

Te Awatea Review

TE AWATEA VIOLENCE RESEARCH CENTRE'S NEWSLETTER

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Director's Report

Dr Marie Connolly

Kia ora. Talofa lava. Kia orana.

Welcome to the second edition of our biannual publication *Te Awatea Review*. We are delighted that the Cathy Pelly Maungarongo Trust has provided us with a funding grant to cover the publishing costs of this edition of the *Review*. We would like to thank the Trust for their support of Te Awatea's aim to increase awareness and debate about issues of violence confronting Aotearoa New Zealand, and in particular, the impact violence has on the lives of women and children.

In this edition we bring a range of research and discussion papers that focus on the impact of violence on children. We are pleased to be able to report on new research – a study of child homicide recently completed by

Mike Doolan. Mike, formerly Chief Social Worker, is now Senior Adjunct Fellow at Te Awatea. We are also delighted to have contributions from Karolina Stasiak, Emma Davies, Jane Koziol-McLain and Kirsten Hanna, from Auckland University of Technology, about children's experiences of witnessing domestic violence, and from Annemarie Jost, who visited us last year from Fachhochschule Lausitz, Cottbus, Germany. Annemarie discusses ways to prevent violence in families where parents have mental health problems.

The year has been a busy one so far. In addition to the child homicide study, a number of research projects have been completed, and we have documented key findings in a "Research in Brief" section under Resources on Te Awatea's web site (www.vrc.canterbury.ac.nz). This will enable people to catch up with the



Miss Anne R. Just, President of the Christchurch Branch of Save the Children, presents a cheque to Dr Marie Connolly, Director of Te Awatea. The donation from Save the Children Fund will be used to support Te Awatea's 2004/5 seminar series.

research being undertaken at Te Awatea and to access more detailed articles and reports if they are of particular interest.

Our interest in publishing material that can contribute to a better understanding of the issue of violence has also led to our first substantial publication: *Violence in Society: New Zealand Perspectives*. This, and future publications from Te Awatea Press, has been made possible through a generous donation from The Family Violence Taskforce. The book is a collation of chapters, written by experts in their field, and addresses violence from a number of perspectives, such as child abuse, adolescent offenders, interpersonal violence within the home, community and stranger violence, elder abuse, and violence in the workplace. The book is available through the centre.

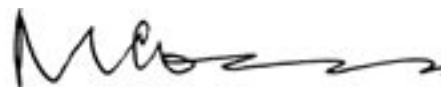
Our aim to develop an electronic bibliographic database as an easily accessible community resource is progressing. The database will collate and disseminate information about the characteristics and patterns of violence in New Zealand, research activity and findings, and effective, evidence-based practice initiatives.

While some progress has been made over the past two years in developing this resource, this has been slow as funding has been limited. However, earlier this year we were delighted to receive a grant from the Lion Foundation to support the development of the database and this has spurred our efforts in this regard. This funding grant has also enabled us to continue providing an important service: the help-desk function at Te Awatea. Our administrative co-ordinator responds to all requests for information, and as an extension of this, we have recently applied for funding to produce a set of information packs for human service agencies. These packs will provide resource kits on various aspects of violence. Topics will cover the areas that have generated most requests for information from the community: child abuse, family violence, and youth violence.

In addition, our seminar series for 2004 is going well, with presentations from Dr Craig LeCroy, a visiting professor from Arizona State University, speaking on programmes that empower adolescent girls, and Mike Doolan presenting the findings from his child homicide research.

This month we were delighted to receive a grant from the Save the Children Fund. This will enable us to invite national speakers for our seminars and is an exciting new development for Te Awatea.

We hope that you find this edition of *Te Awatea Review* useful to you in your work. Keep in touch.



Te Awatea ~ finding solutions

moving from darkness into light

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Incubated in Terror

Children Living with Domestic Violence

Karolina Stasiak, Emma Davies, Jane Koziol-McLain & Kirsten Hanna

This article is based on a draft review of the international literature conducted in association with an exploratory qualitative New Zealand study of children and their mothers' views of domestic violence interventions.

Until recently, children who witnessed or were exposed to domestic violence were not acknowledged as its real victims (Lansdown, 2000). This oversight has resulted in children being referred to as "silent", "forgotten" or "unintended" victims of adult-to-adult conflicts (Elbow, 1982; Groves, Zukerman, Marans & Cohen, 1993; Rosenbaum & O'Leary, 1981). Indeed, failing to acknowledge children's experiences is consistent with the traditional notion that marriage is essentially a means of male property ownership, including ownership of children (Kadushin & Martin, 1988).

Children who witness domestic violence may be harder to identify than child abuse victims: "Unlike children who are abused directly, they do not bear visible scars and are thus easily overlooked" (Berman, 1999, p. 104). These children do not refer themselves for treatment and do not seek specialised services. They are typically seen as battered women's responsibility and regarded as an additional "complexity" in safety, housing and financial concerns (Jaffe, Wolfer & Wilson, 1990). The vast majority of interventions for victims of domestic violence are adult-centred and not generally driven by children's needs or perspectives.

Children's exposure to domestic violence

To better understand the plight of children caught up in domestic violence, it is important to first define and understand what these children live through. Parents often believe that their children are shielded from the violence, claiming that because the violence occurred at night or while the children were playing outside, the children did not "witness" it (Jaffe et al., 1990). Children, however, frequently recall incidents, which they were not "supposed" to have seen. Children's experiences of domestic violence include being directly involved in a violent incident by visually witnessing their mothers being battered and hearing the verbal and physical abuse as it occurs (Edleson, 1999a). In one study, nearly half the children surveyed reported witnessing their father choking their mother (McCloskey, Figueredo & Koss, 1995).

Research also found that many children attempt to intervene during the violent assault to protect their mothers, either by shielding them from the attacker or by calling for help (Rosenbaum & O'Leary, 1981). Children's exposure to conflict does not stop when the violence does; they are also involved in the aftermath of a violent event (Edleson, 1999a). This might include police intervention, removal of their father from the home, moving to a women's refuge or other alternative housing, and witnessing their mother's

hospitalisation and emotional turmoil. When not directly exposed to violent outbursts, many children experience the omnipresent fear and intimidation produced by the violence (Jaffe et al., 1990). Fantuzzo et al. (1996, p. 120) conclude that "children in households with family violence are not just 'witnessing' a tragedy; they are involved in various ways in the violent incident." Perry (1997, p. 125) refers to children growing up in unstable, violent homes as "incubated in terror".

Children believed that the violence was a "family secret" and for that reason were very reluctant to open up.

The last decade has produced evidence that witnessing the battering of their mothers may be as traumatic for children as being a direct victim of abuse; both have similar psychological and developmental effects (Edleson, 1999a). There is increasing agreement that "family violence is a contagion that is seriously threatening the health and emotional well-being of many young children" (Fantuzzo et al., 1991, p. 258). Far too many children are living in "dangerous, chaotic, and highly dysfunctional families" (Jaffe et al., 1990, p. 466). Children caught in the crossfire of domestic violence are exposed to repeated incidents of violence between individuals with

whom they have strong personal and loving relationships.

Children as witnesses and victims of abuse

That children are placed in a position where they may witness domestic violence is sometimes referred to as a form of child maltreatment (Peled, 1997). Moreover, these children are often caught in what Hughes, Parkinson, and Vargo (1989) call a “double whammy”, the phenomenon of being both a victim and a witness of abuse. When the statistics are compiled, the overlap between domestic violence and child abuse is believed to be between 30% and 75% depending on the methodology and definition used (Appel & Holden, 1998; Edleson, 1999b; Emery & Laumann-Billings, 1998). Men who batter their wives are more likely to physically abuse their children (McCloskey et al., 1995); at the same time, battered women may use more punitive child-rearing strategies (Holden & Ritchie, 1991). Children may also be neglected because their mothers are preoccupied with the violence they experience from their partner or because they suffer from depression (Hilton, 1992).

Children’s perspectives

Lately, a number of qualitative studies have been carried out to investigate the ways in which children who have grown up amid violence suffer, make sense of, and cope with the violence in their daily lives. Qualitative methodologies are particularly important as they assist in providing an understanding of the child’s perspective, adding further insight into the complexity of children’s experiences of domestic violence.

Children are not merely witnesses of domestic violence but are directly involved ... in it and suffer equally harmful consequences.

Of particular relevance here are two recent studies. The first, by McGee (2000), investigated children and their mother’s experiences of violence, and the support services they received. More than half of the children said they had experienced various forms of physical abuse from their mother’s violent partner and nearly two-thirds were subjected to emotional abuse and controlling behaviours resembling those used by men to control women. Most children had also witnessed their mothers being beaten or assaulted, and “regardless of age they were very aware of the tense atmosphere in the home and lived in constant anticipation of trouble” (p. 110). The children were afraid to ask for help and did not want to talk about the violence out of fear of the violent man and of the danger they could place themselves and their mother in. Moreover, they were “acutely aware how easily they could be dismissed and even blamed for trying to cause trouble” (p. 216). Children believed that the violence was a “family secret” and for that reason were very reluctant to open up. However, even if they wanted to tell others about their situation, they did not know of any agencies that could assist them or how to contact them.

In the second study, Mullender, Kelly, Hague, Malos, and Imam (2002) asked children about their understanding of domestic violence, coping strategies, and the appropriateness of the support

they received. The research found that while only one-third of the mothers thought their children were aware of the violence, all the children knew what had been happening. Nearly all the children attributed the violence to the man, and the older children were, the more sophisticated their understanding of the power and control issues in the violence. The children were not passive or “silent” victims of the violence; all of them had conceived and utilised various coping strategies, which were often complex and advanced beyond their developmental age. Children knew how to keep themselves out of danger; some intervened directly when the violence was happening to either stop it or guard their mothers; many engaged in help-seeking behaviours by calling the police or getting neighbours to do so. The children also attempted to support their mothers by advising them to seek support and by helping their younger siblings. Children felt that agencies such as the police and professionals in courts were not sensitive to their needs. They wanted to be noticed, to be listened to and believed, to have their opinions taken seriously and to be supported. They wanted to be informed about what was happening to them and involved in decision making.

In professional literature and in practice, the terms “child witnessing” or “exposure to violence” have often been used. However, these terms carry with them certain assumptions about children’s passivity, lack of involvement, and perhaps a limited acknowledgement of the lasting impact of the trauma they experience. Research with children who have lived with domestic violence has challenged these notions, and, as a result, we no longer view them as secondary victims.

If, as researchers and practitioners, we are prepared to listen to children and respond appropriately to their needs, they will no longer remain unseen or silent. Children are not merely witnesses of domestic violence but are directly involved (primary victims) in it and suffer equally harmful consequences. Perhaps the reason they have been perceived as silent victims is because they have been silenced by our lack of understanding of the dynamics and trauma of domestic violence in children's lives.

Only recently have changes in policy begun to emphasise the need for child-centred interventions, yet there is a long way to go. Despite some of our best efforts, "while trauma inflicted by community violence or natural disaster often brings swift support and intervention for child victims, domestic violence too often brings resounding silence" (McIntosh, 2003, p. 230). Children and young people deserve to be given a voice and the recognition that theirs is a unique experience; we can then provide them with the interventions and support they deserve. By listening to their pain, and supporting them through it, we may be able not only to help the children here and now, but also to stop future generations from repeating the cycle of violence.

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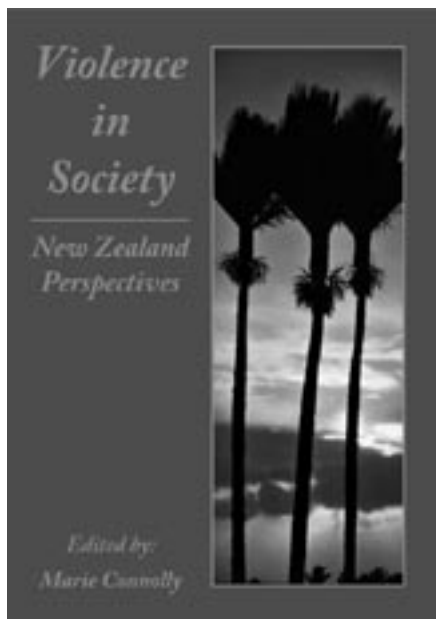
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The wellbeing of children matters to us all. How well they do affects how we as a society do. New Zealand's Agenda for Children, 2002.

Violence in Society New Zealand Perspectives



Edited by Dr Marie Connolly
Te Awatea Press, 2004

Violence in Society: New Zealand Perspectives, is the first publication from Te Awatea Press. The book focusses primarily on interpersonal violence and the ways in which the New Zealand criminal justice and helping services respond. The chapters address the following set of research and practice domains:

- child abuse and protection
- youth violence
- family violence and violence in intimate relationships
- crime and criminal justice
- professional issues.

These domains have been drawn from the research concentrations within Te Awatea Violence Research Centre and all have a preventative focus. Wherever possible, the themes of gender, culture, the family as an institution, and service responses to the victims and perpetrators of violence have been developed within the chapters to provide a sense of integration across the book as a whole.

Copies of the book may be ordered from:

Te Awatea Violence Research Centre, University of Canterbury, Private Bag 4800, Christchurch, Email: administrator@vrc.canterbury.ac.nz

MEDIA RELEASE from the Office of the Commissioner for Children — 18 June 2004

Children's Commissioner speaks out against culture of violence Dr Cindy Kiro

Children's Commissioner Dr Cindy Kiro has spoken out against New Zealanders' acceptance of a culture of violence against children and this country's poor track record for protecting children against physical harm.

In a keynote presentation to the Children's Issues Centre seminar held in Wellington, in June, Dr Kiro said concerted action by both government and the community is needed to improve New Zealand's statistics on children and young people.

Dr Kiro said New Zealand has high rates of maltreatment of children and escalating rates of notifications to Child, Youth and Family for cases of child abuse and neglect.

From 1989 to 2000, 162 children and young people aged 0-19

years died as a result of homicide and 3584 children were admitted to hospital as a result of non-accidental injury inflicted by others, Dr Kiro said.

"Like other western nations, we venerate and romanticise childhood, while at the same time we abuse, molest, incarcerate, segregate and exploit our children."

The Children's Commissioner noted UNICEF research which shows a pre-school child in New Zealand is 13 times more likely than a child in Sweden to die as a result of pedestrian injury.

"There seems to be a widespread indifference to the need to actively manage risks to our children and young people, both physical and psychological. Despite our outcry when tragedy occurs, we too

frequently sit by and allow lesser abuses to go unquestioned.

Dr Kiro said the government's SKIP programme (strategies with kids, information for parents) and the recently released Children's Issues Centre research into alternatives to physical punishment provide important information for parents and people who work with children.

However, Dr Kiro said people need to realise that in the 20 years following the banning of physical punishment in Sweden in 1976, only four children died.

"There are more deaths from maltreatment in Aotearoa each year, than in Sweden over the entire 20-year period," Dr Kiro said.

Child Death by Homicide

An examination of incidence in New Zealand 1991-2000 – Mike Doolan

This article presents the findings of a study examining the annual incidence of death by homicide of children aged 0-14 years in New Zealand in the decade 1991-2000. Some comparisons are made with international studies and with an earlier New Zealand study relating to the decade 1978-1987.

Statistics on child death by homicide are problematic. The international literature records a history of under-identification, counting issues and under-reporting (Herman-Giddens, 2001; Krug, Dahlberg, Mercy, Zwi & Lozano, 2002; Schlosser, Pierpoint & Poertner, 1992; Strang, 1996; Wilczynski, 1997). Furthermore, a class and race bias in what is reported as child abuse has implications for identifying child homicide resulting from abuse (Hampton & Newberger cited in Kotch, Chalmers, Fanslow, Marshall & Langley, 1993). The association between race and labelling intentional injury as child abuse is supported by New Zealand findings (Kotch et al., 1993).

Child death by homicide can be variously described as infanticide, filicide, death from maltreatment, manslaughter and murder. A recent attempt to understand the size and shape of global violence estimated that international rates of homicide attributed to child abuse vary according to the income level of a country and regions of the world. Rates in low- to middle-income countries are two to three times higher than rates in high-income countries. The highest rates are in the African region, the lowest in the European, eastern

Mediterranean and western Pacific regions; 57,000 homicides occur annually for children under the age of 15 years (Krug et al., 2002). In that age group, 3,500 children “die from maltreatment (physical abuse and neglect) every year in the industrialized world” (UNICEF, 2003, p. 2).

International rates of homicide attributed to child abuse vary according to the income level of a country and regions of the world.

Child homicide rates in New Zealand

The UNICEF study, which analysed child maltreatment deaths in 27 of the 30 countries that make up the OECD (Turkey, Iceland and Luxemburg were excluded), found a New Zealand child maltreatment death rate of 1.2 per 100,000 of the child population aged 0-14 years for the period 1994-1998, which placed New Zealand 25th out of 27 countries. Only the United States and Mexico had higher mortality rates. However, when figures were revised to include child deaths “of undetermined intent”, such as abuse and or neglect “that cannot be proved in a court of law” (UNICEF, 2003, p. 7), New Zealand moved to 22nd place. Both placings represent a deterioration in New Zealand’s position compared to the 1971-1975 period when the basis for the rankings was established. Then, the child maltreatment mortality rate was 0.9 per 100,000 of the child population, which positioned New

Zealand in 9th place out of 23 OECD countries. By 1998, New Zealand’s child homicide rate had deteriorated considerably to be surpassed by Belgium, Sweden, Switzerland, Canada, Austria, Australia, the United Kingdom, Finland, Poland and Japan, and improved only in relation to Portugal. Since 1971-1975, child homicide rates have decreased in 14 OECD countries, four countries have maintained a stable rate, and rates have increased in five countries, including New Zealand, but the increase is small and not statistically significant (UNICEF, 2003). Studies for the period 1984-1994 reveal that the incidence of child homicide in Australia, England and Wales did not increase, although in the US there was an increase, notably in the 15-17 year age group (Wilczynski, 1997)

Risk factors

In virtually every country, infants, particularly under the age of one year, are at greatest risk, with homicide rates in the 0-4 year age group more than double those of the 5-14 year age group, except in the US, where young men are most at risk (Hess cited in Snider, 1998).

A number of studies indicate that child homicide is predominantly an intra-familial phenomenon (Stroud, 2000; D’Orban, 1979). In a 1995 UK report, filicide (where a child is killed by a parent) constituted 71% of all child killings (Home Office cited in Wilczynski, 1997). Among the most common cause of death is injury to the head, followed by injuries to the

abdominal area (Kirschner & Wilson, 1998, Krug et al., 2002; Kotch et al., 1993). Child homicide by strangers is less frequent and has different characteristics from filicide. Stranger homicide usually involves an older child as victim, a male perpetrator, and the use of a weapon.

In virtually every country, infants, particularly under the age of one year, are at greatest risk of filicide.

There is growing awareness that different forms of family violence occur simultaneously. For example, an increasing body of evidence links spousal violence with violence towards children (Tomison, 2000). However, perpetrator gender is one aspect of child abuse that distinguishes it from other forms of violence, where, in general, men predominate as perpetrators and women as victims (Krug et al., 2002). A review of child abuse studies reveals that in the US and Australia, women are often perpetrators, although less frequently than men; while in the UK, the likelihood of abused children being killed by women rather than by men is more evident (Wilczynski, 1997).

Given the links between child abuse and other intra-familial problems, one would expect significant prior involvement of child protection and child welfare authorities in cases where children have died of neglect or physical assault. Studies confirm this. One study from the UK indicates that a high proportion of filicidal parents (79.5%) had been seen on a number of occasions by a variety of helping professionals prior to the death of the child (Block & Tilton cited in Wilczynski, 1997); similar findings were cited in an Australian study, although the proportion of cases was lower (59%) (NSWCPC cited in Wilczynski, 1997). In the US, of the 2000 children who died of abuse and neglect in one year, almost half were known to child protection agencies (Costin et al. cited in Stoesz, 2002).

The study: New Zealand child homicide from 1991-2000

This study undertook a secondary analysis of statistics of all child deaths by homicide for the decade 1991-2000 (New Zealand Police, 2003, unpublished data). The study examined issues such as age distribution, gender and ethnicity of the child victims, the cause of death, the relationship of

perpetrator to the victim, and the proportion of child homicides categorised as filicide. A key interest was, where possible, to assess what was happening in New Zealand during this period against international findings.

A total of 91 children were killed in New Zealand in the decade from 1991-2000, involving 101 perpetrators. The number of fatalities varied from year to year, from a low of 5 in both 1991 and 1996, to a high of 13 in 1992 and 1997. The yearly average rate was 0.24 per 100,000 total New Zealand population, compared with an estimated rate of 0.72 per 100,000 in the US, where a total of 2000 children are killed each year (Costin et al. cited in Stoesz, 2002). National statistics have remained relatively constant in New Zealand. The rate was 0.23 per 100,000 in the period from 1978-1987 and 0.25 per 100,000 between 1981 and 1990 (Kotch et al., 1993).

While the numbers in the New Zealand sample are statistically small and could render comparisons with different jurisdictions problematic, there is some congruence between patterns in the New Zealand data and those reported in international literature.

Fall in unallocated cases, rise in notifications

Child, Youth and Family 16 July 2004

Notifications of suspected child abuse to Child, Youth and Family have increased by over 10,000 in the past year but the number of unallocated cases has steadily gone down over the past six months.

Shannon Pakura, Acting General Manager Social Work Operations, said: "Contributing factors to the growth in notifications are an increase in public awareness of the issue of child abuse, the initiatives from both Government and the community reinforcing the message that child abuse is not acceptable and the reporting of historical and recent child abuse cases."

On the whole, the most critical and very urgent cases are allocated in a timely way.

There is growing awareness that different forms of family violence occur simultaneously.

It is clear that the risk of child homicide, particularly filicide, diminishes with age. Of all child homicides, almost two-thirds were of children less than five years of age, with the largest group under one year of age (26%). These findings are consistent with the international literature.

In all but 6 to 10 of the 91 cases in the 1991-2000 New Zealand sample the perpetrator knew the child they killed; the child's relationship to the perpetrator was not recorded in four cases. This is also consistent with findings of other studies that indicate child homicide is predominantly an intra-familial phenomenon. In terms of the gender of perpetrators, the New Zealand pattern differs only slightly from that found in overseas studies. As in England and Australia, fathers (54%) were the perpetrators in the majority of filicidal cases in New Zealand, followed by mothers (40%) and both parents (6%). Of homicides of children under the age of one year, 63% were filicide cases, with both mothers (29%) and fathers (29%) equally represented as perpetrators; this is in contrast to other studies which indicate that women are more likely to be perpetrators of deaths of children in this age group. In child homicides that were not filicide, men were more likely to be perpetrators (78%) than women (20%), a familiar pattern internationally.

For the period 1996-2000, only 20% (n=9) of child homicides were of children known to the Department of

Child, Youth and Family Services. While this data can not be compared with other studies because of variations in data collection methods, studies from the US, Australia, and England show that child homicide cases with prior agency contact ranged from 50% to nearly 80%. However, there is no common approach to what constitutes a child protection agency and some studies clearly included health and education professionals in their agency contact counts.

The nature of injuries causing death in New Zealand for the period 1991-2000 is also consistent with other studies. The largest group, one-third of cases, involved fatal head injuries. This should be regarded as a minimum figure, as the cause of death is sometimes classified in more general terms, such as "multiple physical injuries", which probably includes injury to the head. Death by battering accounted for almost half of the deaths. It is also important to note that there are differences between health and criminal justice data in recording child deaths due to homicide.

Of the 77 child fatalities in the 1978 to 1987 period, 14 (19%) were Maori, a slightly greater proportion than that of Maori children in the general population (Kotch et al., 1993). (The study included children aged 15-16 years as well as children aged 0-14). This raised a question as to whether there had been changes within the rates quoted above relative to Maori and non-Maori populations between the two ten-year periods. It seemed appropriate to re-calculate rates against the Maori and non-Maori child populations aged 0-14 years rather than the total population, given the changes in the make-up of the general population and in the ratio of Maori to

non-Maori in the child population. Comparisons of rates of child homicide between the two periods, 1978-1987 and 1991-2000, are presented in Table 1:

Table 1: Changes in rates of Maori and non-Maori child homicide: 1978-1987 and 1991-2000

Period	* Maori child population	* non-Maori child population
	0-14	0-14
1978-1987	1.05	0.92
1991-2000	2.40	0.67

* Rate per 100,000

The difference in the rates of Maori and non-Maori child homicide for the period 1978-1987 is not statistically significant ($p < 0.66$). Within the space of two decades, the Maori rate more than doubled to almost four times that of the non-Maori rate. The difference for the period 1991-2000 is highly statistically significant ($p < 0.0001$). The increase in the Maori rate between 1978-1987 and 1991-2000 is also highly statistically significant ($p < 0.0039$).

Care needs to be exercised in interpreting data relating to Maori. When the range of demographic data available is limited, there is a danger that race will be unfairly identified as a risk factor in child homicide. Had more extensive demographic data been collected, such as social class and income levels, family composition and social support, housing and environmental factors, stress and mental health issues, or family criminality, other variables indicating an association with risk of homicide may have emerged. While it is unrealistic to expect the police to collect this information when children are killed, it could be useful to record this data as part of a comprehensive child mortality review process under development in New Zealand. At least some of the variation between Maori

and non-Maori rates could be a manifestation of class and race bias, as noted in the international literature, in determining what is identified as child abuse.

The New Zealand data indicates that the child most at risk of homicide during the decade from 1991-2000 was less than one year of age, male, and Maori. The child was most likely to have died from battering, sustaining head and other fatal bodily injuries inflicted by one or other of his parents.

In summary, the overall rate of child homicide in New Zealand has remained constant relative to the total population, but a slight decrease in the homicides of non-Maori children is offset by a large increase in homicides rates of Maori children. New Zealand has lost ground to the majority of OECD countries since baseline measures were established 30 years ago. Patterns relating to the children's ages, gender and ethnic minority status, as well as the causes of death and the relationships of perpetrators to the children who died, all largely conform to the findings of international studies.

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- This article was the basis of a Te Awatea Violence Research Centre seminar presentation given in June 2004.*

Save the Children: Making a Difference in Children's Lives



Save the Children offers hope, protection and opportunity to millions of children whose rights are being violated. We're committed to narrowing the gap between reality and our ideal. We start by listening to children - learning about their lives, their hopes and views. We support practical projects which involve children and their families in improving their day-to-day lives - for the long term. We also use our global experience and research to lobby for changes that will benefit all children, including future generations.

Child Protection and Family Welfare: Statutory Responses to Children at Risk

This second book in the Te Awatea Press series will be published later this year. The author, Marie Connolly, investigates statutory child welfare practices from both an international and New Zealand perspective. The book explores the ways in which services respond to children at risk, how families are involved in matters that concern them, and how the state provides for children who cannot remain at home.

The book has been written as a resource for workers both inside and outside the statutory services, and is also a text for the new Human Services course, Child Protection and Family Welfare which will be offered by the Department of Social Work at University of Canterbury in 2005.

If you are interested in knowing more about the Human Services course, please contact:

Department of Social Work
University of Canterbury
Private Bag 4800
Christchurch

Phone: 03 364 2443

Web site: www.sowk.canterbury.ac.nz

WHO Report

The Economic Dimensions of Interpersonal Violence



Beyond the very personal human tragedies associated with each and every case of violence, its consequences are extremely costly to society in economic terms. Responding to violence diverts billions of dollars away from education, social security, housing and recreation, into the essential but seemingly never-ending tasks of providing care for victims and criminal justice interventions for perpetrators. Dr Catherine Le Galès-Camus, **WHO**.

This is a key message from a report released by the World Health Organization (WHO) in June 2004. *The Economic Dimensions of Interpersonal Violence* separates the costs of interpersonal violence into three main themes:

- The economic effects of interpersonal violence in a variety of socioeconomic and cultural settings
- The economic effects of interventions intended to reduce interpersonal violence
- The effects of economic conditions and policies on interpersonal violence.

New Zealand homicide costs are included in examples of the costs of crime from a number of Western countries:

In England and Wales in the United Kingdom, the total annual costs of crime are estimated at US\$ 63.8 billion, of which more than 60% is lost to murder, sexual assault and other violence-related injuries. Homicides alone are estimated to cost Australia US\$ 194 million per year, New Zealand US\$ 67 million per year, and South Africa's Western Cape Province US\$ 30 million a year.

The report paints a grim picture of the victimization that results from interpersonal violence:

1.6 million people die from violence around the world every year, and millions more are injured and suffer from physical, sexual, reproductive and mental health problems as a result. Violence is among the leading causes of death for people aged 15-44 years, accounting for 14% of deaths among males and 7% of deaths among females. While most male victims of homicide are killed by strangers, almost half the women who die due to homicide are killed by their current or former husbands or boyfriends, while in some countries it can be as high as 70%. With regard to child abuse, studies from selected countries suggest that about 20% of women and 5-10% of men suffered sexual abuse as children.

The full report is available from: www.who.int/violence_injury_prevention/publications/violence/economic_dimensions/en/

Te Kupenga Whakaoti Mahi Patunga/National Network of Stopping Violence Services

Te Kupenga Whakaoti Mahi Patunga/National Network of Stopping Violence Services focusses specifically on addressing men's violence to women and working with the victims of such violence. The organisation's mission is "to enable all people in Aotearoa/New Zealand to live free of all forms of violence, abuse and oppression."

TKWMP/NNSVS is the umbrella organisation for 31 member agencies which work with men and women to end family violence. The network also works in relationship with 25 Maori agencies.

Clients groups

Member agencies of TKWMP/NNSVS work with a number of client groups, both mandated and self-referred, in family violence prevention:

- men who use abuse and violence in relationships
- women who have been abused
- children who are victims of or witnesses to family violence.

Eliminating violence

To achieve its goal of eliminating violence, TKWMP/NNSVS:

- participates in forming government strategy, for example *Te Rito: Family Violence Prevention Strategy*
- helps shape government policy
- advocates for member agencies to government
- develops resources and group programmes
- participates in public education, for example forums such as those held alongside the musical, *Once Were Warriors*
- raises awareness of family violence in the media
- offers training programmes to member agencies
- networks with other agencies.

History

TKWMP/NNSVS has its roots in the Men for Non-Violence groups of the 1980s, formed in response to women's refuge's call for men to challenge men about their abuse of and violence to women and children. As Sandra Toone, Women's Refuge CEO, said: "If programmes for men are to be effective, they must be accountable to battered women ... and co-facilitated by Refuge women to keep women's reality of violence constantly before men." Increasingly, women were welcomed as co-facilitators in men's stopping violence programmes in the 1990s. The network adopted a partnership model with Maori in 1999, and is managed by a Maori and Tau Iwi executive.

Closer collaboration with survivor agencies is a key part of TKWMP/NNSVS's work; and in 2003 the national office moved into shared premises with the National Collective of Independent Women's Refuges (NCIWR), and Child Abuse Prevention Services (CAPS), forming a strong and vibrant collaboration that reflects the needs of women, children and men.

For more information contact:

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Preventing Violence

against Children in Families with Mental Health Problems

Annemarie Jost

This article highlights some of the issues to be considered for children in families where there are mental health problems, with particular reference to foetal alcohol syndrome and ways to prevent associated parenting problems from escalating to violence.

Mental illness does not automatically mean poor parenting, but mental illness can be a significant and common factor in parenting problems that can sometimes escalate to violence. Frequent and severe mental health problems among parents include alcohol and drug dependency, depression, schizophrenia, and personality disorders. To understand the influence mental illness has on parenting, we need to look at parenting problems within the context of the family and the existing family resources. The socioeconomic context is particularly relevant as many mentally ill parents live in poverty. Genetic aspects and violence to the foetus also need to be considered in relation to children's development.

This article focusses on preventing violence towards children in families with mental health problems at three different developmental stages: before birth, during early childhood, and when school aged, and discusses the following topics:

- Foetal alcohol syndrome (FAS) and resulting parenting problems
- Early childhood neglect and violence in the context of mental illness

- Intervention strategies to help school children cope with difficult family situations.

Foetal alcohol syndrome and parenting problems

Foetal alcohol syndrome (FAS) is one of the most frequent, single prenatal causes of mental retardation in the Western world (Löser, 1995). Heavy alcohol consumption, especially binge drinking during pregnancy, can cause a syndrome characterised by growth deficiency and central nervous system dysfunction resulting in alcohol-related birth defects (ARBD), typical facial abnormalities, and mental retardation.

Even if all the characteristics of foetal alcohol syndrome are not present, the child may still be affected by a complex pattern of behavioural and learning difficulties, including problems with memory, attention, and judgment. These are not always diagnosed correctly. Later, foetal alcohol effects are associated with secondary disabilities, such as mental health problems, disrupted school experience, alcohol or drug addiction, and trouble with the law.

Since foetal alcohol syndrome can have as devastating an impact as many other types of violence a child may encounter after birth, it is important to address the topic of alcohol abuse in pregnancy. To assist alcohol-addicted pregnant women to acknowledge their dependency and seek treatment requires co-operation

between different professions, such as gynaecologists, social workers, nurses, general practitioners, and alcohol and drug counsellors.

Foetal alcohol syndrome (FAS) is one of the most frequent single prenatal causes of mental retardation in the Western world.

Education and counselling alone may not be sufficient for high-risk women who abuse alcohol and drugs during pregnancy. Home visitation programmes for at-risk women during pregnancy and after childbirth have been developed and successfully implemented in some areas of North America. Paraprofessionals, who themselves may have had alcohol or drug problems, can help other women at risk and, as role models, foster hope for change (Grant, Ernst, Papalilauan & Streissguth, 2003).

Parenting a child affected by alcohol during pregnancy can create enormous stress that can escalate into violence. Parents and foster parents need support and counselling; yet to provide better counselling, we need to be better able to diagnose FAS or foetal alcohol effects (FAE). Typical problems for children affected by alcohol during pregnancy include: feeding and growth problems, sleeping problems, hyperactivity, attention deficit disorder, impulse control problems, and learning disabilities.

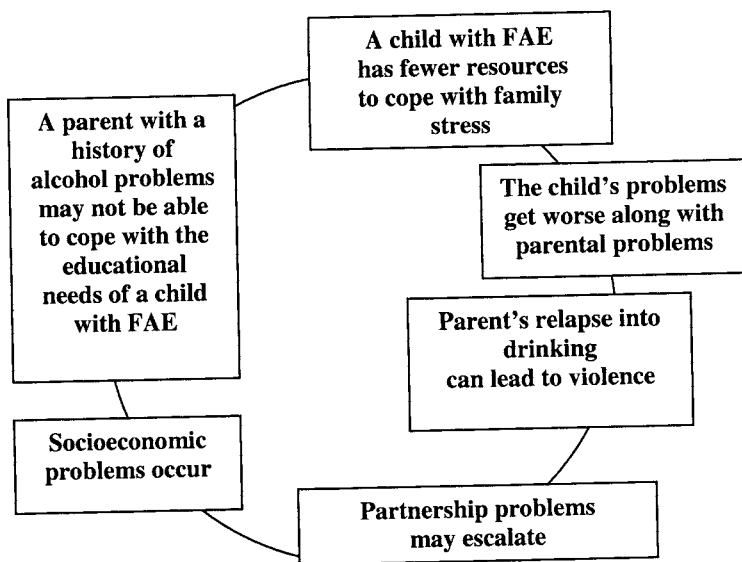
Children with FAS or FAE need:

- Love, patience and support
- More supervision than other children to avoid danger
- A clearly structured environment with very clear consequences
- Repetition and reduced speed
- Avoidance of sensory overload (in groups, by media)
- Help with learning disabilities
- More medical attention.

Early interventions that address the need for alcohol dependency treatment, rehabilitation and practical support may help to prevent stress from escalating into violence (see Figure 1).

Figure 1: Families with children affected by foetal alcohol effects: The vicious circle that can lead to violence.

The Circle of Violence



Early childhood neglect and violence – in the context of mental problems

Psychiatric illnesses, such as maternal depression, postpartum psychosis, personality disorders, and alcohol and drug problems may lead to

early childhood neglect or violence (Goodman & Brumley, 1990; Klein, 1997). In addition, a number of psychodynamic causes may increase parenting problems. For example, parents may themselves, as children, have experienced poor parenting; they may still need to be parented, or they may regress and feel needy or overwhelmed when confronted with a young child and the responsibilities of being a caregiver.

Partnership problems when children are born may also result in parenting problems. Many studies indicate that partnership problems increase with the new role of being parents. The Dunedin longitudinal study, for example, revealed that young parents of small children were more likely to have violent relationships (Moffitt & Caspi, 1999). Mentally ill mothers tend to live alone with their children, and, as a result, face social isolation and

economic problems more than other mothers (Deneke, 1998; Goodman & Brumley, 1990; Hinze & Jost, 2004). Early detection of severe parenting problems associated with mental illness needs the co-operation of social

Parents remain parents and helpers are helpers ... even if abused, children feel a strong attachment to their parents.

workers, midwives, paediatricians, pre-school teachers and other professionals working with young children. Parents with mental illnesses may try to cover up their parenting problems, afraid their children will be taken away from them. This fear can be reduced and an atmosphere of trust developed with practical support from mother and child units. Support groups for new parents/ mothers and links with community services can help to detect and address any parenting problems, including partnership problems.

Many parents, generally, lack knowledge of educational issues, such as the importance of child-directed play, praise and approval, and setting appropriate limits and schedules of reinforcement. Behavioural, parenting, and family skills training programmes are particularly effective in assisting parents to develop good skills and in breaking the intergenerational cycle of parenting difficulties, youth problems, and violence (Kumpfer & Alvarado, 2003).

Interventions with very “dysfunctional” families should start early (even prenatally). Mother and baby units (such as at Princess Margaret Hospital in Christchurch) focus on early intervention and combine inpatient and outpatient support for mothers with severe mental health problems.

Effective programmes use multi-component and interactive methods that include role play, video play back, and so on, rather than focussing solely on cognitive aspects. Interventions should emphasise the strengths and

resilience of parents. Those that include strategies for improving relations and communication, and serve a monitoring function, are especially helpful (Kumpfer & Alvarado, 2003).

As practitioners, we need to be constantly aware of strong emotional reactions such as may be experienced by parents when they notice that others can interact with their children "better" than they can. Through supervision, practitioners need to address the conscious and unconscious motherhood issues of themselves as helpers. Parents remain parents and helpers are helpers. Practitioners need to be alert not to step outside the boundaries of their roles and to remember that, even if abused, children feel a strong attachment to their parents. Cultural sensitivity, good co-operation between mental health and child and family support services, and practical support are important in assisting the most needy families and ensuring they receive services. When interventions can not take place in the family home, childcare, meals, transportation and rewards need to be provided to encourage attendance (Kumpfer & Alvarado, 2003).

Future developments in interventions may adjust family and parenting programmes to address specific mental health problems, such as:

- Deterioration of mental problems or relapse into alcohol-dependence
- Sensitivity to sensory overload, paranoid fears and need for space (schizophrenia)
- Depression and low self-esteem.

Children profit from continuous relationships to significant others, who may be kinship or foster parents, during the deterioration of the mother's health. As the mother recovers and

the responsibility for the children is returned to her, significant others should remain available to the child. With a severely depressed mother, there is a delicate balance between ensuring the mother-child attachment is uninterrupted, and the child's need to be responded to emotionally is provided for.

Effective interventions can help school-age children cope with the stress caused by mental problems in the family and to seek help when the problems escalate into violence.

When working with depressed parents, it is important to address the topic of suicidal ideation and to be aware of possible "enlarged suicide" plans of depressed parents. That is, thoughts of suicide may encompass the deaths of others, specifically dependant children. It is also a challenge for professionals and family members to communicate age appropriately with children, particularly when a parent has died as a result of suicide. Many families feel unable to talk to children about a parental suicide, and children remain confused and isolated, unable to deal with their intense feelings.

Children of schizophrenic parents who are part of a delusional system (especially in terms of threats or control) are also at risk of violence. Abuse is often associated with the deterioration of a psychosis. Co-operation between psychiatric and child and family support services is ideal; careful monitoring is particularly important when further risk factors are detected. Risk factors include:

young parents, parents with a history of aggressive behaviour, intense anger or fear with weak controls, parents exposed to violence as children, a violent environment and economic instability, alcohol or drug abuse, and additional neurological impairments (which may be characterised by sudden outbursts of rage).

Interventions with school-age children

By the time children attend school, problems will often have a long history. When these become apparent at school, children may also be referred to counselling or to statutory agencies (such as, Child, Youth and Family Services). While interventions at the pre-school stage focus on parenting issues and on the family, school-age children, unless they are taken out of the family, profit from group interventions with other children facing similar situations. Teenagers tend to start seeking help independently and addressing taboo topics themselves. However, it is still very important to win parents' co-operation and trust in the interventions. Community-based programs are particularly influential when the same professionals work with families for many years and can build up an atmosphere of trust and support.

Effective interventions can help school-age children cope with the stress caused by mental health problems in the family and to seek help when the problems escalate into violence. Interventions should:

- Provide a safe environment where children can talk about their experiences
- Validate children and assure them they are not at fault for their parents' problems

- Provide an environment where they can be children and have fun
- Help children overcome isolation
- Educate and provide children with information about mental illness
- Help children to deal with crises
- Include children in psycho-education
- Encourage and support children to get help when they develop mental problems themselves.

Interventions may include group work, education both at school and through the media about mental health topics, conflict management, and de-escalation techniques. In families where children are growing up with parents who have mental health problems, involving extended family and community networks, addressing socioeconomic problems, and providing practical support are further important aspects that can prevent problems from escalating into violence.

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Professor Annemarie Jost teaches mental health, counselling and stress management at Fachhochschule Lausitz in Cottbus, Germany. Professor Jost was a visitor at Department of Social Work, University of Canterbury, in 2003.

This article was the basis of a Te Awatea Violence Research Centre seminar presentation given in November 2003.

Child Abuse Prevention Services NZ Inc

Hutia te rito o te harakeke, Kei hea te komako e ko?



CAPS NZ is a nationwide community service specialising in child abuse prevention and active in child advocacy and child protection. Thirteen regional groups from around the country are associated with CAPS. All share a common philosophy and code of ethics.

CAPS NZ's mission is to protect children by providing support and services to parents, caregivers and children. Services include individual counselling, home-based support, group therapy, and parenting education. This helps families to "overcome their shame" and have "the dignity of being able to seek and get help for themselves."

Child abuse prevention programmes CAPS has two child abuse prevention programmes:

The **Anger Change programme** is designed for parents who are primary caregivers for children and who have physically or emotionally abused their children, or are at risk of doing so. The programme uses a therapeutic group approach to resolving underlying rage that is inappropriately directed at a child.

The **0800 Child Abuse Prevention Line** is an information and advice service designed to prevent the abuse of children and young people. The service provides support for parents or caregivers who seek help, and advice and information for community members and agency workers who are unsure how best to help a child about whom they have concerns.

For more information or to find out if there is an agency affiliated to CAPS NZ in your area, contact:

Heather Henare, The National Co-ordinator, Child Abuse Prevention Services NZ Inc, PO Box 6721, Marion Square, Wellington, Phone: (04) 801 2704, Fax: (04) 385 9897, Email: caps.nz@xtra.co.nz

Towards Precautionary Risk Management of TV Violence in New Zealand

Television Violence Working Group, 2004

The report from the TV Working Group, Towards Precautionary Risk Management of TV Violence in New Zealand, was released in April 2004.

The aim of the government commissioned project was “to provide a contemporary view on violence on TV, whether it represented a problem in the context of New Zealand society, and if so, what ought to be done about it.”

Chair of the TV Violence Working Group, Dr Rajen Prasad, said, “While there is a high incidence of violence shown on New Zealand TV, its influence on anti-social behaviour is not a simple issue to determine.”

As an accompanying report from Auckland University of Technology, Television Violence in New Zealand – a study of programming and policy in international context, notes:

“Children appear to be one of the greatest risk groups in respect to TV violence. Cartoons are the most violent genre on New Zealand television in 2003. They have also been the most violent in all earlier local research, and in all international research. While television is but one factor in children’s lives and development, there does seem to be some connection between children who have had a violence-

saturated media diet and aggression in later life. In addition, television is more likely to have a negative impact on children who grow up with a cluster of negative influences such as poverty, domestic violence, truancy, etc. The ‘replacement effect’ of television may also be detrimental to children” (King, et al., 2003, p. iii).

Both reports are available online:
www.tv-violence.org.nz

Te Awatea SEMINAR SERIES May 2004

Empowering Adolescent Girls: A Universal Prevention Programme

Dr Craig LeCroy presented a workshop on the Go Grrrls primary prevention programme being implemented in schools across the United States and Canada. He discussed the 14-week curriculum designed specifically for early adolescent girls. The programme is grounded in an empirically-based framework that includes six critical tasks for healthy adolescent development: positive gender role identification, positive body image, positive self-image, responsible decision making, making and keeping friends, obtaining help, and planning for the future. These tasks form the basis of the curriculum.

Dr LeCroy has also conducted outcome studies of the programme. Using a randomised control group design, he found the programme resulted in positive gains for participants when compared with a no-treatment control group.

The basis of the programme and the prescriptive curriculum are published in: *Empowering Adolescent Girls: Examining the present and building skills for the future with the Go Grrrls program* (2001) (W.W. Norton). A programme workbook is also available: The Go Grrrls Workbook.

More information about the programme is available at:

www.public.asu.edu/~lecroy/gogrrrls/gogrrrls.htm

Adolescent Female Perpetrators of Sexual Abuse

Nikki Evans

A recent research project commissioned by the STOP Adolescent Programme in Christchurch focussed on the incidence of adolescent female perpetration of sexual abuse. The team of researchers was led by Nikki Evans from Te Awatea Violence Research Centre.

The notion of females engaging in sexually abusive behaviour can seem incomprehensible to many people, except, perhaps, to those people in our societies who have been sexually abused by a girl or a woman. Research into the social issue of adolescent female sexual abuse is scarce. Assessment tools and guidelines for interventions with this cohort are scarcer. Yet social workers, psychologists, counsellors and others find themselves, at different times in their career, intervening with a female client who has sexually abused.

This research is the first of its kind to be undertaken in Aotearoa New Zealand and is intended to contribute to the emerging knowledge around clinical characteristics and treatment needs of this group of young people. As an incidence study, the research was intended to consider the need to develop a specialist programme for this cohort. A questionnaire, designed to access information about incidence as well as to elicit characteristics of young women identified in the study as having engaged in sexually abusive behaviours, was sent to approximately 400 Christchurch professionals working within health, mental health and adolescent-related services.

Respondents identified eight clients who were adolescent females currently aged between the ages of 12 and 19 years and known or suspected to have engaged in sexually abusive behaviours. Some respondents also referred to young women who could not be included in the study as they were outside the 12-19 year age range.

A qualitative analysis of the results identified factors that were generally in accordance with the emerging international literature in this area. For instance, three of the adolescents had abused very young children, that is, those under five years. Half of the adolescents had abused males, while two had abused children of both genders

and one had abused a female(s) only. This finding is also consistent with other research that indicates that females tend to abuse males more often than females, a pattern that is the inverse of their adolescent male counterparts. In nearly all the cases, the adolescents abused people well known to them. Siblings, including foster and half-siblings, was the most frequently noted relationship between perpetrator and abused. Others included peers at school or a child of family friends in the neighborhood. These factors, along with others, may make it less likely that those abused by female perpetrators will report the abuse.

A high rate and range of mental health issues were reported for the eight young women identified in the study. However, the high levels of mental health issues noted may be a function of the research design: respondents were health and mental health professionals working with the young women for reasons other than their sexually abusive behaviour.

A history of physical, sexual and emotional abuse was a common characteristic in the developmental trajectory of the young women identified by respondents. Six had a history of having been sexually abused by a male perpetrator. It was not known if the other two had a history of sexual abuse. Other studies have noted that a majority of female perpetrators have experienced emotional and sexual abuse in their lives, especially those who abuse independently (Davin, Hislop & Dunbar, 1999).

Research suggests that early intervention is an important factor in securing a positive outcome from treatment (Blues, Moffat & Telford, 1999). In the group of young women represented in this research, a number were quite young at the time of the onset of their sexually abusing behaviour; one was 11 years, two under 13 years.

Early intervention is critical as a time lag can negatively influence the effectiveness of any intervention process. However, any time lag may also reflect societal responses to this issue as well as service provision issues. The risk is that more children may be abused by young women who have not accessed specialist interventions. The fact that the young women in this study were not referred to, nor

were inquiries made to, the STOP Programme, which is the only specialist agency in this field, may also indicate a lack of awareness by professionals of the need for young women who have sexually abused to receive specialist treatment or of the availability of such programmes.

The Christchurch STOP programme currently offers limited services for this population. And, according to Manager Don Mortenson, as an outcome of this research, in collaboration with other community-based sex offender treatment providers in the country, is working with government agencies to establish a best practice intervention for adolescent females.

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The STOP Trust, based in Christchurch, New Zealand, is a registered Charitable Trust which provides community-based treatment services for children, young people and adults who have engaged in sexually abusive behaviour.

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Research Project: Seeking Participants

Workplace violence: Exploring co-worker violence toward social workers

The aim of this project is to discover the implications for social workers of physically, sexually, and emotionally abusive behaviours and threats or bullying from other workers, both from within and outside of the social work profession. Since in carrying out their profession, social workers network with organisations and practitioners outside their own agencies, the term "co-worker" is applied broadly. It includes workers from other agencies and organisations, and includes employers and employees at various levels of occupational hierarchies.

Incidents do not have to have been formally notified or reported, and the aim of the investigation is to seek to understand the effects of the violence and its aftermath on the social worker, as well as any systemic or policy implications.

Participants are sought nationally, from Christchurch (and surrounding townships), Wellington, Auckland, Hamilton, and New Plymouth. Criteria for inclusion are that participants have completed the equivalent of two or more years of full-time social work education, and have experienced an incident or incidents of co-worker violence.

Your involvement in this project will entail partaking in an audio-taped interview of approximately one to one and a half hour duration, at a time and place convenient to you. You will have the right to withdraw from the project at any time, including

withdrawal of any information provided.

I can be contacted by telephone, or by mail (including email) at the address below. Any discussion will not commit you to participation (formal information and consent processes are in place), and will be kept in confidence.

The project has been reviewed and approved by the University of Canterbury Human Ethics Committee and is being undertaken in association with Te Awatea Violence Research Centre.

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Elder Abuse and Enduring Power of Attorney

Age Concern New Zealand April 2004

Elder Abuse and Enduring Power of Attorney, a special report from the Age Concern New Zealand, was launched in April 2004.

The topic of Enduring Power of Attorney (EPA) was selected for research in response to interest in EPA and elder abuse and neglect, both in New Zealand and internationally. Drawing on its Elder Abuse and Neglect Database, Age Concern New Zealand set out to conduct an analysis of the data and to identify changes to the data collection tool prior to commencing data collection for 2004/05. The report shares both the findings of the data analysis, and the lessons learned through the process of preparing the report.

The report concludes with a summary of the key findings that emerged from the data analysis:

The importance of giving Enduring Power of Attorney does not appear to be well understood. Nearly 20% of those clients whose EPA status was known did not have an EPA.

It seems that Maori are less likely to have given EPA.

It also seems that people tend only to do so when they are quite old and have probably already developed some vulnerability to abuse or neglect. It

would be preferable if people give EPA earlier, in anticipation of future need, when they can make more informed decisions because there is less need for haste.

The data reveals little about the extent to which giving EPA provides protection from abuse and neglect, largely because EPA data was not collected for all clients.

Material or financial abuse, and psychological abuse, feature most frequently as the main types of abuse experienced by those clients who have given someone EPA. This finding needs to be treated with caution however, given that coordinators did not routinely record EPA status for all clients (ie there may be a systematic bias in the data).

This reservation notwithstanding, cases where the client has an EPA and the main form of abuse is material or financial, appear to require investigation more frequently and to take more time to address, than where the main type of abuse is not material or financial.

The full report is available through Age Concern New Zealand's web site:

www.ageconcern.org.nz/?/article&id=0000000070

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to another person.

The Toronto Declaration on the Global Prevention of Elder Abuse.
www.who.int/hpr/ageing

1 October

International Day of Older Persons

A demographic revolution is underway throughout the world. Today, world-wide, there are around 600 million persons aged 60 years and over; this total will double by 2025 and will reach virtually two billion by 2050 – the vast majority of them in the developing world.

World Health Organization
www.who.int/hpr/ageing

Book Review

Innovative Approaches to Stopping Family Violence

Social Work Theory into Practice Series

*Edited by Ken McMaster & Arthur Wells
Wellington: Steele Roberts, 2003
Reviewed by Andrew Frost*

The editors begin by promising a thorough exploration of family violence intervention services in Aotearoa New Zealand. They propose to do this by presenting current theoretical approaches alongside local perspectives on a range of settings and populations. How well is this promise realised?

At the outset, we are introduced to a broad, contemporary, but relatively conventional conceptual review of the field, culminating in a set of generally agreed practice principles. A clear agenda is established for the pragmatic concern with planned change. The introduction concludes elegantly: "The challenge in any intervention is how to integrate these [practice principles] into a progressive curriculum so the objective of stopping abusive practices is promptly achieved."

The remainder of the text is largely devoted to investigating such curricula and how they might be supported and evaluated. In doing so, it looks at a range of populations either perpetrators or targets of violence and - sometimes controversially, perhaps - at the dynamics of abuse within and without relationships.

This task is divided into three parts:

- new areas of practice with women & children
- working with violent men

- issues & challenges of working in this field.

Part One, focussing on work with women and children, offers a series of chapters surveying the considerations in a range of work with specific populations: women who use violence, same-sex couples, children, and women from gangs. There is some thought-provoking stuff here as the conventional focus on men's violence against women and children is shifted somewhat to illuminate these other domains. We are confronted with the complexity of violence and its abusive attendants of control, "grooming", and intimidation.

Part Two deals with the traditional bread and butter of the family violence field: interventions with male perpetrators. Specifically, the authors address current group programmes, marae-based practice, couple therapy, an approach to working with violent fathers, and violence in Polynesian families. There is emphasis here on both content and process, across modality and perspective. Collectively, these chapters are both informative and instructive.

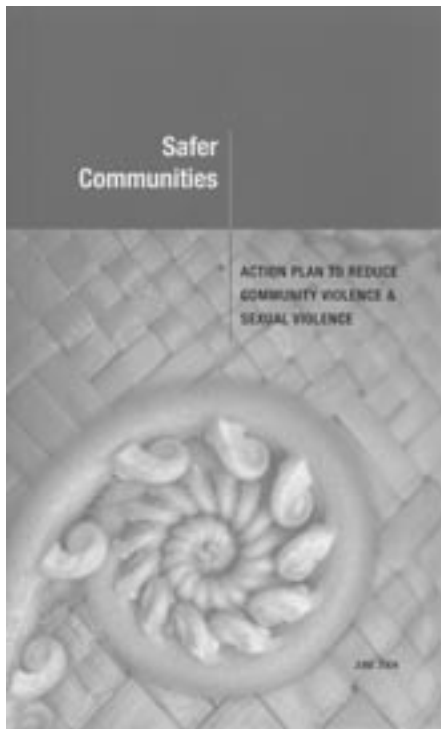
Part Three takes a step back from the coalface to review the context of practice: training, supervision, and programme evaluation. This section opens with a chapter by experienced practitioner Trish Kirk: Maintaining our passion and integrity.

The book does not shy away from tackling controversy and complexity. Contributors are from a wide

variety of sectors and address a comprehensive range of matters. It is authoritatively edited with a clear kaupapa of praxis and change. The diversity of contributor, modality, and domain enhance the breadth of its appeal. As we might expect in an edited book, the text strays from the strictures of its kaupapa at times. Conjecture and suggestion are sometimes presented as prescriptions or imperatives. Somewhat speculative claims are occasionally made. However, such erring can be seen to add passion and diversity, and has the payoff of keeping the reader engaged. Cultural vitality and practice wisdom add to clinical application rather than subtracting from it. Less easy to justify are the typos scattered like thistles through a lush paddock and the odd diagram which I found hard to make sense of.

The combination of formal theory overlaid on an impressive breadth of domain and perspective, however, creates a highly practical matrix and template for intervention. My overall impression is that this is a scholarly yet practical and mostly readable text, making it a more than useful contemporary handbook for New Zealand practitioners, students, and policy makers.

Dr Andrew Frost is Senior Practitioner and Supervising Therapist at Kai Marama Therapy Unit, Rolleston Prison.



Safer Communities

Action Plan to Reduce Community Violence & Sexual Violence

Ministry of Justice

June 2004

Safer Communities: Action Plan to Reduce Community Violence and Sexual Violence was released by the Ministry of Justice in June 2004.

The Action Plan outlines the Government's current and planned initiatives to reduce violence. It identifies how to fill gaps in current initiatives, and emphasises prevention, early intervention, and the development of local-level responses.

Launching the Action Plan, Justice Minister Phil Goff said, "Violence is a problem that is of concern to everyone. It is physically and emotionally damaging, and it provokes fear."

The Action Plan highlights the use of environmental design to prevent crime including sexual offending.

"Use of these techniques overseas shows that something as simple as improving street lighting can reduce crime in an area by as much as 20 per cent. Crime can also be reduced through a better layout of buildings and pathways to remove narrow alleyways and cul-de-sacs," Mr Goff said.

"The Action Plan also sets out steps to identify new techniques for the early identification of offenders, as well as the need to consider new services for victims and new treatment options for a wider range of offenders.

"To ensure a more comprehensive response to sexual violence, which is not the sole responsibility of any one government department, the Ministry of Justice is bringing together a group of relevant agencies to take ownership of the issue."

The Action Plan also complements other violence prevention strategies, such as *Te Rito: The Family Violence Prevention Strategy*.

The full report is available from:

www.justice.govt.nz/pubs/reports/2004/action-plan-community-sexual-violence/index.htm

A SELECTION OF

INTERNATIONAL CONFERENCES: 2004–2005

14 September 2004 – Auckland

29 September 2004 – Christchurch

1 October 2004 – Wellington

An Ecological Framework and a "Stages by Dimensions" Approach to Treatment

Further information:

Email: dsac@ihug.co.nz

Web site: www.dsac.org.nz/seminars/index.html

1 - 2 October 2004

The Critical Early Childhood Years - Rethinking Current Interventions and Strategies 3rd National Conference from the Queen Elizabeth Centre, Melbourne, Victoria

Themes: Care and education in early childhood; high needs families and high-risk infants; prevention and early intervention for parents and children; early parenting education.

Further information:

Web site: www.qec.org.au

2-5 October 2004

Global Social Work Conference: Reclaiming Civil Society Adelaide, SA

Theme: To support social workers to provide leadership for the active re-engagement of citizens in participative communities, locally, nationally and globally.

Further information:

Web site: www.icms.com.au/ifsw/

6-7 October 2004

Challenging Violence: Changing Attitudes Changing Lives Christchurch, NZ

Themes: Managing Risk; Cross-Cultural Practice

Further information:

Telephone: 03 365 6266 (John or Lynda)

Email: svs-chch@xtra.co.nz

13-15 October 2004

Diverse Voices in Evaluation: Australian Evaluation Society International Conference Adelaide, SA

Themes: Cultural, stakeholder and evaluation diversity, and contemporary issues.

Further information:

Email: aes2004@sapmea.asn.au

Web site: www.sapmea.asn.au/conventions/aes2004

15-17 October 2004

20th International Conference of Alzheimer's Disease International Kyoto, Japan

Theme: Dementia care in an ageing society.

Further information:

Web site: <http://adi2004.jtbcom.co.jp/english/>

20-22 October 2004

Pursuing Excellence in Family Services - FSA 10th Annual National Conference Sydney, NSW

Themes: Linking family services with family law, etc.

Further information:

Email: fsa@fsa.org.au

Web site: www.fsa.org.au

22-23 October 2004

2004 National Conference on Health Care and Domestic Violence: Health Consequences Over the Lifespan Boston, MA, USA

Further information:

Email: nwreg@oplypen.com

Web site: <http://endabuse.org/health/conference/>

24-26 October 2004

Supporting Student Wellbeing Research Conference Adelaide, SA

Theme: What does the research tell us about the social and emotional development of young people?

Further information:

Web site: www.acer.edu.au/workshops/conferences

29-31 October 2004

National Foster Care Conference: Walking Together: People, Policy and Practice Canberra, ACT.

Further information:

Web site: www.fostercare.org.au/national

3-5 November 2004

The 5th International Conference on Priorities in Health Care Wellington, NZ

Further information:

Email: wendy_edgar@moh.govt.nz

Web site: www.healthcarepriorities.org/

4-5 November 2004

New Zealand Asia Health and Wellbeing Conference: Now and Into the Future
Auckland, NZ

Further information:

Email: lynda.booth@auckland.ac.nz

Web site: www.cce.auckland.ac.nz/conferences/index.cfm?P=6020

11-14 November 2004

Honoring the Child, Honoring Equity 4, Pushing the boundaries to make a difference
Melbourne, Victoria

Further information:

Web site: www.edfac.unimelb.edu.au/LED/CEIEC/news/conf04.shtml

17-19 November 2004

Inequalities and Families - National Council on Family Relations Conference
Orlando, Florida

Theme: Multidimensional nature of inequality as it affects families

Further information:

Web site: www.ncfr.org/conference_info

25-26 November, 2004

2nd Social Policy, Research and Evaluation Conference: What Works?
Wellington, NZ

Further information:

Email: sprec@tcc.co.nz

Web site: www.msd.govt.nz/events/conferences/social-policy-04/

26-28 November 2004

SAA(NZ) Conference: Crossing Boundaries / Making Connections
Wellington, NZ

Further information:

Email: allison.kirkman@vuw.ac.nz

Web site: <http://saanz.rsnz.org/conferencevuw2004>

29-30 November, 2004

The Doha International Conference for the Family
Doha, Qatar

Theme: Tenth anniversary of the first International Year of the Family.

Further information:

Web site: www.yearofthefamily.org

16-18 March 2005

Community, Work and Family: Change and Transformation
Manchester, UK

Theme: Current issues and controversies relating to community, work and family and their interface.

Further information:

Web site: www.mmu.ac.uk/cwfconference

20-23 March 2005

4th World Congress on Family Law and Children's Rights
Cape Town, South Africa

Theme: 15th anniversary of the adoption by the UN of the Convention on the Rights of the Child

Further information:

Email: gail.fowler@capcon.com.au

Web site: www.lawrights.asn.au/

28 March - 2 April 2005

National Youth Crime Prevention Conference and International Forum
Miami, Florida

Further information:

Web site: www.ncpc.org/ncpc/ncpc/?pg=5882-7518-11844

5-8 April 2005

From Fundamentals to Fascinations: New Perspectives on Aging
Rotorua, NZ

Further information:

Email: ipa@tcc.co.nz

Web site: www.ipa-online.org/

6-9 April 2005

6th National Conference on Family and Community Violence Prevention: Navigating Pathways to Violence Prevention: Exploring & Strengthening Links between Families & Communities
Honolulu, Hawai'i

Further information:

Web site: www.fcvp.org/6th%20national%20conference/conference_registration_form.htm

21-23 April 2005

Fourth York Cultural History Conference: Cultures of Violence: Interpersonal Violence in Historical Perspective
York, UK

Further information:

Email: smc4@york.ac.uk

Web site: www-users.york.ac.uk/~imd104/

11-13 May 2005

Alzheimer's Australia National Conference Sydney, NSW

Themes: Health and wellbeing; quality dementia care; human rights and dementia.

Further information:

Email: sconnors@alznsw.asn.au.

Web site: www.alzheimers.org.au/content.cfm?infopageid=1355

30 May - 1 June 2005

III International Conference on Violence in Schools: Violence in school, public policies and social inclusion of young people

Rio de Janeiro, Brazil

Further information:

Email: conference.violence@unesco.org.br

Web site: www.unesco.org.br/eventos/index.html

29 June - 3 July 2005

Childhoods 2005 - Children and Youth in Emerging and Transforming Societies

Oslo, Norway

Theme: A global conference addressing modern childhood and youth.

Further information:

Web site: <http://childhoods2005.uio.no/>

7-9 July 2004

International Conference: Assaulting the Past: Placing Violence in Historical Context

Oxford, UK

Further information:

Email: kwatson@brookes.ac.uk

Web site: <http://ah.brookes.ac.uk/conferences/assaultingpast>

20-22 July 2005

Australian Social Policy Conference Sydney, NSW

Further information:

Web site: www.sprc.unsw.edu.au/confer.htm

See also:

Australian Institute of Family Studies: www.aifs.org.au/institute/conf/confmenu.html

Australian Domestic and Family Violence Clearinghouse: www.austdvclearinghouse.unsw.edu.au/news.htm

Canadian Social Research Links: www.canadiansocialresearch.net/index.htm

National Center on Sexual and Domestic Violence: www.ncdsv.org/ncd_upcomingtrainings.html

National Clearinghouse on Child Abuse and Neglect Information: www.calib.com/nccanch/calendar/calendar_dsp.cfm

Disclaimer: Information about these conferences has been obtained from a variety of sources. No liability for the accuracy of dates or other content is assumed. For further information, please refer to the respective contact organisations or persons.

Useful web sites

New Zealand Government

ACC Injury Prevention

www.acc.co.nz/injury-prevention

Crime Prevention Unit

www.justice.govt.nz

Department for Courts

www.courts.govt.nz/courts/

Department of Child, Youth and Family Services

www.cyf.govt.nz

Family Court

www.courts.govt.nz/family/

Ministry of Health

www.moh.govt.nz

Ministry of Justice

www.justice.govt.nz

Ministry of Social Development

www.msd.govt.nz

Ministry of Women's Affairs

www.mwa.govt.nz

New Zealand Injury Prevention Strategy

www.nzips.govt.nz

New Zealand Police

www.police.govt.nz

Office of the Commissioner for Children

www.occ.org.nz

Statistics New Zealand

www.stats.govt.nz/crime

Strengthening Families

www.strengtheningfamilies.govt.nz

Te Puni Kokiri, Ministry of Maori Development

www.tpk.govt.nz

(The Government's primary adviser on Maori issues and responsible for furthering Maori development in New Zealand.)

Youth Education Service

www.police.govt.nz./service/yes

University research centres

Building Tomorrow: Paths to prevent child abuse, Auckland University of Technology

www.aut.ac.nz/news_and_information/events/buildingtomorrow/

Children's Issues Centre, University of Otago

www.otago.ac.nz/CIC/CIC.html

Crime and Justice Research Centre, Victoria University of Wellington

www.vuw.ac.nz/cjrc/

Injury Prevention Research Unit, University of Otago

www.otago.ac.nz/research/centres/res_cen_injuryprevention.html

Roy McKenzie Centre for the Study of Families, Victoria University of Wellington

www.vuw.ac.nz/mckenzie-centre/

Community organisations

Age Concern

www.ageconcern.org.nz

Alcohol Advisory Council of New Zealand (ALAC)

www.alcohol.org.nz

Amnesty International New Zealand Section

www.amnesty.org.nz/

Auckland Rape Crisis

www.rapecrisis.org.nz

Auckland Sexual Abuse Help

www.asah.org.nz/

Crime.Co.nz

www.crime.co.nz

DSAC: Doctors for Sexual Abuse Care

www.dsac.org.nz

Domestic Violence Centre

www.dvc.org.nz

HMA Hall, McMaster & Associates

(Resources for human service workers)
www.hma.co.nz

Home and Family Society

www.homeandfamily.org.nz

Mental Health Foundation of New Zealand

www.mentalhealth.org.nz

National Collective of Independent Women's Refuges Inc.

www.womensrefuge.org.nz

Refugee and Migrant Services

www.rms.org.nz/

Relationship Services

www.relate.org.nz

Stopping Violence Services

www.angermanagement.org.nz/

Victim Support

www.victimsupport.org.nz

Youthline

www.youthline.co.nz

International web sites

Australia

Australian Domestic and Family Violence Clearinghouse

www.austdvclearinghouse.unsw.edu.au

Australian Institute of Family Studies

www.aifs.org.au

Domestic Violence & Incest Resource Centre (DVIRC)

www.dvirc.org.au/

Canada

National Clearinghouse on Family Violence

www.hc-sc.gc.ca/hppb/familyviolence

United Kingdom

Violence Research Programme (VRP)

www1.rhbnc.ac.uk/sociopolitical-science/vrp

United States

International Society for the Prevention of Child Abuse and Neglect (ISPCAN)

www.ispcan.org

Minnesota Centre Against Violence and Abuse

www.mincava.umn.edu

National Centre for Children Exposed to Violence (NCCEV): Child Study Centre

www.nccev.org

National Clearinghouse on Child Abuse and Neglect Information

<http://nccanch.acf.hhs.gov/>



doctors for sexual abuse care

PO Box 90723, 5/4 Wamock Street, Grey Lynn, Auckland, New Zealand
Telephone: 09 376 1422 Facsimile: 09 376 0790 Email: dsac@ihug.co.nz

Mary Harvey Ph.D.

1-day Workshops

An Ecological Framework and a “Stages by Dimensions” Approach to Treatment A multi-dimensional view of trauma recovery

AUCKLAND

Tuesday 14th September 2004
Waipuna Hotel & Conference Centre
58 Waipuna Road, Mt Wellington

CHRISTCHURCH

Wednesday 29th September 2004
Christchurch School of Medicine
Rolleston Lecture Theatre
Christchurch Hospital
Riccarton Road, Christchurch

WELLINGTON

Friday 1st October 2004
1st Kingsgate Hotel, Theatre Room
355 Willis Street, Wellington

Mary R. Harvey, Ph.D. is the founding director of the Victims of Violence Program of the Cambridge Health Alliance and an Assistant Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School.

Dr. Harvey has lectured widely and written extensively about the ecological context of interpersonal and sexual violence, the treatment of psychological trauma, and expressions of recovery and resilience in trauma survivors. A clinical and a community psychologist, she is a Fellow of the American Psychological Association and of APA's Division 27 (Society for Community Research and Action), and a member and former Board Member of the International Society for Traumatic Stress Studies (ISTSS). In 1996 ISTSS honoured her as a recipient of the society's Sarah Haley Award for outstanding service to traumatised populations.

Dr. Harvey previously served as Visiting Psychologist to the National Institute of Mental Health's Center for the Prevention and Control of Rape where she conducted a nationwide study of exemplary rape crisis programs. She is the co-author (with Mary P. Koss) of *The Rape Victim: Clinical and Community Interventions* (Sage, 1991) and the author and co-author of numerous theoretical, empirical and clinical publications. Her work has been translated into several languages and has been presented to audiences in Europe, Latin America, Australia and Japan.

For further information contact DSAC Office:

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Phone: 09 376 1422

Fax: 09 376 0790

Email: dsac@ihug.co.nz

DSAC is an RNZCGP Special Interest Group CME Provider.

Acknowledgements

Te Awatea Violence Research Centre is grateful for the support it has received from the Cathy Pelly Maungarongo Trust, The Community Trust, the Lion Foundation, Save the Children New Zealand Small Grants Fund, the Family Violence Taskforce, and the University of Canterbury.



If you would like to be included in Te Awatea Violence Research Centre's mailing list please complete the slip below and return to:

Te Awatea Violence Research Centre
University of Canterbury
Private Bag 4800
Christchurch
NEW ZEALAND



Name:

Address:

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Phone:

Fax:

E-mail

