role and had very little direct contact with the case).

Regions differed in the pressure of work and in the rate of staff turnover, creating very different working conditions for staff. Despite regional and sub-regional differences, all child protection workers in the State operated under the same legislative framework and system of administrative accountability. The organisational structure and statutory mandate of the Department was such that child protection workers were subject to far greater managerial control in their day-to-day work than the hospital social workers. Moreover it was an organisational culture of increasing managerialism, with a vigorous policy of “multi-skilling” staff which resulted in the dissolution of professional boundaries, a diminution of professional identity and the entrenchment of hierarchical authority. This was in stark contrast to the organisational culture of the hospital where professional status was paramount and the power structure was organised on the basis of a clear professional hierarchy and role differentiation.

The duties of child protection workers were set out in the Interim Practice Manual, a highly detailed, 300 page document outlining child protection legal requirements, administrative procedures and practice guidelines. The section relating to what is termed “Protective Assessment” is reproduced in full in Appendix G. The following is an excerpt which defines assessment in this child protection context.
“Assessment refers to the process of obtaining information through interview, observation, report and discussion and evaluating that information so that informed decisions can be made about the child/young person’s needs and the factors effecting [sic] the family’s ability to provide a secure environment for the child/young person ...

Relevant areas to consider in making a protective assessment are:

- precipitating incident

- parents’ history and personal details

- child/young person’s vulnerability

- parent/child relationship

- marital relationship

- social circumstances

- resources available

... The protective assessment will focus on addressing the following questions:

What is the nature and level of risk to this child/young person?

Based on available information, what significant harm does this child/young person face now and in the future?

What changes need to occur in the family (and/or in the child/young person) to reduce the risk of harm to the child/young person?

Are there other resources (family, neighbour, services etc) which can be drawn on to decrease the risk to the child/young person?”.

The client populations served by the hospital child protection unit and the statutory child protection service differed. The hospital child protection unit saw very few neglect or emotional abuse cases, while these constituted a majority of cases seen by child protection workers (Community Services Victoria, 1993). In contrast, the hospital social workers' caseloads were comprised largely of sexual abuse cases, and many of these cases were different from the sexual abuse cases seen by CPS workers. For example, the hospital social workers' cases included those whose children whose parents had acted protectively and where the suspected perpetrator was not a member of the household. In relation to physical abuse cases, the hospital social workers saw the State's worst cases, including children who died as a result of their injuries, while most CPS workers would rarely encounter cases of this severity. Thus, not only did the two groups of social workers differ in relation to their organisational structures and mandates, but their settings also exposed them to different types of cases.

The Police had developed specialist units for dealing with child abuse which had grown out of the women police units disbanded in 1982 as a result of Equal Opportunity legislation and the push by women police to be given a greater range of opportunities in the police force (Beyer, 1993). These units were replaced by "community policing squads" staffed by male and female police officers in each police district in the State. The responsibilities of these units included dealing with cases of missing children, domestic violence, child abuse, and sexual assault. Duties of the police officers involve taking statements from victims, supporting them through the legal procedures, and referring them to other services.

In the early stages of the study, newly trained police officers were required to spend several months in one of these units, and so the squads were largely staffed by young, inexperienced police officers who were in the unit on a short term basis. There was a gradual change however, as a result of increasing recognition within the police force that this area of work required experienced and stable staff. By the end of the study entry to the units was by application and applicants had to be of senior constable rank or above, and to have had a minimum of five years experience in the police force. The gender ratio in the units was reported to be approximately 60% female and 40% male. Only two such units, one in an inner urban location and the other an outer urban location, were involved in this study, and the officers interviewed were all experienced women police. In one case a member of the unit commented that she thought they were marginalised within the "macho" culture of the police force and seen by other police as "soft" and more akin to social workers than "real police".
4.3 Case Vignettes

Brief outlines of each case in terms of the presenting problem and the family context at the time of initial presentation, are given below. The cases are presented in the sequence in which they were selected. Names have been changed and identifying information has been omitted.

Case Number 1: “Jamie and Bonny”

Presenting Problem

Jamie, aged three, was brought to the hospital by his mother following a hand injury which occurred while playing with his sister Bonny, aged six. Bonny claimed she was responsible for the injury, and the surgery unit to which Jamie was admitted overnight referred the case to the hospital child protection unit for assessment.

Family Context

Jamie and Bonny lived with their older sister, aged eight, their unemployed mother and her unemployed de facto husband of six months in a Ministry of Housing flat in the inner suburbs. The mother’s relationship with Bonny and Jamie’s father (not the father of their older sister) ended 14 months earlier after a history of severe domestic violence involving firearms. The mother’s de facto husband was on a Methadone program for his heroin addiction.

Case Number 2: “Lula”

Presenting Problem

Lula, aged four months, was brought to the hospital by her parents, suffering convulsions and was admitted and diagnosed as suffering from a subdural haematoma and a retinal haemorrhage, very serious conditions which carry a risk of death or disability. Paediatricians were of the strong opinion that this was the result of having been violently shaken in the preceding days, during which time Lula had been, at various times, in the care of her mother, a babysitter who was a close family friend and her maternal aunt, all of whom denied responsibility for the injury.
Family Context

Lula was the only child of a married couple in their early twenties and was conceived before their marriage. Her father had emigrated from the Asian-Pacific region and her Australian born mother was of Middle-Eastern and Southern European parentage. Limited extended family supports were available and there was no contact with Lula’s maternal grandmother with whom the mother had a longstanding hostile relationship. The mother suffered post-natal depression and described Lula as being a difficult baby. At the time of admission, the family lived in rented accommodation in the inner city but shortly afterwards moved to a new, heavily mortgaged home on the very edge of the outer suburbs. The parents were both white collar workers on low incomes.

Case Number 3: “Catherine and Susan”

Presenting Problem

Unknown to her parents, Catherine, aged four, was brought to the hospital by a woman who had very recently assumed care of Catherine at the request of Catherine’s temporary foster mother. This woman was concerned about Catherine’s sexualised play with dolls and her nightmares, during which she was heard to call out “Don’t Daddy, don’t”. Catherine denied that she has been sexually abused. Her younger sister Susan, aged two, had severe and multiple congenital abnormalities and both children had been frequently placed in foster care.

Family Context

The parents were a young married couple who emigrated from the United Kingdom and had no extended family supports in Australia. The father was self-employed in a semi-skilled occupation and they lived in a rented home in a lower middle class outer suburb. The mother developed an addiction to Pethidine following Susan’s birth and had a pattern of presenting to hospitals and requesting Pethidine for pelvic pain for which no medical cause could be found. The mother also had a history of childhood sexual abuse.
Case Number 4: “Nora”

Presenting Problem

Nora, aged five, told her parents that her paternal uncle sexually abused her while she and her siblings were staying with their father’s brother and sister during the father’s recent hospitalisation. The parents brought Nora to the hospital for a medical examination at the direction of the social worker in the hospital where the father received treatment.

Family Context

Nora, her brother aged seven and sister aged nine, lived with their married parents in a growth corridor outer urban area. The father came from a large family who had supported him during a long, very serious and continuing illness, during which time he had been unable to hold down a regular job. The mother came from interstate and worked part-time from home in order to supplement the family finances, which were strained. The mother had a history of childhood sexual abuse.

Case Number 5: “Kim and Anita”

Presenting Problem

Kim, aged four, disclosed to her mother that her maternal grandfather had sexually abused her. Her half-sister Anita, aged 9, very reluctantly gave a brief account of sexual abuse, also committed by the grandfather. Their mother brought the children to the hospital for a medical examination.

Family Context

The two girls lived with their mother in rented Ministry of Housing accommodation in an industrial suburb. The maternal grandfather, who had a prior conviction for rape, lived with his wife who had a serious and chronic psychiatric disorder, along with an adolescent son and two daughters in their twenties. The mother maintained frequent contact with her parents and siblings. Prior to meeting Kim’s father, the mother and Anita lived with this household for an extended period.
Case Number 6: “Sean, Katie and Tim”

Presenting Problem

The mother of these children rang the hospital on a public holiday, concerned about her son Sean, aged ten, who had recently touched his three year old half-brother, Tim, on the penis. Sean and his eight year old half-sister Katie, had been sexually abused by Katie’s intellectually disabled paternal uncle several years earlier and the mother saw Sean’s recent behaviour as indicating a need for further counselling in relation to this experience. They were referred to the 24 hour child protection service which then referred the case to the regional child protection service.

Family Context

Sean and Katie, children of the mother’s previous relationships, lived with their mother and her current de facto husband, along with Tim and a two year old son, who were fathered by the de facto husband. He was a blue collar worker who suffered a work-related injury which made him currently unable to work. His two daughters from his past marriage stayed with the family every second weekend. The mother was not employed and finances were tight. The family lived in a Ministry of Housing house in a rural town to which they had recently moved. There was frequent but conflictual contact with the mother’s extended family who lived in the city.

Case Number 7: “Sunny, Fern and Sky”

Presenting Problem

Sunny, aged three, was brought to the hospital by ambulance after her mother and a friend were bathing her and discovered dried blood on her genitals. Medical examination of Sunny and her older sister, Fern, aged five, and Sky aged six, confirmed sexual abuse of Sunny and Sky. While the mother claimed that Sunny had told her that their father was responsible, attempts to obtain a disclosure from the girls revealed no information about the abuse or the identity of the perpetrator(s).
Family Context

The three children lived with their mother and unrelated adult(s) in a small inner urban house which was owned by a non-government welfare agency that leased the property at a low rent to their clients. There had been reports of people frequenting the house for purposes of drug dealing and prostitution. The mother was on a long-term Methadone program and had a very long history of drug use and drug related offences, as did her ex-de facto husband (the girl’s father). When he lived with the family there were frequent scenes of extreme violence during which the couple inflicted injuries on each other, and these scenes were often witnessed by the children. This prompted earlier child protection intervention, resulting in a previous supervision order by the Children’s Court. The girls had limited extended family contact, despite attempts by their maternal grandparents to maintain contact with the children.

Case Number 8: “Donald”

Presenting Problem

Donald, aged seven, reluctantly disclosed sexual abuse (involving repeated anal penetration) by a male neighbour after Donald’s friend made similar disclosures to the police. The perpetrator had prior convictions for paedophilic offences. The abuse of Donald and the other boy occurred over the summer school holidays.

Family Context

Donald lived with his four brothers, aged eleven, ten, four and three, and his sister aged five, with their married parents in a small Ministry of Housing house in an outer industrial suburb. His paternal grandmother lived in a bungalow in their backyard. The father was retrenched and the family left dependent on unemployment benefits. There had been child protection investigation in the past relating to allegations of emotional and physical neglect but there had been no child protection court orders. There was frequent contact with the extended family. As a child, the father had been sexually abused by a scout master.
Case Number 9: “Tina”

Presenting Problem

The mother of Tina, aged four, sought counselling after Tina became increasingly difficult to manage following a sexually intrusive incident involving an eight year old girl. The mother described how the older child had inserted objects into Tina’s vagina. The incident(s) occurred while Tina was being cared for by the other girl’s mother, a member of a babysitting club to which Tina’s mother belonged.

Family Context

Tina was the only child of a single mother in her thirties who was professionally qualified and who worked on a regular basis. They lived together in a renovated house in an inner suburb undergoing a process of gentrification. Tina had never had contact with her father, who lived overseas and the parents had not married or had a lengthy relationship. The mother had been adopted as a child and reported having been sexually abused as a girl by her brother. She attributed a history of unsatisfying relationships with men to this experience, and had previously received therapy. She had no contact with her brother but did maintain contact with her middle class adoptive parents, whom she described in very negative terms. At the time of initial presentation the mother expressed a high level of hostility toward Tina.

Case Number 10: “Mimi”

Presenting Problem

Mimi, aged fifteen months, was brought to the hospital by her mother and the mother’s current boyfriend after an access visit with her father. The mother believed that Mimi had been sexually abused by the father, but several paediatricians who examined the child believed that what the mother saw as symptoms of abuse was a typical nappy rash.

Family Context

Mimi and her young single mother lived in a small apartment adjoining a large car park in a shopping centre in a middle class area and they survived on the supporting parent’s
benefit with little assistance from anyone else. The mother had had a very disrupted family background which included extensive sexual abuse as a child by her stepfather. Following her disclosure of this she lived with her maternal grandparents until late adolescence. As a young adolescent she was sexually assaulted by a man who belonged to the church attended by her grandparents who disbelieved her when she told them about this. Just prior to bringing Mimi to the hospital the mother’s adolescent half-brother had been convicted of the sexual assault of his sister (the mother’s half-sister). There had also been conflict in her relationship with the baby’s father, who had fortnightly access to Mimi. He lived with his parents who also cared for Mimi on occasions, and about whom Mimi’s mother was very positive.

Common Case Characteristics

A number of features of the cases are worth noting. Reflecting the age of the children seen in the unit in a 1987 study, in which the majority of children were aged eight years or less (Goddard & Hiller, 1989), the children in this study were similarly very young, with ages ranging from 15 months to ten years. This is somewhat different from the statewide child protection data on child sexual abuse cases, which includes a significant proportion of adolescent girls (Health & Community Services, 1995). The nature of the presenting problems is also interesting and has been previously discussed in terms of how it reflects the shift in the hospital unit’s client population from physical to sexual abuse. For 12 (9 girls and 3 boys) of the 17 children, the presenting problem was alleged sexual abuse. For the other 5 children, 2 children had the primary presenting problem of alleged physical abuse, and 3 children were the siblings of the above mentioned children who also came to be seen at risk (2 from neglect and 1 from emotional abuse).

For 2 children in the study, those in the first and last cases, (Jamie; and Mimi) it is highly doubtful if the alleged abuse actually occurred. For 3 other children (Lula; Sky and Sunny) there was very strong medical evidence of abuse but the identity of those responsible is unknown. For 4 of the 12 children who were allegedly sexually abused, a child or adolescent was responsible, including two adolescent males, an 8 year old girl, and a 10 year old boy (Sean, aged 10, is counted here as a “perpetrator” in relation to his three year old half-brother Tim, as well as the victim of two perpetrators). The adult perpetrators of 6 sexually abused children were confirmed (by conviction or admission by the offender) to be 4 adult males (2 of the offenders each abusing 2 siblings). All were
familiar figures to the children (grandfather, uncles, or neighbour) but none were living in the same household as the child.

Nine of the families lived in the suburbs of Melbourne, mostly located in either the inner industrialised suburbs or the extreme outer growth corridor suburbs. In one case, the family had recently moved to a rural town. The families were all low income households and nearly all lived in rented accommodation. This was predominantly public rather than private rented accommodation. For a variety of reasons (recent retrenchment, chronic unemployment, work related injury, illness, drug addiction, and full-time child rearing responsibilities) most of the parents were not in the paid workforce, and were in receipt of social security payments (unemployment benefit, sickness benefit or supporting parents’ benefit). Of those in paid employment, most were in part-time positions and of the two who were in full-time work, one was precariously self-employed, and the other was retrenched shortly after the case was closed. Even considering the high unemployment rate in Victoria during the period of the study (approximately 10%) and that it was during the worst economic recession in the State since the 1930’s, the number of parents not in the paid workforce appears very high.

Six of the households were two-parent families (four married couples living with their biological children, and two de facto couples with children of mixed parentage), and four were single parent families (one divorced mother and three unmarried mothers). This profile is similar to that of the statutory child protection population, according to a Victorian study conducted during this period, which found that 44% of the registered child protection cases in 1990 were single-parent families, and 89% of these single parents were female (Community Services Victoria, 1991b). However, this is a much higher proportion of single parent families than in the general population of which 14% of all families with dependent children are single parent families (Edgar, 1991).

In terms of prior statutory child protection involvement, three families had experienced earlier investigations but in only one family (Sunny, Fern and Sky) had the case gone to the Children’s Court or had there been a court order imposed. Serious drug related problems were present in three of the families, and in three families there were significant health problems, including fathers with a serious illness or injury, and one child with severe health problems and multiple disabilities. In five of the eight alleged sexual abuse cases, parents spontaneously reported having suffered serious sexual abuse themselves as children. Given that they were not asked directly about this, the actual number of parents in this study with such a history could have been even higher.
4.4 Salient Variables in Assessment

"What are the factors to which social work practitioners in different organisational settings (a hospital based child abuse service and a statutory child protection service) give salience in their assessment of alleged child abuse cases and what is the nature of their observed models of practice?"

Case 1 - Jamie and Bonny

Hospital Social Worker

The factors given salience were:

- the circumstances surrounding the incident of suspected abuse

- the family's history of domestic violence;

- the children's health problems;

- the mother's recognition of the seriousness of the injury and her willingness to seek treatment for Jamie and for Bonny's assumed emotional disturbance; and

- the teacher's perception of Bonny's behaviour and the home situation.

Pertinent points about the process of assessment were that:

- while prior to the interview the social worker stated an interest in finding out more about the de facto husband, in the actual assessment there was no attempt to engage him in the process or to gather information about his role in the family.

- the social worker recognised that her inability to do home visits limited her understanding of environmental factors. (The difficulties experienced by parents in supervising the play of their children in a poorly maintained, public housing estate would appear very relevant to the case).
- confirming evidence of abuse was sought and given greater salience than disconfirming
evidence, which reflected the priority placed on avoiding a “false negative” rather than a
“false positive” error in risk assessment. (For example, the mother’s failure to bring
Jamie to the hospital for a medical appointment triggered the notification to the child
protection service while the mother had actually changed the appointment and attended at
another time and this was not checked. Similarly, the teacher’s negative perceptions of
the family were taken at face value and this led to the reframing of the case in terms of
suspected neglect).

- there was little evidence of hypothesising about the case or the exploration of alternative
explanations to that of abuse. There are several key factors which are inconsistent with
the assessment of abuse which are overlooked: the mother’s report that Bonny had a
pattern of self-punishment; the mother’s belief after inspecting the site of the injury that it
had to have been an accident; and the failure of Jamie to substantiate his sister’s claim that
she was responsible for the injury. The possibility that Bonny did not inflict the injury
but believed she had or was claiming to, in order to obtain secondary gains, was not
considered.

CPS Worker

The factors given salience were:

- the data obtained from the hospital about the injury, the family situation and the alleged
failure to keep an outpatient appointment;

- information obtained directly from the mother about the events surrounding the injury;

- observations of parent-child interactions in the family home;

- the school’s perception of the family situation; and

- the mother’s perceptions of the problems with the school.

Pertinent points about the process of assessment were that:

- while she observed the de facto husband in the kitchen during her visits, she did not
draw him into the interview or focus on him in the assessment;
- she was aware that her unexpected visit was itself a stressor and that the mother’s mistaken belief that a malicious neighbour made the notification could have negative repercussions on the family’s relationship with its neighbours;

- guiding her assessment is the court system and whether the evidence relating to injuries and alleged neglect reaches the threshold which will be judged by the Children’s Court as warranting a court order;

- she made an independent assessment of the interaction between the mother and the school, and identified aspects of the school’s actions which she regarded as sources of legitimate complaint by the mother; and

- that she recognised the relationship between the school and the family as a source of stress, and intervened in an attempt to address the concerns of both parties, while seeing this as "deviating from a narrow child protection role".

Case 2 - Lula

Hospital Social Worker

The factors given salience were:

- the seriousness and likely cause of the baby’s injury;

- maternal stressors (for example, post-natal depression and the mother’s perception that the baby cried a lot);

- maternal family background, especially her poor relationship with her own mother; and

- the parents’ concern for the baby and the time they spent with the baby in hospital.

Pertinent points about the process of assessment were that:

- while information coming from the mother’s "aunt" is used diagnostically, this person is perceived in a negative light and not acknowledged as a significant figure in Helen’s life;
- the father, his extended family and his background are marginalised in the assessment;

- the assessment of factors relevant to the abuse and the engagement of the mother are not the vehicle of a casework intervention which seeks to address the factors which led to this baby being at risk of physical abuse, but explicitly recognised as a way of collecting information which might be useful evidence in the Children's Court and which can be passed on to CPS ("In some ways we use the supportive relationship as a guise to get information");

- the power dynamics in the social worker-doctor relationship; and

- that the social worker was torn between her positive feelings toward the couple and her supervisor's and the doctor's pressure for statutory intervention.

**CPS Worker**

**The factors given salience were:**

- medical evidence about the injury and its likely cause;

- the mother's family background, and the poor relationship with her own mother;

- the history of the birth and post-natal period;

- situational stressors such as financial pressure and relocation;

- observation of "mother-infant bonding" with the mother's concern about the child's condition and her presence near the baby being seen as indicative of "good bonding"; and

- parental co-operation such as willingness to utilise services as recommended.

The second CPS worker also mentioned these factors and in addition, paid attention to the conditions in the new housing estate (such as the social isolation of families, preponderance of young families with mortgage pressures, and the lack of transport and access to services).
Pertinent points about the process of assessment were that:

- members of the extended family or the local maternal and child health nurse (with whom the mother reported having had a positive relationship), were not contacted for their opinions or mobilised as sources of support;

- the first CPS worker described how she used Meddin’s Risk Assessment tool (based on U.S. child protection workers’ reports of their hypothetical action in simulated case scenarios) because it afforded some protection in the Children’s Court when being cross examined;

- the first child protection worker saw recourse to a statutory order as only necessary if the parents were uncooperative and lacked a commitment to protect the child or follow through on an intervention plan. However, the seriousness of the injury was the main factor for the police officer and the other CPS worker, both of whom said they would have proceeded to the Children’s Court had they received the notification;

- the first CPS worker was very aware that the assessment was done in a context of very sensitive inter-agency issues in relation to both the police and the hospital (“... it’s not just Meddin, it’s also knowing the politics of it - the political reality between different agencies”);

- both CPS workers showed a superficial understanding of parent-infant relationships and neither attended to the deep anxiety and bewilderment of the parents about Lula’s fragility;

- neither worker gave salience to the father-infant relationship, nor were members of the extended family seen as significant, despite the close proximity of some of the father’s relatives, and the importance Helen gave to her “aunt”;

- a lack of clinical skills evident in the second CPS worker’s repeatedly cutting off Helen’s expression of sad feelings in relation to the baby; and

- despite the lack of implementation of the many referrals the second CPS worker made (for example, a placement support worker, family aid, community centre groups), the worker had a very optimistic assessment of the success of her intervention. (“The whole experience has been positive ... the bonding is really good. Mum’s self-esteem has really
increased therefore there’s nothing left for us to do. No precipitating factors left now. We’ve minimised the financial stresses, Mum’s social isolation and Mum’s confidence in handling the baby. Therefore there’s nothing left to follow up”).

Case 3 - Catherine and Susan

There was no active hospital social work involvement in the case, apart from participation in the initial case conference.

CPS Workers

There were two parts of the CPS involved in this case - the After Hours Service and the regional office.

The factors which were given salience by the After Hours workers were:

- the accounts of the foster mother about Catherine’s sexualised play with dolls and nightmares;

- Catherine’s response to their questions which indicated the possibility of sexual abuse, and her perception of her parents as protective figures and her fear about being "given away to strangers"; and

- the reaction of the father when informed about their concern that his daughter could have been sexually abused, and their “intuitive” sense that he was not responsible for this.

Pertinent points about the process of assessment were that:

- these workers were required to make quick decisions without a full picture of the situation ("We work in the dark - metaphorically and literally"); and

- that the urgent issue was whether to take immediate legal action to prevent the father taking his daughter home from the private foster arrangement. They were mindful of the potential harm of over intervention ("By erring on the side of caution you can add to the damage of the family").
The factors which were given salience by the regional CPS worker were:

- medical information on the probability that sexual abuse had occurred;

- parent-child and marital interaction as directly observed;

- the mother’s Pethidine addiction; and

- the resistance of Catherine to the worker’s attempt to obtain a disclosure.

Pertinent points about the process of assessment were that:

- the assessment was a prolonged process;

- from the outset there were shifting grounds for the notification which caused confusion;

- it was very difficult to engage the mother who was hostile and fearful, and who thwarted the worker’s attempts to interview Catherine on her own; and

- the worker was aware of the possible impact of the investigation on the couple.

Case 4 - Nora

Hospital Social Worker

The factors which were given salience were:

- the reported events of the sexual abuse;

- Nora’s ability to give the desired responses to “Protective Behaviours” style questions and tasks (for example, naming of body parts, knowledge of “good” and “bad” touching, making a disclosure of the details of the abuse, attributing responsibility for the abuse to the perpetrator, and her proposed action in the event of the threat of future abuse); and
- the "appropriateness" of the parents’ reactions (for example, their willingness to have the police notified).

**Pertinent points about the process of assessment were that:**

- the focus was on progressing through a pre-determined intervention based on a Protective Behaviours program of disclosure and learning correct responses to hypothetical abuse situations;

- the father’s serious illness, the parents’ marital problems, the family’s difficult financial state, and the supports available within their circle of friends and neighbours were not given salience;

- there was no contact with extended family members;

- the other children in the family were only a focus of concern in so far as they may have been abused themselves, were possible witnesses to Nora’s abuse, or were responding to Nora in a way which was seen to be making her adjustment more difficult;

- it was assumed that the sexual abuse was more extensive than the child had revealed and very leading questions were used ("Did he put his dick inside you?");

- the decision to involve Nora in a group consisting of much older girls was not based on a developmental assessment of Nora;

- there was no consideration of iatrogenic effects (for example, the effect of strong positive reinforcement for disclosing abuse or the effect of witnessing an older girl in the group being rewarded for making additional disclosures);

- alternative explanations (for example, for Nora’s subsequent and unsubstantiated multiple “disclosures”) were not considered, despite the apparent evidence; and

- the expression of feelings such as anger toward the perpetrator was strongly shaped and rewarded while responses incongruent with the assumed meaning of the abuse and the relationship with the abusers (such as Nora's statements of strong identification with her aunt) were overtly steered back to a construction of abuse ("I asked if she [the aunt] might be hurting her some other way and she said 'touching me too'\)).
Case 5 - Anita and Kim

The Hospital Social Worker

The factors which were given salience were:

- the ability of the sisters to give the desired responses to the tasks in the Protective Behaviour program;

- the “appropriateness” of the mother’s response to the disclosure (for example, her reaction to the alleged perpetrator being her father, her feelings about police involvement, and her capacity to protect the children from further abuse); and

- the mother’s observed and reported interaction with the children.

Pertinent points about the process of assessment were that:

- there was a recognition that the mother’s sisters were significant figures in the family and that their reactions could affect the mother and the girls but significant information on extended family such as the importance of Anita’s paternal grandmother who lives around the corner, only arose accidently in the second last interview;

- potentially valuable sources of information such as Kim’s kindergarten teacher and Anita’s teacher were not used;

- little salience was given to the significance of the children’s different father figures;

- there was almost no exploration of the nature of each girl’s relationships with the perpetrator, their maternal grandfather. On the one occasion when Anita is somewhat forthcoming about her feelings in her response "Sad, very sad" to the question "How did you feel about Pa touching you?", there is no acknowledgment or exploration of her feelings;

- assessment of family functioning was made on the basis of very little information, with alternative explanations not being considered (for example, after one interview, both workers concluded that Anita was "parentified" because she made her own breakfast and school lunch, and that she provided assistance to Kim with her drawing);
- assessments were global and shifting ("She's either very defensive or depressed or both or perhaps that's just the way she is");

- there was little evidence of pacing the intervention to the child. When Anita showed resistance, the confrontation intensified ("I needed to take the plunge"); "I'm going to have to push on with Anita");

- parental "appropriateness" was equated with parental compliance, and assessment focussed on deficits rather than strengths (for example, the mother's interest in seeking employment and her need for activity is dismissed as "a way of distracting herself and avoiding things"); and

- that an assumption that change in behaviour is the outcome of intellectual understanding underpinned the work (for example, that children can protect themselves from future abuse by learning the correct responses). The model of practice was one of reprogramming thoughts by didactic input, testing for correct responses and providing strong positive reinforcement.

Case 6 - Sean, Katie and Tim

Hospital Social Workers

The factors to which the hospital social workers gave salience were:

- the mother’s account of events surrounding the removal of Sean;

- the dynamics of the blended family structure;

- the responses and the behaviour of Sean and Katie in individual sessions;

- parental perceptions of the children in the family; and

- normative development of children of these ages.
Pertinent points about the process of assessment were that:

- the assessment was thwarted by factors such as the family’s irregular attendance at appointments, the hearing impairment of the father and the soft voice of the social worker;

- in contrast to the social worker’s family centred perspective, the supervisor adopted a narrower focus on the event of abuse ("We shouldn’t get into their relationships - the 'they're mine, they're yours' stuff but keep the focus on the abuse");

- Sean’s social worker demonstrated a developmental orientation, for example differentiating what the sexual abuse which happened seven years ago might have meant to Sean as a three year old and what it might mean, if anything, to him now;

- the social worker kept open a number of hypotheses in her assessment;

- there was a preparedness to pace the assessment to the children and not to “force” a disclosure; and

- the material circumstances of the family such as their financial situation were not given salience, even though on some occasions they could not afford the petrol for the long drive to the hospital ("I didn't get into that and it's not really relevant").

CPS Workers

The After Hours worker gave salience to:

- the low risk factors in the situation as described by the mother (the nature of the alleged sexual abuse was not serious, the age of the child responsible, and the willingness of the mother to seek counselling).

The regional child protection workers gave salience to:

- the seriousness of any case of alleged sexual abuse; and

- the need to eliminate any risk of further sexual abuse occurring by the removal of the “perpetrator” even when this is a child.
Pertinent points about the process of assessment were that:

- the regional workers acknowledged that they lacked the skills to undertake an assessment of a child sexual abuse case;

- there was a lack of appreciation of the possible impact of removing a child from his home ("I've never known any child we've removed to have any distress about the separation") and an inability to interpret a child's reactions ("Who can read a kid's mind?");

- there was an absence of any evidence of hypothesis generation, with the mother's explanation of a link between Sean's sexualised behaviour and his experience of sexual abuse seven years ago, being accepted without question; and

- that the regional child protection workers had a limited repertoire of responses and in a case of child sexual abuse, the knee-jerk response was that "the perpetrator should be removed from the home". Paradoxically Sean was sent to his maternal grandmother's home, which was where, unbeknown to them, he was being subjected to sexual overtures by his grandmother's 17 year old stepson (which could be what precipitated Sean's sexualised behaviour toward his younger brother). The assessment of this placement was a moral appraisal of the grandmother ("a great little lady").

Case 7 - Sunny, Fern and Sky

CPS Workers

The After Hours CPS Workers gave salience to:

- the immediate safety of the children in a potentially violent domestic situation;

- the mother's drug affected state and her refusal to take the children to a safer place;

- information which might indicate that the girls had suffered sexual abuse; and

- the history of the case, including a previous order of the Children's Court, an extremely violent domestic situation, and severe and chronic parental drug abuse.
The Regional CPS Worker gave salience to:

- information (or the lack of) coming from “disclosure” interviews with the children about the alleged sexual abuse;

- the capacity of the mother to provide adequate protection as this related to her drug use;

- direct observation of the children’s behaviour; and

- situational factors such as housing needs and the proximity to drug users.

Pertinent points about the process of assessment were that:

- there was little salience given to neglect issues;

- the disclosure interviews conjointly undertaken with police were described by the CPS workers as very confronting;

- the regional worker did not have or make use of the data that was available within the organisation on the background of this case (for example, information about the risk of sexual abuse from men allegedly coming to the home for purposes of prostitution and the eldest child being taught to steal by her mother);

- the family history was not given salience, whether in relation to the mother’s own childhood, or the more recent history of the previous supervision order;

- the assessment adopted a narrow focus on who were the relevant figures in the lives of the children (for example, the significance of the maternal grandparents was not recognised); and

- that there was a psychologically superficial assessment of the mother’s personality, her drug use, and the nature of her longstanding patterns of behaviour and the dynamics of her interaction with authority figures.
Case 8 - Donald

The hospital social workers gave salience to:

- the details of the sexual abuse given by the police;

- Donald’s cognitive and verbal ability;

- Donald’s capacity to disclose the abuse, and his attribution of responsibility to the perpetrator;

- parental responses to the sexual abuse; and

- the general adequacy of parenting.

Pertinent points about the process of assessment were that:

- there was clear evidence of worker sensitivity to Donald’s developmental level and the need to adjust the interviews accordingly;

- low salience was given to the paternal grandmother in the role structure of the family (for example, it was not understood that she was a permanent and significant member of the household despite strong clues about her presence and power in the family); and

- low salience was given to the factors which might have made Donald vulnerable to being sexually abused (for example, parental lack of supervision and Donald’s lack of membership of either the father-centred “big kids” sibling sub-system or the mother-centred “little kids” sibling sub-system).

Case 9 Tina

The hospital social workers gave salience to:

- the mother-child relationship;

- the mother’s childhood experiences;
- Tina’s developmental level; and

- the differentiation of the possible meaning of the abuse for the child and the mother.

**Pertinent points about the process of assessment were that:**

- the mother presented her own childhood experiences of sexual abuse from the outset which led to a hypothesis that the mother was reacting to Tina's experience in the light of her own unresolved feelings;

- the social workers suspended judgment about the degree to which this was actually a case of sexual abuse ("I don't want to set it up and presume that something is there") and responded to the mother’s plea for assistance in relation to her hostile feelings toward Tina;

- the social workers showed an awareness of possible iatrogenic risks to Tina (for example, they were cautious about intervening in a manner which could cause Tina to give the abuse a significance which it might not have for her);

- the child was not assumed to be necessarily traumatised and the social workers were open to evidence that the child had made a healthy adjustment;

- the assessment focussed on strengths as well as deficits, and the mother was given affirmation about the healthy adjustment of her child;

- the social workers clearly operated from a practice model in which the intervention was determined by an individualised assessment of the child;

- premature conclusions were avoided (for example, while Tina had certain characteristics that could be evidence of “pseudo-maturity”, an alternative explanation that this was the result of being an only child in a middle class, articulate family was also considered); and

- that the assessment did not include other “ecological variables” such as the mother’s social supports and how the disclosure of the abuse affected relationships within the circle of friends who made up the babysitting club.
Case 10 Mimi

The hospital social worker gave salience to:

- evidence relating to the allegation of sexual abuse and whether it was sufficiently strong to warrant notification to police;

- factors which could explain why this mother might perceive that sexual abuse had occurred, including the nature of her current relationship with the child's father ("there was some custody stuff going on");

- general impressions of the mother (for example, her youth and her immediate state of fatigue and hunger); and

- the mother’s family history of sexual abuse.

Pertinent points about the process of assessment were that:

- the risks of the mother’s preoccupation with the possibility that her daughter had been sexually abused (for example, repeated inspection of her genitals) to Mimi’s future psycho-sexual development was not recognised; and

- there was a lack of developmental assessment of Mimi (for example, the social worker accepted the mother’s distorted assessment of the child’s cognitive capacity, and assumed that a 15 month old child could understand protective behaviours principles about "good" and "bad" touching).

4.4.1 Hospital Social Workers’ Models of Practice

The hospital social workers gave the safety of the child great salience, but not all cases were subject to a “Protective Assessment” as in some of the sexual abuse cases either the police or the child protection service was already involved. In relation to the two cases of alleged physical abuse, the focus was restricted to risk assessment and making a notification to the child protection service. The duration of assessment was much shorter in these two cases than in sexual abuse cases and nor were the children interviewed, but
this could have been a function of the ages of the children concerned. The decision to notify the child protection agency was based on assessments of risk which gave salience to: the nature and apparent circumstances of the injury; family background and situational factors regarded as relevant to the seriousness of the abuse and the level of risk; and the level of parental compliance. The variables were similar to those outlined in the hospital’s documents relating to the social worker position description and the guidelines for management of suspected maltreatment cases.

Each of the two cases in which the presenting problem was suspected physical abuse, highlighted different weighting given to various factors. In Jamie’s case, the injury was not perceived as serious and the decision to notify was largely based on what was perceived to be parental non-compliance in the context of unfavourable family background factors. In Lula’s case, the notification was made because the injury was very serious and although the parents were very compliant, they were unable to provide an explanation for a serious injury sustained by their infant, and a number of “risk factors” were also identified.

Both the hospital social workers in these two cases were initially reluctant to make a notification to the CPS, but once the decision was made to do so, the facts were presented to the child protection service in a way which was aimed at making sure they would accept the case. In both cases the hospital social workers spontaneously spoke of the risk of children being seriously injured or dying as a result of abuse, often referring to past cases which had ended in tragic circumstances. They thus placed high priority on taking legal measures which they hoped would increase the child’s safety.

Even when the child protection service was not involved, as in most of the sexual abuse cases, the hospital social workers’ model of practice included a strong “protective assessment” element in their assessment, although the term “protective assessment” was not used in relation to the sexual abuse cases. With the sexual abuse cases the general term “assessment” was used by the social workers to describe what they did, but this was often interchangeable with the terms “therapy” and “counselling”. The “six to eight week assessment” was, in effect, a model of short term therapy, and was the main type of service delivered in the unit.

In the sexual abuse cases the parents were assessed in terms of the “appropriateness” of their response to the alleged abuse.
Parental behaviours and attitudes which were deemed appropriate were:

- believing that the child had been sexually abused;

- willingness to participate in the process of investigation by police; and

- responding to the child in a supportive and protective manner.

Information was sought from parents about their child. Some workers took a brief history of the child and family, whereas others tended to focus on obtaining information about the child’s disclosure and their current behaviour which was assessed for symptoms of trauma (for example, nightmares, bedwetting and so on). It was unusual for the social workers to ask parents about the child’s adjustment in settings other than the family, such as the creche, pre-school or school. There was marked variation observed in the social workers’ sensitivity to child developmental factors.

In child sexual abuse cases feedback on the social work assessment of the child was relayed through the parents’ social worker. The interaction of the parent and the child was also an important source of assessment. There was usually a brief conjoint session focussed on asking the child, in the parents’ presence, the reason for attending the hospital, and observing how the parents had explained this to the child. This was used to assess how the family was communicating about the sexual abuse.

Assessment of children who had been allegedly sexually abused tended to be based on the following criteria:

- the child’s capacity to disclose the sexual abuse;

- the degree to which the child was able to attribute responsibility for the abuse to the perpetrator;

- whether the child could say what constituted “good” and “bad” touching; and

- the child stated intentions in event of future situations of potential abuse.

Toward the end of the six to eight week “assessment”, conjoint sessions with the child and the parents reinforced what the child had learned. Sometimes additional sessions...
were provided or the child was placed in group therapy where peer dynamics were used to reiterate the same Protective Behaviours principles. The presenting problem of sexual abuse tended not to be seen in terms of the family factors which may have led to the child becoming vulnerable to abuse (that is, the factors which may have compromised the protective function of the family) and which might need to be addressed to prevent the recurrence of abuse. Nor was the school environment seen as part of the child’s world and a potentially valuable source of data or a vehicle for carrying out treatment goals.

Factors which were generally given little salience included:

- situational stresses such as a parent’s serious health problems, unemployment or financial difficulties;

- interpersonal conflicts within the marital dyad, the sibling subsystem, and the extended family (triggered in some cases by the disclosure of abuse when the perpetrator was a relative);

- the risk of iatrogenic effects; and

- the meaning of the child’s relationship with the perpetrator (including the impact of the cessation of this relationship following disclosure), and the associated meaning of the sexual abuse for the child.

Thus, the range of variables to which the hospital social workers gave salience in the sexual abuse cases was much narrower than those outlined in the social work position description and the guidelines for the management of suspected maltreatment. It could be hypothesised on the basis of the above analysis that:

a service which is focussed on the very specific presenting problem of child sexual abuse is at risk of adopting a standardised model of practice in which a narrow range of factors relating to the event of abuse and the safety of the child are given salience and other psycho-social factors relevant to the well-being of the child and the family are ignored.

While there was considerable variation among the social workers, there was one very clear exception to the general pattern described above. In the case of Tina the two social workers sought data in order to place her behaviour in its specific situational context.
They also took notice of how the mother’s part-time employment, and her attitudes to her work, hobbies and friends, might relate to what was happening in the mother-child relationship. These two workers decided not to embark on the standard six week “Protective Behaviours” style assessment and intervention, not assuming that it was necessary and concerned that it may even be harmful to Tina to focus too much on the issue of sexual abuse. This was the only instance in the study of hospital social workers reflecting on the possible iatrogenic risks associated with their intervention. Thus, this case was managed differently in a number of ways.

This may be explained by differences in the characteristics of both the social workers and the case. In relation to the social workers, both were more experienced than most of their colleagues, they had only worked in the unit for a short time, and both had clear theoretical frameworks which shaped their assessment (one more psychodynamic and the other more family systems oriented). These factors might indicate that they were less socialised into the unit’s dominant model of practice.

In relation to the characteristics of the case, the mother of this child had an upper middle class background and was the only parent in the study to have completed tertiary education and have professional qualifications (and one of the very few mothers to be employed). She had also had extensive previous experience in therapy, was very “psychologically minded” and, unlike the situation in other cases, it was a self-referral and she was openly asking for assistance in improving her relationship with her daughter. Perhaps not coincidentally, the social workers had a far lower threshold of suspicion in this case than in other cases (although there were some features of the case which could have been grounds for suspicion). Moreover, because the “perpetrator” was another child and there was no further contact with her, the case did not arouse the anxiety about protective issues that occurred in other cases.

This case could be seen more as “the exception which proves the rule”, rather than as being contrary to the general pattern (using the terms “proves” and “rule” metaphorically). It leads to the following modification of the earlier hypotheses: the interaction of a number of factors relating to both the characteristics of the social workers, the degree to which they have or have not been socialised into the prevailing pattern of practice in their setting, and the characteristics of the clients (such as social class, psychological mindedness, and voluntariness) shape the variables attended to in assessment and the nature of the intervention.
4.4.2 Child Protection Workers’ Models of Practice

Any comparison of the hospital and child protection social workers’ assessments and models of practice must take into account the fundamental differences in their organisational mandates. The models of practice were clearly influenced by organisational context and it is not implied that it should not be so. Even their terminology reflected the different mandates. While the hospital social workers used the term “assessment” in relation to sexual abuse cases as a way of describing their short-term therapy, the CPS workers used the term “assessment” as interchangeable with “investigation”, while “intervention” meant statutory intervention. The CPS workers’ mandate to investigate cases of suspected child abuse, and if necessary, to take statutory action, meant that formal authority was a central element in the process of assessment, although there were marked differences in their willingness to exercise their formal power.

In carrying out the investigation, the child’s home environment was subject to close scrutiny and most of the contact occurred in the family home. Thus, in comparison with the hospital social workers, the child protection workers had a much greater opportunity to see families in their social context.

With the exception of one case (Sean, Katie and Tim), where the intervention consisted of only one visit, the child protection workers collected data over a period of time on a range of situational factors, such as housing and finances, which were seen as significant stressors that might have a negative impact on parenting capacity. While the “here and now” situational factors were recognised, there was little consideration of the extended family, either in terms of the history of the family, or the current interactions. “Family” tended to be equated with “household”. Perhaps this is because such dimensions were not so readily observable on home visits and were thus given less salience.

While the child protection worker’s mandate provided the authority and the opportunity to venture into the “ecological context” of the family, the mandate and the resource constraints of the agency placed great pressure on the workers to narrow their role to its statutory functions. Even when “ecological variables” were considered, it was difficult to provide an ecologically oriented intervention. There were several aspects of the statutory role which constrained them: the difficulty of engaging parents who were deeply fearful of having their children removed; the organisational pressure for efficient throughput; and the lack of access to a range of resources in the wider service system.
Given such factors, over which individual workers had little control, it is perhaps not surprising that there was a tendency to adopt a “minimalist intervention,” and that some workers overestimated what had been achieved so that they could rationalise the closure of the case “professionally” as well as “organisationally”. On some occasions when workers were inclined to adopt a broader role, supervision acted as a vehicle for maintaining a focus on the statutory role, thus keeping them on “the straight and narrow”.

It can therefore be hypothesised on the basis of the above that:

there are strong organisational factors within the child protection service including its statutory mandate and its resource constraints which create marked pressure for efficient throughput of cases, and this increases the probability of the child protection worker adopting a proceduralised model of practice;

while child protection workers attend to current situational stresses in their assessment of families it is hard for them to address these needs in their intervention, not only because of the organisational mandate and time pressures, but also because of the difficulty in engaging fearful parents and the lack of appropriate and accessible resources in the broader service system;

individual child protection workers vary in the degree to which they experience tension between the organisational and professional orientation, and some workers derive a greater sense of closure and achievement through proceduralised investigation of new cases than through work with the post-court client population which tends to induce feelings of hopelessness and aimlessness.

For both groups of social workers, the family’s history and current relationships with extended family and significant others, were given little salience. Several factors appeared to influence the degree to which individual practitioners in both settings were socialised by the organisation to adopt a proceduralised model of practice: organisational factors (such as mandate or categorical funding); client characteristics (such as “engageability” and compliance); and worker characteristics (such as theoretical frameworks, prior experience, and personal preference for a proceduralised model of practice).
4.5 Inter-organisational Interaction

What is the nature of the interaction between different organisations, and in particular between the core organisations (the hospital, police and child protective services) in cases of alleged child abuse?

Because the cases were selected from intake meetings at the hospital specialist child abuse assessment and treatment service, all families were involved to some degree with hospital personnel such as paediatricians, social workers or both. Not all cases were involved with the other two core organisations. For example, the mandate of the child protection service was limited to cases in which the abuser was (or was believed to be) a member of the child’s immediate family, or where the parents were believed to be failing in the protection of their child from abuse outside the family. Similarly the mandate of the police (following the phasing out of the dual track system) was limited to criminal investigation.

4.5.1 Interaction between Core and other Agencies

Those agencies involved in the cases other than the “core” organisations in this study (the hospital, police and child protection services) included: non-government organisations such as foster care services, residential care services, family support services, and supported accommodation services; health services such as private medical practitioners, specialist hospitals, drug rehabilitation services, and maternal and child health services; and educational services such as kindergartens and schools. Sexual abuse is a marginal issue for these services in terms of their primary purpose and the population they serve, although it may be a highly charged issue when it arises at the case level.

While this study is about child protection assessment and is therefore focussed on the cases in relation to the involvement of three core child protection agencies, it must be recognised that the families existed within a complex web of different services and that only one part of this complex web is explored in this study.

There was relatively little communication between the three core child protection agencies and these other agencies, except for the child protection service contacting them if it was thought they could provide information which would validate the abuse and/or “monitor” the children’s well-being. In some instances the core agencies seemed unaware of which
other services were actually involved with the family. Yet these services were significant actors in many of the children’s or their parents’ lives. Moreover, it could also be argued that in some of the cases these professionals and agencies had the potential to assist the hospital social workers and the child protection workers in both assessment of and intervention in the cases.

For example, professionals such as kindergarten and primary teachers can be in an ideal position to give information on the cognitive, emotional and social functioning of a child and how this might have changed over time, data which is potentially valuable to practitioners who only encounter the child and the family after abuse is suspected or disclosed. They, like the child’s parents, may also be assisted to respond to the sexually abused child in a way which is most constructive, and so become part of the intervention plan. If strengthening self-esteem and developing an internal locus of control are key elements in the treatment of sexually abused children, as the research on children’s vulnerability and resilience would indicate, then tapping the potential of the significant others in the ongoing life of a child to facilitate these attributes might be very important.

**Donald**

Donald presented in sessions with the hospital social worker as having poor verbal skills and a short attention span and it was hard for him to concentrate on the Protective Behaviours program. His social worker displayed initiative and flexibility in adjusting the program to his needs. She took note of his distractibility and wondered if this was a longstanding problem, a symptom of the recent abuse, or a situation specific behaviour arising from the anxiety generated by the interview itself. However, she made no attempt to clarify these possible explanations by contacting his teacher. Unbeknown to the social worker, Donald had behavioural problems in the classroom and in the playground. The absence of any link between the school and the hospital not only limited the potential for a comprehensive assessment of Donald but also prevented a more integrated intervention. For example, in the follow up home interview it was apparent that the parents, perhaps in part to compensate Donald for being abused, were ambivalent about the request of the school that they participate in a behavioural program to contain his disruptive behaviour in the classroom and the playground. Thus the lack of interaction between the hospital and the school might have led to a missed opportunity to create a better working relationship between the family and the school.
It is not implied that inter-agency communication is always possible or even desirable. For example, to breach confidentiality by making contact with others without parental agreement, or by doing so when the client has not been informed from the outset about the limits on confidentiality in a therapeutic relationship, is unethical and may also be counterproductive. Some of the lack of inter-agency interaction observed arose because of the reported reluctance of professionals in the non-core agencies.

In the two cases in the study in which mothers had drug related problems (the mother of Catherine and Susan, and the mother of Sunny, Fern and Sky), child protection workers reported that one mother’s general practitioner and the other’s drug counsellor did not want to communicate too closely with the child protection service because they feared this would jeopardise their tenuous relationship with their clients.

While on a practical level social workers were often aware of the parents’ appointments with other services and were flexible in arranging their own visits and appointments to accommodate these, most social workers did not explore the underlying issues relating to interaction with other agencies with their clients.

It could be hypothesised: that the interaction between agencies whose core role is related to child protection and agencies whose core role is not related to child protection, will be constrained by practitioners in the former not recognising the significance of the latter in the life of the family, by practitioners in the latter being unable or unwilling to become too closely associated with the potentially intrusive interventions of child protection services, and by parents themselves setting boundaries around inter-agency communication.

4.5.2 Interaction between Core Agencies

The relationships in a general sense between the three core agencies can be analysed in social exchange terms and the transfer of resources including funding, information, and referrals. While the focus of the research question is on the relationships at the case level, it is important to understand this in the context of the broader inter-organisational exchanges. Funding is a key resource which is transferred across organisational boundaries and is central to agency survival. Below are three instances of proposed or actual funding exchanges which occurred during the study. At the commencement of the study there were no funding arrangements between the core organisations.
During the middle part of the data collection, tensions arose about a possible transfer of resources from the police to the child protection services. Both these organisations were funded directly from the State Government and at the time of the phasing out of the “dual track system”, it was proposed by Treasury that the additional funding needed for the child protection service to assume complete responsibility for child protection investigation, should come from a transfer of resources from the police. While this did not actually happen (it was successfully resisted by the police) and additional funding for child protection services was made available by Treasury, the threat of a potential transfer of resources was part of the background of inter-organisational interaction.

During the latter part of data collection the child protection service became an additional and direct source of funding for the hospital unit. Previously, funding for the unit had come from hospital general funding, and from a specific Health Department grant for sexual abuse counselling services. This was subsequently supplemented by a large child protection services grant, prior to the amalgamation of a “mega” health and welfare department. The new funding led to the creation of additional positions in the unit and was subject to a formal service agreement between the hospital unit and the child protection service for a counselling service specifically for sexually abused children who were subject to statutory child protection proceedings. This included children who were awaiting a Children’s Court hearing, and children who, often because of ambiguous evidence, had been placed on an order which allowed them to continue to reside at home where there remained some doubt about the risk of sexual abuse. Previously the hospital unit had not accepted such cases.

During the analysis and early writing up stage of the study, another transfer of funding occurred which involved all three organisations in a complex professional, political and financial situation. A major dispute occurred between the police surgeons and the police department by whom they were employed. The police surgeons, having begun to describe themselves as forensic physicians (as a way of emphasising their professional autonomy from the police), demanded that they be relocated within a university affiliated Department of Forensic Medicine, and took industrial action by withdrawing their services. This reached a crisis point in relation to the examination of victims of sexual assault and the hospital unit’s paediatricians filled this gap. Amidst considerable publicity, the CPS funded the hospital unit to employ additional paediatricians to perform duties which had previously been funded from the police budget. This particular transfer of resources highlighted the complex relationship between the three core agencies at a political level.
The other resources which were exchanged between the three core agencies were information and cases, and the degree of their dependency on one another was skewed. For example, the police and the CPS were very dependent on the hospital for certain types of information such as medical evidence relating to suspected physical or sexual abuse, as this was critical for both criminal and child protection statutory intervention. On the other hand, the hospital, while sometimes seeking information from the police or the child protection service about their involvement in a case or requesting a copy of the child’s statement to police, was less dependent as this information was not essential to their role or could be obtained in another way (for example, the child’s parents also had a copy of the child’s statement).

The police were also dependent on the other organisations for informing them about the cases quickly enough for them to collect forensic evidence. While some tensions arose between the three core organisations about information exchange in this study, such as the delay in the police being notified, requests for information between the core organisations in the cases in this study were readily met.

In regard to referrals there was a complex pattern of which agencies were involved and the direction of the referral. This is reflected in the cases in this study. There were two cases (Tina; Mimi) in which the hospital was the only core agency involved, although in the case of Mimi there had been prior child protection service involvement. These were also the last two cases in the study, and while this might be a matter of chance, it could reflect a change in the client population to include more self-referred and “ambiguous” cases, such as where the evidence relating to alleged sexual abuse is not clear. In six cases there were two core agencies involved. In three of these cases the hospital and the police were involved (those of Nora; Anita and Kim; Donald, with prior child protection involvement in the latter), and in the other three cases the hospital and the CPS were involved (Jamie and Bonny; Catherine and Susan; Sean, Katie and Tim). There were two cases in which all three core agencies were involved (Lula; Sunny, Fern and Sky).

The hospital referred two cases to the police (Nora; and Anita and Kim) in both of which there were criminal issues but no protective issues involved (the parents were not the alleged offenders and following disclosure, were not exposing their children to further contact with the alleged offender). In two cases (Jamie and Bonny; and Lula) the hospital referred the cases to the child protection service as the children were thought to be at risk in the home environment. In the two cases in which there was hospital, police and child protection service involvement (Lula; and Sunny, Fern and Sky) the hospital notified the
child protection service in the case of Lula and the police in the case of Sunny, Fern and Sky, and then the third agency was drawn into the case. The police and the CPS each referred one case to the hospital (Donald; and Sean, Katie and Tim).

The classification of each inter-agency relationship was a qualitative judgment based on the dominant impression created in the case as a whole. Just as a practitioner’s description of a marital or parent-child relationship as conflictual does not imply that every interaction between the parties is such, so an inter-agency relationship judged to be conflictual in nature does not mean that all the interactions throughout the life of the case were conflictual.

For example, in Case Number 3, one of the most overtly conflictual cases in the study, the first case conference which was focussed on information gathering and exploring the grounds of the notification, was quite co-operative and there was no indication of conflict. However, the relationship deteriorated severely as the case unfolded, culminating in complaints by the hospital doctor to CPS regional and central management. There was one instance of an agency expressing appreciation about (but not to) another - that of the police in relation to the hospital for providing a support service.

In retrospect, had I realised that the pattern of conflictual interactions was likely to be so marked, I would have administered a Likert Scale standardised question to the participants at various stages of each case to detect how they rated the level of cooperation or conflict. This would have enabled me to chart the level of conflict over the life of the cases, compare how the different actors within a case saw the level of inter-agency conflict, and identify the characteristics of cases associated with participants’ perceptions of relatively “high” or “low” conflict cases.

However, given that this is an exploratory study, aimed at generating hypotheses and refining methods for future research, it is not necessarily a weakness that this was not done. Such a methodology was subsequently pursued in a related study on inter-agency conflict in child protection case conferences (Scott, Lindsay & Jackson, 1995).

The core agencies which were involved in each case and the nature of the relationship between them is diagrammatically illustrated in the following pages for each case, followed by a diagram which depicts this in an aggregated form. The key to the diagrams appears below.
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The triangle of circles depicts the three core agencies, with those which were involved in the particular case being highlighted in bold. A thin line black line indicates that there was no observed or reported criticism of the agency to which the arrow points, nor was criticism of the other agency expressed to me. This does not necessarily mean that the interaction in that case was positive or even neutral. (For example, it is possible that conflict might have occurred which was not observed or reported to have occurred). A thin red line indicates that the agency expressed to me their criticism of the other agency but this was not expressed directly to the other agency. A thick red line indicates that there was observed or reported criticism made directly to the other agency.
In the case of Jamie and Bonny, the hospital and the child protection service both expressed to me their criticism of the other agency’s management of the case but were not observed or reported to have expressed criticism directly to the other agency. The hospital was critical of the CPS for their resistance to accepting the notification. The child protection service was critical of the hospital for not correcting inaccurate information about the mother having failed to keep Jamie’s medical appointment.
In the case of Lula, there was two-way conflict in each of the three relationships. The police were critical of the hospital for not having notified them at the point of admission. The hospital staff did not want the police involved at all and they arrived unannounced and in uniform, when it had been expected that they would come in plain clothes. The hospital staff were critical of the CPS for not taking out a Protection Application and made an official complaint about this. The CPS worker was critical of the hospital social worker for deceiving the mother about her views on statutory involvement, and critical of the police for exceeding the criminal investigation role.
In the case of Catherine and Susan, the paediatrician was overt in his criticism and made formal complaints about the child protection workers whom he perceived as having not protected the children. He contended that the CPS workers had been manipulated by the parents, had not distributed minutes of case conferences, and were wrong to allow the mother to attend the case conference. The child protection workers expressed to me, but not to the doctor, their criticism of what they saw as his unrealistic demands for legal action, and his aggressive manner to them and to the mother.
In the case of Nora, both the police and the hospital were involved and the contact was co-operative and very brief, consisting of the hospital reporting the case to the police on the telephone. No conflict was reported or expressed by either party.
In case of Anita and Kim, both the police and the hospital were involved and the contact was co-operative and very brief, consisting of the hospital reporting the case to the police on the telephone. No conflict was reported or expressed by either party.
In the case of Sean, Katie and Tim, the hospital and the CPS were involved. The hospital was overtly critical of the child protection service for making what they perceived to be an inappropriate referral to the hospital and for their precipitous intervention in the case which resulted in Sean being made to leave home. The co-ordinator of the hospital unit complained to the child protection workers’ senior officer. The CPS workers did not express any criticism of the hospital.
In the case of Sunny, Fern and Sky, the police were critical of the CPS for the indecisive manner in which they delivered the Protection Application, resulting in the exacerbation of the mother’s violence. The CPS was critical of the police for what they saw as the heavy handed approach police took in interviewing the children. The hospital social worker was critical of the CPS worker for her failure to return telephone calls and for not insisting that the mother abide by the conditions of the court order to bring the children to the hospital for counselling. The hospital social workers were critical of the police for waking and interviewing Sunny’s two sisters in the middle of the night.
In the case of Donald, the police and the hospital were involved and contact was cooperative and brief, consisting only of the police telephone referral to the hospital.
In the case of Tina, only the hospital was involved.
In the case of Mimi, only the hospital was involved. While there had been prior child protection service involvement in the case, the hospital social worker did not initiate contact with the CPS on this occasion.
Aggregated Inter-agency Interactions

The interactions between the agencies, as depicted for each case, have been aggregated in the diagram above. This illustrates a strong pattern of conflict between the child protection service and the hospital, and between the child protection service and the police, but far less so between the hospital and the police.
4.5.2.1 Hospital - CPS Interaction

The tensions between the hospital and the child protection service can be conceptualised as: gatekeeping disputes; dispositional disputes; and domain disputes. These terms are those of the researcher, not the participants. They are not mutually exclusive categories in terms of particular relationships as there might be more than one source of conflict in one case. For example a gatekeeping dispute between the hospital and the child protection service in the case of Lula, later became a dispositional dispute.

The classification relates to the substantive issues of the conflict as observed or outlined by the participants. It may be that there are also important but less tangible sources of conflict of which the participants may not have been fully aware and which therefore might not appear in the fieldnotes. While some tentative reflections about the “unconscious dynamics” in some cases are advanced, this is necessarily highly speculative.

In three cases there were gatekeeping disputes between the hospital social workers and the child protection workers which centred on the unwillingness of one agency to accept the other’s referral. In two cases this conflict arose because the child protection service was unable to accept child abuse notifications because of staff shortages. In the other case, the conflict arose in part because the child protection service in a rural region wanted the hospital to take a referral which was well outside the boundary of the region for which the hospital unit was funded to provide a program. In all three cases the referrals were eventually accepted.

In the two cases in which the child protection service delayed accepting the hospital’s notifications of abuse cases, the dispute was not about whether the cases reached a threshold of seriousness to warrant a notification as there was agreement that both cases required investigation. Rather, the origin of the conflict was clearly the limitation of staff resources in the child protection service to enable an investigation. At this time (1989-1990) staff shortages in the child protection service were a very serious problem and this was especially so in some regions in which vacant positions and staff illness sometimes reduced the number of child protection workers in an office to one or two. The “dual track” system was still in operation at this time and there was increasing public and political concern being expressed about the continuation of a system of “caseload controls” which resulted in the redirection of cases to the police. In order to avoid doing this, the CPS sometimes “juggled” notifications in an attempt to manage the pressure. For
example, a hospital social worker trying to make a notification of an inpatient, would be asked to ring back in a few days time when it was expected that sick staff would have returned and the notification could then be accepted.

Such “gatekeeping” behaviour by the child protection service proved very frustrating to the staff on both sides of the interaction. Hospital social workers would repeatedly make calls in an attempt to make a notification and be asked to ring back again at a later date. The strategy adopted by the hospital social workers in the face of such resistance was to emphasise the seriousness of the case and to go up the CPS hierarchy. Consequently some child protection workers came to perceive the hospital staff as bullying and as exaggerating the risk of abuse.

There was also a strong awareness of the hospital’s powerful public profile. Child protection staff at this time had recent vivid memories of the ABC “Four Corners” national television program on the inadequacies of the Victorian child protection system. In this one hour expose, a scene at the hospital was televised in which hospital social workers, unbeknown to the child protection workers on the other end of the telephone, were televised as they were gathered around a colleague unsuccessfully trying to make a notification to the grossly understaffed regional child protection service. When the attempt to make a notification met with the usual response of “caseload control”, the hospital social workers witnessing this scene broke into derisive laughter. This caused deep resentment among CPS workers who saw this as a political “set up” by one group of social workers against another.

Thus day-to-day interactions between the hospital and the child protection service occurred in the context of social workers in both organisations being acutely aware of the larger public and political conflict which was occurring between their agencies. This was the “backdrop to the case”, as one child protection worker described it. Workers in both agencies were aware of previous case conflicts even if they had not yet had actual involvement with the other agency.

It would not be accurate to imply that the hospital social workers were necessarily keen to notify the child protection services. Sometimes this occurred only after pressure from a supervisor who emphasised the child’s safety as the overriding concern and the centrality of statutory intervention to ensure this. Once the hospital social workers initiated contact with the CPS however, the resistance they encountered seemed to strengthen their belief that statutory intervention was necessary and their resolve to achieve this.
Jamie and Bonny

In anticipating the possibility of making a notification in the case of Jamie (the three year old boy with a hand injury initially believed to be inflicted by his sister), the hospital social worker mentioned that the relationship with the child protective service was often strained due to their reluctance to act without stronger evidence. She added “but if I want a Protection Application I usually get my way - I’ll contact the senior. They’ve done an assessment in every case I have requested. Perhaps it’s the current political climate”. Despite her initial reservations about making a notification in this case, when the hospital social worker believed that Jamie had missed the outpatient medical appointment on the same day as the mother had failed to keep her social work appointment, her reservation about notifying the child protection service disappeared. She rang the regional office and gave details of the case, and was informed that they were on “caseload control” and had a two week waiting list. The hospital social worker pushed the issue and the child protection worker said that she would speak to her supervisor and it was then decided to accept the case. In response to a letter she sent to the mother following the broken appointment, the mother rang the hospital social worker and explained that she had changed the outpatient appointment and had attended on another day, and that after inspecting the site where the injury had actually occurred she did not believe that it was possible for her daughter to have inflicted the injury (and thus did not see the need to keep the social work appointment, the purpose of which was to arrange a psychiatric referral for her daughter). The social worker did not inform the child protection worker of these new facts about the case. The child protection worker reported that she saw such an omission as evidence for what her colleagues had told her at the outset of the case (“It won’t be as serious as they say”).

Lula

A similar pattern of delay occurred in relation to the notification in the case of Lula (whose serious injuries remained unexplained and therefore a source of great concern to hospital staff). The history of interaction between the hospital social workers and the child protection office in the region in which the family lived was known to the hospital social worker even though she had not had any previous contact with that office. “I haven’t had any direct contact with anyone there but they have the worst reputation”. Her attempt to make the notification confirmed
this view. After repeated telephone calls she was able to speak to a protective worker who agreed the case should be accepted but told her that the office didn’t have the capacity to accept the case as they had three staff on sick leave and were on “caseload control”. She offered the option of making a notification to the Community Policing Squad instead but the hospital social worker didn’t think that was appropriate and so she was asked to ring back the next week. Her reaction to this was “... There it goes again ... I understand it’s just the bureaucracy. They have to act within 24 hours of accepting a notification.” In subsequent attempts to make the notification, the hospital social worker was told by the child protection worker that there were now four staff on sick leave and that she was leaving. However, the CPS did accept the notification and the hospital social worker was not sure why “but I think it may have been the result of the broader conflict ... about their non-acceptance of notifications”. When interviewed the child protection worker described the high level of staff vacancies in the office and the number of staff on sick leave. “I don’t think they understand our history in this unit - that there’s only been one worker to follow up cases at times.” She was aware of the broader conflict between the two organisations. “Well, the Four Corners Program last year, and a series of cases where we’ve had conflicts. That’s the backdrop”.

In both these cases, the priority given to cases by each agency was relative to their other cases. Physical abuse cases aroused a high level of anxiety among hospital social workers who were frequently exposed to the tragic outcomes of such cases. The impending discharge of the child from hospital added an impetus to their need to take action which they hoped would increase the safety of the child. In contrast, the child protection workers, who were rarely exposed to serious injury, perceived a child who was in hospital as being, at least for the time being, in a very safe place, unlike more urgent notifications awaiting investigation, who were children living at home in unknown circumstances. Moreover, child protection workers did not see statutory intervention as necessarily providing a higher level of safety for the child and were aware that it might act as a barrier to engaging families and addressing their problems. These differences in perspective exacerbated the tensions surrounding the acceptance of cases by the child protection service.

The third gatekeeping dispute occurred in the reverse direction. In this instance the family lived well beyond the regional boundaries which were an eligibility criterion for the hospital’s sexual abuse service. However, the hospital service frequently accepted such
cases outside but this was becoming an increasing burden on the unit. This did not usually result in a dispute with the referring agency but in this case the child protection service had left it up to the mother to make an appointment, and had not made direct contact with the hospital about the case. When the hospital contacted them the tension was exacerbated by their expectations that the hospital would undertake the investigation of the alleged abuse, which the hospital clearly saw as the responsibility of the child protection service.

Sean, Katie and Tim

The day after the After Hours child protection service routinely informed the regional office of their contact on a Public Holiday with this mother, the two unqualified and inexperienced child protection workers went to the family’s home. They insisted that 10 year old Sean, who was described by his mother as having touched his three year old brother, Tim, on the penis, immediately leave the home. They saw Sean’s presence in the home as a threat to Tim’s safety and told the family that if they did not send Sean to stay with relatives they would remove him or remove Tim. They told the mother to seek counselling for Sean from the hospital and that when he had completed his course of treatment the staff at the hospital would determine when it was safe for him to return to the family. The parents, although deeply distressed, agreed to the ultimatum. The mother thought that it was the hospital social worker (whom she had rung to make an appointment) who had notified the child protection service, when unknowingly, the mother had done so herself after speaking with the After Hours Service about her son’s need for counselling. The hospital social worker was deeply dismayed by the child protection response in this case, saying “All I wanted to do was to identify with Mum. I was really horrified that this is their approach. Other children are crying out to be made wards of the State and then they’re doing this”. She urged the supervisor to accept the case even though the family lived outside the region they were funded to serve. The Co-ordinator rang the child protection service regional office and complained about the way the referral was done and told them that it was their responsibility to do a protective assessment, not the hospital’s. The child protection workers said that they had been very busy on the day they went out to the family, having to remove children from two other families on the same day, and that their regional Centre Against Sexual Assault had a waiting list and they were not sure that they would accept “child perpetrator referrals” in any case.
In one sense this case also illustrates an example of a domain dispute, but not the typical form of a domain dispute in which two agencies claim the same territory. Rather, it was a dispute in which each wanted the other to carry out a particular task. The child protection workers felt they lacked the skills to do an investigation of a sexual abuse case and the hospital social workers were not prepared to take on the investigation role which they saw as clearly belonging to the child protection service.

Dispositional disputes centred on disagreements about the decision to take statutory intervention in a case and the nature of the “dispositional recommendation” to the Children’s Court Magistrate. The hospital staff were frustrated with what they believed was an inadequate level of statutory intervention taken by the child protection service in many cases. While it was within the jurisdiction of the latter to determine whether they would seek a Protection Application and what disposition they would recommend to the Children’s Court, the hospital staff sought to exert pressure in regard to such decisions. In the two cases in which the hospital staff were not successful in obtaining the intervention they desired, they went up the CPS hierarchy. In both cases this involved paediatricians exercising their high professional status as well as organisational power, and in both instances this pressure was successfully resisted by the child protection service, which led to the escalation of conflict. Unlike the conflict over gatekeeping, which had its source in a simple lack of resources, dispositional disputes reflected both philosophical differences and the constraints imposed by legislation which enshrined the principle of the “least restrictive option”, as demonstrated in the two cases below.

Lula

After the initial gatekeeping dispute in regard to the notification of this case, the dispute between the hospital staff and the child protection staff centred on whether a Protection Application should be taken out and a statutory order sought. The hospital social worker had initially agreed with the argument advanced by the child protection worker that because of the parents’ willingness to utilise a number of support services, no more could be achieved with a statutory order. While the child protection worker saw this as “a very, very serious case - a serious injury from which a baby could have died” she saw the criteria for statutory intervention as relating to the co-operativeness of the parents and not the seriousness of the abuse. She outlined the view of her regional office, supported by a shift in legislation and policy that statutory orders were only necessary in cases in which parents required the lever of the law to impose conditions or alter
their behaviour. In contrast, the hospital social worker’s supervisor and the paediatrician were of the strong opinion that a statutory order was necessary on grounds of the seriousness of the injury. The paediatrician angrily protested to the most senior child protection officer but the decision not to take out a Protection Application was not reversed. The child protection worker in the region to which the case was subsequently transferred when the family relocated, expressed the view that if the case had been notified in the region in which she worked, they would have made a Protection Application on the basis of the seriousness of the injury. This was also the view of the police who became involved in the criminal investigation of the case.

Catherine and Susan

In the case of four year old Catherine, who did not disclose sexual abuse or disclose the identity of the perpetrator (an adolescent boy in the same foster family) until long after the investigation was closed, there was an intense “dispositional dispute” between the hospital and the child protection service. The paediatrician, on the basis of the medical examination, and the child’s sexualised behaviour, was confident that sexual abuse had occurred, and was also very concerned about the possible emotional effects on both children from the repeated and very prolonged use of foster care by the parents. In the face of the resistance to the investigation by the parents, who did not believe their daughter had been abused and who were very angry that the father was suspected of being responsible, the hospital staff pressured the child protection service to take statutory intervention. The child protection workers believed that they had no legal grounds for doing so and that pushing the parents was merely escalating their resistance. The doctor was increasingly frustrated while the child protection workers felt caught between the hostility expressed by the hospital staff and that of the family. The inter-agency dynamics were acted out in a case conference, to which the parents were invited and which the mother, believing that the purpose of the meeting was to close the case, attended. Parental participation in case conferences was in accord with recent Departmental policy in anticipation of the new legislation, but the hospital paediatrician was unaware of this policy. Expecting that another case conference which would be a confidential discussion among the professionals about the case, and not seeing it as a mere formality to close the case, the doctor vociferously objected to the mother’s presence. The case left bitter and long lasting feelings in many participants.
Sometimes the hospital social workers had to accept the disposition of the court even if this did not secure the safety of the children, and became frustrated at the failure of the child protection workers to exercise their authority when parents disregarded the conditions of the order but the order was not breached. In one case (Sunny, Fern and Sky) the conflict between the hospital and the child protection service centred on the failure of the child protection service to follow through on the conditions of the Children’s Court Supervision Order. That order, among other things, required the children to receive assessment and counselling at the hospital. The hospital social worker perceived that the child protection worker was deliberately avoiding her, and showed me the file in which she had recorded the details of her multiple telephone calls to the CPS worker, which had gone unanswered. This was very similar to the mother’s strategy of avoiding and not responding to the child protection worker’s messages.

4.5.2.2 Police - CPS Interaction

The conflicts between the police and the child protection service were clearly domain disputes in the two cases in which both these agencies were involved. The interchangeability of police and child protection service roles until the phasing out of the “dual track system” heightened tensions between the two organisations and formed the “backdrop” to their interaction at the case level. While the domain dispute was most visible, there were less visible philosophical differences which reflected different occupational and organisational ideologies and cultures. Related to the domain dispute were differences about how to carry out the duties which the inter-agency protocol required them to do conjointly, such as interviewing children suspected of being abused.

Lula

In the case of Lula the hospital notification to the child protection service led, in turn, to the police being notified by the child protection service because the recently introduced police-child protection service protocol required that the police be informed about any possible criminal offences associated with the abuse. While the notification to the police was clearly for investigation of the criminal aspects only, the police initially assumed a child protection investigation role and were about to take out a Protection Application when the child protection service indirectly discovered this (from the hospital) and intervened, resulting in the police role being restricted to the criminal investigation. The child protection worker was highly aware of the delicacy of the relationship with police, referring
to the importance in child protection assessment of "the politics of it - the political reality between different agencies ... you have to be very sensitive to the political climate. It's much more sensitive since the Fogarty Report. They (the police) see their role as being taken away by us". When interviewed the police officer in this case was curt and sounded unconvincing to me when she stated that "it was neither here nor there" which agency handled the child protection investigation. "We have a good relationship with them. If we have a problem with them I just say 'Pull your head out and get off your arse and do something'". In a reference to what she perceived as CPS indecisiveness and lack of action, she also remarked "we don't need 400 case conferences to see what is 'appropriate'."

Sunny, Fern and Sky

In the case of Sunny, Fern and Sky, the police officers expressed frustration at having to restrict their role to providing physical protection for the After Hours child protection workers as the latter took out a Protection Application on the children, and the mother violently attacked one of the child protection workers. The constable had wanted to intervene earlier to take out the Protection Application and said that if the child protection workers hadn't done so she would have done it herself. The regional child protection workers felt frustrated at having to jointly interview the children with the police, the fourth pair of officers who had been involved with these two children within two weeks. These children had strong medical evidence of sexual abuse but resisted disclosure. The senior child protection worker remarked, with sadness rather than bitterness, "... the actual process of the interview, with the police looking for a disclosure, the whole thing was hurried and artificial ... we were much too direct ... Last time we just scared hell out of all the kids. It's unsatisfactory but that's the system. It's not necessarily a comment on their skills but the process of forcing a disclosure and constraints such as rules of evidence - the fact is we end up introducing a cast of thousands to the kids and end up expecting them to disclose. The police are reluctant to let anyone other than themselves get a disclosure ... instead of getting us into the stand they want to get a disclosure to one of their own people. It's basically intimidating to the child."

At first sight, it would appear that the relationship between the police and the CPS in these two cases was strained by the blurring of boundaries. But while they are instances
of role overlap, the boundaries are actually clear. It is that their roles, while distinct, overlap in the performance of particular tasks. For example, in the case of Sunny, Fern and Sky, both the police and the CPS need a disclosure, but for different purposes, and they are trying to make the same interview achieve both ends. This was done as a result of a protocol aimed at facilitating the “working together” of police and CPS, and at reducing the number of times the children are interviewed, but in this instance it does not appear to have achieved either objective.

The hypothesis could be stated in the following way: the greater the degree of role overlap, the greater the chance of inter-agency conflict, especially when agencies are required to work closely together and there are significant differences in beliefs about process or technology.

The newly introduced protocol between the police and the CPS required the latter to inform the police in cases in which a criminal offence appeared to have been committed, but this was not done in the case of Catherine and Susan. The reason for this is unclear, but it might be related to the protocol only having been recently introduced, or a feeling on the part of the CPS workers, that the evidence was too ambiguous to warrant referral to the police and that police involvement would exacerbate the problematic relationship which already existed between the CPS and the parents. Unfortunately the reason for this was not sought directly from the CPS workers. As a consequence of the CPS role being focussed rather narrowly on the safety of children in relation to their family, suspects outside the family were not considered. It is likely that the police would have paid attention to suspects both inside and outside the family.

Inter-agency conflict was most intense and most overtly expressed in the three cases in which the person(s) responsible for the abuse remained unknown and in which professionals from all three agencies therefore felt most pessimistic and frustrated in their efforts to protect the children from further abuse. The cases were those of Lula; Catherine and Susan; and Sunny, Fern and Sky.

While it is somewhat speculative to interpret this in terms of unconscious processes, it could therefore be hypothesised: that cases in which professionals feel particularly frustrated about their ability to protect vulnerable children from further abuse are likely to be characterised by greater inter-agency conflict and the displacement of frustration on to personnel in the other agencies.
4.5.2.3 Police - Hospital Interaction

While there were two cases in which hospital staff expressed to me their criticism of police intervention, (and in one of these cases there was also criticism of the hospital by the police), compared with the relationship of the police and the hospital to the CPS, the police-hospital relationship was low in conflict. In none of the five cases in which both police and the hospital were simultaneously involved was there any overt conflict either observed or reported. It could be significant that in all five cases the actual contact between the hospital and the police consisted of a brief telephone call to make the referral and/or to arrange for a medical report to be sent. (Conflict between the police and the child protection service was less in cases in which they had minimal interaction). Moreover, in all five cases the hospital and the police roles were very clearly delineated. This supports the earlier hypothesis about role overlap increasing inter-agency conflict.

4.5.2.4 Other Issues Related to Agency Interaction

The relationship within each organisation between the unit dealing with child abuse cases and the rest of the organisation was beyond the scope of this study, and this was not directly a focus of the observations or interviews. However, in the course of “shadowing” individual cases in the organisational context, there were some opportunities for observing intra-agency dynamics, particularly in the hospital, and for recording interviewees’ spontaneous comments about intra-agency dynamics. For example, conflicts between the hospital unit and the child protection service seemed to intensify group cohesion among the social workers in the unit. This was similar to the way in which conflict between the social workers and the other professionals in the unit had done so at the time of the unit’s inception, and later that between the unit social workers and others in the social work department. One of the side effects of such tensions might be to strengthen the group boundary against the “common enemy”, thus reinforcing identity and in-group loyalty (and perhaps suppressing in-group tensions). It is thus possible that intra-agency dynamics are connected with inter-agency tensions.

Another issue is the apparent parallel between the “micro” and “macro” levels of interaction between the core agencies. For example, the pattern of inter-agency conflict or cooperation identified above at the “micro” or service delivery level closely mirrored the pattern of conflict which was occurring at the “macro” or management and policy levels between the three core agencies during this period. The media coverage during this period
contains many examples of both the police and the hospital publicly criticising the child protection service. For example, in a large front page article in the leading Victorian newspaper focussed on the deaths of children under the care of the child protection service, the chief executive officer of the hospital described the senior management of the Department responsible for child protection as “rotten to the core”.

Moreover, the photograph of a battered baby which appeared on the front page was attributed to police files although there was no evidence that the child in the photograph had been the subject of any CPS involvement. Harsh criticisms were made by senior police about the failures of the child protection service, and police kept a record of instances in which the CPS did not follow the joint protocol. There were no examples in the media of the police and the hospital making public criticisms of each other or of the child protection service publicly criticising either of those organisations. Senior managers in the Department expressed their criticisms of both organisations privately. This is parallel to those in the service domain of the CPS expressing their case specific criticisms of the other agencies to me but not to the agency in question.

It is also relevant to note that the position taken by each of the organisations on the two major child protection policy issues in this period: the phasing out of the dual track system and the introduction of mandatory reporting. Their positions are consistent with the pattern of interaction identified at the “micro” level. The hospital remained publicly aloof from the conflict between the other two agencies on the policy of phasing out the dual track system although made strong criticism of the inadequacies of the child protection service. In regard to mandatory reporting, the hospital and the police had long supported its introduction, while it was opposed by many senior figures in the Department and by most of the peak non-government welfare bodies in the State.

It could therefore be hypothesised that: inter-organisational conflicts in the service delivery domain will tend to mirror, and be mirrored by, conflicts between the same organisations in the management and policy domains.

This is probably not a simple unidirectional influence. It also relates to differences between the organisations in the proximity of their service delivery, management and policy domains which influences the extent to which the tensions relating to other agencies in one of these domains is transmitted to the other domains of the organisation. In this respect the proximity between these three domains in the hospital child protection unit and the community policing squad was much closer than that in the CPS service.
4.5.3 Summary of Question 2 Findings

There was little interaction observed between the core child protection agencies and other agencies, either child-focussed services (such as maternal and child health services, kindergartens, and schools), or adult-focussed services which dealt with problems such as the parents' health or drug use. To the extent that such contact did occur it was driven by the desire of the child protection service to obtain information relevant to the investigation and/or to have a potentially abusive situation “monitored”.

There appear to be three reasons for the limited contact between core and non-core agencies. First, those in the core agencies, particularly the hospital social workers, were generally not oriented to the day-to-day context of the child’s life which meant that settings such as a child’s school or kindergarten were not seen as relevant to the assessment or intervention. Second, some of the personnel in the other agencies were wary of being too closely associated with the core child protection agencies, particularly if this might alienate the parent who was their primary client. Third, some parents also set limits on the degree to which they would permit inter-agency communication.

Interactions between the three core organisations occurred in a context of complex exchanges of funds, information and cases and against a broader socio-political context. In regard to the latter there was a strong public attack on the management of the child protection service by the hospital and the police and this study found that this was reflected at the service delivery level.

The inter-agency conflicts at the case level were classified as gatekeeping disputes, dispositional disputes and domain disputes. Between the child protection service and the hospital there were predominantly gatekeeping disputes and dispositional disputes. Gatekeeping disputes centred on the difficulty experienced by the hospital in its attempts to have child protection notifications accepted by the child protection service which was severely understaffed. Dispositional disputes centred on the hospital’s opposition to CPS statutory intervention (or lack thereof) which they considered inadequate to secure the safety of the child. Between the police and the child protection service the conflict centred on domain disputes in cases in which the roles of each organisation were overlapping and in which they were required to work closely together.
4.6 Perceptions and Experiences of Families

How do parents perceive their experiences related to the alleged abuse of their children, and how do they perceive their interactions with core organisations?

4.6.1 What Parents Valued

Most parents whose children received counselling felt that it had been beneficial to them and their children, but generally did not specify what they found particularly helpful. A few were able to be more specific. For example, Donald’s parents commented on how they found it helpful to be given direct advice on how to manage their child, the father commenting that it was good “when the social worker pointed out what I had done wrong”. Tina’s mother, perhaps the most articulate parent in the study, was one of the few parents able to clearly identify what professionals had done which she had found most helpful. She commented on the value of the social worker “really listening”. Direct advice giving and “active listening” are not necessarily mutually exclusive, and some workers were observed to do both.

The positive comments parents made about professionals generally related to the issue of trust. It should be acknowledged that it takes a lot of trust on the part of a parent to allow professionals to intervene in the life of their child for any reason. To allow a stranger to intervene in the emotional life of one’s child, to interview one’s child about sexual abuse, or to medically examine one’s child in relation to suspected sexual abuse, requires an extraordinary level of trust or passivity on the part of parents. Most of the parents in this study had just had their trust shattered and were feeling intensely protective toward their children. They were anxious about what police, social workers, doctors and others intended to do to their child. This anxiety came through far more strongly in the follow-up interviews with parents than it did at the time of professional intervention, as parents seemed unable to express such apprehension to the professionals at the time. Nor did I have direct access to the parents at that stage so it is difficult to assess how it might have seemed to them then as opposed to how they later reported it to me.

In the follow-up interviews some parents expressed their appreciation of the way in which some professionals were able to allay their anxiety and to earn their trust. To make a judgment about the trustworthiness of a professional, the parent has to have the time
and opportunity to scrutinise the person and preferably to observe them interacting with
their child and to be reassured by their child’s reaction to this. On most occasions the
parents were seen by their hospital social worker at the same time that their child was also
being interviewed so there was little opportunity for them to do this.

Parents who were given such opportunities were very appreciative. For example,
paediatricians who took their time to talk with the parent and the child; establishing
rapport; taking a general medical history; asking enough questions about the presenting
problem as was necessary but not going beyond this; and explaining what an examination
involved and how it differed from a gynaecological pelvic examination, were deeply
reassuring to parents. The respect which the doctor showed the child, even to the point in
one case of not conducting an examination because the child was very assertive about not
wanting this, was powerful testimony to the parent that this doctor could be trusted.
Parents also appreciated social workers who paced the child’s separation from the parents
in the interview situation to their and the child’s comfort.

**Tina**

Tina’s mother said “I was disappointed in some ways because I wanted to know
the results but ... I wouldn’t want her forced to have an examination. That would
have been worse ... in the first place I was told that if we went to the hospital she
would be forced to have a medical examination ... it was mostly discussion ... he
was very gentle. Tina did a ‘full on’ tantrum for him. That was good for him to
see really. He could probably see we were both at crisis point.”

In interviewing this particular doctor he explained how he would have overridden the
child’s resistance to a medical examination only if there had been strong medical grounds
for doing so and how for him the child as a patient always came before the child as a
forensic object. The social worker in this case interviewed four year old Tina in her
mother’s presence and both the child and the mother seemed to find this reassuring. From
the social worker’s point of view this also had diagnostic and interventional value as she
was able to observe the interaction between the mother and child and give very positive
feedback on how the mother was responding to the child’s fears.
Anita and Kim

The mother of nine year old Anita appreciated the police interviewing the child in her bedroom and felt that this made her daughter, who was most reluctant to divulge details of abuse, more able to do so. (It should be noted that the perpetrator was known and had not had contact with the girls in their own home).

Donald

In Donald’s case both the police and social worker directly involved the parents in their interviews with their son. While the reason for this was that Donald was more forthcoming about the abuse in his parents’ presence, such parental participation was valued by the parents for other reasons. The need to be part of the “healing process” of their son helped them to deal with the guilt they felt about a paedophile in the neighbourhood repeatedly abusing him. Prior to this they had overcompensated, becoming permissive in limit setting, which had escalated the boy’s insecurity and acting out.

Some parents perceived counselling as a “cure all” and had unrealistic expectations of therapy as the “magic fix” for all their child’s problems. Others reflected the divided opinion in the community about expressing painful feelings and focussing on the trauma.

Nora

Nora’s mother reported that she had been very anxious about “what had been going on” in the social worker’s interviews with her daughter, to whom she felt very protective. This mother also had a history of being sexually abused as a child, and strongly identified with her daughter. The medical examination had distressed the mother, particularly when the child screamed out in pain at one point. This mother said she had felt very anxious about letting her daughter go with the social worker for individual sessions as she was unsure what they entailed, and she feared it might be damaging for Nora to “go over and over it again”. She said that she wondered whether it would be possible for parents to watch the interview through the one way screen. While appearing visibly very anxious, the source of her anxiety was not explored by the social worker and she did not ask if she could watch through the one way screen.
However, in another case, in which the parents did not believe that their child had been sexually abused at all, the mother witnessed the social worker’s “disclosure interview” with her daughter, and this was a very negative experience.

**Catherine and Susan**

The child protection worker, despite her attempts to do otherwise, ended up interviewing four year old girl Catherine in the family home in the mother’s presence, as the mother had repeatedly not kept the appointments the social worker had made to see Catherine on her own in the office. The mother, who had a history of childhood sexual abuse herself, was deeply offended by the use of anatomically correct dolls, which she described as “disgusting” and said that her daughter felt that it was “dirty” to play with dolls like that. Under her mother’s disapproving gaze, it is hardly surprising that Catherine was unable to make a disclosure or that the mother’s anxiety about the effect of professional intervention on the children, escalated. Perhaps there are implications for better consulting parents about interviews which are planned for their children.

Other parents were of the opinion, as were some workers, that getting the child to fully express the details and possible feelings associated with the sexual abuse was essential, as if the process were one of removing a cancerous growth or being purged. For example, Donald’s mother described how relieved she was when “They got to a point where they finally got it all out”, and saw this as the turning point in the therapy. While a child’s expression of intense affect may or may not be therapeutic for a child, it would appear that it was a cathartic experience for some parents and practitioners. In some instances a lot of pressure was placed on the child to achieve such a catharsis, and there was a sense of disappointment by both parent and social worker if this did not occur.

**Anita and Kim**

Anita’s and Kim’s mother expressed the view that the hospital “hasn’t finished the job” because Anita remained reluctant to talk about the details of the abuse and her feelings. The mother interrogated her daughter repeatedly about the abuse and was disappointed that the social worker did not persist in forcing her to “get it out”. This was despite the fact that the child was seen for five months and through the one way screen appeared very visibly stressed by the interviews which strongly challenged her defences. Furthermore, she was invited back
several months later for group therapy which similarly failed to facilitate the expression of the particular feelings Anita was assumed to have in relation to the abuse. The mother also hoped that counselling would lead to a mother-daughter relationship based on close intimacy and communication with her nine year old daughter, which had not existed since she was a small child. The social worker was seemingly unaware of such expectations.

4.6.2 What Parents Feared

Ambivalence about professional power and authority emerged as a strong theme from the interviews with parents. Interestingly, the least ambivalence about professional power was expressed in relation to the police. Perhaps this was because the involvement of the police was short and task focussed, their authority was overt rather than covert, and their power was being used in relation to the suspected perpetrators (who in all cases of police involvement except that of Lula were not the parents). In contrast, the more covert and ambiguous authority of the hospital and child protection staff was a source of considerable ambivalence. Parents feared the power of both groups of social workers to instigate child protection proceedings or, in the case of Nora’s parents, to instigate police action against a member of the extended family. The ambivalence took several forms, including a reluctance to approach the hospital for fear of unleashing forces which they felt they would not be able to control.

Tina

Tina’s mother was anxious about taking her pre-school aged child to the hospital, and had sought counselling from a generalist children’s service elsewhere but had found it unsatisfactory. She was afraid that if she took her daughter to the hospital the child protection service would become involved and her daughter might be taken away. She recognised that this was extremely unlikely (her daughter had been the subject of an older child’s sexually intrusive behaviour and she had taken immediate steps to stop this). “It was a remote possibility but I wanted to be in control. I didn’t want anything to happen I wasn’t in control of ... ”.

Nora

The father of four year old Nora, upon hearing his daughter spontaneously disclose that his brother had sexually abused her, had confided in a social worker
in another hospital where he was a long-term patient. He was surprised that her immediate response was that if he didn’t inform the authorities, she would. “I didn’t think that talking to the social worker ... would mean it would go to the police.” They took Nora to the hospital to be examined and both parents immediately felt that things were taken out of their control. “We didn’t realise what it would mean ... the choice about contacting the police was not in our hands” said the mother, adding that they hadn’t known that when they took her for a medical examination. They felt that they were not prepared by the staff at the hospital for what would eventuate from the police being informed, particularly the ramifications on the wider family from whom they were subsequently estranged.

Another form the ambivalence took was a feeling of some parents that they had to keep attending counselling sessions at the hospital, or the hospital social workers would contact the child protection service. In most cases the hospital social workers had no such intention and seemed unaware that the parents felt they had no choice about attending. For example, in the case of Donald, there had been a notification to the child protection service by one of the hospital’s doctors some years earlier when they failed to keep one of their children’s medical appointments. While the hospital social worker engaged them very successfully, they remained uneasy and ambivalent toward the hospital because of their past experience. In the case of Sean, it was the family’s current experience with the child protection service which left them fearful of CPS re-involvement.

**Sean**

Sean’s parents had a strong reality base for fearing the child protection service as their ten year old son had been forced from his home without any legal mandate. They had initially suspected the hospital social worker of having notified the child protection service and although she acted as an advocate to secure Sean’s return home, the parents remained anxious about the power of the child protection agency to re-enter their lives if they didn’t attend the counselling. The hospital social worker never intimated or suggested this but they were worried when, for a variety of reasons, they missed appointments. After the family discontinued counselling it emerged that the boy had been sexually abused during this period by an adolescent relative living in the very household to which he was sent to stay after the child protection workers insisted he leave home. What was most striking in this case was how the child protection workers remained unaware of how the family perceived their exercise of power. The child protection workers saw the
case as having been amicably settled by consensus because it did not proceed to court. In contrast the parents saw it as an horrific experience. “I was just so angry that they would walk in here and take him and then realise they had made a mistake and let him back” said the mother, adding that at the time she thought the Department had the legal authority to do this, although she later learned that this couldn’t be done without a court order and that they had no grounds for such an order. The parents described how distressing and traumatic it had been for their son to have this happen without any warning as he arrived home from school one afternoon, and to not even be given a reason for their actions. The younger children in the family were also very distressed.

While this may be an unusual case of “systems abuse”, to some degree all the parents were affected by the power they perceived to be vested in the professionals. Their loss of control over the process of “help” echoed their loss of control over the safety of their children. In some cases the issues relating to professionals’ power and statutory intervention were very overt, especially when parents themselves were under suspicion.

Lula

The supervisor told the social worker to “keep telling the mother that I’m there to help, and that I’m concerned about the baby going home, and that we want to make things easier for her”. She made frequent contact while the mother was on the ward with her baby and collected a lot of information which she thought might be useful to the child protection investigation. In the home visit Lula’s mother expressed intense feelings about what she saw as betrayal by the hospital social worker who “sprung on us one day that the child protection service would be coming and I thought we could have been told earlier.” The mother said that she had trusted the social worker “but I’ll never trust anyone like that again. I don’t know if she was trying to get me to trust her so I would tell her that I did it, but she said that she didn’t want it to go to court and then I discovered later that she did want it to go to court. That was sneaky to go behind my back like that ... I wouldn’t recommend the hospital to anyone. I wouldn’t take her there by choice. Doctor --- (consultant paediatrician) didn’t treat us with any sympathy. We were just subjects. Even if I had hurt her they should still care. I’ll never forget Doctor --- (paediatric Registrar), just after telling us she was bleeding in the brain and I was balling my eyes out, he said ‘Have a nice night’. I’ll never forget that.”
Catherine and Susan

The father was suspected of sexually abusing his daughter and this led to a protracted investigation by the child protection agency although they were unable to obtain a disclosure from Catherine. The parents did not believe that she had been abused, despite medical evidence which suggested the likelihood of some form of penetration. Over a year later Catherine disclosed that an adolescent boy in a foster family in which she had been placed, had sexually abused her. Because this information was not forthcoming at the time, a scenario of escalating resistance and conflict developed, with the parents refusing to co-operate and eventually fleeing the country, fearful that their children would be removed. At the time of the followup interview, Catherine had not yet made a disclosure and the parents were still of the opinion that she had not been sexually abused. They expressed very strong feelings about what they saw as an unjustified suspicion of the father and a lack of any investigation into other possible suspects. Their fear of and hostility toward professionals in the health and welfare areas remained intense, and at the time of the home interview, this was affecting their relationships with the health professionals involved in services to their disabled younger daughter. Despite the father’s sense of outrage at the treatment his family had received at the hands of the hospital and the child protection service, he remarked to me that the threat of child protection intervention and the fear of losing the children had increased his wife’s motivation to overcome her dependence on prescribed medications. The question remains whether this could have been achieved without the threat of statutory intervention and the accusatory presumptions that were such negative elements for the parents in this case.

Sunny, Fern and Sky

Statutory intervention in the form of a protection application and a court order occurred in only one case, that of Sunny, Fern and Sky. These three children under six years of age were removed for several weeks before being returned home under a two year supervision order. The mother had a longstanding substance abuse problem and the children had been the subject of a previous supervision order of the Children’s Court which had expired before the sexual abuse of the two girls was identified. The actual scene of the removal was very traumatic for all involved with the mother physically attacking one of the child protection workers and having to be restrained by several policemen as one of the
girls pleaded “Don’t hurt my Mummy”. The mother claimed that the children’s father, her ex de facto husband, was responsible for the abuse. She was deeply hostile to him for a number of reasons, including the fact that he was now in a de facto relationship with her sister. The police who interviewed the father did not believe that he was responsible. The after hours child protection service had recently received reports that the mother was working as a prostitute from home and that when under the influence of drugs, she allowed her clients access to her daughters. This information had been passed on to the regional child protection service at a time of high staff turnover, and was not acted upon or recorded in their file. While the mother expressed a deep animosity towards the after hours child protection worker who had actually removed the girls, she described the recent social work graduate supervising her case as “a nice girl” and was not at all intimidated by her authority. Faced with the prospect of another supervision order she stated “I can handle that” and successfully eluded the child protection worker on many occasions. She disregarded other conditions of the order, including the requirement that the girls be assessed at the hospital child sexual abuse counselling service, failing to keep any of the six appointments made over a period of six months at the hospital. The order was not breached and was allowed to lapse after 12 months.

Paradoxically then, in the only case in which a statutory order was either sought, the power of the child protection agency proved to be that of a paper tiger, failing to secure the protection of three very vulnerable young children. In most of the other cases there were no grounds for applying for a protection application, yet the parents’ anxiety about statutory intervention was strong, acting both as a barrier to seeking help and as a source of continuing fear. These concerns were largely unexpressed and unacknowledged.

On the basis of the content analysis of parental interviews with respect to professional intervention, it could be hypothesised: that parents will commonly experience fear about the possibility of child protection intervention in their contact with professionals providing medical or counselling services and that these professionals are often unaware of and unable to address this fear.
4.6.3 Impact on the Family

4.6.3.1 Contamination of Normal Sexuality

An issue which has received surprisingly little attention in the child sexual abuse literature or in clinical practice, is the impact of child sexual abuse on normal sexuality within the family. This theme emerged from spontaneous comments made by parents in the follow up interviews, and relates to the marital and parent-child subsystems in the family.

Of the four two parent families in the study, two couples spontaneously mentioned the impact of the child's sexual abuse on the sexual aspect of their marital relationship. In both cases it was the husbands who spoke about the contamination of sexual feelings with guilt and repugnance. Both the wives concurred with this but did not elaborate on their feelings. It was not an issue about which they had previously spoken to anyone. I recalled from my own clinical practice many years earlier a case in which the mother's strong identification with her daughter who was sexually assaulted by a stranger, had left her repulsed by any sexual contact with her husband. For one of the couples this problem had begun to pass by the time of the three month follow up interview, but there was no indication that there had been any resolution of the problem for the other couple. In some other families, there was a similar contamination of the parent-child relationship.

Catherine and Susan

This father explained at length and with deep anguish, how he now felt an irrational sense of guilt in relation to his two very young daughters as a result of having been suspected of sexually abusing Catherine. Things he had previously done for them such as dressing and bathing them, now made him feel very uneasy, and he found this most distressing. It was as if he had been robbed of something that could not be given back. He had received no counselling and it was apparent that there were unresolved issues which affected his emotional well-being in the wake of an investigation which had been experienced as persecutory.

Other parents expressed their concern about behaviour in their children which some might see as children's normal sexual curiosity, but which they saw as evidence of deviance.
Nora

Nora’s mother became very agitated about her four year old daughter playing a game with her slightly older brother in which they swapped underpants. She saw children as being normally asexual and any form of sexual comment or sexualised behaviour caused her great anxiety. She did not see herself as overreacting.

Some parents saw their behaviour as an over reaction and described how they now responded differently than they would have done prior to the sexual abuse of their child.

Donald

Donald’s father described how Donald had stared at a naked man in the changing rooms at the swimming pool and how he had smacked him hard for doing this. He had also punished his other sons for making a joke about a banana being like a penis, and no longer found comments with a sexual innuendo amusing. What had once been a fairly earthy and open family had now become closed with even the pre-school aged boys now having to cover themselves if, after a bath, they went from the bathroom to the bedroom. The father vividly described how he became enraged with Donald if he “stuck his bum up in the air” when watching TV, and how he would immediately yell at him to “stop that and sit up properly”, intimating that such a posture had homosexual connotations. Donald had been repeatedly subjected to anal intercourse and the father, as a boy, had also been anally penetrated by a scout master to the extent that it had caused bleeding.

4.6.3.2 Fears for the Children’s Future Well-Being

Some parents harboured deep fears for their children’s sexual development. For example, Donald’s father, with uncharacteristic hesitation indicating that he was uncomfortable raising the matter, tentatively expressed anxiety that his son would become a homosexual. His concern was thinly veiled with liberal tolerance. What angered him most was the suggestion made by the perpetrator’s step-mother that Donald “had obviously enjoyed it - otherwise why would he have kept coming back for more?” Without explicitly saying so, it seemed to me as if he feared the veracity of her words. The parents of Sean also harboured fears that he would become homosexual, fears reinforced by a homosexual friend of the family who said that the boy reminded him of himself at that age. The stepfather was also worried that Tim might be similarly affected.
While these particular anxieties were raised in passing by both these fathers in counselling, their concerns do not appear to have been sufficiently acknowledged or explored. It may be that for these two men in particular, such fears about their sons’ potential homosexuality operated on top of a number of factors which threatened their roles as husbands and fathers. These included: their failure in the breadwinning role (both were unemployed); their failure to protect their sons (in Donald’s case from the sexual abuse, and in Sean’s case from the child protection workers); and for one of them, the loss of sexual intimacy in the marriage. Mothers also voiced their anxiety about the future sexual adjustment of their daughters, fearing that they might withdraw from relationships with men or sexually act out in a self-destructive and self-loathing way.

**Tina**

Tina’s mother had been sexually abused herself as a child and adolescent, and had subsequently experienced self-destructive relationships with many sexual partners, suffering great unhappiness, a pattern which she desperately wanted her daughter to avoid. As well as expressing this fear explicitly, it was also evident in her use of the word “promiscuous” when she was describing her three year old daughter’s sexualised behaviour which had occurred in the wake of being abused. This seemed to be a very powerful and pejorative term to describe a little girl. It was deeply reassuring for this mother to be given a very clear statement about her daughter’s adjustment, her positive prognosis and the strengths in the mother-child relationship, by the social workers whose high level of clinical competence and professional integrity she respected. There was marked improvement in the mother and her parenting following such affirmation.

It was not only in relation to their children’s sexual adjustment that parents harboured fears. It was apparent that most parents perceived their children as being psychologically vulnerable in a general sense. A few professionals made use of opportunities presented to them to affirm the resilience of the child. For example, one of the paediatricians described how, in conducting the medical examination, he gave a powerful affirmation to the child and the parent about the wholeness and integrity of the child’s genitals and body, which can be seen as a metaphor for the wholeness and integrity of the child. This was in contrast to other practices described, which were aimed at trying to extract a disclosure from a reluctant child by making observations, true or otherwise, such as “Oh, it looks like something has happened down here”, and which may send a message of damage to both the child and the parent.
Some parents tended to attribute any problems of their child to sexual abuse. In a surprising number of the families in this study there were other stresses occurring in the lives of the children - the death of a grandparent, the unemployment of a father, a serious life threatening illness in a parent, parental marital conflict, relocation, changing schools and so on. All of these are likely to be significant stressors in the lives of the children, yet parents and professionals were inclined to minimise them and emphasise the sexual abuse, perhaps because of the specific focus of the counselling service. There was one case in which it appeared as if the mother was attributing quite normal behaviour in her child to sexual abuse for which there was no evidence.

Mimi

Mimi, aged 15 months, was brought to the hospital by her young single mother for examination for suspected sexual abuse. Three paediatricians diagnosed normal nappy rash which the mother saw as evidence that the child’s father had sexually abused Mimi during weekend access. In the follow up home interview, the mother, who had a very extensive history of sexual abuse herself as a child and adolescent, said that one of the other things which made her believe that Mimi was being sexually abused was the recent emergence of defiance and tantrums when her daughter became frustrated. The behaviour she described - reluctance to have her nappy changed and screaming if she couldn’t get what she wanted, appeared very normal for a toddler this age but were construed by the mother as symptoms of sexual abuse. She examined the child’s genitals closely after each access visit and had taken Mimi to several doctors. It is possible that if this continued, it could pose a threat to Mimi’s normal psycho-sexual development.

In five of the eight families in which the presenting problem was sexual abuse, parents (four mothers and one father) spontaneously reported having been sexually abused as children. As parents were not asked directly about this, it is possible that the actual number is higher. They showed a variety of reactions: believing that sexual abuse could not have occurred because they would know if it had happened (Catherine’s mother); strongly identifying with the vulnerability of their sexually abused child and becoming alienated from their other children (Nora’s mother); fearing that their child would experience psycho-sexual problems as an adult, like they had experienced themselves (Donald’s father and Tina’s mother); and seeing sexual abuse where there was no evidence of such and needing to protect their child as a way of possibly compensating for having felt unprotected by their own mother as a child (Mimi’s mother).
4.6.3.3 Impact on Social Network

Parents also discussed how the sexual abuse of their child had affected the way they saw their community and their relationships with their extended family and social network. The world was now seen as a dangerous place by most parents, and there was a pervasive distrust of other adults. Some parents spoke of how they no longer allowed anyone else to look after their children, despite their need for time together as a couple.

Some parents also felt that their standing in the community had been irretrievably damaged. With the exception of the mother whose social network was restricted to the drug subculture and who appeared unaffected by the wider community norms, all the families who had been the subject of child protection investigation felt some degree of stigmatisation as a result of this process. This occurred even when their child protection worker had been able to successfully engage them. It was as if the child protection agency itself represented the society at large and their involvement implied that they had failed as parents. This stigmatisation was exacerbated if knowledge of the investigation became known in the local community.

Lula

Lula’s mother recalled the intense public humiliation and shock of being interviewed by uniformed police in front of other parents in the hospital in which Lula was a patient. The father spoke at length of his deep desire to “clear their name”, and the mother expressed the embarrassment she felt at the creche Lula attended, knowing that the staff were all aware that Lula had been abused and that they probably thought that she was responsible.

Catherine and Susan

The knowledge of the investigation and the suspicion that the father was responsible for sexually abusing Catherine quickly spread to the community associated with the foster care program and throughout the kindergarten community. The parents were angry about this breach of confidentiality and found the experience very humiliating. It led to an intensification of their social withdrawal which further diminished the availability of social support to this family, already geographically isolated from their extended family. The mother’s
main confidante had been the foster mother and she felt deeply betrayed by the foster mother who had conveyed to the child protection agency information which the mother had told her in confidence (for example, the Pethidine addiction).

Similar feelings of humiliation and stigmatisation in the eyes of the community were expressed by the parents who, while not experiencing the involvement of the child protection service on this occasion, felt that they had been unjustly reported and treated in the past.

**Donald**

A couple of years earlier the second youngest child had licked the outside of a bottle of eucalyptus oil with which they used to treat their greyhound’s kennel cough. While the top didn’t come off, the child’s breath smelt of eucalyptus oil and the parents had been worried so they took him to a local doctor who told them to take him to the hospital. Despite their anxiety about their previous conflict with the hospital, they had done so, only to find that the child protection service had been notified and informed by the hospital that he had “swallowed a whole bottle of eucalypt oil”. The child protection worker met them at the hospital and the doctors gave him a full medical examination, looking for bruises but discharged him home as they could find nothing wrong. The father was told by a local agency for which he was a volunteer bus driver that the child protection service had informed them that he should no longer be allowed to do this. The whole episode left them with a deep sense of injustice and public humiliation, even though they had a positive relationship with the child protection worker.

**Mimi**

Mimi’s mother described how six months earlier she had been subjected to two malicious reports to child protection services, and after the second occasion the social workers had written her a letter apologising and saying that the notification was unfounded. "The first two ladies were trying to tell me how to bring up my daughter ... they had no children of their own. The next two ladies were fantastic. They both had kids and it was a lot easier. They weren’t accusing me." She said that she suspected that the person who had made the report to the child protection service was an ex boyfriend who was trying to get back at her and that he had told the child protection service that she was an alcoholic and a drug addict. "I told
them that that’s a laugh - how could I afford to be an alcoholic when I was paying $135 per week on rent for a two bedroom unit?". She added that other complaints had been that she hit Mimi and that Mimi was always sick and only wore disposable nappies ("I didn’t have a washing machine so what did they expect me to do - hand wash them?"). She described how humiliating she had found it when she had to strip Mimi and let them examine her for bruises or marks of which none were found.

Problems also arose in relation to the families’ social network. Some parents received good support from family and friends but sometimes responses by others added to the stress of parents. For example, Nora’s mother spoke of how her side of the family adopted an attitude of not talking about it, thinking that this would ease the burden for her but it had the opposite effect. Other parents felt pressured by the reactions of others.

**Donald**

Donald’s father remarked on how unhelpful he had found exhortations to vengeance by relatives and friends. He said that talk of what he should feel and do to the offender made him feel that he was in some way a coward, and that his desire not to seek revenge was seen as indicating a lack of concern about what had happened. This seemed to add to the emasculation of this father, already engendered by his sense of failure as breadwinner and protector of his family. While others voiced their anger about the offender, they did not seem to recognise that parents had feelings other than anger and that sometimes anger was not their dominant feeling.

Parents were sometimes in a dilemma about how far others in the family should be informed, particularly if the offender was known to them and might have access to their children. In some cases in which the offender was a close relative, the resulting divisions in the family were deeply painful and showed little sign of being resolved. Parents felt that they were seen by other family members as having betrayed the family by not attempting to deal with the problem internally. In some families this was not overtly expressed. Anita’s mother felt that her siblings knew the whereabouts of their father but were withholding this from her because they didn’t want her to inform the police. In one case in which there were pre-existing conflicts along kinship lines, the tensions were greatly exacerbated, with those closely related to the perpetrator being the object of displaced hostility. Sometimes the service system seemed to exacerbate the situation.
Nora

In order to be better prepared for the repercussions of the disclosure of sexual abuse by a relative, Nora’s father said of the social workers “I would have liked them to say to me ‘this is an enormous responsibility to take hold of and you must do it and believe her but the hardest part of it all will be dealing with your family. They’ll try and get at you. They are not going to believe you - you will have to set up a vendetta against one of the family and you are going to be isolated’”. Nora’s mother described with intense emotion how she continued to feel rejected by her husband’s family and how she still suffered from frightening dreams based on persecutory themes. The alienation of the family from the extended family, while in itself very painful, also diminished the social support that had previously been available to them in relation to the husband’s serious medical condition. The parents also described how the loss of important relationships with other members of the family had hurt all of their children, not just Nora, and the other children held Nora responsible for this, accusing her of lying about the abuse. This had the effect of intensifying the mother’s alignment with Nora to the detriment of her relationship with her other children. The response of the service system exacerbated the wider family conflicts. The mother complained of how “we were left in the dark about what was happening” by the police in relation to the criminal investigation. This was very difficult for the parents who were told not to inform anyone in the family before the police had a chance to interview the perpetrator who was a relative, and had to keep up the pretence of normal relationships. This deception added to the extended family’s sense of betrayal.

On the basis of the above it could be hypothesised:

that in the aftermath of a child being sexually abused it is possible that there will be a contamination of normal sexuality in the family in relation to the marital and parent-child sub-systems;

that parents whose children have been sexually abused are likely to harbour fears about the impact of the sexual abuse on the later sexual adjustment of their child;

that parents who were themselves sexually abused as children are likely to experience projective identification with their (allegedly) sexually abused
child and that this could lead to a range of problems in their adjustment
and that of their child;

that parents who have had involvement with the child protection system
can experience a deep sense of humiliation and stigmatisation, particularly
if there is knowledge of this in their local community; and

that parents whose children have been sexually abused can often perceive
the responses of those in their extended family and social network as
unsupportive.

4.6.4 Summary of Question 3 Findings

Parents expressed a range of responses to professional involvement in their lives. Those
whose children had received counselling at the hospital for sexual abuse were mostly
positive about this although they were generally unable to specify what is was that they
found helpful. Parents were more able to identify what they did not like about the
services they had received, although this was not expressed to the professionals.

To varying degrees, all voiced ambivalence about the power of the professionals. This
was most marked in those cases in which there had been statutory intervention, and was
particularly so in the cases in which the parents had been suspected of abusing their
children. Fear of the prospect of child protection intervention was also felt by several
parents who were not subjected to statutory investigation. In some instances this
expressed itself in their concern that they would be reported to child protection authorities
if they failed to attend counselling at the hospital. Thus while such families were not
statutory clients, in some respects they could be seen to be involuntary clients.

Parents who believed that their children had been sexually abused held fears for their long
term psycho-sexual adjustment and for their general emotional well-being. Some
attributed all the problems of their child to sexual abuse even when there were other
important sources of stress and the sexual abuse had occurred a long time ago. A few
parents were wary of counselling, fearing that it might cause further harm, while others
thought it was essential that the social workers "get it all out" by getting the children to
disclose the details of the abuse. A surprising number of parents reported being sexually
abused themselves as children. In a number of families there was evidence that normal
sexuality in the marital and/or the parent-child subsystems, had become "contaminated".
Parents reported that their relationships in the wider family and social network had been adversely affected. In cases in which parents had been suspected of abuse, this became known in the local community and resulted in the parents feeling a deep sense of humiliation and injustice. Even when this was not the case some parents reported alienation from the extended family and social network.

Few of the themes emerging from an analysis of the interviews with parents were raised in the interviews with professionals, and it appeared to the researcher that these parental perceptions were generally not apparent to the workers during the life of the case.

4.7 Conclusion

What is the “truth value” or “warranted assertability” of the findings presented in this chapter? These findings must be seen in the context of: the nature of particular cases which can occur in a small sample; the idiosyncratic features of the particular agencies and personnel involved; the formative phase of the services provided by each of the core agencies in relation to child sexual abuse; and the “turbulent field” of the child protection system during the period of this study. None of these factors imply that the findings of this study are not justified but they greatly qualify the findings. In this respect then, their “truth value” is not compromised unless claims are made for their generalisability beyond its time and place. Yet some extrapolation is necessary for the enhancement of practice.

But what about the “truth value” of the findings within the boundaries of this study’s time and place? Here questions relating to the filters of the researcher are important, filters which inevitably lead researchers to ask certain questions and give salience to certain things and not others. These filters are themselves influenced by the wider context. For example, the broader conflicts in the child protection field might have led me to be particularly sensitive to signs of inter-agency conflict. Similarly increased media attention to cases of child protection “overintervention” and the distress of parents in such cases, may have increased my sensitivity to parents’ critical comments about their experiences with the service system.

There is always the risk of researcher projection and selectivity in the collection and analysis of data of this nature. In social work research, as in social work practice, we are ultimately our own data collecting and “meaning construction” instruments. However, while researcher projection and selectivity cannot be eliminated, there is evidence which
supports the "warranted assertability" of the finding of this study. As outlined in the previous chapter, the criteria for establishing the warranted assertability of qualitative research are inherently problematic but the use of multiple verification checks establishes a greater degree of warranted assertability than would otherwise be the case. These include the use of detailed examples to illustrate the claims made, "member checks" in which the response of the research subjects to the analysis is sought, and the search for disconfirming data.

Detailed case examples have been extensively used in this chapter and they provide some opportunity for the reader to assess the analysis presented. The fieldnotes and the case narratives, are, in principle, available for secondary analysis by other researchers.

In relation to "member checks", this was not done during the process of data collection itself because this study was not designed as an action research strategy and there was a strong risk of contaminating subsequent practice by offering ongoing analysis. (However, the accuracy of the data being recorded was "checked out" with interviewees during the time of the in-depth interview). Instead, "member checks" were done at the stage of preliminary analysis when the feedback of hospital social workers and child protection practitioners to the written and verbal presentations of the findings was sought.

The practitioners were not in a position to provide a "member check" in relation to the third research question as they were not the research subjects for this question. Feedback from parents on the preliminary data analysis was not sought because of the possibility that initiating such contact (in some cases several years after the case was closed) was potentially very intrusive. This is another illustration of how in practice research what may be desirable from a research point of view must be balanced with what seems appropriate in relation to the needs of clients. I was not prepared to risk unearthing that which might have been in the process of being put to rest in the lives of these families. Had the research design not been longitudinal it may have been possible to have offered the parents the opportunity to come together as a group and to discuss the study's findings. The choice made was to do a longitudinal study. These are the "trade offs" made in practice research.

The "member checks" with practitioners were also affected by staff turnover. As previously stated, only two hospital social workers who had been in the unit at the commencement of data collection were still there at the time of preliminary analysis.
Although they chose to limit the feedback session to a one off occasion, the hospital social workers did not dispute the accuracy of the findings although some said that changes had occurred since the data was collected. For example, one expressed the opinion that there had been a significant improvement in their relationship with the child protection service in recent times. They were able to provide instances of recent collaboration between the hospital and the child protection service in the region which is served by the hospital. They attributed the improvement to the special funding which they had received from the child protection service to provide a service specifically for statutory sexual abuse cases. The hospital social workers said this had led to the sharing of these difficult cases which had previously been seen as the responsibility of the child protection workers. They remarked that in sharing these cases they had developed a greater understanding of the conditions under which child protection workers operated.

As only one case in this study came under this service agreement (Sunny, Fern and Sky) and these children did not receive counselling due to their mother’s resistance to this, there was little opportunity from the data generated by this study to assess the perception of an improved relationship. However, even if such an improvement has occurred it does not diminish the warranted assertability of the findings of this study in relation to the period in which the research occurred.

Another hospital social worker who had joined the unit mid-way through the study, and who had been involved in one of the cases challenged the finding that they did not attend to family variables in the assessment. As she was one of the social workers who had been observed to attend to such factors far more than her colleagues, her feedback was quite accurate in relation to the data concerning her practice, but this cannot be regarded as a disconfirmation of the general finding. One of the two long serving social workers did not dispute the analysis of proceduralised practice but saw this as a function of particular staff who had since left the unit, and claimed that things were now different. The data on which this study is based cannot be used as a basis for supporting or negating such a claim.

When the same preliminary analysis was presented to child protection workers in several regions and in the after hours service, their responses strongly endorsed the findings and they felt that the research accurately reflected their experience. The preliminary analysis was also given to senior members of the Department at both head office and regional levels, and they perceived the research to accurately describe the experience of their staff. While the feedback of those in the region most closely involved with the hospital was
included in this, on the specific question as to whether there had been a change in the quality of their relationship with the hospital in this period, there was no clear consensus. There were two reasons for this: the regional boundaries had subsequently undergone a major change; and the staff turnover in this region had remained high so that there were very few staff who had been there long enough to compare the two time periods.

In their affirmation of the analysis in relation to the variables to which they attended in assessment and the pattern of inter-agency conflict, the child protection workers emphasised their statutory role and resource constraints as the major factors shaping their model of practice. They had an "external locus of control" in relation to such factors. They also saw inter-agency conflict as a reflection of the unrealistic expectations of other agencies. They felt scapegoated by those in other agencies who did not realise that child protection workers were very limited in their capacity to provide statutory protection because the outcome was determined by legislation and the judgments were made by the Children's Court. They also described how stressful they found antagonism expressed toward them by other agencies, and some senior workers acknowledged that they had sometimes failed to give their staff adequate protection from the verbal abuse to which they were subjected.

Some child protection workers challenged some of the findings in relation to the third question. For example, they did not see most parents as perceiving their sexually abused children to be "damaged" by their experiences and felt that at times they had to confront parents very firmly about the dangers of sexual abuse. On closer examination it became clear that it was my analysis of the interviews with parents who were not involved with the child protection service (that is, they were not parents seen to be inadequately protecting their children) which was incongruent with the child protection workers' perceptions and this is understandable given the different client population to which they are exposed. "Member checks" have thus largely supported the findings of this study.

In addition to using the research subjects' feedback as one criteria for assessing the "truth value" of the findings, the data was searched for exceptions to the general pattern, and these instances have been presented. Some of these led to the modification of hypotheses (for example, the inclusion of more idiosyncratic factors of the practitioners and the case as an explanation for variations from the general pattern of findings).

The findings of an exploratory study are, by their very nature, tentative. This is especially so when the research is conducted down in what Donald Schon's describes as the
“swampy lowland where situations are confusing ‘messes’ incapable of technical solution”. But ultimately this is also true of all research, and the imperative for action requires that we cannot always wait for definitive findings to guide us. In 1965 at the Royal Society of Medicine, Sir Austin Bradford Hill remarked to the audience that “All scientific work is incomplete - whether it is observational or experimental. All scientific work is liable to be upset or modified by advancing knowledge. That does not confer upon us a freedom to ignore the knowledge we already have, or to postpone the action that it appears to demand at a given time” (Bradford Hill, 1965, p. 300).
CHAPTER 5  DISCUSSION

Chapter Outline

5.1 Introduction

5.2 Models of Practice

   5.2.1 Organisational Factors

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5.5 Reflections on Practice Research

5.1 Introduction

Considerable interpretation and assessment of the findings has already been presented in the previous chapter because in qualitative research the identification and exploration of themes emerging from a content analysis is in itself an interpretation. In this chapter the hypotheses generated by this study are restated and explored in relation to the literature, and the implications of this study for social work practice and research are identified.
5.2 Models of Practice

The hypotheses generated in relation to the first research question are that:

a service which is focussed on the very specific presenting problem of child sexual abuse is at risk of adopting a standardised model of practice in which a narrow range of factors relating to the event of abuse and the safety of the child are given salience and other psycho-social factors relevant to the well-being of the child and the family are ignored;

the interaction of a number of factors relating to the characteristics of the social workers, the degree to which they have or have not been socialised into the prevailing pattern of practice in their setting, and the characteristics of the clients (such as social class, psychological mindedness, and voluntariness) shape the variables attended to in assessment and the nature of the intervention;

there are strong organisational factors within the child protection service, including its statutory mandate and its resource constraints, which create marked pressure for efficient throughput of cases and this increases the probability of the child protection worker adopting a proceduralised model of practice;

while child protection workers attend to current situational stresses in their assessment of families it is hard for them to address these needs in their intervention, not only because of the organisational mandate and time pressures, but also because of the difficulty in engaging fearful parents and the lack of appropriate and accessible resources in the broader service system;

individual child protection workers vary in the degree to which they experience tension between the organisational and professional orientation, and some workers derive a greater sense of closure and achievement through proceduralised investigation of new cases than through work with the post-court client population which tends to induce feelings of hopelessness and aimlessness.
The proceduralisation of social work practice identified in both settings is a theme which has appeared in the social work literature on assessment. Both the hospital social workers and the child protection workers tended to utilise “non-contextual” models of assessment. This was less true of the hospital social workers in relation to suspected physical abuse cases than it was in sexual abuse cases, although given that there were only two cases of physical abuse, such a finding must be very tentative.

In relation to sexual abuse cases, the commonly observed model of practice consisted of a sequence of approximately six interviews focussed on: identifying the child’s significant others and daily routines; knowing and articulating feelings; naming body parts; distinguishing between “good” and “bad” touching; facilitating the disclosure of the details of the abuse and the feelings which are assumed to be associated with this; attributing responsibility to the offender; and developing a plan of action in the event of further abuse.

The more narrowly focussed assessment and intervention of the hospital social workers observed in sexual abuse cases may be a function of both a highly specialised “single input” service for sexual abuse, and the practitioners’ lack of a strong theoretical and practice framework which could have allowed a more contextual assessment.

The child protection workers, seeing the families in their home, were more likely than the hospital social workers to include elements of a contextual assessment in terms of current situational stresses on families. However, the family’s history was generally given little salience by either group of social workers.

This is similar to the finding of the judicial inquiry into the Cleveland cases. “It is a sad fact that in very few of the social work files of the families seen by us, was there evidence of social workers taking a full social history of the family so as to inform both their own views and more widely, those of the case conference they attended” (Butler-Sloss 1988, p.75). Similarly, there was a strong tendency among social workers in both settings to define the family as a household and not to give salience to the extended family and social network.

There are a number of possible and interrelated reasons for these findings. These can be categorised at a number of levels: the organisational setting; the individual practitioner; social work professional education; and the nature of contextual or ecological models.
5.2.1 Organisational Factors

It is to be expected that social work assessment will be highly influenced by the organisational setting.

Naturally, each setting imposes special constraints upon interventions, not only in regard to its specific purposes, but also in regard to the availability of resources. Assessments should reflect this reality, that no organization and no practitioner can do everything that a client needs or wants... the focus is filtered through the lens of the kinds of services available in a particular setting... Each field of practice, and the organizational settings that comprise them, offer particular features to guide the content themes and pace of the assessment process (Meyer, 1993, pp.68-69).

The question is, at what point does assessment and intervention become so shaped by the organisational context and/or the available resources that it is no longer recognisable as a social work assessment?

In this study the link between the observed models of practice and the organisational settings was somewhat different for the child protection service and the hospital. In relation to the child protection service, a legal mandate and pressure for efficient throughput contributed to “case processing” rather than individualised intervention in which the presenting problem is seen in relation to the family’s current context, its past and its future. This supports Meyer’s claim that “... in the last decades, social workers have been under a series of pressures to not only intervene in cases as parsimoniously as possible, but also to think as narrowly as possible” (Meyer, 1993, p.62).

In a scenario of escalating demand and the failure of resource allocation to match demand, these pressures are likely to be exacerbated, with a recent trend to stronger gatekeeping and a narrowing of the core role function of the service. In this way child welfare practice is transformed into legalistic child protection processing (Thorpe, 1994). In relation to British child protection Stevenson and Hallett (1980) have succinctly described this trend, stating that the key question in practice becomes not “How is the child?” but “Do we have a case?”. Thus assessment is based on criteria relating to the threshold for statutory intervention rather than the needs of the child and family. In a resource-scarce environment, interventions are inevitably driven by the available resources which might not be appropriate to the family’s needs.
It is therefore not surprising that under such conditions social workers' assessments come to be driven both by statutory threshold criteria and the resources which happen to be available. Even if one had the time and skill to do a psycho-social assessment of the child and the family, there might seem little point in doing so if it did not influence the intervention. The challenge is how to reverse this process at both the policy and practice levels, within an organisational context of managerialism and a broader political context which is very reactive to child abuse deaths.

The organisational factors in regard to the hospital child abuse service were quite different. While resource problems emerged as the number of referrals increased, there was also a steady increase in the number of social work positions. Moreover, while the development of a waiting list is evidence of the increasing workload pressure in the unit, the waiting list also illustrates that the hospital social workers were able to exercise greater control over the workload and the type of service they provided than child protection workers. There was little evidence in the hospital that pressures arising from resource constraints, or bureaucratically and/or legally imposed proceduralisation was responsible for the model of practice.

The differences between the two settings fit Mintzberg's (1979) differentiation of professional and machine bureaucracies, with the hospital being more of a professional bureaucracy than the child protection service, at least for those social workers in the specialised child abuse unit. The social workers in that unit enjoyed a high level of autonomy in comparison with those in most of the other hospital units. This arose not only because the unit had its own direct sources of external funding (and therefore did not have to compete for the increasingly tight internal hospital funding), but also because the unit served its own outpatient client population and was not providing an ancillary service to a medical intervention.

Paradoxically, it might be the very absence of an organisational template for practice in the hospital which, in the absence of a strong professional template, led to the creation of a self-imposed template or model of practice in child sexual abuse cases. The social workers in the unit faced the task of establishing a new service for a previously largely unserved client population of sexually abused children. Initially they adopted a model of practice which was highly focussed on "disclosure work". When the police and the child protection service assumed this role (and as the unit began to face the inherent problems of adopting such a role without a legal mandate), practice evolved in the direction described in this study.
This is not to suggest that organisational factors did not influence the model of practice adopted by the hospital social workers, but that the organisational factors were not primarily those of resource constraints and the legal system. Instead, the organisational factors shaping the hospital social workers’ model of practice related to the way in which hospital services were structured. For example, as a centralised institution with a traditional appointment-based outpatient structure, it is not surprising that the model developed for the treatment of child sexual abuse should adopt this form of service delivery rather than another (for example, an informal, community based “drop in” service or a home-based service).

The physical constraints of the setting also affected the assessment model - some things cannot be seen in a hospital (such as the family’s natural environment), while others (such as a child’s injuries or distress, or the compliance of parents with professional “prescriptions”) take up a greater proportion of the visual field. Even within these constraints, however, it would have been possible to have developed a more family and ecologically centred service. This raises the question why the hospital social workers enthusiastically embraced a model of practice such as the “Protective Behaviours” style technology for child sexual abuse cases.

Although in the research interviews the social workers did not reflect upon their model of practice, there were comments such as “It was nice to end on a Protective Behaviours note”, which gave some clue as to its attraction. Such a model of practice could be seen to have several features which would have made it attractive in this setting. One, its primary goal was the safety of the child and this was congruent with the existing philosophy of the unit and the hospital. Two, its psycho-educational and child empowerment dimensions were congruent with the unit’s and the social workers’ philosophical orientation. Three, it provided a relatively short-term intervention with “step by step” guidelines and accompanying aids which social workers could implement relatively easily. Four, it was a model of practice which did not require social workers to work with perpetrators. (Social workers in the unit expressed apprehension about the possibility of working with perpetrators and seemed relieved that the terms of the program’s funding did not permit this in any case).

Kaufman’s earlier research in the same hospital found that physical abuse cases “were generally perceived by professionals ... as a duty rather than as a source of satisfaction, being inherently distressing, complex and sensitive” (Kaufman, 1986, p.486), and that “satisfactions tended to be related to the acquisition of skills...” (Kaufman, 1986, p.498).
The model of practice adopted for working with child sexual abuse cases did not have such dissatisfactions, and provided the opportunity for skill acquisition. At an organisational and professional level, it could also be argued that another of the advantages of this model of practice was that it was not already “owned” by any other professional group. This is important in a hospital setting in which exclusive ownership of a particular technology of intervention, and competition for professional status, are marked (and where some instruments of technologies such as the doctor’s stethoscope are highly visible symbols of professional identity and status).

For a profession like social work which has often been preoccupied with issues relating to its identity and status, and the low visibility of its technology, such a model of practice might have been particularly attractive. It also provided the status of “therapy”, which, within the social work profession in the hospital, had previously been the exclusive preserve of the psychiatric social workers who were seen as an elite. The increasing recognition of the problem of child sexual abuse, and the availability of external funds to provide a service to this client population, can thus be seen to have created an opportunity for a new area of specialisation in which social workers could stake a strong claim.

There was also external pressure for a service to be created quickly for this new client population which had become politically important and had attracted government funding. There was increasing expectation from other services that a “therapeutic” type of service be provided to sexually abused children. The professional literature which was available at the time emphasised the use of play therapy techniques and anatomically correct dolls, and these were very effective in engaging children and helping them to communicate. Such techniques have the potential to be very useful tools within a framework of psycho-social assessment and intervention. The critique of the Protective Behaviours model of practice which has been advanced in this study, is not based on a rejection of the techniques as such, but on their lack of integration into a broader psycho-social and family centred framework of assessment and intervention.

### 5.2.2 Practitioner Factors

Although the study did not systematically investigate variations in the models of practice of different practitioners within each setting, it was evident that the practice within each setting was not uniform. While the characteristics of the cases are an important part of this equation, it is also very likely that individual practitioner factors are an important part
of the equation. Some practitioners seemed more predisposed than others to adopt a predetermined set of sequential steps rather than an individualised response to each case. A range of practitioner factors, including personality, age, training, previous professional experience, and familiarity with children and family life are likely to play a part.

The uncertainty and anxiety which can be evoked in the social worker by the inherent complexity of social casework, might increase the attraction of a predetermined response, particularly for practitioners with less experience. A predetermined model with its built-in case closure can also provide workers with a possibly illusory, but nonetheless comforting, sense of their efficacy. The narrowing of the assessment and intervention to a small range of manageable variables might therefore be seen as the “defence of simplification” in the face of complex cases which defy simple solutions.

This interpretation is congruent with the observation of Meyer (1993) that “these extraordinary demands often induce social workers to withdraw to islands of safety, to locations where they seek easier cases that are more responsive to familiar helping measures, and are less crisis-ridden and intractable ... the consequences are a more limited specialization, a narrower focus in assessment, and a cautious selectivity in the choice of clients” (Meyer, 1993, p.7).

One strategy might be for agencies to adopt and perhaps even “proceduralise” the use of diagrammatic tools such as the ecomap and social network maps. Such tools, particularly if they were structured into the face-sheet of a file, could act as a trigger to workers in data collection which might broaden the range of variables to which they attended in assessment and intervention. In the field of rapidly developing computerised client information systems, such graphics could be very easily incorporated.

5.2.3 Professional Factors

While deskillling can occur as a result of organisational socialisation, professional socialisation might have inadequately equipped the practitioners with the necessary knowledge and skills. If so, it is unreasonable to expect social workers to practise differently. The findings of this study give raise a number of questions central to social work education.
How might students best learn how to grapple with the inherent uncertainty and complexity of social work practice so that they are more able to resist the temptation to adopt procedurally modelled practice? Has practice tended to be taught in the classroom in such a way that organisational factors are disregarded (Weissman, Epstein & Savage, 1983), leaving new graduates less able to recognise and resist the processes of organisational socialisation? How might the complexity of the intra- and inter-organisational dimensions of practice be better addressed in classroom teaching (for example, through the use of case simulation techniques which highlight differences in agencies’ responses to the same case)?

Has practice tended to be taught in the field in such a way that organisational factors are accepted as givens and internalised by the student? If so, which models of field education (for example, “concurrent” versus “block” placements, or the type of academic-field liaison provided) are better at developing the ability of students to practise in a way which resists procedurally and maximises the potential for individualised practice within the constraints of the agency setting? While these are not new questions, there is still relatively little research in this area to inform social work educators.

It is not simply a matter of the quality of practice teaching. There are major problems in the structure of social work education as it currently exists in Australia. The limitations of the generalist BSW have arisen in part from the broadening of the domain of social work practice, and hence social work education, to encompass areas such as community development, policy analysis, human service management and program evaluation. The mission of social work, be it framed in terms of the centrality of the “person-situation” as the unit of attention, the commitment to going from practice to policy or from “case to cause” requires that professional education be broad. The proliferation of new issues and “fields” (for example, HIV/AIDS, multiculturalism, feminist services, drug rehabilitation) for which it is necessary to prepare the new graduate, makes it increasingly broader.

Yet the increasing breadth of social work education has led to the overcrowding of the professional curriculum at the qualifying level, and at times, the sacrificing of depth for breadth. Social work courses have not been lengthened to accommodate all of the essential components of a professional education, and what were once largely social casework courses, are now courses in which direct practice can end up receiving significantly less attention in the classroom and the field. As most social work graduates find employment in direct practice positions, they can leave their social work training inadequately equipped to provide an individualised social work service.
This is particularly likely to occur in the “two plus two” model of social work education, common in Australia, in which the two year Bachelor of Social Work is undertaken after a minimum of two years in a three year behavioural sciences or social sciences first degree. At the post-qualifying level there are limited opportunities for further professional development, especially in direct practice. Australian social work is still at an early stage in the development of a culture of professional improvement and there is no widespread expectation of continuing professional education. There is a lack of a coherent strategy within and between the profession and academia.

The MSW programs in social work are either research degrees or course work degrees which are generally oriented to middle management with relatively little direct practice content. Moreover, in Australia there is no tradition of post-qualifying professional accreditation (such as membership of the Academy of Certified Social Workers in the United States). Nor is there a post-qualifying award in the specialised area of clinical social work, and even the term “clinical social work” is foreign in Australia.

Social workers in clinical practice who proceed to formal post-qualifying professional courses have tended to seek this in non-social work specialisations such as psychotherapy or family therapy. While this has the potential to add depth to the breadth of their prior social work education, there is the danger that such training can become a form of professional resocialisation which casts off social work knowledge and identity. It is easy for the social work profession’s ecological orientation, to be eclipsed by the specific theory and technique focus of the new discipline.

In the absence of post-qualifying professional development and accreditation opportunities, most social workers receive little professional development other than that which is provided in their agency through inservice training and supervision. Inservice training tends to be organisationally oriented rather than focussed on extending a professional knowledge base. For example, inservice education for child protection workers at both the induction and continuing staff development levels has tended to be somewhat narrow, largely focussing on identification of abuse and legal procedures rather than clinical skills. This is similar to that provided to British child protection workers. Referring to advanced training in the area of child sexual abuse, O’Hagan (1989) makes the following analysis and recommendations.

There are therefore two principal “reversing” goals to be sought in relevant literature and effective training for child sexual-abuse work: first, social workers
will have to accept that, for far too long now, they have been encouraged to focus entirely upon the problems and symptoms of the sexually abused child as a convenient diversion from the task of learning about and learning to cope with the social and family life of that child, particularly with what is felt to be the revolting perpetrator of the abuse. Child sexual-abuse training for social workers in particular must therefore be family and community oriented. Second, literature and training must repeatedly demonstrate that many of the advances already made in working with the victims in isolation from their family and social contexts do not constitute an effective treatment programme (O’Hagan, 1989, p.15).

It is through supervision that practitioners receive ongoing and case-focussed training. While supervisors in both Victorian hospitals and the child protection service have more years of experience than their supervisees, they do not have greater training or qualifications (Scott & Farrow, 1993). Moreover, in the Victorian statutory child protection service approximately 60% of the staff at the direct service and supervisory levels do not have social work qualifications (Markiewicz, 1995), and this applies to the supervisor level as well as the base-grade child protection workers. While there have been significant improvements in recent years in the opportunities for supervision training, the quality of supervision remains a critical issue and supervisory skills are of little value if they are not built upon a solid professional base.

Even well qualified and skilful supervisors face extraordinary challenges in educating and supporting their staff, and they are often unsupported themselves. They must not only grapple with the normal “middle management bind” (pressures from above and below) which exists in all organisations, but also with the tensions which arise between organisational and professional goals and imperatives. In this regard the supervisor can be seen as both an agent of organisational socialisation and an agent of professional socialisation, as he or she supports the supervisee in the delivery of an efficient service and a high quality professional service within the constraints of the agency’s resources and mandate. It is therefore essential that supervisors be given adequate training and support to equip them to perform their difficult and pivotal role.

5.2.4 The Ecological Model - Limitations and Opportunities

The study raises questions about the adequacy and viability of a contextually oriented model of practice such as the ecological or ecosystems model. As a framework for
practice such models are far stronger in terms of their descriptive theory than in their prescriptive theory, giving rise more readily to analysis than action. Yet assessment is not an end in itself. It is a means to an end and practitioners are required to act. In so far as these models offer directions for intervention, they are at a very general level and do not provide guidelines for dealing with specific types of problems. This is not necessarily a criticism of such models, for by their nature, they reject the notion of predetermined interventions for specific types of presenting problems, seeing the context specific aspects of the case, and not the classification of the presenting problem, as determining the appropriate interventive response.

Such models leave practitioners with a cognitive schema or mental model which is akin to a sketch or an outline of a structure done in broad brush strokes but with little fine detail filling the interior. The breadth and depth of knowledge, the professional expertise and judgment, and the time required to base intervention on an individualised assessment of case specific contexts, is a tall order. When practice occurs under unfavourable organisational conditions it is an even taller order.

Yet it is essential that we meet the challenge of an ecological model of practice and do not merely give in to the temptation to adopt a proceduralised model of practice. As this study has demonstrated, ostensibly similar events can have dramatically different meanings and consequences for different people and different families. The cases in this study indicate that a more contextual perspective in assessment is important if the meaning and impact of alleged child abuse on the child and the family is to be understood.

Whittaker, Schinke and Gilchrist (1987), in advocating an ecological paradigm in child and family services, recognise the challenge of operationalising such a perspective.

How does one move from the necessarily general formulation of an ecological paradigm with its emphasis on reciprocal person-environment interaction to the particulars of designing service programs for children, youths and families with identified problems? (Whittaker, Schinke & Gilchrist, 1987, p.492).

In response to their own question, they emphasise dual-focused interventions aimed at both increasing social support and skill acquisition as the defining features of ecologically oriented practice.
While a social worker operating from an ecological model of practice would not have ready made solutions to the problems associated with a case in which the presenting problem was suspected child abuse, there are a number of specific questions arising from this study which could provide practitioners with a broader yet focussed framework of assessment and intervention.

What might be the meaning of the abuse to the child and to other family members, and what was, and is, the significance of the relationship between the alleged perpetrator and the child and other family members?

What might be the pre-existing and concurrent stressors operating in the context of the family and other microsystems (for example, the child’s school, parental workplace, social network, neighbourhood)?

What factors within the child, the family and the social context, could have made him or her vulnerable to being abused, and how might such factors be addressed?

Who are the significant figures (for example, members of the extended family and social network as well as other service providers) in the life of this family and how might they be mobilised in the intervention?

How might possible interventions affect the child and the family for better and for worse (for example, what are the iatrogenic risks as well as the desired outcomes associated with different intervention strategies)?

Practice which is more focussed on such questions could lead to interventions of a different nature from those generally observed in this study. Evaluating whether this is so is a challenge for future practice research in this field.

5.3 Inter-agency Interaction

The hypotheses generated in relation to the second research question in this study are that:

the interaction between agencies whose core role is related to child protection and agencies whose core role is not related to child protection, will be constrained by practitioners in the former not recognising the
significance of the latter in the life of the family, by practitioners in the latter being unable or unwilling to become too closely associated with the potentially intrusive interventions of child protection services, and by parents themselves setting boundaries around inter-agency communication;

the greater the degree of role overlap, the greater the chance of inter-agency conflict, especially when agencies are required to work closely together and there are significant differences in beliefs about process or technology;

cases in which professionals feel particularly frustrated about their ability to protect vulnerable children from further abuse are likely to be characterised by greater inter-agency conflict and the displacement of frustration on to personnel in the other agencies; and

inter-organisational conflicts in the service delivery domain will tend to mirror, and be mirrored by, conflicts between the same organisations in the management and policy domains.

Other ideas advanced, such as group cohesion being enhanced by the common enemy are supported by observations made by Dingwall (1977b) who has argued that the sharing of “atrocities stories” serves a self-enhancing function among professional groups, especially in situations in which they are competing with other professions. This could equally apply to members of the same profession who are employed in different organisations. In this study accounts of the mistakes of the other agencies were exchanged informally among staff, and these were also transmitted to new members of staff.

The findings relating to organisational socialisation are congruent with the growing body of literature on organisational culture and the processes of acculturation into the organisation. However, despite the current popularity of the concept of organisational culture in the broader society (now advanced to explain problems ranging from police violence to the collapse of banking institutions), it is important not to see differences between organisations as merely reflections of different organisational cultures. Rather, it might be that organisational and professional culture follow function. For example, in light of the phasing out of dual track system in the Victorian child protection system, might we be witnessing a “welfare based child protection service” increasingly adopting
decision making in relation to the threshold for statutory intervention which is more reminiscent of a police than a welfare model of practice?

The hypothesis relating to the displacement of practitioners' frustrations on to other organisations, has not been subjected to prior research and is inherently less falsifiable than some of the other hypotheses. However, it does receive some illumination and support from a recent study which reported unexpected results in the responses of different professions to case vignettes of child sexual abuse. In trying to explain results which were contrary to occupational stereotypes the researchers concluded that "It may be that for the child welfare workers vis a vis the court, just as for mental health workers vis a vis therapy, repeated exposure to demanding, less-than-successful procedures breeds doubt, and procedures on the other side of the professional fence look brighter" (Wilk & McCarthy, 1986, p.25).

Practitioners may thus come to adopt an external locus of control, seeing the other organisations as being more able to determine the outcome and in a greater position to protect the child than their own organisation. When confronted with cases in which the child is left unsafe (for example where the perpetrator is unknown or the child is returned to the situation in which it is believed the abuse occurred) holding the other agency responsible for the failure to protect the child may also serve a psychological protective function. Propositions which draw upon psychodynamic concepts such as defence mechanisms have very low falsifiability and thus cannot readily be subjected to empirical investigation. Despite their low falsifiability, such concepts may have high explanatory power and are worthy of consideration.

The hypotheses relating to the "mirroring" of micro and macro level inter-agency tensions, requires further research. Previous research has tended to explore tensions at the micro level or at the macro level but have not examined both at the same time and how they might interact. One direction which further research could take is to examine the way in which different organisations transmit the inter-agency tensions experienced at one level of the organisation to another level of the organisation. For example, organisational domain theory which is based on the idea that organisations are comprised of three domains - the management domain, the policy domain, and the service domain (Kouzes and Micro, 1979), could provide a useful direction for further research. How might inter-agency tensions experienced in the service domains of two or more organisations become transmitted to their management domains or policy domains, and how might this then be expressed in inter-agency interaction at these levels, or vice versa?
At the same time, it is important not to pathologise all inter-agency conflict. Assael, in his classic research on interorganizational relations, argues for the normalisation of conflict. "Conflict between organizations is an inevitable growth of functional interdependence and the scarcity of resources" (Assael, 1969, p.573). Assael distinguishes between constructive and destructive conflict, having found that constructive conflict was more likely to occur when: there was a critical review of past actions; there were more frequent and effective communications between disputants and the establishment of outlets to express grievances; there was a more equitable distribution of system resources; when there was a standardisation of modes of conflict resolution; and when a balance of power existed within the system. Few of these conditions are present in the current Victorian child welfare system yet some of them might be possible to establish (for example, at a regional level it might be possible to develop mechanisms for the review of past actions, improved communication and the resolution of grievances).

Joint training, for example between police and child protection workers has frequently been recommended as a way of facilitating greater mutual understanding. Inter-agency collaboration can also be a focus of training in itself. It is likely that this would be more effective when delivered at a regional service network level with staff from different professions and agencies.

It has been argued by some that a certain level of inter-agency tensions in child protection systems might even be functional. "An element of disagreement resulting from different organisational or occupational perspectives can be a useful safeguard against over-enthusiastic intervention. On the other hand, if disagreements are too extensive they can paralyse the child care system" (Fox & Dingwall, 1985, p.469). Some have gone even further. Teram (1991), drawing upon the Canadian intellectual disability field, argues that close interdisciplinary collaboration and a high level of agency interdependency can generate increased opportunities for unwarranted client control, with one agency applying sanctions on clients on behalf of the other.

Sampson (1989), writing on police-social work relations in Britain, echoes this view. "Consensus is not necessarily 'a good thing', and it is arguable that a certain level of conflict between police and social workers may actually be healthy. It is hard to believe that clients' interests may be better served and their civil liberties better protected when there is an informal (and therefore unaccountable) exchange of information between police and social workers. Neither should it be assumed that consensus between the agencies will necessarily provide clients with a better service" (Sampson, 1989, p.85).
While a certain level of conflict might be both necessary and inevitable, it can also contribute to a heightened stress for practitioners in organisations which tend to be the object of others’ criticisms. An interesting finding from a related study on Melbourne child protection case conferences (Scott, Lindsay & Jackson, in press) was the high level of anxiety which existed among child protection workers about the possibility of conflict. The workers equated effective case conferences with those in which there was a low level of conflict and where the outcome was predictable. Conversely ineffective case conferences were perceived as those with a high level of conflict and unpredictability. Logically of course, conflict and unpredictability can occur in effective case conferences and they can be absent in ineffective case conferences, but the fear of conflict can end up driving the practice. It may also add to poor morale and job dissatisfaction and be a contributing factor to high staff turnover.

That inter-organisational conflict should be seen as inherently negative and something to be avoided is understandable. A common way of dealing with this is to adopt a strategy of conflict avoidance (Johnson & Tjosvold, 1989) but such a strategy has its costs. Recognising that the sources of inter-agency conflict are more likely to be structural than interpersonal might in itself help practitioners to depersonalise the conflict and open up the potential for resolution. Bisno (1988) argues that conflict cannot and should not be avoided. “If human service workers are to fulfil the full range of their professional responsibilities and functions, the willingness to engage in conflict transactions is essential ... conflicts are an integral part of the functions of the human service worker because differences of interest and commitment are virtually built into the job specification, so to speak” (Bisno, 1988, p.12).

This would appear to be particularly so in the child protection field which is characterised by a high level of worker anxiety about the possibility of further abuse, inadequate resources, and at times a sense of despair about the potential to change both families and the wider social system. While it would be simplistic to assume that a "win, win" outcome is possible in many child protection cases, training in the use of problem-solving conflict resolution skills and the acknowledgment of the different interests of the various stakeholders, could be valuable strategies in reducing the level of employee anxiety and stress about conflict (Fisher & Ury, 1981). It is surprising that conflict management receives relatively little attention in most professional training. While it may not be possible or even desirable to eliminate inter-organisational conflict, this study would indicate that there is a need to reduce unnecessary conflict and to improve the way in which practitioners manage conflict.
Some of the obstacles to better inter-agency interaction are embedded within fundamental features of our service system. For example, mandatory reporting which was established in the wake of a high level of politicisation of child abuse, has led to an escalation of child abuse notifications in Victoria and is leading to a system overload (Scott, 1995 - see Appendix B), as has happened in the United States. While the number of child abuse notifications has increased by 52% in the year following the introduction of mandatory reporting, the proportion of notifications substantiated as abuse cases has fallen to 22% (Health & Community Services, 1995).

Not only does this indicate that there may be an increasing level of unwarranted State intrusion occurring in the lives of many families, but child protection investigation is consuming an increasing proportion of the child welfare budget. Despite massive injections of additional funding into the child protection service, it has not been able to keep up with the increased demand. To fund more investigation, resources allocated to primary and secondary prevention services have been reduced. We are therefore in danger of creating a child welfare system which is akin to a health system which opens more infectious diseases hospitals as it reduces its immunisation programs.

Perhaps the service system will have to reach a point of crisis before governments are willing to examine alternatives to the increasingly legalistic child protection systems which have developed throughout the English-speaking world. Such alternatives include the Confidential Doctor Program of the Netherlands and Belgium. This government-funded but independent and well-respected service stands between the community and the statutory authorities and responds to the vast majority of child abuse cases with no recourse to legal authority, assisting families directly or linking them to other services which can assist them (Marneffe, 1992). Such a service diminishes (but does not necessarily eliminate), parental fears of authority and control, and may enable more effective engagement of families.

The deep ambivalence to child protection agencies in the community, reinforced by media coverage which is simultaneously scathing of both under-intervention and over-intervention, highlights the two deeply held values which are at stake - the protection of vulnerable children and the privacy of the family. Any child protection system which exists in a society that holds dear both these values, wields a double edged sword and will be open to criticism, but systems which are seen to blatantly intrude on the privacy of the family will be more vulnerable to such a critique. Systems which do this less blatantly can still be criticised in terms of their social control function. Polsky (1991) has analysed
what he calls “the rise of the therapeutic state” in the United States and is critical of “therapy” in many social welfare programs. Polsky claims that we look to public human services to deal with forms of distress that arouse our compassion by altering forms of behavior that unnerve us ... [and when] we are at a loss for other policies to address the situation. We therefore invite public authority to probe the inner recesses of people’s lives. But we also appreciate that a society can limit the power of the state only by insisting that it respect the sovereignty of the individual mind and personality ... there must be settings beyond the reach of public authority in which citizens can express themselves and discover their shared concerns. Privacy and autonomy however, are routinely violated by social personnel (Polsky, 1991, p.7).

Although the notion of imposing normative judgments and exercising social control has aroused deep ambivalence in some social work circles, there is nothing inherently wrong with social work exercising a social control function on behalf of the wider community as long as this is done in a way which meets certain conditions. These conditions include: acknowledging that this is what we are doing; performing the social control role in a professionally ethical manner; and, perhaps most difficult of all, demonstrating that the violation of individual privacy and autonomy which this inevitably entails, results in significant gains which could not be achieved otherwise. The latter is a challenge for future practice research.

Inter-organisational problems are also a function of the organisational structures which deliver services. Bureaucratic organisational structures face inherent challenges in delivering “personal social services” to families, entities so complex that they cannot be processed along an organisational assembly line (Tierney, 1985). When practice becomes “organisationally driven”, integrated service delivery becomes more difficult as each organisation’s assembly line cuts across those of others. This, and categorical funding for “single input services”, can lead to services adopting a narrow focus, thus fragmenting families and individuals into their component parts. This is reflected in the findings of this study.

It is paradoxical that rhetoric about “a seamless web of services” should emerge in Victoria at the very time when the service system is increasingly characterised by fragmentation by a multitude of single input services based on categorical funding. In many cases, the so-called seamless web ends up needing quite a few stitches to hold it
together, and the more bits of cloth, the more stitches required, the easier the garment tears apart. Moreover, when there is a proliferation of services, without a parsimonious and purposeful understanding of assessment and intervention, there is a risk that an ecosystemic assessment could prompt the worker to identify many "problems" and discrete "solutions".

The challenge in child welfare is to prevent the unnecessary involvement of single input services, and to co-ordinate those services that are necessary in the most effective manner possible. Research of the type in this study may not provide the best research strategy for facilitating more effective inter-agency collaboration. Such studies could even add fuel to smouldering inter-agency tensions and reinforce perceptions that such conflicts are not amenable to change.

The sort of research which could provide a better opportunity for moving forward might be that which deliberately seeks purposively-selected examples of effective collaboration between agencies. For example, in regard to the interaction between police and the child protection service in Victoria, it is widely believed that in some regions (particularly those in rural areas) there is less conflict and more collaboration than elsewhere, but it is not known why this is so.

Similarly, it might be possible to study spontaneously occurring improvements in inter-agency interaction. For example, the social workers in the hospital child abuse unit in this study have expressed the view that there has been a significant improvement in their relationship with the child protection service in the region which they are funded to serve. It would be interesting to explore this view in greater depth in a follow-up study. In the child protection field generally we know far more about our failures than we do about our successes. If we can describe "best practice" and, for example, identify the "therapeutic ingredients" and pre-conditions of more effective collaboration, we will be in a much better position to know what it is we should be trying to replicate.

If we are to move toward more effective collaboration, we will need to assess what conflict is beyond our capacity to change, and what conflict is within our capacity to change. In the end, we will need to choose what we do about that conflict over which we have some control. In the words of Lyon and Kouloumpos-Lenares (1987) who describe a hard but fruitful three year process of thrashing out differences to create an effective inter-agency child sexual abuse team:
Although specialised interagency treatment teams potentially provide the best response to problems in collaboration ... they do not guarantee solutions. Developing the trust and reciprocity required to work effectively takes time, patience, and consistent effort. The prevalence and seriousness of child sexual abuse require that such efforts be pursued (Lyon & Koulourmpos-Lenares, 1987, p.526).

5.4 Parental Experiences and Perceptions

For a profession which prides itself on being client centred, it is surprising that the voice of clients has been made so inaudible in much of our research. While the voices of children have not been heard in a direct way in this study, the voices of their parents have. What they have said about the aspects of the services they appreciate, their perceptions of trust and power in the professional relationship, and the enduring effects of allegations of and actual experiences of abuse on themselves and their families, needs to be heard by practitioners.

It is not only practitioners who need to hear it. The now classic study by Mayer and Timms (1970), “The Client Speaks” opened with a passage which is just as pertinent a generation later. “If administrators and policy makers are to deploy existing social work resources effectively, they will need to know at least something about the responses and reactions of those they are trying to help, specifically the manner in which the services offered are appraised” (Mayer & Timms, 1970, p.2).

The parental perceptions and the practice described in this study might not be not be typical of more recent practice in the services involved in this research or typical of practice in other settings. Nevertheless, the themes emerging from the parental interviews could be of use to services in examining their practice, as this study highlights how practitioners are sometimes unaware of their clients’ perceptions of the services they are receiving.

In the words of Maluccio (1979) we need to know more about “What are the clients satisfied (or dissatisfied) with? What do they get out of their interaction with the worker? How do the views of the client compare with those of practitioners?” (Maluccio, 1979, p. 394).
The hypotheses generated by this study are that:

parents will commonly experience fear about the possibility of child protection intervention in their contact with professionals providing medical or counselling services and that these professionals are often unaware of and unable to address this fear;

in the aftermath of a child being sexually abused it is possible that there will be a contamination of normal sexuality in the family in relation to the marital and parent-child sub-systems;

parents whose children have been sexually abused are likely to harbour fears about the impact of the sexual abuse on the later sexual adjustment of their child;

parents who were themselves sexually abused as children are likely to experience additional difficulties in response to their (allegedly) sexually abused child;

parents who have had involvement with the child protection system can experience a deep sense of humiliation and stigmatisation, particularly if there is knowledge of this in their local community; and

and parents whose children have been sexually abused can often perceive the responses of those in their extended family and social network as unsupportive.

Some of these hypotheses are supported by a major review of a number of recent British studies on parents' views of statutory child protection services found very similar results. What parents appreciated was honesty, naturalness and reliability in their child protection worker, along with an ability to listen. They liked to be kept informed, have their feelings and the stress of parenthood acknowledged by the worker and to receive practical help as well as moral support. The social workers whom they valued were those with a capacity to help parents retain their role as responsible, authority figures in relation to their children and to involve parents in the processes of removal and home release. The review concluded that when these qualities were present, social work help was highly valued (Department of Health and Social Services, 1986).
In relation to parents whose children have been sexually abused, there is now a considerable research literature but it is almost exclusively focused on the mothers whose children were sexually abused by fathers or stepfathers. This is a different situation from those encountered by the families in this study. Moreover, some of the findings of this study, such as those relating to contamination of normal sexuality in the family, have not been the subject of previous research, so it is difficult to compare the findings of this study with the research literature in relation to these hypotheses.

One of the other issues highlighted by this study is how non-statutory agencies such as hospitals can be perceived by parents to wield enormous power. One of the implications of this finding is the importance of professionals recognising the implicit authority inherent in the casework relationship and addressing this directly with parents. An aspect of the service which some parents in this study found helpful, was to be involved in interviews with their child. This had the effect of not only reducing parental anxiety but also countering the tendency to usurp the parent’s role in supporting their child through a stressful experience. New ways of involving parents need to be developed. Furthermore, in the initial phase of the contact between professionals and parents, it might be useful to routinely ask parents what concerns they may have about professional intervention, and to give them an opportunity to express them and have them explored.

This study would also indicate that clarifying parents’ expectations of therapy for themselves and their children is necessary, as is an awareness of the possible ramifications and unintended consequences of interventions. Recent research has indicated that in cases of alleged child sexual abuse, social work interviews and other professional intervention may constitute significant stressors (Runyan, Hunter, Everson, Whitcomb & de Vos, 1994). Moreover, in this study there were a few instances of interventions by both child protection workers and hospital social workers which could be seen as constituting significant iatrogenic risks to the child, such as exposing children to repeated and confrontative disclosure interviews, and the rewarding of disclosures.

While there have been highly publicised criticisms of child protection practitioners and therapists in regard to their management of child sexual abuse, the role of practice research is not to attribute blame but to try to understand practitioner beliefs and the organisational conditions which give rise to such practices. For example, in the clear instance of over-intervention by statutory child protection workers in this study (the case of Sean), it is important to note that this occurred in a rural region in which it was very difficult to fill child protection positions with qualified staff. Not surprisingly unqualified
and inexperienced staff trying to cope with the demands of many cases over large distances might intervene in ways which are contrary to professional ethics which they have not had the opportunity to acquire. It is therefore understandable that simplistic recipes such as “wherever possible the perpetrator must be removed” come to determine their actions.

Professionals working in the child sexual abuse field are in a good position to intervene at an opportune time to influence how parents perceive their children and how sexually abused children perceive themselves. This is not just the task of those in counselling roles but that of other professionals as well. For example, police and medical practitioners have a special authority in our culture which gives what they say to parents and children a particular potential to help or harm.

While the research on the long term effects of childhood sexual abuse shows a correlation between abuse and a range of psycho-social problems in later life (Mullen, Romans-Clarkson, Walton, & Herbison, 1988; Strean, 1988; Finkelhor, 1987), it is possible to overestimate these risks, and give parents an overly negative prognosis. For example, although women with a history of childhood sexual abuse are overrepresented in clinical studies of women with eating disorders, sexual dysfunction, alcohol and drug problems, and some mental health problems, community studies indicate that the majority of women sexually abused as children do not develop such problems. Thus, there is little empirical basis for professionals making predictions about later adjustment in individual cases.

Parents need to be given reason for hope, not despair, if they are to effectively nurture their children. Perhaps there is a danger that in trying to increase community awareness of the seriousness of child sexual abuse, victims of abuse have become overly pathologised in their parents’ eyes. This may be reinforced by media coverage, criminal compensation procedures and victim impact statements which emphasise the degree of damage done to the victim rather than his or her resilience.

Recent research suggests that it is family environment in interaction with sexual abuse which determines the long term outcome (Jackson, Calhoun, Amick, Maddever & Habif, 1990; Alexander & Lupfer, 1987; Harter, Alexander & Neimeyer, 1988). Moreover, in an Australian study very recently published (Oates, O'Toole, Lynch, Stern & Cooney, 1994), the quality of family functioning was strongly correlated with positive outcome in children who had been sexually abused children. This finding supports the conclusion of this thesis that intervention needs to be family centred.
Much more is now known about the factors associated with stress resilience, both specifically in relation to abused children (Herrenkohl, Herrenkohl, & Egolf, 1994) and more generally in relation to children who experience other types of serious adversity, and show resilience and positive adjustment (Garnezy, 1991; Rutter, 1985; Werner, 1989). The existing research shows that attributes such as self-esteem and an internal locus of control act as strong "protective factors" in the face of trauma and adversity. Such findings have important implications for practice. Interventions which strengthen these attributes are likely to be most important for sexually abused children. This would require a broader assessment and a broader range of interventions than that evident in this study. This is an important area for future research.

This study has also highlighted the possibility that in some families in which a child has been sexually abused, there may be a contamination of normal sexuality which can impinge on the marital relationship and the parent-child relationships. While the marital relationship, and particularly its sexual dimension, is a delicate issue to explore, sensitively raising it in a way which normalises such difficulties and provides an opportunity for the issues to be aired, could be very reassuring to parents. It is likely that some couples will be unable to communicate with each other about these issues without such assistance and may feel unsure about raising it in a service which they perceive to be very child centred. Yet the preservation of a healthy marital relationship is important for the well-being of the sexually abused child, as well as the adults concerned. This is an issue which requires more attention by both practitioners and researchers.

While it was encouraging in this study to see fathers being included in the counselling service, which is still not common practice in many other child welfare services, it is not clear that the needs voiced by these men are being adequately met at present. Gender sensitivity cuts both ways. Female social workers need to consider how they can most effectively work with male clients. The findings of this study suggest that we need to be more aware of the possible threats to fathers' masculine identity which are posed by the sexual abuse of their children, and the potential ramifications of this on the father-child relationship. While there has been a lot in the research and clinical literature about the mothers of sexually abused children, fathers have been completely disregarded except as perpetrators. This may reflect a general devaluation of the role of fathers in the lives of children, the predominance of women workers in this field, and ideological influences which have led to a bias in the child sexual abuse literature toward father-daughter incest. Further attention to the role of fathers is required by both researchers and practitioners.
More research, especially that of a longitudinal nature, is also required to shed more light on how children, parents and the extended family adjust to a child being sexually abused, and what characteristics might determine the outcome. While there is some research of this nature on children which uses measures of psychological adjustment, there is a need to include parental and sibling adjustment and the ecological variables which might relate to this. Recent Australian research questions whether counselling has any impact on children’s adjustment to sexual abuse (Oates, O’Toole, Lynch, Stern & Cooney, 1994). While program evaluation poses significant methodological obstacles, such research is vital as there can be little justification in continuing to provide a service unless there is sufficient reason to believe that it is likely to helpful.

Practitioners in the field of child abuse generally, and child sexual abuse in particular, currently face new challenges resulting from the increase in societal awareness of the problem. The massive publicity given to the issue of child sexual abuse creates a dilemma for practitioners in cases in which the evidence is very ambiguous. It may not be a coincidence that the two cases in this study which most fit this description were the last two cases. That is, the passage of time from the beginning to the end of this study, a period which witnessed a marked increase in the amount of publicity about child sexual abuse, might reflect an increase in such cases presenting to counselling services. These cases present enormous challenges for professionals who do not wish to dismiss the possibility that the child might be being sexually abused, while needing to avoid reinforcing what may be irrational and harmful fears. This too is an area worthy of further research although it may be difficult for researchers and practitioners to raise such questions in the current political climate.

The findings of this study would suggest that the needs of parents of sexually abused children who have a history of childhood sexual abuse themselves, are likely to vary, and this is another area which requires more attention by researchers and clinicians. There is conflicting evidence about whether there is an over-representation of these parents among those whose children have been sexually abused, and if so, why this might be so. The research of Goddard and Hiller (1993) suggests that the high proportion of parents who were themselves sexually abused as children found in this study is not the result of a chance finding in a small sample. The in-depth interviews with such parents in this study have given some insight into what might be happening behind the numbers. It could be useful to consider routinely but sensitively inquiring of parents of sexually abused children whether something similar happened to them as a child.
However, regardless of whether they are disproportionately represented or not, that so many parents of sexually abused children have themselves been sexually abused as children means that this warrants further attention. This is only just beginning to receive the attention of researchers. The research, which has focussed on mothers, has found that those with a history of childhood sexual abuse show greater distress and a sense of aloneness in response to the sexual abuse of their child than other mothers (Deblinger, Hathaway, Lippmann & Steer, 1993; Deblinger, Stauffer & Landsberg, 1994).

Some of the findings of this study echo old and very familiar calls in child welfare: that parents must be seen as partners in assessment which is focussed on their strengths rather than their deficits (Maluccio, 1979); and that the extended family and others in the family’s environment should be tapped for their resources (Hartman, 1979).

5.5 Reflections on Practice Research

The process by which practice evolves, and the factors which lead to incremental or dramatic shifts in the way cases are managed, is itself a topic worthy of future study. The role which research might play in the evolution of practice remains unclear but the recent emphasis in the social work research literature on the utilisation of research findings (Grasso & Epstein, 1992) is an encouraging sign. In the past there has been a tendency to lament the fact that social workers do not turn to research for the answers to the problems of practice. “There is evidence that social workers value personal experience, consultation and supervision more than research findings as a source of practice knowledge” (Duehn, 1981, p.33). Rather than blaming practitioners for such a state of affairs, perhaps we need to ask why this has been so. Has the way in which research has been undertaken helped or hindered practitioners in being able to make use of research findings as a source of practice knowledge?

This question can also be asked of this study. In reflecting upon this, I wonder if my research will be perceived by some practitioners as being too critical of their practice, and that this in itself could impede the feedback loop from research to practice. This is likely to occur if practitioners feel that the research questions and design are not of their making, and that they have little collective ownership of the findings. One of the limitations of this study is that it was not undertaken in an equal partnership with practitioners. This is not to say that this research, and other research of this nature, is not valuable. It addresses important questions which some practitioners might not be
prepared to ask: how they are socialised into an organisational mindset; how clients perceive their services; or how to make sense of inter-agency conflict. One of the obstacles to a more collaborative model of practice research in this study was its focus on inter-organisational interaction - the difficulty of developing a collaborative process across the boundaries of organisations which experienced tensions with one another. It was also exacerbated by being a semi-longitudinal design, high turnover of staff from the beginning to the end of data collection, and the number of different child protection service regions involved. Perhaps research which explores conflictual contexts will inevitably be constrained in its capacity to create a collaborative process, but we need to develop more effective strategies to address these difficulties. Had the participants in the organisations in this study been seeking a resolution of conflict or had I been possible to motivate them to do so, a very different method of “mapping the conflict” may have been viable, such as an action research design within a conflict resolution framework.

This study has also explored a number of issues relating to the ethics of practice research:

Under what conditions may it be appropriate for children to be research subjects? How does one assess the potential harm which the research might pose to a child and the potential benefit which the children involved or other children might receive as a result of the research?

Can children give informed consent and if so at what age, and under what conditions can parents give consent on behalf of their children?

How might being in a crisis and/or being an “involuntary client” diminish the capacity of a person to give informed consent?

What does “informed consent” mean in relation to staff (service providers and senior management) and their employing organisations?

How intrusive are research methods such as observation and how might the professional service being delivered be affected by being observed?

How intrusive are research methods such as in depth interviewing, particularly when highly sensitive issues are involved or where there is a risk of evoking painful memories and feelings?
What are the ethical issues relating to the researcher as “whistle blower” in situations such as when a child may be at risk of being harmed or where professional malpractice is involved?

How can cases be disguised in research involving individuals who may make negative comments about one another and who may be or feel that they could be vulnerable in the event of future contact?

While this study has made a contribution to the ethics of practice research by identifying and exploring these questions, and by providing a “thick description” of how one practitioner-researcher struggled with such questions and arrived, sometimes uneasily, at decisions in relation to them, this is only a beginning. We have a long way to go in clarifying and codifying practice research ethics. Some of the ethical issues which need to be addressed are even more complex in research in which the same individual is simultaneously both practitioner and researcher, or client and research subject.

While the study has identified some of the major obstacles to implementing an ecological perspective in practice, it has also added to an understanding of this perspective in two ways. First, it has highlighted how the social worker and the agency are themselves part of the client’s ecology and how we encounter the family for only a short period in its unique history, albeit in ways that can have a major effect on the family. Perhaps a greater understanding of ourselves as part of the broader context of a family’s life may result in more effective practice which draws in significant others in a family’s life, and help us to take a longer time perspective in regard to what we hope our interventions will achieve. Second, this study has highlighted how practitioner and agencies are part of the larger exosystem and macrosystem which influence, to a very significant degree, which models of practice may be feasible.

It is to be hoped that this study has not painted too bleak a picture by portraying practitioners as passive in this process. Some practitioners in this study, even under difficult organisational conditions, did not process their clients in a standardised manner. It is therefore important to explore the factors which might be associated with non-proceduralised practice if we are to enable social work educators to assist students to resist organisational socialisation, which runs counter to professional practice. Social work practice will not be enhanced by a continual reinforcement of failure.
Too much emphasis on our shortcomings and on the constraints which organisations place on practitioners will only engender an external locus of control, in which social workers feel that they have no capacity to alter the course of events. Social workers with an external locus of control will be of little assistance to their clients, many of whom have experienced conditions which have led to them developing a sense of despair and learned helplessness. As well as being able to face our failures, we need to be able to celebrate our successes. Practice research has a part to play in such celebration.

One strategy in this regard might be to study practice in agencies which are more ideal for ecologically-oriented practice, and to assess the viability of an ecological model of practice under more favourable agency conditions before considering its transferability to other organisational forms. This is the approach adopted in the development of the highly innovative “family decision making group conferences” in Victoria which have been successful in working collaboratively with extended families in relation to child protection matters (Ban and Swain, 1994). Whittaker, Schinke and Gilchrist (1987) advocate using “the agency as research machine” to evaluate ecologically oriented interventions.

Practice is always in a process of evolution. We must keep an historical perspective in mind when we take stock of where we are in that process. It is important to remember how far we have come in the past century in the recognition of child abuse as a social problem, and in the willingness of the community to provide resources to respond to the problem. In relation to the more recently recognised problem of child sexual abuse, the imperative for service provision has tended to outstrip the development of the professional knowledge necessary to deliver effective services. As a result practice has tended to be driven more by rhetoric than rigour.

Despite the vast amount of research now available on child abuse, very little of the research to date has been relevant to enhancing the quality of service delivery. This study suggests that while we still have a long way to go, the emergence of new forms of social work research, in which questions are derived from practice, methods are adapted to practice, and the results are used for improving practice, will carry us forward.
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APPENDICES


C. Definitions of Child Abuse Adopted by the Hospital and the Child Protection Service.

D. Graph - Duration of Service Involvement.

E. Graph - Number of Observations and Research Interviews.

F. Hospital Policy Documents relating to Child Protection Unit (Philosophy, Role, Objectives of the Unit, Social Worker Grade 1 Job Description, Child Protection Social Worker Grade 1 Job Description, Assessment Section of Guidelines for Management of Suspected Maltreatment Cases).

Appendix A

Outline of Themes and Events in Media Coverage

1988 - feature article - exaggerated fear of fathers as molesters
- suspect interviewing of children leads to false positives in CSA
- death of Alicia Monks
- Death of Anthony Fulton
- exposure of inadequacies of CPS and deaths of children
- overzealous CPS intervention
- debate on Mandatory Reporting
- Cleveland experience in UK
- Judge Fogarty appointed to lead Inquiry in to the State’s CPS.
- CPS staff shortages and increasing caseload (doubled in past 3 years)
- Law Reform Commission research on CSA
- Announcement of planned Child Abuse Register
- Announcement of planned 24 hour CPS (“After Hours Service”)
- Minister responsible Race Mathews - responds to public criticism of CPS

1989 - Budget allocation to CPS announced ($7.2 million)
- Child Abuse Register (CAR) begins - 231 cases in first month
- Centres Against Sexual Assault under funded and overloaded
- Fogarty Report - “Victorian CPS is worst in Australia”
- New Minister (Peter Spyker) announces phased abolition of dual track system
- several interviews with Fogarty re report
- conservative critique of “child abuse industry”
- Police publicity re annual “Phone in” in CSA (Operation Paradox)
- “Our Children Our Shame” campaign continues - $7.2 million

1990 - dangers of paedophiles
- Office of Public Advocate criticises Police for not using Child Abuse Register
- controversial inter-country adoption/alleged history of CSA case - CPS criticised
- critique of so-called “experts” in CSA court cases
- Police publicity re Operation Paradox

1991 - Departmental Inquiry into deaths of Daniel Valerio (name not yet released)
- Departmental Inquiry into death of 11 week old baby
- Departmental Inquiry into death of 3 month old girl
- Letters to Editor re deaths of children - CPS criticised for failure to act
- Interviews with Judge Fogarty re progress of reforms
- more funding needs for sexual assault counselling services
- protest re outcome of inter-country adoption/suspected past CSA case
- New Minister (Kaye Seitches) announces introduction of Family Preservation
- criticism of NSW CPS handling of case - bias against fathers?
- Police criticise CPS for hindering investigation
- paedophiles “walk free” under Victorian legislation
- mothers need to be vigilant re incest
- child molesters go uncharged
- feature promotion of Royal Children’s Hospital doctors dealing with CSA
- CPS sponsored public survey on attitudes to CSA - most would not report incest
1992
- Professor Conte visits as guest of CPS - promotes seriousness of CSA
- PACE (People Against Child Exploitation) lobbies for harsher sentences
- reports on phasing out of dual track system
- issue of Mandatory Reporting raised
- daycare centre controversy - CSA allegations but alleged offender not charged
- CSA victim stories - adult women reflect on childhood experience of incest
- Children of God - large numbers of children from sect taken into care
- Premier’s public joke about social workers being like Rottweilers
- Publicity re public joke about social workers being like Rottweilers
- Publicity re Woody Allen and Mia Farrow - custody CSA allegations

1993
- Trial and conviction of Daniel Valerio’s stepfather for murder
- major editorials/front page stories in The Age and The Herald
- publicity re Herald sponsored public meeting - calls for mandatory reporting
- Royal Children’s Hospital and Police support for Mandatory Reporting
- Australian Medical Association critical of CPS, wary about mandatory reporting
- Bolger murder case (UK 2 year old boy murdered by 10 year old boys)
- child welfare agencies in funding crisis as budget cuts hit them
- Daniel Valerio publicity continues
- Woody Allen cleared of CSA allegations
- Father falsely accused of CSA by CPS - story of persecution and presumed guilt
- Prediction that introduction of Mandatory Reporting will lead to crisis in system
- Children of God case continues in protracted legal case
- national data on child abuse (20,000 notifications in 1991-1992 in Australia)
- victim’s story of brother-sister incest
- “system abuse” of children who drift in foster care, unable to be adopted
- survey on public attitudes to domestic violence and child sexual abuse
- report on Inquiries into Deaths - parents’ rights given too much emphasis by CPS
- Western Australia - Christian Brothers’ institutional sexual abuse of boys in past
- Federal Government’s National Strategy on Prevention of Child Abuse - publicity emphasises CSA and Protective Behaviours programs in schools
- child witness credibility in CSA - opposing views on veracity of such evidence
- cuts in State funding to NGA’s in child welfare field
- NGA press release on “neglect of neglect” by CPS and Children’s Court
- Children of God - headlines “parents cleared” - coverage sympathetic to parents
- sex murder of 6 year old girl abducted from bedroom - outrage of mother
- Parents’ Anonymous - mother confesses, non-punitive tone
- publicity of research showing under 12 months age group highest homicide risk
- NSW inquiry into paedophile rings - corruption in police force not to charge?
- Catholic priest convicted of numerous instances of past child sexual abuse
- NZ man convicted of CSA on doubtful child testimony - controversy
- Coronial Inquest into death of Daniel Valerio - extensive coverage
- NSW mother and de facto charged with murder of 6 year old son - after he had
  “sexually abused a 5 year old girl, tried to cover up murder
- “Child Abuse Timebomb” front page headlines on Fogarty’s 1993 Report - quote
  Fogarty “it is only a matter of time before some disaster occurs” and plight of
  adolescents “left out” by new Act. Editorial criticism of CPS.
- Police criticisms of delay in CPS notifying them of child abuse cases
- problem of youth homelessness - front page - CPS criticised for failure to act
- sex offender treatment programs - positive coverage of need for treatment
- controversy re Protective Behaviours programs’ efficacy with boys
- Western Region CPS - overloaded (159 % increase since Mandatory Reporting),
  industrial strife, chronic staff vacancies, excessive caseloads, front page headlines
- Minister denies crisis in CPS in western region
- Michael Jackson case - a victim of U.S. “indecent obsession” with CSA?
- UK Bolger case (two 10 year old boys murder 2 year old) - “evil” front page headlines
- female genital mutilation - case in Children’s Court
(1993 continued)

- autistic and retarded man charged with schoolyard sexual assault - highlighting police assumption of guilt and disregard of his legal rights, suffering of his family, and deinstitutionalisation of people without adequate support
- 14 month old baby killed by mother’s de facto husband in caravan
- critique of “Sexual McCarthyism” in U.S. re sexual harassment, fears re CSA
- woman sues psychiatrist for knowing of her father’s incestual abuse of her as a child and failing to act
- adult woman tells her childhood story - father now convicted of incest
- Inquest into death of “River Lawrence” - neglected baby of heroin addict, CPS strongly criticised in media for failure to breach the mother’s supervision order
- controversy about “False Memory Syndrome”
- publicity re gazetting of doctors, nurses and police under Mandatory Reporting

1994
- Crimes Compensation being abused by some victims of alleged sexual abuse?
- 24 year old retarded man abducts/sexually assaults 5 year old girl in public place
- announcement re impact of Mandatory Reporting (average 52% increase)
- female genital mutilation - proposed legislative changes to specifically outlaw it
- Daniel Valerio Inquest continues - “lessons from DV” publicity
- sex murder of 6 year old boy in NSW - outrage/vengeance to accused
- Michael Jackson alleged CSA saga continues
- claims that the Church covers up sexual abuse occurring within it
- Christian Brothers - WA branch of Order makes a public apology
- new adolescent sex offender treatment program in Melbourne
- Fundamentalist Christian mother charged with caning her child
- incest victim speaks out about her childhood experiences
- Children of God - positive portrayal of the group and its childrearing
- controversy re naming in media of 8 year old sexually abused boy
- Australian Institute of Family Studies to research child protection laws
- National CSA Conference - publicity re overseas experts
- NSW headmaster charged with failure to report sexual assault of 13 year old girl by 12 year old boy (non-penetration)
- Victorian teachers gazetted for mandatory reporting
- numerous cases of children left in car park of new Casino in Melbourne
- children left alone at home - claims by head of CPS
- “False Memory Syndrome” - US father acquitted
- industrial dispute of forensic physicians
- “Children still in Peril” from child abuse
- call for national child protection legislation
- expose of NSW conflict between Family Court, CPS, police, hospitals re CAN
- UN Declaration of Rights of Child
- police “Operation Paradox” - phone in for CSA

Note re above: Recurrent themes: extensive failure of CPS to protect children and some overintervention; graphic accounts of children murdered; publicity from US and UK eg. Woody Allen, Michael Jackson; Cleveland, Bolger case; controversy re children’s testimony in court, “False Memory Syndrome,” etc.; coverage almost exclusively sexual abuse and physical abuse of extreme forms; publicity about CPS inadequacies leads to massive increase in funding, major policy changes; political sensitivity of issue eg. succession of ministers responsible for CPS; increasing number of “victim/survivor” media accounts of women sexually abused as children; significance of Daniel Valerio case (Departmental Inquiry, trial retrial, Coronial Inquest); beginning role of Federal government and reference to UN Declaration of Rights of Child.
CHILD PROTECTION: PARADOXES OF PUBLICITY, POLICY AND PRACTICE

Dorothy Scott

Recent media coverage of child abuse in Victoria is critically analysed. Parallels are drawn between the substance and style of newspaper coverage of child abuse cases in the late nineteenth century ‘first wave’ of the child rescue movement and that in the late twentieth century ‘second wave’ of the child rescue movement. The twin themes of vengeance and voyeurism are clearly evident in both periods. The classic late nineteenth century concepts of Freud and Durkheim are drawn upon to illuminate the psychological and sociological sources of these themes. The current Victorian child protection system is used as a case study to explore the paradoxes for policy and practice which arise in part from the publicisation and associated politicisation of child abuse. These paradoxes include the redirection of resources from prevention and treatment to investigation services.

In our attempt to make sense of social problems we are caught in the webs of understanding which we have woven. Whether we can really see the pattern of our own webs is doubtful but an historical perspective may help to illuminate the process of the social construction of a social problem. Becker (1966) argues that each social problem has a history and a series of stages reflecting changes in who defines the problem, the definition it is given, and the resulting actions taken to address the problem. Drawing upon this, Parton (1979) developed a natural history of child abuse as a social problem, identifying its stages as being those of discovery, diffusion, consolidation and reification.

The First Wave of the Child Rescue Movement
The social construction of child abuse as a social problem and the emergence of an organised societal response to the phenomena, neither implies that prior to this, child abuse did not exist or that people were indifferent to its existence. But the high visibility of a range of social ills

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in late nineteenth century cities in societies undergoing rapid industrialisation, and the associated political and social climate of this period, gave rise to new responses to the needs of children and other groups among the urban poor. This fascinating and very dynamic historical milieu also gave rise to the discipline of sociology and the profession of social work, both based on a belief in the 'scientific' approach to the study of social problems.

One historian has recently thrown an interesting light on the origins of the construction of child abuse as a social problem in Vienna at the turn of the century. In the elegantly written 'Postcards From the End of the World', Wolff (1989) paints a picture of 'fin de siecle' Vienna as the historical stage for a series of highly publicised child abuse cases which came to fill the pages of the newspapers of the day. Intertwoven with extracts from the vivid accounts of four child murders and the dramatic courtroom scenes which ensued in subsequent trials, Wolff reminds us that Freud is backstage in Vienna. He quotes from Freud's correspondence and his scientific papers written at the time these sensational cases were commanding a high profile in the liberal newspapers read by Freud and other members of the Viennese bourgeoisie. In passing but with great foreboding, Wolff also reminds us of the young Hitler waiting in the wings, who is also present in Vienna at this time, his personality being formed in the crucible of his family and contemporary society, and his observations of life among the Viennese poor to appear later in Mein Kampf.

Wolff is fascinated with the literary style, sweet with sentiment, in which the narratives of these child abuse cases are constructed, and in the way they dichotomise good and evil. For example, there is little Olga Keplinger, an illegitimate six year old girl whose body is found next to that of her mother in a murder-suicide scene set in the picturesque woods outside Vienna. In great detail the newspapers describe the scene of death, right down to the lace neatly placed by the mother to cover the bullet hole in the child's head. The mother, Hedwig Keplinger is also described in detail and a picture of her as a young and beautiful, well-dressed woman is painted. Her sad life is sympathetically reconstructed and she is absolved of responsibility for the murder of her child, an act which is reframed as one of maternal love, on the basis of the desperation and tragedy of her life – the life of a mistress exploited and spurned by the middle class man whose photograph is found next to her body with
the words ‘I have loved you until my unhappy end’ inscribed on the back. Under the headline ‘A Big City Novel’, the case is transformed by the newspapers into a tragic Victorian tale, with ‘the pretty Fraulein Keplinger’ a victim of seduction and society who could have been a character created by Hardy or Dickens.

In great contrast is the case of little Anna Hummel, almost five and also illegitimate, beaten to death by her mother and stepfather, a day labourer who worked in a laundry. Anna, unlike Olga, is cast as the victim of parents unsympathetically portrayed as ugly, remorseless members of the lumpen proletariat. Remorselessness was a feature of the way the Viennese press portrayed the mothers in all the publicised child murders with the exception of Helga Keplinger. Wolff describes how the writers who recreated the stories were not at all reluctant to indulge in more than a little poetic licence.

The courtroom scenes made especially good copy. At the trial of Joseph and Juliane Hummel in Vienna in 1899 the crowd cheered as the death sentences were handed down. This was, according to the Neue Freie Presse, ‘an acclamation the like of which we cannot remember ever before at condemnation to death’ (Wolff 1989, p. 114). Interestingly, notes Wolff, while the liberal press acknowledged the significance of the social context of poverty and deprivation in the Hummel case, the socialist newspaper, the Arbeiter-Zeitung, declared that ‘Such a deed is abominable, so inhuman, so contrary to all natural instincts, that one cannot explain it by any social oppression or other external circumstances’ (Wolff 1989, p. 69). A century later the debate on the link between poverty and child abuse continues, although the political positions are now reversed such that the social oppression argument is advanced by leftist liberals and the individual responsibility argument by social conservatives.

What is so striking about Wolff’s account of the Viennese newspaper coverage of the four child murders, is the similarity to that of the recent and highly extensive media coverage of the murder of two year old Daniel Valerio, with the same themes of remorselessness and vengeance, and the same style of literary indulgence. The latter is evident in a variety of forms, ranging from a piece entitled ‘Daniel’s Poem’ in which the dead child’s conversation with God is set to music and played on late night radio, to the application of Helen Garner’s somewhat more refined literary talents in a piece entitled ‘How We Lost Daniel’s Life’ appearing
in *Time Magazine* (8 March 1993, pp. 22-27) with the poignant picture of Daniel Valero on the front cover. The cry of vengeance reverberates down through the century.

What intrigues Wolff, even more than the narratives of good and evil, is the total absence of comment or reflection about these highly publicised cases in Freud's correspondence or works, or any reference to Freudian concepts in the numerous contemporary analyses of the bewildering phenomena of parents murdering their children. For, as Wolff argues, Freud's notions of the unconscious and the ambivalence inherent in the parent-child relationship, hold one of the keys to understanding parental violence towards children. It could also be argued that the psychoanalytic notion of projection, a defence mechanism which allows us to see in others that which we repress within ourselves, holds another key to understanding our individual and collective reactions to those who act out the dark and destructive side of this ambivalence.

Might projection partly explain the ugliness of the public and the press in the trial of the apparently remorseless Lindy Chamberlain, later vindicated and played by actress Meryl Streep in the twentieth century narrative form of film? Might projection partly explain Spooner's (*Time Magazine*, 8 March 1993) mocking and pathetic caricatures of Daniel Valero's mother and stepfather, the man frequently called 'The Monster' in the press? Might projection partly explain the repugnant scene of an English crowd banging on the sides of the police van containing two ten year old boys charged with but not yet convicted of the murder of a two year old child, boys whom the media has repeatedly described as 'evil'. While brutality to young children evokes outrage based on an identification with the helplessness and suffering of the victim might projection also partly explain the voracious appetite for vengeance reflected in the quality and quantity of media coverage of such cases?

Is there also an element of voyeurism in the media coverage and in the way we as consumers of the media are vicariously gratified by such accounts? Such voyeurism is not confined to the tabloids and television of the working class, although that is where it appears in its most sensational and vulgar form. Voyeurism also extends to the middle class media of ABC Television and *The Age* newspaper. But perhaps the primitive sources of vengeance and voyeurism transcend class and culture. Perhaps they are in the nature of the beast. But if so, do vengeance and voyeurism manifest themselves more at certain periods?
Are there particular political, economic and social conditions which amplify their expression? Are we currently experiencing such conditions?

To complement Freudian theory which offers an explanation at an intra-psychic level of analysis, another great late nineteenth century mind, that of Durkheim, offers us an explanation at a sociological level of analysis. Durkheim’s thesis was that an important social function was served by the deviant and that denouncing the deviant was necessary to define the boundaries of normative behaviour (Durkheim 1895). The reported words of the British Prime Minister, Mr John Major, in relation to the ten year old boys charged with murder, are most illuminating. Society, he tells us ‘needs to condemn a little more and understand a little less’. While understanding and condemnation are not necessarily mutually exclusive, the assumption made is that understanding inevitably leads to a determinist position in which individuals are absolved of responsibility and how could individuals or a society function without at least having an illusion of free will?

In the 1890s in Melbourne, about as far from Vienna as one could get, a very different case of child murder is hitting the headlines and stirring the imagination of the public and the politicians. While Freud came to emphasise the child’s so-called fantasy of incest rather than its reality, a change of emphasis for which, almost a century later, he would be denounced (Masson 1984), parliament in the Antipodes was grappling with an extraordinary case of incest and child murder. A man and his adult daughter murdered the progeny of their incestuous relationship and were duly convicted of manslaughter and sentenced, but this was punishment for only one of the sins they were seen to have committed. What is significant to note about incest becoming a criminal offence in Victoria as a result of this case is that the criminalisation of incest had less to do with the protection of children from sexual abuse than with punishing adults for deviant sexual behaviour. In this regard, it fits Durkheim’s theory well. The records of the Victorian parliamentary debates on this legislation provide a fascinating insight into late nineteenth century ideas on gender and sexuality (Scott 1983).

But Melbourne in the 1890s was not yet the time or the place for the ‘social construction’ of child sexual abuse as a social problem. This would have to wait until the 1980s after the second wave of feminism. In the first wave of the child rescue movement it was physical abuse which was still centre stage in cities such as Vienna, New York and London,
giving rise to societies dedicated to the protection and rescue of children from parental violence and neglect. Often such societies came into being after widespread publicity about a dramatic case of child abuse as in New York where the Society for the Prevention of Cruelty to Children was founded after the *New York Times* featured the case of Mary Ellen whose stepmother was found guilty of assault and sentenced to one year at hard labour in the penitentiary (Williams 1983). Such societies were given legal power to investigate cases of alleged cruelty to children, remove children and to prosecute parents.

In Melbourne in 1897 the Victorian Society for the Prevention of Cruelty to Children (modelled on its English equivalent and later renamed the Children’s Protection Society), was established at a public meeting which filled Melbourne Town Hall. Community concern about child abuse is thus not new, although the action which arose from this concern in the late nineteenth century was very different from that a century later. In the first wave of the child rescue movement, this action took the form of charitable and philanthropic endeavours which were to be expected in a socio-political context of laissez-faire attitudes to the role of government, especially in the domain of the family.

**The Second Wave of the Child Rescue Movement**

Historians have identified periods of dormancy in societal interest in child abuse over the past hundred years (Williams 1983) with the two high points being its initial ‘discovery’ in the late nineteenth century and its rediscovery in the 1960s and 1970s. The latter period, which could be described as the ‘second wave’ of the child rescue movement, began when US paediatrician Kempe and his associates (radiologist Silverman, psychiatrist Steele, obstetrician Droegemueller and radiologist Silver) used newly developed radiological survey technology to identify previously undiagnosed fractures in young children. They called the phenomena ‘the battered baby syndrome’, an evocative and emotive term which helped capture widespread professional and public attention (Kempe, Silverman, Steele, Droegemueller and Silver 1962). This gave rise to a new wave of community concern which rose in the 1970s, and a decade later reached a new height with the ‘discovery’ of child sexual abuse.

A century later this second wave of the child rescue movement is occurring in a very different socio-political sea, that of the modern state.
Now government is expected to respond to the problem of child abuse and the state itself, along with the professions which claimed the territory of child abuse, notably medicine and social work, are called to account for their apparent failure when a child is injured or killed at the hands of its family.

For all the expansion of knowledge in the intervening century, old solutions have been recycled. In Victoria in the 1990s, as in the 1890s, the focus of the press and parliament was on seeking a solution in the law, this time through mandatory reporting by professionals of any suspected cases of child physical or sexual abuse. In one respect it should not surprise us that the law is sought as the vehicle for addressing the problem as the law is a most powerful symbolic instrument for society and it is to legislation to which the community typically turns when social convention is seen to fail. On the other hand, we should not be surprised if such symbolic solutions are more rhetorical than real.

Publicisation of child abuse cases has been a phenomena in most of the Western world from the 1970s onwards. The deaths of some children have taken on such a high profile that their names have come to act as markers in the history of child protection policy and practice (as reflected in the term ‘pre-Colwell’). The British second wave of the child rescue movement began in the 1970s with the case of Maria Colwell, a child who, like Anna Hummel in Vienna, was beaten and starved over a long period of time in the view of the community and under the nose of the local authorities (Colwell Report 1974). A series of similar cases erupted in Britain in the ensuing decade, receiving extraordinary coverage, particularly in the tabloid press, which mercilessly scapegoated social workers. By the 1980s there was a growing perception that we were in the middle of a child abuse ‘epidemic’ with child sexual abuse being seen as a particularly virulent virus. For some on both the left and the right of the political spectrum, the epidemic of child abuse is the epitome of a civilisation in the process of self-destruction for surely a society in which adults bash and bugger children is doomed. Thus the phenomena of child abuse is adopted as a motif of social decay.

Jenkins (1992), drawing on the ideas of Stanley Cohen (1972) on ‘folk devils and moral panics’, has recently analysed British media coverage and argues that since 1986, Britain has been in the grip of a moral panic centred particularly on child sexual abuse. He analyses the content of the media coverage on a series of British child abuse controversies,
culminating in the Cleveland scenario and a series of alleged 'satanic ritual abuse' rings in the Orkney Islands and elsewhere, where very large numbers of children were removed by child protection authorities on grounds that proved very difficult to substantiate and resulted in judicial and public condemnation (Butler-Sloss 1988). The names of these places (rather than those of the children who were too numerous to mention) have also come to act as historical markers of alleged over-intervention by the state (as reflected in the term 'post-Cleveland').

While many child protection professionals have typically dismissed such criticisms as part of the so-called 'backlash' by those who would perpetuate a conspiracy of silence about child sexual abuse (Olafson, Corwin and Summit 1993), others have expressed concern about false allegations in custody disputes (Robin 1991), the empirical basis of claims of widespread satanic ritual abuse (Putnam 1991), the preoccupation with extracting disclosures of abuse from children (O'Hagan 1989) and about the 'recovery' of alleged repressed memories of child sexual abuse which are more in the mind of the therapist than the client (Evans-Pritchard 1993).

In the United States, publicity on child sexual abuse in particular has reached tidal wave proportions. While the substance is similar to that elsewhere, its style is distinctively that of Hollywood, as reflected in the personal disclosures of childhood sexual abuse by television celebrities such as Oprah Winfrey and Roseanne Arnold, and the scandals of child sexual abuse allegations against such stars as Woody Allen and Michael Jackson. This sensational media coverage is not confined within the borders of the United States but saturates the air waves and newsprint in the rest of the Western world.

It is hard to underestimate the role of the Fourth Estate in child protection policy and practice. In writing about poverty, Golding and Middleton (1982, p. 236) make the following comment which is equally applicable to child protection.

The media are implicated in social policy on at least two levels, in its creation and in its administration. Firstly they frame public debate, advancing priorities and a sense of issues in a way that media researchers have labelled agenda setting. ... At a second level the expectations, mythologies, stereotypes and evolutions of media creation influence the day-to-day administration of policy.
Contemporary Child Protection in Victoria: A Case Study

The Victorian child protection system is an interesting case study for the purpose of analysing the influence of the media on both these levels – the creation of child protection social policy and the administration of child protection policy in the form of statutory child welfare practice. This is not to suggest that publicisation of child abuse is the only factor or even the most important determinant of child protection policy and practice, although it is probably the most visible. There are a number of other factors which make child protection in general, and Victorian child protection in particular, such a ‘turbulent field’, a concept developed by organisational theorists to describe ‘a field containing a relatively large number of organizations, inability of agencies to satisfy the demand for services, an unstable social situation, a new programme or piece of legislation, a retracting economy’ (Emery and Trist 1965). These features are present to some degree in most child welfare systems in Australia and are all present to a marked degree in the current Victorian system.

In Victoria there has been: a historical legacy of a very large number of non-government agencies playing the major role in child welfare with the state playing a relatively minor role until 1985; an escalation of child abuse notifications; the onset of a particularly severe and long economic recession in the late 1980s; a shift to a conservative government in 1992 and the imposition of a severe form of economic rationalism; the introduction of new child welfare legislation (Children and Young Persons Act 1989) and the associated proceduralisation of practice; and major inter-organisational conflict and change, including the cessation of an investigative role by the Children’s Protection Society and the assumption of this role by the state child welfare service as recently as 1985, and the subsequent phasing out of the police role at the beginning of the 1990s. These factors have been analysed at greater length elsewhere (Scott 1993). While focusing in this paper on the role played by the media it is not intended to underestimate the significance of other factors, or to ignore the complex interaction between all these factors.

The point made by Golding and Middleton (1982) about the role of the media in agenda setting and in creating stereotypes and mythologies would appear most pertinent in relation to contemporary Victorian child protection policy and practice. Recent publicity in Victoria has focused almost exclusively on the problems of physical abuse and sexual abuse, creating a false public perception that these are the most common forms
of child abuse. The Department's data on child abuse reports shows that the majority of registered cases of child abuse are defined as neglect or emotional abuse.

There is also a prevailing assumption that sexual abuse and physical abuse are more serious than neglect and emotional abuse, as reflected in the legislation for mandatory reporting in Victoria which is limited to physical and sexual abuse. This assumption is incorrect as neglect and emotional abuse can also have equally or even more adverse consequences on the development of children. 'Although physical abuse and sexual abuse garner much of the public attention, neglect and psychological maltreatment often cause more long-term damage to children' (Pecora, Whittaker and Maluccio 1992, p. 225). While it is perhaps invidious to make such comparisons about the effects of different types of abuse, the legislation and the media implicitly do so in their emphasis. Why? Could it relate to the degree of intent and the associated level of culpability that acts of commission entail compared with acts of omission? Might we be drawn more by the voyeuristic drama of violence and sex?

The sort of child abuse cases which appear in the media seem to many child welfare practitioners quite different from the cases to which they are routinely exposed in day to day practice. Generally the focus is on the relatively tiny number of cases of children who are killed and who are rarely encountered by the vast majority of child welfare practitioners when one considers the number of child protection cases (26,622 notifications in Victoria in the year 1993-94). Through exposure to a different range of 'narratives' child welfare practitioners often form different perceptions about the nature of the child abuse and the sort of responses which might be appropriate than those which flow from the media's child abuse 'narratives'. The following cases are selected from the author's recent research and professional social work experience. It is not intended to be a representative sample of child abuse cases but the four cases have been chosen to highlight how the narratives to which practitioners are exposed may differ from those which appear on the front pages of the newspapers. They have also been purposively selected to highlight the point that cases of sexual and physical abuse are not necessarily more serious than cases of emotional abuse and neglect, and that there are risks of both over and under intervention. All four cases were classified by the statutory child protection agency as 'substantiated' cases of child maltreatment.
Case Vignettes

A case of sexual abuse  A mother witnessed her ten year old son touch his three year old brother on the penis. She was concerned about this because the ten year old boy had been sexually abused by an intellectually disabled relative some years earlier, and she thought his behaviour may indicate that he needed more counselling. She was referred to an after hours telephone service which turned out to be the statutory child protection agency although she did not realise this at the time as it was not identified as such on the telephone. She thus inadvertently made a notification about her own son. While the well-qualified staff on the telephone service responded in a supportive manner and gave her the names of specialised sexual abuse services which might be able to help the boy, the response of the poorly-qualified child protection staff in the rural region in which the family lived was very different. Having received the routine information from the after hours service the regional staff decided to pursue the matter the next day and were waiting for the boy when he came home from school. To the horror and deep distress of the family, including the three year old child, they forced the ten year old boy to leave his home immediately, threatening to remove the three year old if they did not agree to this, and not informing the boy why he had to go or seeking any legal mandate to authorise such an intervention.

A case of physical abuse  A 12 year old boy was the eldest of four children whose mother was suffering post-natal depression. The mother sought treatment from a hospital clinic and this involved the whole family being interviewed by a hospital social worker. During this family interview the social worker asked the 12 year old boy how his mother’s depression affected him and he told the social worker that his mother sometimes got angry and slapped him. The social worker believed that she had an obligation to notify all cases of physical abuse to the child protection agency and did so. The case was investigated and substantiated but no further action was taken. Nevertheless it was a devastating experience for the mother who never returned to the clinic. For the boy the pain of betraying his mother will probably last longer than the pain of her hand. For the baby, the risk from the mother’s untreated depression is probably greater than it was before. For the mother it will probably be a long time before she will ask for help again.

Perhaps these two cases would be better classified as iatrogenic
emotional abuse, inflicted by the services designed to assist, but they are not classified in this way. The following two cases reflect a growing proportion of statutory child protection cases in which the parents have an intellectual disability, a chronic psychiatric disorder or a longstanding drug abuse problem and who, as a result, are often unable to provide an adequate level of care for their children.

A case of emotional abuse  A five year old boy was terrified by the paranoid delusions of his single mother who had a learning disability as well as a serious, chronic psychiatric disorder and a 20 year history of repeated psychiatric admissions. The boy was very demanding and insecure after being in four different placements over a 12 month period during his mother’s most recent, lengthy admission to a psychiatric hospital. The mother was very socially isolated and had enormous difficulty caring for her son even during access visits. The child expressed ambivalence about leaving his foster family and returning to his mother’s care. The Children’s Court decided to place him on a ‘supervision order’ in the care of his mother rather than place him under the guardianship of the Department of Community Services and seek a stable placement for him. This decision was largely the outcome of ‘dispositional bargaining’ (‘my client will not challenge a recommendation for a Supervision Order if the application for guardianship is dropped’). Although only five years of age, this child is violent to his mother and since returning home has seriously assaulted children his own age and younger whom he has attacked without provocation. The mother denies that this is a problem and claims that others are ‘out to get him’.

A case of neglect  Three children under six years of age were temporarily admitted to care when the mother was under the influence of drugs and unable and unwilling to protect the children from a potentially violent situation. She has a 17 year history of drug addiction and criminal offences, and she and her ex de facto husband, the father of two of the children, have had an extremely violent relationship in which both have inflicted injuries on the other in scenes witnessed by the children. The mother has been on a methadone program for many years but continues to use a variety of drugs and sometimes works as a prostitute from home to obtain money. The five year old child attends school intermittently and the youngest has not been seen by a maternal and child health nurse for a long time. The mother has taught the eldest child to steal from shops.
Attempts by grandparents to remain in touch with the children have been resisted by the mother. The three children were returned to the mother’s care after a couple of weeks and placed on another supervision order by the Children’s Court, despite the fact that the previous supervision order did not bring about a significant improvement in the family situation or prevent them being removed on this occasion.

There are two major paradoxes which have arisen in part from the publicisation and politicisation of child protection: paradoxes of policy such as the introduction of mandatory reporting and the associated redistribution of resources from prevention and treatment services to investigation services; and paradoxes of practice such as the creation of a more perilous tightrope for child protection practitioners and the increased probability of ‘defensive’ practice in the face of publicity surrounding the dangers of over-intervention and under-intervention.

**Publicity and Policy: The Introduction of Mandatory Reporting**

The publicisation and resulting politicisation of child abuse deaths has had a major impact on the Victorian child welfare system. In 1988 the ‘Our Children, Our Shame’ campaign led by *The Age* newspaper and ABC Television’s ‘Four Corners’ program centred on a number of deaths of children under the care of Community Services Victoria (CSV) which were claimed to be linked to the chronic shortages of qualified social workers in the Department. The outcomes were: the phasing out of the ‘dual track’ system in which police and CSV shared responsibility for child protection investigation and the implementation of sole CSV responsibility; a declassification of social work positions and the downgrading of the qualifications of staff in order to fill vacancies; upgrading of staff development; and a marked increase in resources to the child protection investigation service. The latter point is most important to note. Without the high level of publicity it is most unlikely that the additional resources would have been provided to the statutory child protection service. Publicity can thus be seen as a doubled-edged sword in child welfare reform – perhaps necessary to create a political willingness to adequately resource statutory child protection services, but also leading to policy and practice which may be counterproductive.

The debate on mandatory reporting, an old and bitter battle in Victoria fought for many years along predominantly ideological lines, was reopened in 1992 in the wake of publicity surrounding the death of Daniel
Valerio. In the face of opposition from the peak bodies such as the Child Welfare Association of Victoria and the Victorian Council of Social Service and the initial reservations stated by the Minister for Community Services, the government suddenly reversed its decision and introduced mandatory reporting for physical and sexual abuse in April 1993 following an intense and sustained media campaign led by *The Age* and the *Herald-Sun* newspapers.

A strong case has been advanced for seeing the introduction of mandatory reporting as a direct result of the media campaign surrounding the retrial of Daniel Valerio’s stepfather (Goddard and Liddell 1993). Of particular note is that the newspaper which has strongly supported the Kennett Government, the *Herald-Sun*, ran a very strong line for mandatory reporting, publishing a pro-forma letter for readers to send to the Minister and even convening a large public meeting to mobilise support for its cause. In one sense it was paradoxical that it was the case of Daniel Valerio which should be the focus of the campaign for the introduction of mandatory reporting as both Community Services Victoria and the Police had been notified of this case and the heavily bruised child had been examined by a police surgeon. Even some of the advocates of mandatory reporting have acknowledged that ‘it is not immediately apparent how mandatory reporting would have saved Daniel’s life’ (Goddard and Liddell 1993). The death of Daniel Valerio was far more obviously a failure of the ‘dual track’ system which was subsequently phased out, and the capacity of both the police and the child protection services to follow through on cases after detection.

Despite this apparent contradiction, the case of Daniel Valerio became the focal point for a demand for reform, not the least reason being that the police surgeon’s poignant photograph of a bruised but smiling child gave the press and the public a face as well as a name to the problem of child abuse. Mandatory reporting gave them a simple solution around which to rally. More recent publicity, focused on coronial inquiries into the death of Daniel Valerio and that of another child, River Lawrence, has also been extensive and may help to explain why statutory child protection services have been ‘politically protected’ from the budget cuts inflicted upon all other areas of health, education and community services. In fact, child protection investigation services have been allocated additional resources. This is itself one of the paradoxes of the publicisation of child protection – the growth of the investigation services at the same time as
resources for prevention and treatment services are reduced.
Restructuring of primary services such as pre-schools and maternal and child health services have reduced accessibility to these core programs across the State. At the secondary and tertiary prevention levels, statutory services such as school support programs have been cut. In the non-government child welfare sector which has been historically very important in Victoria and which is now highly dependent upon government financial support, subsidies have been significantly reduced. Non-government agencies play a vital role in supporting families to prevent them becoming part of the statutory child protection system and in working with those families who are statutory clients. The analogy is obvious. To expand child protection investigation services at the expense of prevention and treatment services is the same as having a health system in which ambulances and casualty departments are increased while immunisations programs and surgical wards are closed.

It is no accident that the very term ‘child protection’ has recently come to be used to describe what was previously called the field of child and family welfare. Yet child protection services are merely one component in a complex web of child and family services at the primary, secondary and tertiary levels of prevention. The child protection service is heavily dependent on this broader infrastructure of statutory and non-statutory services. A central question therefore is what is the proper balance between prevention, investigation and treatment services in a ‘good enough’ child welfare system? This is a fundamental question in a context of escalating need and diminishing resources but the media has failed to address or even raise this question.

While it is premature to draw conclusions on the impact of mandatory reporting and the associated high level of publicity with which this coincided, the initial figures indicate a sharp increase in the rate of reports of child abuse.

The old adage that extreme cases make bad laws would appear very pertinent to the case of Daniel Valerio and the introduction of mandatory reporting. Even in relation to preventing injury there is no evidence that mandatory reporting will achieve this. It may actually cause more deaths by exacerbating the ‘system overload’. In the United States where child protection systems have been overwhelmed with escalating referrals, partly related to mandatory reporting, the system overload takes one of two forms – a delay in response time in investigating new cases which

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can result in the death of children whose level of danger cannot be predicted at the point of initial referral, or a faster throughput of cases based on superficial assessments resulting in hasty judgements of either the false negative or false positive variety (Newberger 1983; Zellman and Antler 1990).

It is interesting to note that in the United States child abuse literature, a recent article by Finkelhor, one of the leading researchers and advocates for abused children, explores the possibility of making certain individual child abuse specialists exempt from the requirements of mandatory reporting so as to enable them to treat families on a confidential basis within an accountability structure (Finkelhor and Zellman 1991). This is one of a number of critical evaluations by paediatricians and mental health practitioners of mandatory reporting as it operates in the United States (Newberger 1983; Zellman and Antler 1990). The British child protection system does not have mandatory reporting, yet there is a widely-held sense of professional duty of care in relation to child abuse. Again, in its call for mandatory reporting the media failed to explore how child protection systems function in different parts of the world.

Publicity and Practice: The Child Protection Tightrope
As well as influencing ‘agenda setting’ and the development of child protection policy, recent media coverage has affected the administration of policy or the nature of child protection practice. For politicians and professional practitioners alike there are two sides to a child protection tightrope politicised by publicity of the type which has occurred. On one side is the risk of the ‘false negative’ – the situation in which the degree of risk to the child is underestimated and the child is subsequently abused. On the other side is the ‘false positive’ – the situation in which a child is unjustifiably seen as in danger and is removed from parental care, often resulting in serious psychological trauma for the child and family. Victoria simultaneously witnessed both: Daniel Valerio being constructed as a classic ‘false negative’; and the ‘Children of God’ case in which large numbers of children in Victoria and New South Wales were removed by child welfare authorities being constructed (rightly or wrongly) as a ‘false positive’.

The controversy surrounding the Children of God case prompted the then Premier of Victoria, the Hon Joan Kirner to politically distance herself from the child protection service and publicly joke that the
difference between social workers and Rottweilers was that eventually Rottweilers give back the child. While this joke deeply offended many social workers who felt that it demonstrated the Premier’s ignorance of how emotionally painful most social workers find the removal of children from their families, it is important to analyse such comments by public figures and the reactions they receive. The Premier’s joke and the laughter she received from her audience, reflect a deep ambivalence in the community toward social workers and the state intruding into the privacy of the family. It is the twin societal outrage, one directed toward those who would hurt and kill children and those who fail to prevent this, the other directed toward those who would falsely accuse innocent parents of abuse and tear the child from their loving arms, which makes the tightrope so dangerous. And those who walk on the tightrope long enough will eventually fall off on one side or the other, or both.

The child protection pendulum swings back and forth between the false positive and the false negative, the direction of the swing being determined by which is the more politically perilous at that time. In the UK, the case of Maria Colwell began a process of tightening a system of controls and what some perceived as over-intervention. In contrast the Cleveland controversy led to new British legislation which enshrines parental rights and curbs the powers of the social services department. It is possible for the pendulum to swing in different directions at the same time for so-called different ‘types’ of abuse, for example, for the fear of under-intervention to become greater in relation to physical and sexual abuse while the fear of over-intervention becomes greater for neglect and emotional abuse. Sometimes the threshold of intervention is based on ‘second guessing’ the Children’s Court magistrate.

The paradox is that while publicity has heightened the fear of false negatives in cases of physical abuse, the new Victorian Children and Young Persons Act with its strong emphasis on diversion and statutory intervention as the last resort, appears to have led to very liberal (some would say laissez-faire) thresholds for intervention. Thus while one part of the Act, the mandatory reporting amendment, makes professionals legally obliged to make more notifications, the rest of the Act provides for ‘the least restrictive option’ and a ‘harms’ rather than a ‘needs’ based criteria for intervention (Carney 1989). Since the introduction of mandatory reporting there has been a dramatic increase in notifications of child abuse but the substantiation rate has fallen to 22 per cent of all reports.
Professionals thus face the prospect with which their counterparts in the United States are so familiar – of threatening their relationship with parents by being legally obliged to make a notification rather than exercising their professional discretion about this, only to discover that the child protection service is either administratively or legally unable to seek an order. In the small number of cases in which an order is obtained, it often fails to address the problem in the family or to secure a stable alternative to the family for the child, as illustrated in the third and fourth case vignettes above. As resources for services which could assist the family or provide an alternative placement for the child suffer budget cutbacks, the problem is exacerbated. In many cases all that is achieved is that everyone has ‘covered their own back’, an understandable reaction to the prospect of being publicly pilloried but of little real assistance to the child or family.

Parton (1985) describes professional and agency self-protection as ‘defensive practice’. In a field such as child welfare every case carries risks and there are no instruments which can accurately predict the probability of abuse occurring in any given situation as all the instruments developed to date have exceedingly high false positive rates. The difficulties involved in using such instruments to identify high risk cases have led researchers to conclude that ‘the prediction of false positives and false negatives suggest a low practical utility for an unacceptably high social cost’ (Daniel, Newberger, Reed and Kotelchuck, 1978). In relation to actual reporting, variables such as race and class have been found in the United States to be more significant in determining whether a case is reported than severity of injury (Hampton and Newberger, 1983).

Child protection is an intrinsically risky business. While the risk of children dying might be able to be reduced, it cannot be eliminated and the whole system is in danger of becoming distorted if it is driven by the primary goal of eliminating the possibility of a child being injured. Mathematically one can talk about the dilemmas that this entails in terms of ‘hit and miss’ rates. To save one child from the possibility of being abused may necessitate taking hundreds or even thousands of children into care, at enormous financial and psychological cost. Yet it seems that the community finds it hard to face the fact that there is no system which has been able to eliminate child abuse deaths. No doubt many would find language as detached as ‘hit and miss rates’ and ‘false positives and false negatives’ hard to tolerate when the head is filled with the photograph of
a child now dead and the heart is burning with a deep desire to prevent
another child suffering this fate, but this is the reality which must be
faced.

The problems of child abuse and neglect are inherently difficult to
address within a bureaucratic organisational structure. The transition from
a private philanthropy form of child rescue to a government bureaucracy
within a legal structure of adversarial accountability has been an
incremental process which does not grab the headlines but it is arguably
the most significant change in the past century of child welfare. Non-
government welfare agencies, along with hospitals and universities, have
been regarded by leading organisational theorists such as Mintzberg
(1979) as the classic examples of the ‘professional bureaucracy’ in which
professional autonomy and individualised judgements are the
distinguishing features. In contrast, statutory welfare services are more
akin to the ‘machine bureaucracy’, an organisational form in which
management control is tight and the work of service providers is
routinised according to administrative processing criteria.

While Lipsky (1980) draws attention to the degree of discretionary
judgement possessed by what he terms ‘street level bureaucrats’, there is
a strong indication in Victoria that under the impact of new legislation
and managerialism, the need to develop ‘risk minimisation’ and ‘damage
control’ mechanisms has led to a shift toward less professional autonomy
and greater management control in statutory child welfare practice. Case
management has replaced casework. Detailed procedural manuals provide
recipes for processing children along the assembly line of legal
dispositions. Screening rather than service has become the bottom line.
Paradoxically, while the police role in child protection has been phased
out, the welfare-based child protection service becomes increasingly
driven more by investigating families than by serving them. Thus it
comes to hold a position vis-à-vis the Children’s Court which is more akin
to the role which the police force holds in relation to criminal courts,
leading to demands for the appointment of children’s legal advocates,
another example of the increasing tendency to see legal solutions as the
answer to human problems. Externally in the shadow of the court and
internally under the influence of managerialism, child protection workers,
often lacking adequate professional training, are under-resourced in the
face of escalating need, and are at risk of having only the time and skills
to perform the role of policing families.
There is already anecdotal evidence to suggest that there is a redirection of resources from the post-court statutory child protection role to the pre-court investigatory role. Investigating new child abuse notifications is in danger of taking precedence over the children who are already subject to a guardianship or supervision order of the Children's Court. Those children under court orders are some of the most vulnerable children from some of the most deprived and disturbed families in the community. It is from this group that a significant proportion of homeless adolescents originate (Human Rights and Equal Opportunity Commission 1989). The investigatory role, with its tight response time lines becomes a higher priority, thus resulting in the predominantly low risk child abuse investigation cases becoming an increasing part of the child protection workload at the expense of the predominantly high need post-court cases which require an enormous amount of professional time, skill and stability. All three attributes – time, skill and staff stability are insufficient in the current child protection service to adequately meet the needs of the children for whom it is responsible. Adopting performance indicators which are based on ‘efficient throughput’ criteria such as the speed with which cases are investigated or allocated (Armytage 1994) will not provide a measure of the quality of the services being provided.

Conclusions

The Victorian child welfare system is in danger of slipping into the model on which the United States child protection system is based. The US system lacks the primary and secondary services which exist in the rest of the Western world. Basic universal services such as maternal and child health programs are absent. Their child protection investigation services remain the source of access to the few publicly-funded family support and clinical programs which do exist. Their system is in a state of deep crisis. The US Advisory Board on Child Abuse and Neglect, established under the 1988 Amendments to the Child Abuse Prevention and Treatment Act, concluded that it was a national emergency and that 'the child protection system is so inadequate and so poorly planned that the safety of the nation's children cannot be assured' (US Advisory Board on Child Abuse and Neglect 1990, pp. vii, x).

Moreover, child protection has been perceived as primarily the responsibility of CPS (Child Protection Services) agencies, with the result that an ever increasing proportion of resources in the child protection system has gone to
investigation of allegations of child abuse and neglect. Indeed in some States and counties, it may be said that the public child welfare program of services to children and their families is CPS.

The current redistribution of resources from preventive and treatment programs to investigation is on a dangerous path, the end point of which can be witnessed on the other side of the Pacific. Strangely we seek our solutions from the United States despite the fact that many of the countries in Western Europe have developed far better child welfare systems in which legal intervention is a last resort made possible by the high priority given to adequately resourcing preventive and therapeutic interventions such as the Confidential Doctor Program in Belgium and the Netherlands (Marneffe 1992).

Some of the paradoxes of policy and practice in our current child protection system have been exacerbated by the role played by the media yet the media has also played a vital role in raising community awareness about the problem of child abuse and bringing about the necessary political pressure to allocate resources to at least the investigative part of the child protection system. How might it be possible to maximise the potential of the media to play a positive role in child welfare reform and to minimise its potential to play a negative role?

Of course this depends upon what we regard as positive and negative and this is shaped by our values, beliefs and experiences. The child protection debate is not just about resources. It is also about ideology and the conflicting webs through which we construct the social problem of child abuse. The conflict has been typically characterised by polarisation of those who focus on the forest but not the trees and those who focus on the trees but not the forest. Those intent on rescuing individual children from their pain have often seemed unaware of the complexities of the broader social and political context and the sometimes counterproductive effects of their simple solutions. Those intent on large scale ‘structural’ changes to society have often been unable to address the pain of individuals and have erroneously dismissed services at this level as being at best palliative and at worst ‘victim blaming’ or ‘social control’.

The conflict is more complicated than one in which the evangelical child rescuers and the law and order vigilantes on the right are pitted against the utopian radicals and laissez-faire liberals on the left. There are some conservative groups which oppose any extension of the role of the state in family life while there are some radical feminists who see the
gendered power imbalance in families as the core of the problem and who advocate stronger state intervention to redress this. The complexity of child abuse as seen by many child welfare practitioners is likely to go unrecognised in the face of ideologically-driven reductionist explanations of its etiology and media-driven simplistic constructions of its nature and solutions. Within this arena of conflict, different groups will win different battles in different places and times, but it is doubtful if anyone will win this war, least of all the children in whose name it is fought, unless we critically examine the conflicting webs through which we construct child abuse. Unless we are prepared to work toward a less dichotomised and more sophisticated understanding of the complexity of child abuse, our response to the problem which we discovered a century ago will continue to be determined more by rhetoric than rigour.

References
Appendix C

Definitions of Child Abuse

Hospital Definitions (as of January 1993)

* **Physical Abuse**: This includes inflicted physical violence directed against children such as bruises, head injuries, abdominal injuries, suffocation, drowning etc. Also included is intentional poisoning with drugs or other substances as well as the syndrome known as Munchausens by Proxy.

* **Sexual Abuse**: This has been defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend and to which they are unable to give informed consent and that violates the social and sexual taboos of society.

* **Emotional Abuse**: A distortion of the parent-child relationship that deprives children of the consistent nurturing of body and mind that would enable them to develop fully. The infant that fails to thrive at home but gains weight rapidly in hospital often falls into this category.

* **Neglect**: The failure of parents to adequately safeguard the health and safety and wellbeing of the child. This includes nutritional neglect, failure to provide medical care and failure to protect the child from physical and social danger.

Child Protection Services Definitions

(from “Understanding Child Abuse”, Health and Community Services, September 1993)

* **Physical Abuse**, which involves any non-accidental injury to a child by a parent or caregiver. The injury may take the form of bruises, cuts, burns or fractures.

* **Sexual Abuse**, which occurs when an adult or someone bigger and/or older than the child uses power or authority over the child to involve the child in sexual activity. Physical force is sometimes involved. Child sexual abuse involves a wide range of sexual activity. It may involve fondling of the child’s genitals, masturbation; oral sex; vaginal or anal penetration by a penis, finger, or any other object; or exposing the child to pornography.

* **Emotional Abuse**, which occurs when a child is repeatedly rejected or frightened by threats. This may involve name-calling, being put down, or continual coldness from the parent or caregiver to the extent that it affects the child’s physical and emotional growth and development.

* **Neglect**, which is the failure to provide the child with the basic necessities of life, such as food, clothing, shelter, and supervision, to the extent that the child’s health and development are placed at risk.
Appendix D

Duration of Service Involvement

10. 0.5 months
9. 1 month
8. 4 months
7. 13 months
6. 3 months
5. 5 months 2 months*
4. 2 months 3.5 months*
3. 3 months
2. 2.5 months
1. 2.5 months

* In cases 4 and 5 there were two separate periods of service involvement.
Appendix E

Number of Observations and Research Interviews

Key:

- - - - - - = Interviews
- - - - - - - - = Observations

Number of Observations and Research Interviews with Professionals

1  2  3  4  5  6  7  8  9 10 11 12 13 14 15 16 17 18 19 20
Philosophy of the Hospital Child Protection Unit

1. Child sexual abuse is a crime

2. Children have a right to be safe and feel safe at all times. Indicators and/or allegations of abuse should be taken seriously.

3. As the offender is always in a position of greater power in relation to the child victim any sexual activity between children and adults is unacceptable.

4. To understand child sexual abuse one must recognise the family and social context in which it occurs.

5. Treatment services should be available to all victims and non-offending parents. Separate treatment services should be available to perpetrators.

6. Children are adversely affected by child sexual abuse. Effective intervention can ameliorate the initial effects and long term consequences of child sexual abuse and promote the recovery of victims.

7. Increased community awareness is necessary for the identification and prevention of child sexual abuse.

8. An effective response to child sexual abuse requires communication and co-ordination between protective, legal and treatment systems.
The Role of the Child Protection Unit

The Child Protection Unit provides crisis intervention, support, counselling, assessment and treatment to children who have been sexually abused and their non-offending parents, and siblings where appropriate.

* The Unit also advocates on behalf of these children.

* The Unit provides community consultation.

* The Unit provides education and training in and outside the hospital.

* The Child Protection Unit also provides a service to children who suffer all other forms of abuse, who are hospital patients, referred from throughout Victoria and beyond.

* The Unit is a multi-disciplinary team made up of doctors, social workers, psychologists and a psychotherapist.

* The Unit provides a 24 hour service. After hours a social worker is on-call through the pager system in the hospital.
Objectives of the Child Protection Unit

1. To provide a comprehensive assessment service to children and their families who reside in the HDV Region 6 (see list).

2. To provide a range of specialised treatment services for sexually abused children and their families. Typically this will include the victim and the non-offending parent but other family members may be included if appropriate.

3. To advocate for the protection of the child in cases of sexual abuse.

4. To ensure an effective service is maintained by the development of appropriate quality assurance programme.

5. To provide training and education within the hospital and in the broader community where appropriate.

6. To contribute to policy making at various levels within the field of child sexual abuse.

7. To continue to develop our understanding of child sexual abuse through treatment and clinical research with the aims of

   (i) reducing the incidence of child sexual abuse

   (ii) developing more effective intervention approaches

   (iii) advancing our knowledge base of child sexual abuse.
Job Description - SOCIAL WORKER GRADE 1


QUALIFICATIONS & EXPERIENCE

Academic qualifications acceptable for membership of the Australian Association of Social Workers, viz. a recognized Degree, or Degree & Diploma, in Social Work.

Prior experience in the Social Work field is an advantage but not essential.

PRIMARY FUNCTIONS

• To provide an integrated social work service to patients, their families and significant others, to facilitate optimal adjustment to the impact of change in health status on individual and family functioning.

• To collaborate with a team of health professionals to ensure comprehensiveness of patient care.

• To enable patients and their families to obtain maximum benefit from the available health care and welfare services within the hospital and the community, to optimize patients' social functioning and quality of life.

REPORTING RELATIONSHIP

The Social Worker is responsible to the Chief Social Worker through the Clinical Program Leader.

RESPONSIBILITIES:

1. Patient Care

   1.1 General

   To provide an integrated Social Work service to designated units within the hospital, as allocated and periodically reviewed, by the Chief Social Worker. This includes service to In-patients and Out-patients of these units.

   To develop a sound knowledge base of the types of medical diagnoses and the related social health issues presenting within these allocated units.

   To receive social work referrals from any member of the health care team and by the social workers' own case-finding and outreach activities.
To participate in the Intake roster and if a member of the Hospital or Child Protection Program, in the After Hours On-Call Service roster.

1.2 **Psycho-social Assessment**

To carry out psychosocial assessments of patients and their family and social network. To compile a relevant history of the patient/family/network, including past and present psycho-social problems, pre-morbid inter-personal functioning and coping patterns.

To carry out a current situational assessment - size, composition and quality of family and community support network, finance, work, accommodation and cultural factors.

To assess how these factors affect, and are affected by, current medical diagnoses, treatment and prognosis, and examination of any inter-connections.

To note areas of impaired social functioning and general social problems of patients.

1.3 **Treatment**

To apply social work intervention strategies in the management of identified problem areas - individual and family techniques (long and short term), appropriate and timely referral to alternative treatment facilities, linkage to appropriate community service providers, and information services, practical assistance and patient advocacy.

To ensure that social factors and social planning are considered in the decisions made concerning patients. Opening up of options for clients.

1.4 **Rehabilitation**

To carry out specific assessment, reporting, referral, and discharge planning where specialized services are required for continuity of care.
1.5 Practical Assistance and Support

To undertake pre-admission and post-hospitalisation planning, discharge planning, and assistance with alternative and temporary accommodation. Information on and referral to appropriate statutory bodies and welfare community service providers, assistance with securing income maintenance and other forms of available financial aid, home support services etc.

1.6 Education

To provide information on the nature of the disease or illness, its impact on patient and family functioning; to educate on aspects of self-care and the patient's own responsibilities in the treatment process.

To sensitize other hospital personnel to the social characteristics and implications of illness, highlighting the special needs of patients; to act as advocate and communicator for the patient/family.

Attend relevant seminars and workshops within the hospital and the community in relation to case management.

1.7 Team Collaboration

To work as part of a team and contribute to team meetings, ward rounds, case presentations.

1.8 Continuity of Care

To provide ongoing Social Work intervention - review, counselling assessment and out-patient follow-up for those patients requiring long-term intervention.

2. Teaching

To provide social work student supervision, after two years professional experience.

Contribute to the learning of medical and nursing and other students by case discussion.
3. **Community Liaison**

To maintain current knowledge of available community resources which can be utilized by hospital patients.

To establish and maintain professional links with community service providers to facilitate optimum utilization of available resources by our hospital patients.

4. **Research**

To identify high-risk groups within the patient population of allocated units.

5. **Recording & Statistics**

To maintain a record of social work contact with clients which includes a written social work assessment/reports on all clients, and summary of outcomes.

To enter a Social Work assessment and action plan and summary of outcome in the patient's medical record.

To complete monthly statistics, for purposes of clinical costing accountability and research.

6. **Evaluation**

To participate in professional supervision and evaluation of practice with a social work supervisor nominated by the Chief Social Worker. Prepare case material for supervision on a fortnightly basis.

To participate in formal Staff Appraisal annually.

To attend and participate in fortnightly departmental staff meetings and staff development sessions.

To participate in ongoing evaluation of services provided by the Social Work Department, including Peer Review.
NAME:

POSITION DESCRIPTION: Social Worker, Grade 1
Child Protection Unit

QUALIFICATIONS:
As per general description.
Experience in the area of child abuse desirable.

PRIMARY FUNCTIONS:

• To provide assessment, crisis work and treatment to child victims of sexual assault and their non-offending parent(s) and other family members.

• To participate in group work programs run within the Child Protection Unit.

RESPONSIBILITIES:

Patient Care

• Provide an integrated social work service to children who have been abused and their non-offending family members.

• Develop substantial knowledge base specific to child abuse.

• To participate in the duty system and after hours on-call service to client group as appropriate.
Psycho-social assessment/treatment

- To carry out appropriate assessment and treatment of children who have been abused and their non-offending family members.

Training

- As per general description, specifically in the area of child abuse/protection.

- To participate in continuing professional education programs. Also to participate in providing training and education in the area of child abuse/protection to relevant community agencies and other groups as appropriate.

Community Liaison/Research/Evaluation

As per general description, specifically in the area of child abuse/protection.

Recording and Statistics

As per general description.

Signed: ........................................ Social Worker ........................................ Date
Child Protection Unit

Signed: ........................................ Co-ordinator ........................................ Date
Child Protection Unit
CHILD PROTECTION UNIT

Guidelines for Management of Suspected Maltreatment Cases

There may be several ways that a child suspected of physical abuse may present to the hospital. These may be:-

1. Concerns about a child on the ward (ie already admitted).
3. Telephone call from a concerned person.
4. Telephone request for a medical from C.S.V.

Each type will be discussed in terms of the worker's role and process to be followed.

1. CONCERNS ABOUT A CHILD ON THE WARD

1.1 Role of Hospital Social Worker

1.1.1 Support to parents.

1.1.2 Psycho-social assessments - includes assessment of the following:

- social situation/current stresses
- ability to protect
- support system; ability to utilise supports
- child development ie is child's development age appropriate.
- child's recent history
- emotional affect of parent/child
- explanation for injuries
- doctor's information in UR - signs of neglect, past injuries, observation of injuries, social situation.

1.1.3 Facilitation of hospital system.

1.1.4 Practical assistance.

1.1.5 Liaison (between hospital, other agencies involved and family).
4.1

Protective Assessment

4.1.1

Preparing for Assessment.

What is Assessment?

Assessment refers to the process of obtaining information through interview, observation, report and discussion and evaluating that information so that informed decisions can be made about the child/young person’s needs and the factors effecting the family’s ability to provide a secure environment for the child/young person.

What is the Purpose of Assessment

The purpose of assessment is to inform decision-making. While assessment is an ongoing process, there are some critical decision-making points in protective work which must be based on thorough assessment. The critical decision making points are:

- establishment of initial protective plan after notification to protective services,
- decision to issue a Protective Application,
- court recommendation included in a protection, disposition or breach of Supervision Order report,
- establishment of a S. 120 Case Plan within six weeks after the court order,
- review of the child/young person and family’s circumstances after implementation of the case plan,
- decision for the child/young person to return home,
- decision that the child/young person requires crisis intervention secure welfare service placement.
What do you know already?

The assessment should build upon previous information and assessments by CSV, other agencies, the police information and intervention and the child and family’s response to this. Identified protective concerns and strategies already attempted to manage these form the basis for understanding the issues which need to be addressed through ongoing intervention.

Are the child/young person and family clear about your role and the purpose of the assessment?

You will need to:

- clarify with the parents and the child/young person both the current protective concerns and the role and responsibilities of the protective worker, family and other involved workers;

- clarify that CSV involvement is due to the significant risk to the child/young person and that the welfare and interests of the child are paramount. However, also emphasise that the child/young person’s needs are appropriately met by working with the family to address the protective concerns and enable the child/young person to safely remain/return home;

- emphasise the importance of the family’s role and address any questions the family may have;

- explain the need for assessment and liaison with other agencies already involved with the family and request the family’s agreement to this; written permission is sometimes required for discussion with other professionals.

- explain the purpose of the assessment.

- establish any time-lines for the assessment.

- Is it safe for this child/young person to live at home?

- What changes need to occur to make it safe?
What is the likelihood that these changes will be made? (Based on the knowledge of others who know the family and your own; and/or based on expert advice.)

Will the family accept statutory supervision? If the family will not, then the likelihood of having to remove the child/young person increases.

If it is not safe for the child/young person to live at home, what would need to be arranged to ensure the child/young person’s physical, psychological and emotional well-being?

4.1.2

Engaging The Family

The assessment and subsequent formulation of the case plan is less likely to lead to positive outcomes for the child/young person and family if it has not involved reaching out and engaging the family in the process. This is often difficult in view of the investigative nature of the protective workers role and the sometimes adversarial court system. However, the protective worker must actively seek to understand the family’s views and involve the family in defining the problem and the purpose of the protective worker’s involvement. Family participation in the assessment, problem formulation and intervention plan is unlikely to occur without first engaging the family.

Efforts to engage the family should include:

- demonstrating concern for family members as individuals and respect for their attempts to manage family tasks.
- listening to the family’s point of view and their definition of the key problems and preferred solutions.
- allowing the family to define the significant people in their life.
- asking the family what they expect of statutory intervention and of the protective worker.
- demonstrating a commitment to provide a service and an intention to form a helping
relationship.

attending to immediate problems as defined by the parents, while keeping the protective concerns which form the basis of the intervention firmly in focus.

4.1.3

Assessment Framework

Relevant areas to consider in making a protective assessment are:

- precipitating incident
- parents' history and personal details
- child/young person's vulnerability
- parent/child relationship
- marital relationship
- social circumstances
- resources available

For a more detailed description of these areas, protective workers are referred to: Risk Assessment: A Review of the Literature for Protective Services Practitioners.

The protective assessment will focus on addressing the following questions:

- What is the nature and level of risk to this child/young person?
- Based on available information, what significant harm does this child/young person face now and in the future?
- What changes need to occur in the family (and/or in the child/young person) to reduce the risk of harm to the child/young person?
- Are there other resources (family, neighbour, services etc) which can be drawn on to decrease the risk to the child/young person?

4.1.4

Assessment Activities

A thorough assessment may include some or all of the following functions. Where the investigation does not involve contact with the family by CSV (See 5.6.2) then 4.1.3.1 to 4.1.3.3 do not apply.
4.1.4.1

Contact With The Parents

The protective worker, being mindful that the parents are often anxious about statutory involvement, must maximise their involvement in compiling a family assessment. The assessment should focus on:

- precipitating behaviour and conditions existing for the family at the time of the statutory intervention;
- other current family problems and their duration;
- development and current well-being of the child/young person;
- development and current functioning of key family members, including the parents;
- family functioning and behaviour patterns;
- resources used by the family and available to the family to assist in tackling the problems;

Contact with the family is an ongoing process of assessment, formulation of hypotheses, testing hypotheses through intervention and re-assessment. These are not discrete tasks undertaken chronologically, but complex and inter-related and leading to firm hypotheses and intervention strategies.

The protective worker should:

- review any existing assessments with the family, clarifying where they disagree with the assessment
- concentrate on engaging the family
- clarify and demonstrate how you will work with the family
- discuss with the family what must change, always relating this back to the protective concerns
- identify the strategies aimed at reducing the risk to the child/young person
identify the services required which will assist in addressing the concerns and negotiate and advocate for the family with these services

begin to test your assessment hypotheses

begin to make predictions regarding the family's capacity to change, based on their past history and their acknowledgment of protective concerns.

4.1.4.2

Contact With The Child/Young Person And Assessment Of The Child/Young Person's Physical, Emotional And Intellectual Development And Functioning

Standard

See the child/young person. This is vital, particularly if the child/young person is at home; parents' description of a child's well-being is not acceptable.

Clarify your ongoing role for the child/young person and your responsibility as a CSV worker.

Gain access to the people of significance in the child/young person's world.

Gain an understanding of the child/young person's time-lines.

Alleviate any concerns the child may have regarding his/her responsibility for what has occurred.

The amount of direct work with the child/young person is linked to his/her age and stage of development. Part of the process is to determine if there are specific problems the child/young person may have in relation to his/her emotional, physical and psychological development. This may include observation of the child/young person's behaviour, inter-action with the child/young person, discussions with caregiver, multi-disciplinary assessment.

If the protective worker chooses to undertake a detailed assessment of the child using assessment tools (anatomically correct dolls drawing, play etc) the worker should discuss this in supervision with the SOC 3, clarifying that he/she has the necessary skills to
undertake such an assessment.

4.1.4.3

Contact With The Child’s/Young Person’s Extended Family

The child’s/young person’s extended family should be consulted as part of the protective assessment.

In situations where members of the extended family have had active involvement with the child/young person, their comments on the child’s/young person’s emotional and physical well-being and behaviour patterns should be sought. Members of the extended family may also be able to contribute information relevant to an assessment of the parent(s) capacity to care for and protect the child/young person.

Further, all members of the extended family, including those who have had minimal contact with the child/young person, should be consulted in view of their potential to provide practical or emotional support to the child/young person and his/her parent(s).

4.1.4.4

Involvement Of The Child’s/Young Person’s Substitute Caregivers In The Assessment

The child/young person’s caregiver/s must be consulted to obtain an understanding of the child/young person’s current level of functioning, factors which may influence this (e.g. access with parents) and to clarify any concerns the caregiver/s may have. However, the caregiver/s perceptions may be influenced by a number of factors (e.g. their understanding of "normal behaviour", their feelings towards the child/young person and parents); their input is only one part of the assessment and does not replace the need for the worker to see the child/young person.

4.1.4.5

Consultation With Agencies Who Have Been Involved With The Family (eg. Family Support Services, School Teacher, Kindergarten Teacher, Community Health Centre) to:

35
Ascertain their assessment of the family;

Clarify their current role with the family and their current plan for working with the family;

Clarify their future commitment and envisaged role with the family;

Explain CSV's statutory role and the need for a co-ordinated case plan;

Establish mechanisms for co-ordinating work with the child and family and having ongoing contact;

C&YP Act S.119

If the child is an Aboriginal child, contact must be made with a member of the Aboriginal community to which the child belongs, a member of the Aboriginal community or a person nominated by the Director-General and Aboriginal Agency

Standard

If the child comes from an ethnic background, contact may be initiated with a member of the appropriate ethnic community, either at the request of the child and/or family or in order to gain advice regarding appropriate intervention strategies;

Standard

If the child or parents are or may be eligible for Intellectual Disability Services, contact must be made with the appropriate services and to integrate the General Service Plan and case plan;

It may be appropriate to elicit this information by calling a case conference of all professionals involved, to ensure clear understanding of responsibility among all involved.

4.1.4.6

Consider Need For Multi-Disciplinary Assessment To Aid Decision-Making

It may be appropriate, in particular situations, to arrange an additional assessment of the child/young person and/or family member. This is ordinarily indicated when behaviour is difficult to explain or when a "second opinion" is required and may include a psychological assessment of the child/young person, a
paediatric examination of the child/young person, assessment of mother’s drug/alcohol problem and prognosis etc.

4.1.4.7

Examine the Need For Families And Children To Obtain Necessary Practical Services eg. Income Security, Housing, Child Care.

4.1.3.8

Contact With Any Significant Others

. The child/young person and/or family may have indicated significant relationships with other people e.g. extended family, ex-school teacher, neighbour. It is important to make contact with these people, (with the family’s knowledge and preferably with their agreement) to determine their understanding of their relationship with the child/young person and/or family, to determine their plans for future relationships, and their willingness to assist the family and/or child/young person.

4.1.4.9

Use Of Supervision/Consultation

The CSV protective worker has a number of supervision/consultation options available:

. individual supervision with the "SOC 3"; the "SOC 3" directs, co-ordinates enhances and evaluates the practice of the protective worker. The "SOC 3" must ensure that the statutory intervention is directed at the protective concerns and assist the worker to identify ways of alleviating these concerns. The "SOC 3" is responsible and accountable for the worker’s work and must be involved in regular supervision of that work (see Supervision of CSV Protective Workers Standards and Position Paper).

. group supervision and discussion with other protective workers;

. consultation with the "SOC 4"

Reference
consultation with "outside agency". Many regions have developed their own consultative processes with local child psychiatry services, child psychologists and paediatricians;

consultation within CSV. There are a number of avenues for consultation within CSV. Each region has a Maternal and Child Health Advisor and Pre-School Advisor able to be consulted regarding children under five years of age. Early Intervention staff can also provide advice regarding children of this age group. The Legal and Court Advisory Service is available for discussion on court reports, court processes and legal issues. The Streetwork Project is available for discussion regarding adolescents. Intellectual Disability Services can provide advice on parents/children with an intellectual disability.

In other words, protective workers are not expected to work with families and develop plans without access to discussions with others and such discussion is actively encouraged by CSV as a constructive and professional way of working.

4.1.5

Formulation Of Assessment

It is the sorting and co-ordinating of all these previously outlined elements of case-work and the identification of needs, problems and resources that leads to the protective worker's skilled assessment and case plan formulation.

The protective worker has:

- evaluated the child/young person's protective and developmental needs;
- determined the extent to which the parents can meet these needs;
- considered the extra support and services which currently have involvement with the family;
evaluated the continuing relationships between the child/young person and his/her family.

The assessment will inform decision making in relation to the need for, nature and focus of any further intervention.