

Balancing care and control: Good practice in assessing an allegation of sexual abuse

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Abstract: *The Dutch Child Protection Board is responsible for reviewing the development of children at risk and for advising on whether safeguarding intervention is necessary. In this paper, an analysis is presented of the interaction between a social worker of the Board and a man suspected of having committed incest with his stepson. It will be seen that the social worker's strategy is to produce a comprehensive overview of the child's welfare rather than to focus exclusively on the issue of sexual abuse.*

Keywords: *child welfare; institutional communication; conversation analysis; categorisation; sexual abuse; social evidence.*

Introduction

Child sexual abuse is a sensitive issue in child welfare. It is difficult to take direct action on suspicions that a child is seriously at risk of sexual aggression when proof is lacking, and usually proof can only be obtained through a long process governed by strict legal rules. So, in Dutch law, even when there is serious suspicion rather than legally valid evidence, child welfare agencies have a responsibility to take appropriate measures to safeguard the child. However, before a court will order a legal intervention, it is necessary to convince the judge of the existence of a serious risk to the child's well-being. Because of the delicate nature of child welfare issues, especially those where sexual abuse is suspected, professionals must proceed with caution so that communication with clients and information gathered.

In this article, I will firstly consider the nature of assessment procedures in

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child welfare, highlighting the strategies used by child welfare workers when care and control are at issue. Using the methodology of conversation and discourse analysis, I will then examine in detail the strategy of one Dutch Child Protection Board social worker in an interview with a stepfather. Extracts from the transcript of the interview are reviewed in detail to demonstrate the effectiveness of the social worker's approach.

Care and control in child welfare

Welfare and justice have different ideologies and practices which may conflict (Dingwall, Eekelaar & Murray, 1983; Parton, 1991), so that the hybrid character of child welfare leads to tension in the daily work of social workers (Gadsby Waters, 1992; Grossen & Apothéloz, 1998). Social work is basically a narrative and constructive activity (Parton & O'Byrne, 2000), but the official status of child welfare is at odds with the dialogical and reflexive character of social work practice (Van Nijnatten, 2006b). In court-related work, although professionals have more power to impose their perspective (Linell, 1990; Markova & Foppa, 1991), they attempt to negotiate with clients to identify the possibilities of change.

The link between the Child Protection Board and the family court thus makes communication between the Board's social workers and their clients a delicate affair: care and control are supposed to go hand in hand. The Child Protection Board may inform the family court about a child's development and familial conditions, but may also conclude that voluntary help is sufficient and that there is no need to limit parental power. The Board's procedures include interpersonal contact between social workers and families. The assessment is thus situated at the interface between justice and welfare. The confrontation of control and care produces pragmatic dilemmas for the social worker that have to be dealt with in their encounters with the clients. For example, they may have to find a practical way to collect reliable information about a child's circumstances, under the conditions of a compulsory family intervention. This requires the full cooperation of clients who are well aware that information might prejudice their position in any judicial process. In this study we investigate how social workers deal with the pragmatic dilemmas that rise from the conflict between care and control.

Assessment procedures in child welfare stand midway between clinical encounters in social support programmes and examinations in legal procedures. In building evidence in child protection cases, legal and welfare discourses can become entangled, which can lead to ambiguity. Criminal case procedures are designed to seek the truth of the matter; each piece of evidence must meet strict standards if it is to be accepted by the court. Child welfare inquiries do not work to these legal standards of proof. In order to recommend an abrogation of parental authority, social workers need

not *prove* that the parents have committed a criminal offence, for example, sexual abuse. Rather, they have to make a reasonable case to the family court that a family intervention would be in the child's best interest. The opinions of the professionals involved and of clients themselves may add weight to their argument (cf. Pithouse & Atkinson, 1988). In other words, social workers generate 'social evidence' based upon an assumed connection between particular features and events relating to the condition of the juvenile, and the quality of the family relations and the child-rearing capabilities of the parents. Elements of the case are assembled into a coherent account by 'prospective-retrospective interpretation' (Hall, Sarangi & Slembrouck, 1997, 274). Separately, each observation may be insufficient to convince, but the sequence and accumulation of events suggestive of a relation between them makes this social evidence hard to dispute. Or as Dingwall says:

Many of these observations relate to deviations from a model of normality whose finer details are so woven into a front-line worker's framing of a particular event as to be almost impossible to formulate separately in the manner that the construction of a legally manageable case would require. (1983, pp.150-151)

The *process* of collecting information and furnishing proof is as important to a successful intervention as the formal conclusions of the assessment, and in the end, this is not possible without the client's co-operation. Dialogue with the client is necessary to reach agreement on the exact description of the family problems and the steps to be taken (Van Nijnatten, 2006b). Child welfare workers therefore may try to mitigate the power differences between them and their clients, as the manifestation of their powers and their legal role could well make it less likely that clients disclose the information they seek. Child welfare workers may present the encounter as a counselling occasion, stressing the importance of co-operation in attempting to reach mutual agreement (Van Nijnatten, 2005). Professionals may negotiate with clients on the exact description of the problems. Given the sensitivity of the issues, clients will be concerned that the information they provide will facilitate a positive outcome for them. They will do their best to give a favourable image of themselves, for example by blaming external circumstances or other people for the family problems and the adverse conditions in which the child grows up.

This 'impression management' may be regarded as no more than the client trying to trick the social worker of the Child Protection Board, but on the other hand parents do truly expect the social worker to take their perspective seriously. Goffman (1959) described how people, in every day life, present an ideal self, this role becoming a second nature, whether or not they are convinced of the reality of the role they construct. This point is particularly relevant to official communication which may lead to decisions with far-reaching consequences. On the other hand, fundamental to the therapy-like intervention is the belief that presentation of the self in dialogue is central to psychological change. Clients unable to cope with their problems on

their own may be able to do so in a relational context with a professional helper (Froggett, 2002). The achievement of concurrence between the professional and the client is important as satisfactory co-operation with the parents will contribute to the success of subsequent family intervention (Van Nijnatten, 2005). Thus, there is a fine balance between finding relevant information and maintaining good relations with the client. It may actually be more important to achieve consensus that the family situation 'needs serious attention' (as an euphemism for an intervention) than to discover what is exactly true and what is not.

Much of the conversation between clients and professionals during assessment procedures may be understood as relational work, with both parties trying to convince the other of their trustworthiness in the encounter. Their positions are not self-evident and need relational support (by means of meta-remarks) (Van Nijnatten, 2006a). Given their control function, the social workers must seek out the relevant factors that could influence the well-being of the child involved; they have to judge the quality of the information they obtain, and determine whether relevant information is being withheld. Moreover, their affiliation with the juvenile court obliges them to take decisions in support of the child's welfare. This control task is at odds with efforts to help the parents reorganise their own family life in the best interest of their children. In the wake of decisions by the court, most parents will be informed of the control elements of the family supervision order. This may explain why they negotiate with social workers over the precise formulations that will appear in the care-plan, and why they sometimes offer meta-remarks demonstrating their reliability and sincerity. But parents also get confused by the ambiguous role of the social worker and this may explain why social workers also make meta-remarks to explain the consequences of their two roles.

Analysis of conversation and discourse

This article gives an analysis of institutional communication in Dutch child welfare. A single case is presented. The Child Protection Board is asked to make an inquiry in the case of a fifteen-year-old boy, who we shall call 'Robin', who is alleged to be the victim of sexual abuse by his stepfather. One of the encounters between the social worker and the man suspected of having sexually abused one of his stepsons, is analyzed. The Board's function is to assess Robin's relevant developmental domains, and to advise whether intervention is needed to safeguard his development. The analyses of some fragments of the encounter can help us to understand the conversational dynamics in the context of care and control. The professional's task is to provide convincing evidence to serve as a basis for advice to the family court. Does the suspicion of sexual abuse complicate this process? What positions are taken by the client and the professional? How does the Board's social worker manage to confront

the client with pointed questions while remaining on speaking terms?

The task of the Dutch Child Protection Board is to identify people who are at risk and need help. In these assessment procedures, elements of the parent's and children's biographies, particular events, and contextual features are translated into broader child welfare categories of parenthood and child development. The client's identity is not a fixed category dominated by societal and psychological motives, but rather negotiated with reference to certain categories (Hall, Sarangi & Slembrouck, 1999). These general categories provide the conceptual framework for the encounters between professionals and clients (Mäkitalo, 2002) when the exact description is negotiated (Van Nijnatten, 2006a). By describing the client's behaviour which either conforms to or challenges implicit or explicit definitions of normality, child welfare assessment is a category-bound activity that is accompanied by membership category devices. 'Child' is part of the membership category 'family' (White & Stancombe, 2003). In encounters between professionals and clients, these categories may be associated with problematic issues in the family and indicate the need for further inquiry (White, 2002). Professionals also set out to ascribe specific problems to more general categories, which may be used to provide an indication of deviance (Housley & Fitzgerald, 2002).

It is especially difficult to dispute those categorisations which are presented as the conclusions of a professional or a decision of an official body. Yet clients may attempt to defend themselves by explanations of their differences from others who are labelled as 'difficult' or by reformulating the problematic content of certain classifications (Juhila, 2004). Clients account for their practices in a manner which supports their position as parents and counters professional charges (cf. Hall, Slembrouck & Sarangi, 2006). There is thus no single pre-defined outcome in a classificatory exercise: rather, assessment is a continuing constitutive process in which descriptions are understood in different ways, and have various consequences and implications (Potter, 1996). In the context of child welfare assessment, the formulation of certain issues serves to provide indirect guidance rather than direct proof of a need for family intervention, while an understanding of these formulations helps the professional to gain an all-inclusive view of the family's problems. Categorisation is thus a conversational process rather than just a cognitive activity. For this reason a conversational and discourse analysis is needed to understand the dynamics of the procedures employed by child welfare agencies to assess families at risk.

This study contains an analysis of a conversation between a female social worker of the Dutch Child Protection Board (CPW) and a client, and of two interviews. Both before and after the meeting with the client, the social worker was interviewed about her conversational strategy. The client was a 57 year old male (stepfather) who was accused by his former spouse of having sexually abused some of her children, among whom was Robin. In the summer of 2004, a school social worker reported that Robin had serious problems at school. He played truant, had poor contact with peers and still soiled his trousers. Encopresis is considered to be a strong indicator

of sexual abuse (Morrow et al., 1997).

Robin's mother lives separately from his stepfather. Her first four children were the result of her relationship with Robin's father, who is now deceased. The youngest two children are the result of her relationship with Robin's stepfather. The two eldest children live independently. The stepfather came to live in the family immediately after Robin's birth. Robin calls him his father, although he also refers to his 'real' father. Mother is seriously ill and is being treated for cancer. The doctor has diagnosed the mother's condition as very serious indeed and recommended that she undergo treatment for her cancer, but the illness is not thought to be terminal.

According to the social worker, the main objective of the Child Protection Board's enquiry is to find out why the boy still has problems at school, and why he is still soiling himself. Depending on the outcome of this enquiry, the family court must decide whether a child protection measure is needed. During the enquiry, it soon became clear that more is going on in the family. The mother accuses the stepfather of the sexual abuse of several of her children, including impermissible sexual contact with Richard, Robin's older brother. Moreover, the stepfather has previous convictions for sexual contacts with minors.

The stepfather complains that mother does not raise the children adequately. The eldest son was caught in the act of stealing, and has run away, while the youngest child displays aggressive behaviour at school.

The encounter between the social worker and the stepfather lasted 75 minutes (lines 0-1825) and took place in the living room of his apartment. No other people were present during the meeting. The stepfather and the social worker sat on either side of a corner seat around a table.

The conversation was transcribed in 2005 as part of a Master's thesis. The clients gave their informed consent to the use of the data for research purposes under the condition of anonymity.

The transcript was read several times by the author. The parts of the encounter dealing with encopresis and the stepfather's role were selected for further work. The conversational strategies of the professional and the client were then studied. Some sequences of discussions about problematic issues were selected as examples, and transcribed in accordance with the strict conventions developed by Jefferson (2004 – see Appendix). Special attention was paid to the professional's contribution to the construction of categories and to the stepfather's input relating to the same issues. Assuming that both the social worker and the client would proceed cautiously in discussing these delicate issues, we looked in particular at politeness strategies (Brown & Levinson, 1978). We analyzed how both participants negotiated the issues, and tried to link them to the client's context and to professional knowledge and institutional frames.

Results

The social worker (social worker) told us that in the preceding initial conversation she had sought to obtain the stepfather's view of the situation and of how things were going. She said she wanted to discuss the mother's medical condition, and ascertain the stepfather's view on what should happen in the event of her death. Other matters for discussion included the mother's accusation (without revealing her name). She also intended to obtain the stepfather's consent to access his judicial records. The social worker stated that she had not revealed what she already knew of the situation in order to see what would happen: she wanted an open discussion on certain issues to seek the stepfather's explanations.

After explaining that the interview would be recorded on video, and some small talk, the social worker raised the issue of the school report. The stepfather (SF) dominates the conversation, doing most of the talking. To begin with, he asks why the social worker (SW) has first spoken to the mother.

EXTRACT 1

89. SF: And then I thought that that little man should get help. We er have been in the
90. hospital with him and er in fact, mother refused to co-operate n with everything
91. SW: Mm
92. SF: and then at a certain point that doctor said: 'we have the choice between two,
93. either mother goes with you to the hospital for once or we stop the whole procedure'.
94. Well, mother does not go, so the whole procedure stopped.
95. SW: Yes, yes because what did he need help for most in your opinion?
96. SF: Well he shit in his trousers everywhere, everywhere you fi/ fi/ fi/ fi/ fi/ find
97. his pants coated with shit and er. At a certain point she says: 'yes, it's over and there is
98. no need anymore'. I say: '[name mother], it is not over and it really must, because he
99. stinks (?) and you can really smell it

In this fragment, the stepfather immediately takes up the position of the responsive and responsible parent, who, unlike the mother, has observed that his stepson has a problem for which he needs help. The stepfather strengthens his position by

taking a witness position (Potter, 1996), having found the dirty pants of his stepson everywhere in the house and by quoting the doctor who told him that he needed mother's co-operation to start the treatment. By choosing the expression 'little man', the stepfather seems to be presenting himself as a parent who is conscious of both the autonomy and vulnerability of his stepson, whereas he portrays the mother as an extreme case of someone who does not take her responsibilities seriously, refusing to co-operate on anything (Pomerantz, 1986). The stepfather is again trying to strengthen his position by quoting literally the conversation he had with mother.

EXTRACT 2

978. SW: Well er (.) did anything happen
979. SF: //No //
980. SW: //is of course the key question in that area ?//
981. SF: //The only thing that
982. SW: //Or that you say er//
983. SF: The only thing that happened is the fact that for a while he
visited
984. the school doctor and er
985. SW: Who is he?
986. SF: Sorry
987. SW: Who is he? Richard?
988. SF: Richard yes
989. SW: Richard
990. SF: And er at a certain point that doctor told me – in the presence
of
991. Richard – 'that willy is not okay, the point is, at night you'd
best pull the foreskin
992. over and put it back then'. I once did that and from then on I
am accused of
993. sexual abuse
994. SW: And what age he was then?
995. SF: Pheew what a question? I think about eleven
996. SW: Mm
997. SF: [pause] On the advice of that doctor (.) you should do that or
else
998. things go wrong with the child
999. SW: °Yes but that does not make you soil your pants I suppose°
1000. SF: I do agree, it happened once, and that at a certain point I did,
then then
1001. she came to me 'and you abused my † child' and blah-blah-

1002. blah, after that I
thought, well let the doctor see if I care, let the doctor do it,
let him say it, but
1003. but I won't do nothing anymore, because I will have an extra
problem
1004. SW: Are you familiar with let's † say this kind of problem or or
or?
1005. SF: What do you mean?
1006. SW: Well anyhow concerning sexual abuse, you are accused now
but that it
1007. occurs in the family or that you yourself...?
1008. SF: Well I er the point is that I was abused from when I was four
till
1009. I was fourteen
1010. SW: Yourself?
1011. SF: Yes
1012. SW: my father was a war crimi / er er victim of war
1013. SW: //Yes//
1014. SF: //he abused me.// And I was abused by a teacher from the
Sunday
1015. School, at school I was abused by my own teacher, once upon
a time I er I
1016. was fourteen and I went to [name place] by bike and I asked
someone the road
1017. and er then it went like: 'what would you like to drink', 'yes I'd
like
1018. something to drink', I was at the house of that man
1019. SW: //What then do you see as abuse, you really mean † rape?
1020. SF: About er, even raped er several times [pause, 2.3] at a certain
point it
1021. was so terrible that I only played with younger children because
I was afraid of
1022. anybody who was older
1023. SW: Mm

The social worker pays attention to many more issues (mentioned in the school reports) than merely the suspicion of incest, especially the stepfather's awareness of his stepson's problems. However, sexuality is the major topic. In fragment 2, the social worker refers directly to sexual abuse in relation to the sons in the family.

The social worker proceeds cautiously: in line 978 no one is addressed in particular and the terms 'anything', and in line 980 'that area' are quite a vague indication of (illegal) sexuality. Yet, these terms are far from innocent, given that both the stepfather

and the social worker are aware of what they refer to, and that the stepfather's actions are going to be discussed (Stenson, 1993). The stepfather reacts by relating his experiences as a parent taking care of Richard's (Robin's brother) sexual hygiene. This is a sophisticated answer, intended to show that he understands that 'that area' concerns sexuality; it is also an attempt to neutralise any discussion about Robin having been abused. What follows is a factual account of the visit to the doctor. In line 999, the social worker gently interposes that this action would not be the cause of Robin's encopresis. This can be considered an indirect accusation. In response, the stepfather relates the mother's accusation that he committed incest to the doctor's advice rather than to the encopresis; he adds that he stopped helping his stepson at once to avoid any further accusations. In line 1004, the social worker returns to the subject of sexual abuse, but again does so indirectly, and avoids confronting the stepfather. She is not evidently working up to a confrontation over the stepfather's role in Robin's sexual problems. In line 1006, she specifies that she is referring to the issue of sexual abuse, adding that she knows about the stepfather's conviction but mitigates this confrontation immediately by extending the range of her question to cover the stepfather's family. The words 'that you yourself?', referring to the stepfather as perpetrator or as victim, can be interpreted in several ways. The use of 'you are accused but' is significant. Here, the social worker seems to offer a way out for the stepfather. He may have done it, but then it may not be his personal fault, but rather the result of himself having earlier been a victim of sexual abuse. The social worker's formulation is general and does not contain a personal pronoun. The social worker distances herself from this accusation, taking his side, giving him the opportunity to come up with an alternative interpretation. The stepfather takes up this opportunity and then tells her how he was abused by his father (almost calling him a war criminal in 1012, significantly confusing being a criminal and being a victim), and by several other men, and then tells how he became afraid of older people (which would seem to be an explanation for his sexual orientation toward children).

In the following part of the conversation, the stepfather reveals his criminal record for paedosexual offences. The atmosphere of the conversation remains calm and the social worker compliments the stepfather for his frankness:

EXTRACT 3

1183. SW: //Yes, in any case, you are very open right now [smiles]
concerning
1184. your own background, I think, is, I appreciate that very much
(.) yes but that is
1185. difficult yes (.)
1186. SF: For years I had serious difficulty in talking about that and er,
but I don't

1187. talk about it with a man, you see, if a man had come I certainly would
1188. not have told him, no I am very honest about that

This is an important part of the encounter in which both participants communicate at a meta-level about the quality of their encounter, and in particular about the stepfather's disclosure.

The stepfather adds that he was in special therapy, but adds that nothing ever happened between him and his stepsons. He even says that if he were ever to do anything, he would immediately report the fact. Following this, the social worker and the stepfather agree that the symptoms of his stepchildren may be an indication of sexual abuse. The social worker mentions briefly that the situation of the children, should mother not be able to look after them, must receive further consideration, and again compliments stepfather on being open.

EXTRACT 4

1254. SW: † If you look at your children, would one think that they might possibly
1255. have been sexually abused? (.) You yourself have the experience
1256. SF: Indeed I have
1257. SW: //on both sides, both as victim and perpetrator //
1258. SF: //that is exactly what I wondered //
1259. SW: you did think about that, † yes?
1260. SF: Yes (.) after that shitting his pant, indeed
1261. SW: Mm
1262. SF: I thought so, well
1263. SW: That is what we all think about er
1264. SF: Exactly, I thought about that myself
1265. SW: Like hey?
1266. SF: And er but then I have nothing
1267. SW: You cannot imagine someone that you think hey he or he might possibly
1268. SF: //No//
1269. SW: //I would suspect that person or er?//
1270. SF: No
1271. SW: No
1272. SF: Then I definitely would have done something with that (.) I know how I felt
1273. myself
1274. SW: Yes you might also suppose that you would recognize it (.)

1275. because you have
been victim as well as perpetrator (.) well and through that
1276. SF: //Yes//
1277. SW: //if//
1278. SF: //Yes exactly //
1279. SW: //experienced expert, say //
1280. SF: Yes
1281. SW: //say //
1282. SF: Yes but I never could trace that, I never could have that (.) no
I could never
1283. have understood why they shit their trousers and that there
was more to it
1284. SW: And you say, it happened once on the doctor's advice 'I
touched his willy'?
1285. SF: Yes and then afterwards
1286. SW: //that sure was a difficult action, wasn't it?//
1287. SF: //and afterwards I once visited that school doctor and er then
Richard told (.),
1288. probably when I was not there, and then the doctor said: 'you
have to keep your
1289. hands, your paws off the children', then, I really didn't know
what he meant
1290. SW: But he gave you the advice before?
1291. SF: Yes no but that is the first time afterwards that I visited eh
1292. SW: Oh
1293. SF: And yes he gave me that advice, he was, and at that point (.)
I I was totally
1294. unaware (.), and I think: 'what does that man mean', and not
until I came home I
1295. thought: 'goddammit it has to do with that

At the beginning of this fragment, the social worker uses a subtle strategy to engender stepfather's co-operation. She addresses him as if he were an expert whose experience might enable him to see what is going on with the two boys. The stepfather earlier confessed that he himself had been both victim and offender. The formulation is very indirect ('think that they might possibly'). In lines 1258 to 1264, stepfather and social worker confirm each other. This reflects the constructive approach of both participants and the client's co-operation with the inquiry. In lines 1267 and 1269, the social worker tightens the net a little, by asking the stepfather whether he suspects anybody else of sexually abusing his stepsons. The stepfather can hardly offer an affirmative answer. If he had been aware of any such thing he should have reported it at once, but by excluding the possibility of

another perpetrator, he strengthens the suspicions that fall on himself. He gives a calculated answer and, using an extreme case as an example, confirms that if he had known he would have reported the matter. Then the social worker again refers to the stepfather's 'expertise'. The stepfather seems to contradict himself when he says that he could not know that encopresis was a clue that more was going on (1282) – earlier he had said that he started wondering after he discovered that his sons were soiling their pants (1260). The cautious strategy of the social worker is again evident when she uses the stepfather's words to the effect that he had once touched his stepson. This has the effect of establishing the fact (1284), but without directly accusing him. The stepfather says that he had not understood what the doctor said, although it had been put in very plain terms. This is a pre-sequence to his attempt to reconstruct the narrative of his visit to that doctor in line 1293, when he says that only when he arrived home did he understand the import of what had been said.

Discussion

Child welfare practice is situated at the crossroads of psychosocial support and legal procedures. The Child Protection Board is the Dutch agency that supplies information to family courts about the developmental conditions of children at risk. The Board has to provide a convincing case based on a properly structured inquiry. That is to say, the relevant standard is that of reasonable probability rather than the proof demanded by a criminal court. In order to build a convincing case on those terms, social workers depend on the client's cooperation as well as the opinions of involved professionals. To reach the facts, the Board's inquiry depends to a large degree on the client's willingness to tell the truth and to give a realistic account of their situation. Hence, the professional's task is not just to collect information, but to create a social situation in which the client is prepared and willing to disclose that information.

This strategy has been demonstrated in a single case study of an encounter between a social worker and a client suspected of having committed incest. In their interaction an overall image is constructed of his stepson's developmental condition. In the course of the encounter, the stepfather openly admits to having been both victim and perpetrator of sexual abuse.

This disclosure may result from the non-accusatory approach of the social worker, which did not adopt a specific angle of enquiry. This might be described as an 'indirective' approach. Some might infer that no plan or agenda had been prepared for the conversation. This approach may be seen as unprofessional (as professionalism would demand clear pre-planning). It has even been interpreted as a reflection of a lack of skill in dealing with conflict and as an overemphasis on cooperation (Van Nijnatten, Hoogsteder & Suurmond, 2001). However, the indirective method can

be effective in child protection cases, especially in delicate situations where sexual abuse might have occurred:

Rather than pursuing an unattainable goal, the absolute truth, we should pay more attention to individual's explanations and understandings of their situation. In their words, what is true to family members rather than an absolute truth (Holland, 2004, p.146).

At several points in the meeting the social worker led the discussion toward the issues of encopresis and sexual abuse, yet she never accused the stepfather in any way. She did not give the impression that she was either actively seeking proof that the stepfather had committed incest, or attempting to establish the truth of the matter. Hall et al. (2006) suggest that indirection may also be an extension of the negotiation and particularisation of identity categories, and so might be considered to be an effective strategy for collecting information on delicate issues such as a suspicion of sexual abuse. In this manner, the social worker succeeded in building an overall view of the physical and mental condition of the stepfather and of the family situation, while maintaining the stepfather's cooperation with the Board's inquiry. The case shows that much can be transacted around the stepfather's position without direct imputation (cf. Wattam, 1999).

This is not to say that the issue of sexuality was not raised. In the encounter; the issue of encopresis was discussed at length. But attention was focused on how the stepfather dealt with this, and whether he was responsive to his stepson's problems. The issue of sexual abuse was thus approached indirectly. The social worker informed the stepfather in a neutral tone that in cases of encopresis the Child Protection Board assumes sexual abuse. Her questions were posed in general terms, rather than being directed at the stepfather's role. At several points in the encounter, the social worker used the stepfather's own words about particular crucial issues. This strategy enables the professional to agree or disagree selectively with what is presented so as to arrive at consensus or to emphasize the differences (Hall, Sarangi & Slembrouck, 1999), all the time bearing in mind the agency's role in the situation. Thus, professionals tend to select certain outcomes of conversations as more relevant than others (Anward, 1997) and to present these as an accurate version of the situation (Potter & Edwards, 1990).

The social worker here never adopted an accusatory tone, which probably contributed to an amicable atmosphere so that the stepfather felt able to comment extensively on the events 'in that area'. In the interview subsequently, the social worker remarked that although one sometimes has hardly any control over what happens during such conversations, she did her utmost not to accuse him in any way. She tried to be non-judgmental and to keep her voice neutral. This is a strategy to prevent a client reacting to the inquiry as though it were a police interrogation, which could well prevent him from disclosing information. A recent Swedish study

has shown that police interviews marked by the dominance of one party resulted in a higher proportion of denials, whereas an approach marked by humanity elicited proportionately more admissions. When suspects feel that they are respected and acknowledged, they probably gain more confidence and mental space, allowing them to admit to criminal behaviour (Holmberg & Christianson, 2002). In the case presented here, too, such a mild strategy appeared to be successful, as the stepfather disclosed his past and even gave permission to videotape the meeting. This strategy enables the client to control information about his personal identity and to pass only information which fits in the impression he wants to make of himself, and, in this instance, to avoid the stigma of being a child abuser (Goffman, 1963). Yet at the same time, it enables the social worker to collect information on all relevant fields with regard to Robin's position. She focused on the interconnection between these various issues rather than aiming at finding evidence about one big issue.

The social worker was investigating several aspects of Robin's situation and the relations between them rather than aiming to find evidence concerning a single issue. She 'generated' (Baker, 2004) social evidence, which is the link between the separate problems of this family besides the incest. She gathered data and opinions concerning the mother's health, the relation between Robin and his peers, the weekend arrangements, and, in particular, parental responsiveness to Robin's difficulties. From this we may understand that the social worker was assessing whether the complex of interrelated problems in this family was serious enough to justify advising the family court to intervene in the family. She was looking for a relationship between several troublesome features of the case rather than trying to establish beyond doubt the single charge of incest, with all the significance which that would then carry. When asked by the interviewer 'which of the clients in her opinion was speaking the truth', the social worker answered: 'I don't investigate so much what is true or untrue'.

Conclusion

Child abuse assessments are delicate processes. Professionals must proceed cautiously to prevent conflicts with the interviewees and to encourage them to be open and give valid information. This is shown in the analysis of an encounter between a stepfather and a social worker of the Dutch Child Protection Board. The reliability of the assessment was dependent on the stepfather's willingness to cooperate with the inquiry. This case may be considered as an example of good practice, since the social worker succeeded in creating an atmosphere in which the stepfather was willing to speak openly. This openness may be considered to be the result of a series of conversational strategies and techniques:

- Firstly, the professional's indirect approach to delicate matters. When the subject of child sexual abuse is introduced, it is without any suggestion that the stepfather is being accused. The social worker explains how things go generally in this type of case.
- Furthermore, the social worker introduces sexuality as just one of the topics to be discussed, so avoiding a concentration of attention on sexuality.
- Thirdly, the social worker presents the stepfather as someone who, in his parental position, can judge the condition of his stepchildren.
- The stepfather goes along with the social worker and together they conclude that the children show behaviour that needs further attention. It also enables the stepfather to reminisce about his childhood as a victim of sexual abuse. In reaction, the professional strategy is to compliment stepfather about being so frank about such a sensitive matter.
- None the less, the social worker gives the stepfather no leeway as she uses his knowledge as monitor of his stepchildren to conclude that there are no other suspects.

By proceeding cautiously, the social worker was able to collect relevant information about the possible abusive conditions of the child involved. But even more, she succeeded in starting an open dialogue with a central person in the relational web around the boy without exculpating him. This dialogue is crucial not just in finding out what is going on, but rather in seeking the best available solutions, in the best interest of the child. Social work in court-related cases is more than asking the right questions according to a strict procedure; it is about facilitating negotiation and co-construction by showing interest and compassion for the client, even if he is the suspect of a serious crime against a child. This approach also makes the assessment the basis for future counselling work with this family at risk, rather than just providing a static picture of the current situation.

References

- Anward, J. (1997) Parameters of institutional discourse. in B. Gunnarsson, P. Linell and B. Nordtberg *The construction of Professional Discourse*. London: Longman (pp. 127-150)
- Baker, C. (2004) Membership categorization and interview accounts. in D. Silverman *Qualitative Research. Theory, Method and Practice*. London: Sage (pp. 162-196)
- Brown, P. and Levinson, S. (1978). Universals in language use: Politeness phenomena. in E. Goody (Ed.) *Questions and Politeness: Strategies in social interaction*. Cambridge: Cambridge University Press
- Dingwall, R.; J. Eekelaar and T. Murray (1983) *The protection of Children. State intervention and Family Life*. Oxford: Basil Blackwell

- Juhila, K. (2004) Talking back to stigmatised identities. negotiation of culturally Dominant categorizations in interviews with shelter residents. *Qualitative Social Work*, 3, 3, 259-275
- Gadsby Waters, J. (1992) *The Supervision of Child Protection Work*. Avebury: Aldershot
- Goffman, E. (1959) *The Presentation of Self in Everyday Life*. New York: Doubleday
- Goffman, E. (1963) *Stigma. Notes on the Spoiled Identity of Spoiled Identity*. Harmondsworth: Penguin
- Grossen, M. and Apothéloz, D. (1998) Intelligence as a sensitive topic in clinical interviews promoted by learning difficulties. *Pragmatics*, 8, 2, 239-254
- Hall, C., Juhila, J., Parton, N., and Pösö, T. (Eds.) (2003) *Constructing Clienthood in Social Work and Human Services*. London: Jessica Kingsley
- Hall, C., Sarangi, S., and Slembrouck, S. (1997) Moral Construction in social work discourse. in B. Gunnarsson, P. Linell & B. Nordberg *The Construction of professional Discourse*. London: Longman (pp. 265-291)
- Hall, C., Sarangi, S., and Slembrouck, S. (1999) Speech representation and the categorisation of the client in social work discourse. *Text*, 19, 4, 539-570
- Hall, C., Slembrouck, S., and Sarangi, S. (2006) *Language Practices in Social Work. Categorisation and accountability in child welfare*. London/ New York: Routledge
- Holland, S. (2004) *Child and Family Assessment in Social Work Practice*. London: Sage
- Holmberg, U. and Christianson, S. (2002) Murderers' and sexual offenders' experiences of police interviews and their inclination to admit or deny crimes. *Behavioral Sciences and the Law*, 20, 1-2, 31-45
- Housley, W. and Fitzgerald, R. (2002) The reconsidered model of membership categorization analysis. *Qualitative Research*, 2, 1, 59-83
- Jefferson, G. (2004). Glossary of transcript symbols with an introduction. in G. H. Lerner *Conversation Analysis: Studies from the first generation*. Amsterdam: John Benjamins (pp. 13-31)
- Mäkitalo, A. (2002) Categorizing work: Knowing, arguing, and social dilemmas. in *Vocational Guidance*. Göteborg: Acta Universitatis Gothoburgensis
- Linell, P. (1990) The power of dialogue dynamics. in I. Marková and K. Foppa *The Dynamics of Dialogue*. Harvester Wheatsheaf: Hemel Hempstead (pp.147-177)
- Marková and K. Foppa (1991) (Eds.) *Asymmetries in Dialogue*. Harvester Wheatsheaf: Hemel Hempstead
- May-Chahal, C. and Parton, N. (1999) *Child Sexual Abuse: Responding to the experiences of children*. New York: Wiley
- Morrow, J., Yeager, C., and Lewis, D. (1997) Encopresis and sexual abuse in a sample of boys in residential treatment. *Child Abuse and Neglect*, 21, 1, 11-18
- Nijnatten, C. van (2005) The presentation of authority in encounters with mandated clients. *Advances in Sociology Research*, 2, 57-79
- Nijnatten, C. van (2006a) Meta communication in institutional talks. *Qualitative Social Work*, 5, 3, 333-349
- Nijnatten, C. van (2006b) Finding the words. Social work from a developmental perspective.

- Journal of Social Work Practice*, 20, 2, 133-144
- Nijnatten, C. van., Hoogsteder, M., and Suurmond, J. (2001) Communication in care and control: Institutional interactions between family supervisors and parents. *British Journal of Social Work*, 31, 5, 705-720
- Parton, N. (1991) *Governing the Family. Child Care, Child protection and the state*. Basingstoke: MacMillan
- Pithouse, A. and Atkinson, P. (1988) Telling the case: occupational narrative in a social work office. In N. Coupland *Styles of Discourse*. London: Croom Helm (pp. 183-200)
- Pomerantz, A. (1980) Telling my side: Limited access as fishing device. *Sociological Inquiry*, 50, 3-4, 186-198
- Pomerantz, A. (1986) Extreme case formulations: a new way of legitimating claims. *Human Studies*, 9, 2-3, 219-230
- Potter, J. (1996) *Representing Reality. Discourse, rhetoric and social construction*. London: Sage
- Potter, J. and Edwards, D. (1990) Nigel Lawson's tent: Discourse analysis, attribution theory and the social psychology of fact. *European Journal of Social Psychology*, 20, 5, 405-424
- Stenson, K. (1993) Social work discourse and the social work interview. *Economy and Society*, 22, 1, 42-76
- Wattam, C. (1999) Confidentiality and the social organisation of telling. in N. Parton and C. Wattam *Child Sexual Abuse. Responding to the Experiences of Children*. Chichester: John Wiley (pp. 71-89)
- White, S. (2002) Accomplishing the case in paediatrics and child health: Medicine and morality in interprofessional talk. *Sociology of Health and Illness*, 24, 4, 409-435
- White, S. and Stancombe, J. (2003) *Clinical Judgement in the Health and Welfare Professions*. Maidenhead: Open University Press

Appendix: Clarification of abbreviations and transcript conventions (cf. Jefferson, 2006)

CPW	Child Protection Worker
SF	Stepfather
?	sentence marked as question by grammar or intonation
(.)	short break (1-2 seconds) e.g. SSF: I uh (.) will do that
[pause]	longer break (> 2 seconds)
xxx	with emphasis e.g. C: I didn't do that
(xxx)	probable speech
(?)	unintelligible, one or two words
(.?.)	unintelligible, longer fragment
[xxx]	text clarifying speech, inserted by transcribers e.g. SSF: [nodding] this is [sighing] worse
°soft°	utterance that is pronounced relatively soft
[...]	part of conversation omitted
↑	rise of tone
↓	fall of tone
//xxx//	simultaneous speech e.g. CPW: no but //this initiative uh// SSF: //I won't let that happen// you know
xxx/	(self)interruption e.g. C