

Introduction

IT HAS recently been recognised that children who witness domestic violence experience severe trauma, and have very specific needs.

Workers in women's refuges were first to identify this trauma. They realised that children exposed to domestic violence displayed high levels of distress, depression, low self-esteem and, in many cases, behavioural problems such as aggression.¹ They frequently suffered from feelings of guilt, powerlessness, fear and uncertainty. The symptoms displayed by these children have been described by some as similar 'to those of victims of other severe traumas, such as witnessing a terrible accident or being caught in a war zone'.²

The observations of refuge workers have now been confirmed by research. Today it is widely accepted that infants, children and adolescents who witness domestic violence suffer severe psychological trauma, and that this trauma may have far-reaching and long-term implications.

The incidence of children witnessing or experiencing domestic violence

Studies have shown that most children who live in a home where domestic violence occurs are witnesses to the abuse. For example, in separate studies conducted in Queensland and Western Australia, between 84-88% of respondents reported the presence of dependent children in the household during the course of a violent relationship. The majority of these children witnessed the domestic violence.³

"In Australia, childhood experiences of violence have shown to lead to a greater likelihood of young people running away from home, engaging in substance misuse, suffering psychological and emotional disturbance and engaging in criminal activity."

Human Rights and Equal Opportunity Commission, 1989

In the 1996 Women's Safety Survey, 68% of women who reported experiencing violence by a previous partner said there were children in their care at some time during the relationship. Forty six percent of these women said that the children had witnessed the violence.⁴

In Australia, for every adult woman who accesses a refuge to escape domestic violence, there are two children.⁵

All children who hear their mothers being threatened or put down, or are threatened or put down themselves, are exposed to emotional and/or psychological abuse. Some children are abused while attempting to protect their mother by intervening in the violence.

Domestic violence during pregnancy

Some children are born into situations of domestic violence. Bohn claimed in the *Journal of Midwifery*, that as many as one in 50 women will be beaten during pregnancy. In 1989, figures published in the *Australian Family Physician* revealed that 66% of pregnant women who attended an emergency department were the victims of domestic violence.⁶

According to the Department of Family Services and Aboriginal & Islander Affairs:

Battered women are far more likely to miscarry their babies than other women - perhaps twice as likely. An abusive man often targets the breasts, stomach, and genitals of their partner.⁷

Domestic violence can also cause placental abruption, preterm labour, stillbirth and low birth-weight babies.⁸

If a baby survives the experience of domestic violence before birth,

the impact of the violence on both the mother and child continues after the baby is born. The Social Work Department at Woden Valley Hospital concluded that:

Women who are abused during or soon after their first pregnancy, as frequently occurs, face enormous emotional hurdles. Amongst these emotions there may well arise serious doubt as to whether they will be able to keep the baby safe. Women may set enormously high standards for themselves and their babies by trying to have non-crying babies so that their violent partner will not be provoked to violence by a noisy or demanding baby. Such attempts may well set up a cycle of impossible parenting expectations: failure e.g. baby cries – increased tension in the mother which also communicates itself to the baby – further failure – decreased sense of efficacy as a mother – anxiety and depression – impossible parenting expectations.⁹



*'Dad was angry with Mum.
It made me feel scared.'
Six year old girl*

The effects of the domestic violence

WHEN working with children who have witnessed or been victims of domestic violence, there are many factors and responses to consider.

Children may experience:

An increased risk of neglect and physical abuse

- **Neglect:** Children are prone to suffer neglect when there is domestic violence in the family.
- **Physical abuse and injury:** Studies have shown these children to be at greater risk of physical abuse from both the perpetrator and the non-offending parent.¹⁰
- **Murder:** Children who witness domestic violence face an increased risk of being victims of domestic murder.¹¹

Fear

Children experience fear in the home during and between assaults, and often after fleeing the abuse. They may fear being located by the perpetrator and threatened. They may be afraid before and during access with an unsafe parent.¹²

Child witnesses to domestic violence often believe their lives, or their mother's lives, are in danger. Shirley Allum, a clinical psychiatrist, says:

Consider for a moment what it is like for a child to witness one parent being physically violent to the other. What is it like, from their small point of view, to see their parent in a violent rage, out-of-control in their anger, lashing out at the other parent? I believe that these children, on some level outside their conscious awareness, believe that they are about to die, or will die. And

*this from the parent from whom they should be able to expect protection.*¹³

After interviewing child witnesses, Ann Blanchard reported:

*The children described periodic incidents of violence in their homes in which their mothers were hit, slapped, pushed or threatened when their fathers were apparently in a rage... For the majority of children these 'normal' incidents were punctuated by particularly violent episodes which stood out in their minds... Each of the children witnessing this kind of incident said they feared for their mother's life.*¹⁴

Isolation

For many children, isolation is enforced by the perpetrator as a method of control. This isolation need not be physical. For example, making the children keep the domestic violence a secret isolates them from others.

Children may feel isolated when escaping the violence, being forced to leave their home, family, friends, community and school. In rural and remote areas, they may have to move to a different region. Moving from a rural area to a metropolitan centre may be especially difficult.

Feelings of isolation can be exacerbated in children from non-English speaking backgrounds if there are language barriers.

Self-blame

Children may believe the abuse is their fault. If they feel responsible for protecting their mother and siblings, they may blame themselves when they are unable to do so. Some children are injured while trying to protect their mother.¹⁵

Anxiety

Children may feel uncertainty about what tomorrow will bring. This has been found to cause great anxiety in all age groups and for both sexes.¹⁶

Their responses may include:

Withdrawal

Children may respond to the domestic violence by withdrawing and compartmentalising their experience.¹⁷

Behaving differently

Many children exhibit behavioural problems and difficulties including aggressive language and behaviour in their play, excessive cruelty to animals, bed-wetting, running away from home, and drug or alcohol abuse.¹⁸

Distorted views of relationships

Research has confirmed that children who witness domestic violence have greater difficulty resolving conflict and forming healthy stable relationships.¹⁹ This often results in poor peer relationships and social incompetence, particularly if the children have witnessed the violence over long periods of time.²⁰

Illness

Child witnesses to domestic violence can suffer a range of physical and mental illnesses. The most frequently mentioned illnesses can be psychosomatic in nature, including headaches, abdominal complaints, asthma, peptic ulcers, rheumatoid arthritis and stuttering.

The children's environment

School

Children who witness domestic violence are also school children. According to Anne Blanchard, in each classroom there is likely to be three to five children contending with violence in the home.²¹ The trauma these children face as witnesses to, or victims of, domestic violence can disrupt their education. Sally Steele describes this disruption:

The child that has spent all night under a bed, fearful for its mother's life is never going to sit still and learn as adults

It's not love – it's violence

demand. The child that has stood between its parents trying desperately to stop the violence is not going to hear the instructions of a teacher. The child that has witnessed its mother being beaten and raped is certainly going to be lost in its own fears and trauma. The child that is terrified to go home will surely spend the day planning strategies for the coming evening.²²

A 1993 study conducted by Ann Blanchard revealed that, after fear, the second major factor raised by child witnesses was the effect on their school work. Children as young as eight said they found it difficult to concentrate at school because they were so scared for their mothers. Others said they tried extra hard to do well.

Schooling may also be disrupted when children move into refuges or when their mothers move to new suburbs to escape.

Moving schools regularly, leaving and returning to the family home, an inability to concentrate in class because of lack of sleep or a preoccupation with the abuse in their home, may all contribute to educational delays.

Legal factors

In cases of domestic violence, children are often caught in the middle of legal procedures between their parents. These proce-



'People are not supposed to fight. Especially men. When Mums and Dads fight kids feel angry and sad.'
Eight year old

dures may include criminal matters such as AVOs, or family law matters like residence (custody) and contact (access) orders.

Police are often reluctant to include children on AVOs even though the children may have witnessed their mother being battered. Not only can this put the children at risk, it can also provide the perpetrator with an avenue to harass the mother.

Refuge workers report few cases where access is denied to fathers, even if they have assaulted the child's mother. In many cases, women are forced to comply with an access or contact order with men who have abused them in front of the children.

Some children are terrified of their fathers and resist contact. Forcing contact may further traumatise these children. In this situation, the children themselves are powerless as there is no law allowing them to refuse contact. Refuge workers have observed that, before contact, some children go through a build-up phase which includes anxiety. Some may also display signs of distress, such as withdrawal or aggression, when they return after contact.

Does gender affect a child's response?

Studies have shown that gender **may** affect the way in which children respond to their experience of domestic violence, with some differences evident between boys and girls.

In many cases, girls who witness or experience domestic violence internalise their torment. They may withdraw emotionally, and experience feelings of depression and low self-esteem.²³

On the other hand, boys who have witnessed domestic violence are more likely to externalise their torment through aggression, conflict, hyperactivity and impulsiveness.²⁴

As always, it is important to remember that each child will have individual responses.

While patterns or similarities within the genders have been observed, there will be exceptions. For example, boys may very well become depressed and withdrawn, and girls may react aggressively.

Does the age of the child affect the impact of the domestic violence?

The effect that domestic violence has on children appears to be closely related to their developmental stage. A child's response tends to vary according to their age. The following patterns have emerged ²⁵:

0-2 years – children at this age react to their environment. When distressed they tend to cry, withdraw or refuse to feed.

2-8 years – at this stage, children are very self-centred and so believe that everything revolves around them or is caused by them. They may believe the violence is their fault. They may run away or hurt themselves to distract their parents from the violence or try to get other adults to help.

8-12 years – although not so self-centred many children still believe the violence is their fault. Many intervene to try to stop the violence. Their frustration at not being able to stop it may be expressed in either withdrawal or aggression.

Children of this age can form friendships, however, children who have witnessed domestic violence are often afraid of close relationships in case their 'secret' is found out.

12 plus – children now see the domestic violence as their parents' problem. They often see the victim as responsible for the violence. They are often angry at their mother for not stopping the abuse.

Adolescents who witness their mother being abused often feel isolated and impotent, as well as sad, guilty and fearful.

These feelings may be expressed as anger, in aggression or withdrawal. This stage is often marked by low self-esteem and poor coping skills.

Younger children may appear more negatively affected than older children because of their dependence on their care givers. Older children may also have the support of peers and school. These support systems have not yet developed in young children's lives.

As with gender, however, it is important not to generalise. While these trends have been observed, there can still be great variation in the responses of children from the same age group.

Longer term implications

Children growing up in a violent family **may** learn:

- that the only way to cope with stress and pressure is through the use of violence;
- disrespect for women;
- that it is possible to love and physically hurt someone at the same time;
- that using violence is an appropriate way to solve problems;
- that it is okay to use violence to get what you want.

Many researchers have found that currently violent people often have histories of domestic violence in childhood.

However, this cycle is not inevitable. In 1984, the landmark Sinclair Report found that:

Not all children are doomed to repeat their parents' patterns... It is crucial that we do not participate in a self-fulfilling prophesy giving children the message that, if they grow up in a violent home, they will become violent themselves. Children have choices. Our job is to make these choices available to them.

Helping to make choices available to children

Working with children

Clinical psychologist Shirley Allum says the prerequisites for working with children are to:

- see each child as unique and worthwhile;
- believe in children's rights;
- listen, accept the child's position and show empathy;
- like children;
- learn about child development;
- know about family influences and systems;
- know about the local school system;
- be aware of cultural expectations on the child;
- accept their sadness, anger, hurt and fear;
- focus on their strengths and courage.

To effectively meet the needs of children escaping from domestic violence, it is first necessary to build up a trusting relationship in a safe environment.

Women's refuges are a safe place

Until their arrival at the refuge, children have often had no freedom from violence in their lives. They may have been subjected to physical violence, verbal abuse, emotional abuse and sexual assault.

Refuge workers report that while children are in the service, they often talk for the first time about their experience as witness or victim of violence. This may be because the child feels safe. Furthermore, children can discuss their experience amongst workers who understand domestic violence, and with

What do we mean by a family?

A family can mean many things. It may refer to a nuclear family unit of parents and their children, or an extended family network, or a family with two mothers.

The family units which present at a service will take many forms. For example, children may arrive with mothers, aunts, grandmothers or cousins. Services need to consider the diversity of family units and offer support to children which validates their experience.

other children who have similar experiences.

Children escaping domestic violence have very specific needs. In recognition of this, a Child Support or child-focussed worker is now employed in most women's refuges. Such workers are seen as crucial by the Refuge Movement in meeting these children's needs, both immediate and ongoing. As the impact of domestic violence on children becomes more apparent, it is clear that one-to-one work and special care are essential.

The role of a Child Support worker in a refuge is very involved. It includes planning activities and play which address the children's needs, and implementing the 'Protective Behaviours' Program. Child Support workers advocate for the needs of the children, focusing on their safety and well-being. They assist with homework, support them at court, offer alternatives in problem solving and listen to the children's needs. In this non-threatening environment, the workers may also foster more effective parenting skills.

Making the environment inclusive and safe

It is important that the service environment, attitudes and policies are inclusive for all children. To help children feel safe and comfortable with your service, consider the processes listed in *Making your services accessible to all women* on page 17.

The physical environment is very important. Ensure that the service displays pictures showing children and families from a range of backgrounds, such as Aboriginal, non-English speaking, lesbian and Anglo Celtic. Perhaps have display boards to which children and their mothers can contribute in ways relevant to them. Try to have games, puzzles, books and toys from a range of cultures and in community languages.

Talking about the violence

Anne Blanchard's study found that children and adolescents wanted to talk about what had happened to them and what they had seen happening. Some wanted to talk to refuge workers, teachers or counsellors. Others found talking to other witnessing children therapeutic.

Be aware of cultural factors in a child's capacity or willingness to talk about the violence. A service may need to facilitate this process by arranging a translator for the child, or an Aboriginal child may be more comfortable talking to an Aboriginal worker. Consider what will make the situation easiest for the children.

Some strategies to consider

Services might find the following strategies helpful. The relevance of each strategy must be considered on a case-by-case basis.

At all times, the needs of the children are paramount.

The service overall

- Services need to develop and maintain a focus on the needs of children escaping domestic violence.
- Recruit adequate and skilled staff to meet the specific needs of children.
- Support and train staff to fulfil their roles.

Incident specific

- Consider reporting an incident to the Department of Community Services. Ask them to support your matter and approach the police to lay a separate complaint on behalf of the children.
- If a family court order, pertaining to access or contact with the children, is in place, ask the mother if she wants to apply to have the order varied.
- In matters of abuse, where the children are distressed and refuse to go on access or contact visits, the mother can refuse access or contact until the matter goes before the court.
- Children can be included as protected persons on their mother's AVO. Children over 16 years can apply for a separate AVO. Police can make a separate application to obtain an AVO for children under 16 years of age.



*'The break is on the inside not
the outside.'*
Eleven year old girl.

Child protection and reporting

Professionals and agencies have a responsibility to stop child abuse and neglect and should report children at risk of harm to the Department of Community Services (DoCS). The Department of Community Services is the agency with the authority and mandate to respond to reports.

The *Children (Care and Protection Act) 1987* and the *Children (Care and Protection) Amendment (Disclosure of Information) Act 1996* established a process by which people could tell DoCs about a child they suspected was at risk of harm so that DoCS could take action to protect the child.

This process has been reviewed and new child protection legislation has been proclaimed. It is called the *Children and Young Persons (Care and Protection) Act 1998*.

A child experiencing or witnessing domestic violence is considered to be at risk of harm.

Who are children and young people?

Under the *Children and Young Persons (Care and Protection) Act 1998*, a 'child' is a person under 16 years and a 'young person' is aged 16 or 17 years.

The Act introduces a set of objectives and principles

The NSW child protection legislation includes a philosophy about how the new *Children and Young Persons (Care and Protection) Act 1998* should be interpreted. The Act introduces a set of objectives and principles that guide the administration of the Act.

The objectives or aims of the Act are that:

- Children and young people receive the care and protection necessary to ensure their safety, welfare and well-being.
- Appropriate assistance is given to parents and carers so they can provide a safe and nurturing environment.
- All institutions, services and facilities caring for children and young people provide an environment that is free of violence and exploitation and foster health, development, spirituality, self respect and dignity.

The principles or values to be applied under the Act are:

- When making decisions about a child or young person, the main consideration must be their safety, welfare and well-being.
- The rights of children and young people to participate in decision making are recognised and specific obligations that put this principle into practice must be followed.
- Children and young people are entitled to an explanation about actions taken to protect them.
- When taking any action to protect a child or young person from harm, the least intrusive intervention is to be explored first.
- If children or young people cannot stay in their family environment, their name, identity, cultural and religious ties are to be preserved.
- If a child or young person has to leave their family and live in out-of-home care, they should be able to keep close relationships with people who are important to them, such as family members and friends.
- Aboriginal and Torres Strait Islander families and communities are to be more involved in making decisions about the care and protection of their children and young people, in the spirit of self-determination.

New ways of working with children, young people and families

A request for assistance

Under the new Act, a parent or person responsible for a child or young person can seek help and support from DoCS through a request for assistance. A request for assistance is intended to strengthen the family's ability to care for their child/ren and to enable the child or young person to remain in, or return to, the care of his/her family. A child or young person does not have to be at risk of harm for a request for assistance to be made.

Children or young people can make a request for assistance for any reason.

A report

The term 'reporting' replaces the term 'notification'.

A report is when a person contacts DoCS because they are concerned that a child or young person is at risk of harm (i.e. they have 'current' concerns for the safety, welfare and well-being of that child or young person).

When is a child or young person 'at risk of harm'?

A child or young person will be considered at risk of harm if:

- their physical or psychological or medical needs are not being met
- they have been (or are at risk of being), physically or sexually abused or ill-treated
- they are exposed to domestic violence or other serious psychological harm.

Who can make a report?

Any person who believes, on reasonable grounds, that a child has been, or is, at risk of harm can make a report. This can include

parents, relatives, friends, neighbours and acquaintances of a child or people whose work brings them in contact with children and parents.

You can also make a report while a woman is pregnant if you have reasonable grounds to suspect that a child may be at risk of harm after birth. This is referred to as pre-natal reporting and it is not mandatory. It aims to provide early assistance and support to the pregnant woman, so she can provide safety for her new-born child.

What is mandatory reporting?

Certain groups of people are required by law to report to DoCS if they have reasonable grounds to suspect (using their professional judgement and training) that a child is at risk of harm. This is called mandatory reporting and it applies to children only (under 16 years).

You may report a young person if you have reasonable grounds to suspect they are at risk of harm, but you will not be penalised if you do not.

Who are mandatory reporters?

A mandatory reporter is any person that provides health care, welfare, education, housing, law enforcement, residential services or children's services as part of their paid work (or that has a managerial or supervisory position in an agency that provides these services).

If your service provides residential accommodation to any child (that is under 16 years) that you believe to be living away from home without parental permission, you must report the child.

Only the paid workers in any agency are mandatory reporters. If you are a volunteer and you suspect that a child is at risk of harm, you can make a report but you are not legally required to do so. Alternatively, you could let the agency manager know, and they can make a report of your behalf.

Is reporting confidential?

The identity of reporters (mandatory or not) and the content of the report is confidential. The content of your report cannot be used in any Court as evidence against you or any other person. Making a report to DoCS does not constitute a breach of professional etiquette, ethics, standards or codes of conduct.

What happens after I make a report?

When you make a report to DoCS, a caseworker will undertake an initial assessment to determine what action needs to be taken. The caseworker should let you know what action they have decided to take. If they decide to take no action, they must make a record of their reasons for this decision.

How to report

A report can be made orally or in writing. In the first instance, it is preferable to report by telephone.

As of 18 December 2000, all reports are made to the Department of Community Services Helpline. This is a 24 hour service.

contact

To report, call

Community Services Helpline
13 21 11
24 hours a day

Mandatory reporters can call

13 36 27

For more information

about the legislation, visit the website
www.community.nsw.gov.au

The Interagency Guidelines are available from the Commission for Children and Young People. Call
(02) 9286 7276

The information about child protection and reporting is compiled from Department of Community Services EnAct: New Care and Protection Laws for children and young people – what the changes will mean for you and various fact sheets published about EnAct by DoCS. It has been approved by Department of Community Services in December 2000.

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