

Cases Studies and Analyses for the Web

Case Study #1: Children Witnessing Parental Violence

By Onkemetse Mbaz-Montsheki

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By Nicki Kartoian and Melissa Ward

Responses: Odireleng Jankey from Botswana

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References

Children Witnessing Parental Violence: A Social Worker from Aotearoa/New Zealand Responds

By Emily Keddell & Tepora Pukepuke

Prevalence and Incidence

The prevalence of child abuse in New Zealand stands at 4–8 per cent of children experiencing physical abuse according to the statutory (federal) agency that manages child abuse notifications and investigations: Child, Youth and Family Services (CYFS). CYFS reported 53,097 notifications in 2005 of which 81 per cent required further follow up (Ministry of Health, January 2010). Furthermore, there was an average of seven deaths per year due to child abuse (Ministry of Social Development, 2005 as cited in Shanahan, 2011), while in 2008 almost 75,000 children were found to be present during family violence incidents when police were called (Shanahan, 2011). One community-focused approach used by CYFS is the “differential response” model. This model provides increased flexibility in the way practitioners respond to potential care or protection concerns through referral to an external community agency that can provide long-term interventions from the earliest stages of notification.

Another government service aimed at violence prevention and intervention is *Whanau Ora*. Whanau Ora is a holistic and inclusive approach to dealing with families as a whole, rather than a focus on an individual within a family. Its objectives are to empower the family and to be influenced by the family way of approaching their issues. It recognizes that families are different and diverse and that there cannot be a “one size fits all” approach. Rather, the program has to be designed to be flexible in meeting the needs of family. Whanau Ora relies on the practitioner to work with the family to identify its needs, develop strategies to address those needs, and seek appropriate referrals to a range of health and social service agencies.

Country Policies

CYFS is the New Zealand government agency with legal powers to protect children and young people at risk of harm, abuse, or neglect, as well as dealing with young offenders. Its primary responsibility is to protect children and young people at risk of abuse or neglect, or at risk of offending. It has residential and outpatient care services, and funds community organizations that protect and help children. CYFS is a statutory agency governed by the Children, Young Persons and their Families Act (1989) and is charged with providing investigation, assessment, and intervention services to children who have been abused and/or neglected. A social worker from this service would view his/her role as investigating the abuse and neglect of the children. In their approach to this task, CYFS workers are required by the legislation to assist the family to: “...discharge their responsibilities to prevent their children ... suffering harm, ill-treatment, abuse, neglect or deprivation;” include children and families in decision making; assist them to prevent harm to their children; and provide services with due regard for the “...needs, values and beliefs of particular cultural and ethnic groups” (CYFS Act 1989, p. 1, section 4). Following investigation, the CYFS agency is required by law to utilize Family Group Conferencing (FGC) as a method of encouraging family participation in decision making about the future care and protection of children. However, the agency can also override family wishes if these are considered to conflict with the “paramountcy principle” (CYFS Act 1989, p. 1, section 6). This principle, that the “best interests” of the child should be the “paramount” consideration, is applied to ensure that the safety of the child overrides all other considerations. In addition, protection orders are a common legal remedy, gained by application to the family court under the Domestic Violence Act (1995). The orders are designed to protect victims of intimate partner violence (IPV). They prohibit the perpetrator from using abusive or threatening behavior, and prevent contact with the victim and/or their children.

When a CYFS social worker assesses this case, he/she would undoubtedly find that the father’s actions constitute abuse and neglect, given the level of physical violence and neglect of his son’s need for medical attention. At this point, an FGC may be held to encourage the extended family to devise a legally-enforceable plan for the children’s future care. This legislated forum invites family members, agency

workers, and psychologically significant adults to discuss the relevant issues. The meeting follows a clear format whereby all parties are given relevant information, with time set aside for family discussion and decision making. The best outcome of such a conference is the family reaching a consensus on action to ensure the children's welfare now and in the future. This participative format and inclusion of extended family members draws heavily on indigenous Maori concepts relating to the importance of face-to-face conflict resolution and the value of input from wider kinship networks.

A Social Worker Responds

Social work within each national context is complex and multifaceted—Aotearoa/New Zealand (A/NZ) is no different. Social workers fulfill a vast array of roles ranging from care to control, from agent of the state to activist, from educator to health promoter to family worker. The role of “social worker” has public, sanitized, and carefully delineated definitions made by professional associations, registration boards, and agency-based role descriptions, yet these often belie the underlying rubric of inconsistencies, power dynamics, tensions, and complexities of actual practice. Thus, it's difficult to state with authority what a typical social worker would do in regard to this case study, as other A/NZ social workers may dispute the version of the “truth” about what actions a social worker might take in this case. Given these general caveats, the presentation here is one possible response within the A/NZ setting to the case study of Amina.

In the A/NZ context, this case would have followed a slightly different trajectory from the moment Amina “took her son for medical treatment and then reported the matter to police.” At that time, either the police or physician would have referred the children to CYFS, and encouraged Amina to apply for a Protection Order. Based on the legal remedies that would follow, it is unlikely that Amina's husband would have unsupervised visitation rights, certainly in the short term.

However, since Amina is already living apart from her husband and has full custody of the children, the social worker may have decided that the children were already safe and that an FGC was not necessary. Amina may have been referred directly to a community organization for general social work support. This referral pathway is part of CYFS' “differential response” (DR) initiative, which aims to refer situations regarding family needs, welfare, and resources (as opposed to abuse) to community based agencies, thus “ring-fencing” child protection services for the most extreme cases of child abuse and neglect. This process aims to provide “wrap around” service, one that is able to look beyond the narrower focus of statutory child protection, where children are viewed as the clients, to examining the needs of the whole family.

While this outline covers the likely immediate practical response, there are several dimensions of the case that an A/NZ social worker would want to pursue as part of a community-based social work agency, although these will vary depending on the agency. First, from ecological and indigenous Maori perspectives, what other supports and needs do Amina and her extended families have? The extended family may include grandparents, aunts, uncles, and cousins and often provides a rich source of family history, possible supports, and key decision-makers. In this context, issues beyond “care and protection” can be addressed, such as family health, scaffolding social supports, and further integration into wider family and the local community. Indigenous Maori approaches can provide a range of perspectives for assessment and intervention that are holistic, family-centered, and inter-relational. While they are sourced from indigenous roots, these perspectives are often drawn from Indigenous and non-Indigenous families alike. Many Maori models conceptualize a families' health from physical, mental, spiritual, and social perspectives. The well-being of a family requires balance and harmony of these components to assert safety and happiness for both children and adults. Thus, an important question a social worker would consider is what is the family's ethnic, cultural, or religious background, and how does that affect the situation? If immigration issues exist, how do these affect the case? For example, if Amina was not a New Zealander and her husband was, she may lose her right to remain in A/NZ and face deportation.

A social work practitioner would explore the ways Amina's gendered experience of being a woman and mother has affected her situation. How might a feminist perspective of considering violence against women as an expression of patriarchy assist Amina? From a psychological perspective, what are the psychological and emotional effects for Amina and her children of exposure to violence and do they require therapeutic support to assist them in their recovery? What services can Amina's husband access that might help him maintain a respectful and violence-free lifestyle?

These questions lead to a number of directions for further intervention, and signal the careful individual tailoring of services depending on the client's situation. An example of an approach based on a traditional feminist understanding of IPV, the Women's Refuge movement, is well established in the country and provides programs for both women and children recovering from the effects of domestic violence. They work closely with "Stopping Violence" services that provide court-approved group services primarily for men. Women's Refuge provides services for both Maori and non-Maori women, often in separate agencies to ensure that Maori women's cultural needs are met. The services are an important component of the social service landscape for families affected by IPV. However, if Amina were to return to her husband, whether for cultural, religious, or personal reasons, she may find child protective services may force her to choose between her husband and children, and she may be referred back to the Women's Refuge involuntarily.

In response to this common situation, and in recognition of cultural differences in the conceptualization of family relationships, some groups, in particular Kaupapa Maori organizations (those run according to Maori principles) and some community police initiatives, are offering family-based services to couples who are affected by IPV. The services aim to include the extended family as well as both the male and female partners in such a manner as to address the violence without requiring the parents to separate. For example, initial investigations may include conversations with extended family, held at the *marae* (Maori cultural centres) and predominantly rely on face-to-face meetings. The Maori context, which lends the investigation to fully explore genealogical links and similarly to other strengths-based approaches, presumes that good outcomes for the family may be found through the resources of extended family members. It remains to be seen whether these approaches represent an over-idealization of the family unit that places women and children at further risk or maintains culturally responsive family services. It is clear, however, that a range of services aimed at the myriad of people's lived experiences helps to provide a diversity of services that are based on families' complex cultural, social, and personal backgrounds.

In conclusion, it is difficult to comment on further case progression without talking with Amina and her family; however, this brief discussion shows how Amina's situation would be constructed within the A/NZ social work context. Conceptualizing social work as having theoretical roots in ecological, indigenous, feminist, and psychological theories shows the ways her problems would be viewed within an A/NZ social work context, and the variety, especially in the community organizational sphere, of possible responses. The A/NZ social work landscape is complex, containing both state and community-based agencies with multi-faceted roles for a social work practitioner. The indigenous Maori perspective lends complementary tools to provide well informed family-based decisions in case work. The ecological approach, feminist critique, and burgeoning discourses relating to domestic violence solutions add richness and value to complex inter-related practice responses.

Case Study #2: Medical Neglect of a Child

By Caren J. Frost

Ethan Anderson is a 12-year-old boy who has been having difficulty swallowing. His parents, Joel and Molly Anderson, take their son to a physician who discovers there is a lump under Ethan's tongue. After being sent to the pathology lab for analysis, the lump is discovered to be cancerous. Ethan's physician recommends that the boy undergo chemotherapy to ensure treatment of the cancer by appropriate biomedical standards. The chemotherapy regime recommended by the physician is new and its effectiveness in youth under the age of 18 years is not well documented. A clinical trial is available for Ethan under his physician's guidance and Ethan's medical team believes his death will be imminent if he does not receive the treatment.

Ethan's parents decide to obtain another opinion about their son's cancer status during which they decide not to utilize biomedical therapies for their son and make the decision to use alternative and herbal remedies. Ethan's physician disagrees with their course of action, states that alternative therapies are a death sentence for Ethan, and reports the Andersons to a child protection agency. The social workers at the agency of child protection decide this case is one of serious medical neglect, resolve to remove Ethan from his parent's custody, and decide that Ethan will receive the trial chemotherapy treatment as ordered by the physician.