

## **The Life Story Board: a pictorial approach to psychosocial interviews with children in difficult circumstances**

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### Abstract:

The Life Story Board is a pictorial, tactile interview activity using a game mat and sets of markers and cards designed for older children and adults. The game-like LSB process constructs a pictorial map or ‘storyboard’ of one’s life experience and circumstances using intuitive symbols and patterns across a range of health and social domains. The versatile interview process more freely follows narrative than conventional questionnaires or verbal interview by itself and there is greater adaptability and comfort cross-culturally and with low literacy. In skilled hands, the process has great therapeutic potential. Additionally, LSB methods are suited to household assessment and community surveys for program evaluation and monitoring in development and humanitarian assistance contexts where conventional methods have poor acceptance and questionable reliability. This chapter traces the concept and development from a re-purposing of the genogram as a board game for war affected youth in Sri Lanka to its potential computer applications.

### Introduction

This Child Psychotherapies and Development conference with the theme of “War, Immigration and Trauma” situates the microcosm of individuals and families within the context of mass population disruption, violence and migration. Presented here is an innovation in methods of interview and therapeutic engagement that, in somewhat of a

parallel process, endeavours to span the methodological levels of quantitative survey epidemiology, and qualitative approaches of life narrative.

Life story work is defined as “the construction, or reconstruction, of an individual’s life story and involves the integration of the individual’s internal processes (cognitive, emotional, and biological) as well as the relationships and values within the family, community, and culture in which the child has developed.” (Figure 1)<sup>1</sup> Life stories reveal

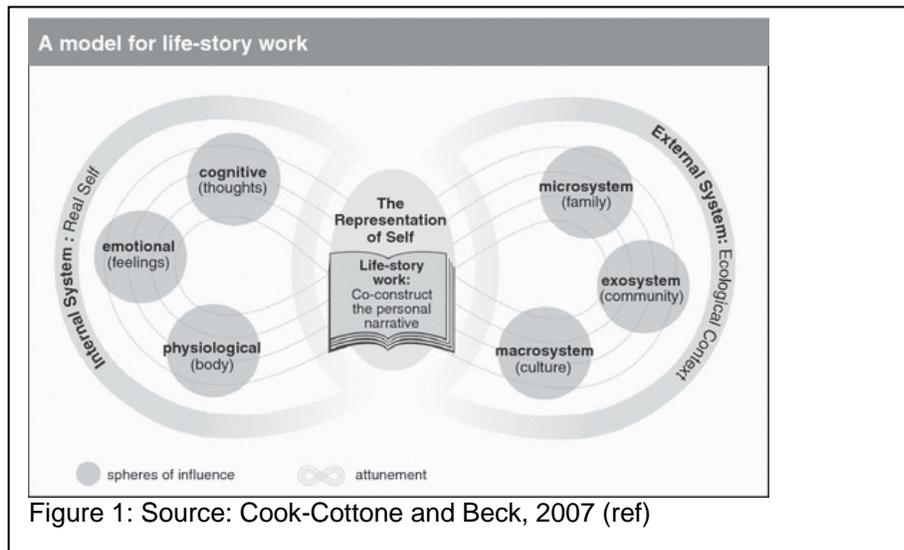
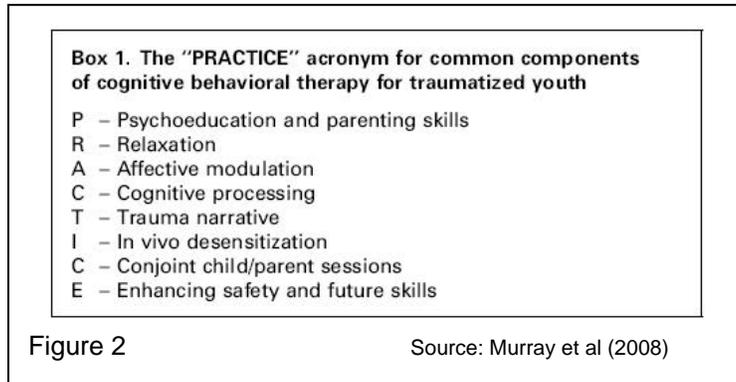


Figure 1: Source: Cook-Cottone and Beck, 2007 (ref)

who we are and how we form our lives. Construction of life stories begins in the early childhood years and is an active and continual process built on a relational matrix of home, community, their learning environment and other domains.<sup>2</sup> Life story work as therapy can bring clearer perspectives to personal experience and feelings, and in positive psychological terms can reconstruct identity and purge certain burdens, and improve self-image and self-esteem<sup>3 4</sup>.

A cornerstone to professional mental health practice for trauma is cognitive behavioural therapy (CBT) which was recently reviewed with attention to the context of treatment models for traumatized refugee youth<sup>5</sup>. Similar to CBT for other psychological problems, trauma-focused CBT interventions are largely skill-based components that complement and build towards a phased approach (see figure 2) that includes: (1) establishing safety and trust (the first four components in the PRACTICE acronym), (2) trauma-focused treatment, and (3) reintegration.



Among the methods for life story work in clinical and research settings, those that incorporate visual and tactile activities may be particularly useful with children and youth, beyond their traditional focus on testing child development (e.g. spatial awareness)<sup>6</sup>. Foster care caseworkers have constructed “life books”, collections of words, drawings, documents, photos to build a chronological account of the child’s life, for grief work, to revisit significant anniversaries (e.g. deaths, traumatic events), or to reminisce<sup>7 8</sup>. While there are multiple life book instruction manuals for casework there is a dearth of empirical evidence on this technique<sup>9 10</sup>. The Tree Theme Method used by occupational therapists for mental health for assessment and treatment helps children tell their life stories as the child creates paintings of trees representing points in time, stimulating storytelling and identifies key life themes<sup>11 12</sup>. The Life History Calendar captures temporal events in a child’s life<sup>13</sup> with dates on one dimension and significant life events on the other. These relatively simple methods do not display social context and relationship dynamics. And for children with significant trauma and social upheaval, disclosing sensitive details may be particularly difficult. Freedman<sup>14</sup> notes, the life story is not “a uni-dimensional series of events unfolding and evolving over time but a simultaneous unfolding of many dimensions, all interwoven temporally and causally in complex ways”. A visual method to display richer aspects of life narratives efficiently could identify key influences in a child’s life, positive and negative, facilitate therapeutic engagement, and when used systematically in clinical or community settings, could be an invaluable recording instrument for documentation and research.

## I. Background to the Development of the Life Story Board Methods

Family medicine and public health practice trains one in various approaches to record information from patient charts to questionnaire construction in epidemiologic surveys. My learning path was marked by a foray into war zone public health research in August 1991 following the first Persian Gulf War against Iraq. The 1991 child mortality and malnutrition survey<sup>15</sup> documented a three-fold rise in mortality of children under the age of five, an excess of 46,000 child deaths, attributable to the effects of sanctions and war. It was an example of quantitative epidemiologic field methods, increasingly called for in complex humanitarian emergencies and other challenging public health settings<sup>16 17</sup>.

Over eight days survey teams spanned the country to gather household data about child mortality and malnutrition in selected community clusters. The logistics and required sample size was driven by the need to have the statistical power to detect a doubling of the pre-war mortality rates<sup>1</sup>. The field work was an intense experience, with teams approaching households to interview mothers about their children detailing dates of birth and, if applicable, dates and causes of death, and validating by certificates where possible. For living children height and weight information was recorded on the data form [figure 3].

Valuable situational information was shared verbally but went unrecorded due to time constraints and the stripped down data form. While the study methods and logistics employed were unavoidable given the context, the data collection process did not permit the gathering of rich data. In this context a detailed questionnaire would have been both unwieldy and viewed with suspicion. I began to explore alternatives better suited to field situations involving armed conflict, and human rights violations, methods that were versatile, adaptable and would elicit and capably record. How might one best record rich

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<sup>1</sup> Sample size calculations for this population based survey called for birth and death information on 16,000 children born in the last five years, gathered from 3000 household units across 271 clusters across the 18 Iraqi governorates. The study results found an age adjusted relative mortality of 3.2 (95% confidence interval 2.8 – 3.7).

narrative information as well as the quantitative data necessary for epidemiologic analysis?

The form is titled 'دراسة الرئتين الصحي ١٩٩١' and 'Children's Health Status Survey 1991'. It has sections for 'Supervisor' (Government, Urban/Rural, Cluster, House #, Interview #, Date) and 'Interviewer' (IH Status, IH Occupancy, Available, Eligible, Responsible, Visit 1, Visit 2, Final result). There are also 'Edit/Entry' fields (Edit1, Edit2, Entry1, Entry2). A handwritten note says '2 interviewees (solo)'. Below the form is a large grid with columns for 'معلومات الأم' (Mother's info) and 'معلومات الطفل' (Child's info), with rows for 'الأم' (Mother) and 'الطفل' (Child). Handwritten notes include '30 children/day' and '3 clusters/day'.

Figure 3: The child mortality and malnutrition data form used by the International Study Team (Iraq, 1991)

As a medical specialist in occupational health, my usual enquiry process begins with open-ended questions (“What brings you here? How do you think I can help? What is

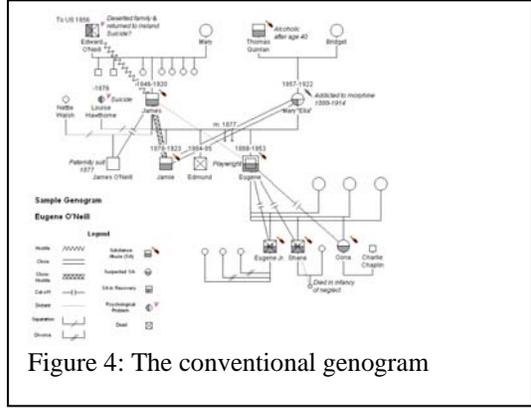


Figure 4: The conventional genogram

your story?”) followed by a ‘problem based approach’ to hone in on relevant history of (e.g. injury, exposures, contributing factors), economized to the time available for the consultation.

Familiar to me was the genogram, the kinship diagram used to record genetic

information and relationship history<sup>18 19</sup> (Figure 4)<sup>20</sup>. The genogram provides a quick gestalt of family patterns in a graphic presentation<sup>21 22</sup>, recording familial patterns, structure and relationships (e.g. degree of closeness and distance, boundaries, conflicts, alliances)<sup>23 24 25</sup>. A therapist can review multiple influences of problem as they seen in temporal context<sup>26</sup>. Completion of the genogram enables children to discuss more readily personal aspects of their life<sup>27</sup>.

The opportunity to explore alternatives came in the 4-country Health of Children in War Zones Project at McMaster University <sup>2</sup>1993-1996. In the study of psychological effects of armed conflict on children of armed conflict in Sri Lanka, genogram based interviews were piloted in refugee camps<sup>3</sup>. In the larger study of 308 schoolchildren studied across eight conflict affected communities, constructing the family genogram was an ‘ice-breaker’ activity in 212 home interviews with mothers or adult care providers<sup>4</sup>.

In the last stages of the fieldwork, we experimented with a ‘genogram board game’ as an alternative interview process and recording method. Cards for household members and markers for death, departure and displacement event were used in sessions with teenage



Figure 5: The original Genogram Game

volunteers; the activity was highly engaging, drawing out much information in a narrative flow that was less hampered by the sequence of items in administering a questionnaire. [figure 5].

In the second phase of the Sri Lankan project a community based organization was established in 1996 to provide a 'zone of peace' for children affected by the armed conflict. The Butterfly Peace Garden in Batticaloa, Eastern Sri Lanka is an innovative and highly acclaimed program that addresses the provides creative arts and psychosocial programming to ethnically mixed groups of children in a complex conflict and natural disaster setting. <sup>5</sup> Teachers in the local



Figure 6: Amma Appa Game at the Butterfly Peace Garden

<sup>2</sup> see website of Centre for Peace Studies, McMaster University, Canada <http://www.humanities.mcmaster.ca/peace-health>

<sup>3</sup> The mother was asked to display the mortality and dislocation experience of her household of origin, one generation prior and before the 1983 onset of ethnic conflict, and to compare to that of her child.

<sup>4</sup> Chase R, Doney A, et al., Mental Health Initiatives as Peace Initiatives in Sri Lankan Schoolchildren Affected by Armed Conflict *Medicine, Conflict and Survival* Vol 15, 379-390 (1999)

<sup>5</sup> [http://www.warchild.ca/programs\\_int\\_selected9.html](http://www.warchild.ca/programs_int_selected9.html) Paul Hogan <http://www.ashoka.org/node/3573>

schools refer children with difficulties at school or home (orphaned, trauma, neglect, poverty) attend the Butterfly Peace Garden weekly for nine months.

Research to help develop the psychodynamics aspects of the program came with the proviso not to use questionnaires and psychological checklists as they are inimical to the expressive process and the program's philosophy. An activity called the Amma Appa Journey (Mother Father Journey) was designed during a two year project for children with psychological distress. Based on the genogram, the game depicts the household, present and past, with cards and markers on a large canvas mat following a guided enquiry into life and family circumstances (Figure 6). The primary intent was to facilitate comfortable expression thorough the creative task and respectful listening. The typical session took one to two hours with a closing process to honor feelings and evoked

memories. Twenty children participated in baseline and follow up sessions in the program evaluation research which included home and teacher interviews, and reported as a case series<sup>6</sup>.



Figure 7: Pilot testing the Child Assessment Toolkit

In 2002 the 'genogram game' interview method was reformatted to be a child psychosocial assessment tool within the larger evaluation framework for an innovative community mental health project using creative arts by Medecins Sans Frontieres (MSF) Canada.

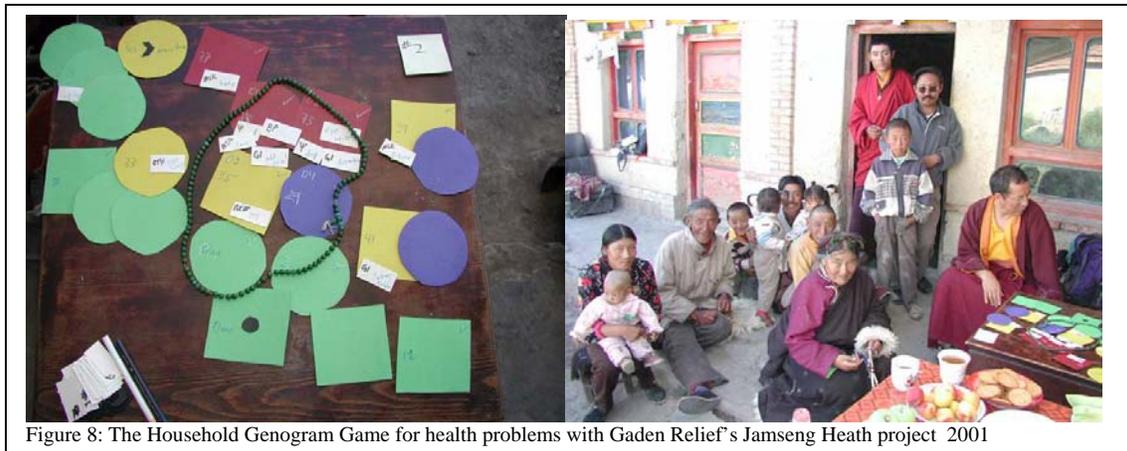
A second activity board called the Statement Game provided self-rated quantitative measures along a 'distress/resiliency' continuum for repeated assessments (see figure 9). The prototype was piloted in Winnipeg, Canada with refugee children in English as a Second Language (ESL) classes, ages 10-16 from Afghanistan, Sierra Leone, and Somalia (Figure 7)<sup>7</sup>.

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6 Chase R "The Butterfly Garden, Batticaloa, Sri Lanka: Final Report of a Program Development and Research Project (1998-2000)" ISBN 955-599-197-9 Sri Lanka, 2000 [available upon request as a PDF file]

7 The More Than Bandages project was a collaboration between MSF country offices of Canada, Germany, Holland and Belgium. The selected field site was MSF Geneva's mental health program in Dagestan, the

In 2001 I explored using the ‘genogram-game’ approach as a tool for household health assessment on a volunteer medical mission to a rural Tibetan nomadic community in the Yushu Autonomous Zone in Chinghai province, China<sup>8</sup>. Using a set of cards and markers for people and health conditions, families were interviewed in collective sessions to enquire into health problems and causes of death within household and extended family. The pictorial layout of cards depicting the extended family with the transparent display of health information was readily understandable and often stimulated lively discussion (Figure 8).



Since 2002 these pictorial interview recording methods have been presented to aboriginal students enrolled in undergraduate social work degree program, many of whom return to school after being child and family services caseworkers. The sessions combine a lecture presentation on the research described herein and an overview on psychosocial trauma and resiliency in children, leading to a classroom demonstration of the ‘genogram game’ toolkit conducted with a student volunteer. The adult classroom volunteer is asked to focus on a specific time in childhood in order to provide some distance and comfort while in front of classmates. The Statement Game probes self esteem, resiliency, distress, hopes and fears (Figure 9). The session is brought to closure

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federated state adjacent to Chechnya. However, project implementation was suspended at an early stage by the May 2003 kidnapping of the country Head of Mission shortly after the MTB training team arrived.

<sup>8</sup> [www.gadenrelief.org](http://www.gadenrelief.org) <http://www.gadenrelief.org/staff/ztr-20011103.html>

with respectful reflection, a photograph and, as the layout dissolves and is swept into a pile, the participant engages in a symbolic ritual of forming a multilayered egg from the coloured clay used in the session.



Figure 9 The LSB with the Statement Game for repeated measures

The feedback and reflections of the classes through discussion and journals was very favourable for this kind of interview process in the aboriginal community context. Some highlights were:

- The board game's ability to depict the multiple households and extended family context typical of life in a First Nations community.
- Storytelling plays a very important role in aboriginal culture: telling one's story is enabled by the active listening and creating a corresponding pictorial arrangement with the cards and markers.
- A significant event or traumatic experience could be disclosed, without words, by placing a marker on a card. The act 'externalizes' the cognition, memory or feeling, which is culturally more comfortable, after which verbal expression and sharing is less apprehensive.
- There is spatial versatility, as cards can be moved about with as details emerge in a collaborative process creating an intuitively meaningful arrangement.

Many remarked that such a process and toolkit would be very helpful in the work of a caseworker to enquire into and understand the history and circumstances of a client family.

In February 2007 the methods were trialed by War Child Canada (WCC) as a potential tool for program monitoring and evaluation<sup>9</sup>. The activity, now called the Life

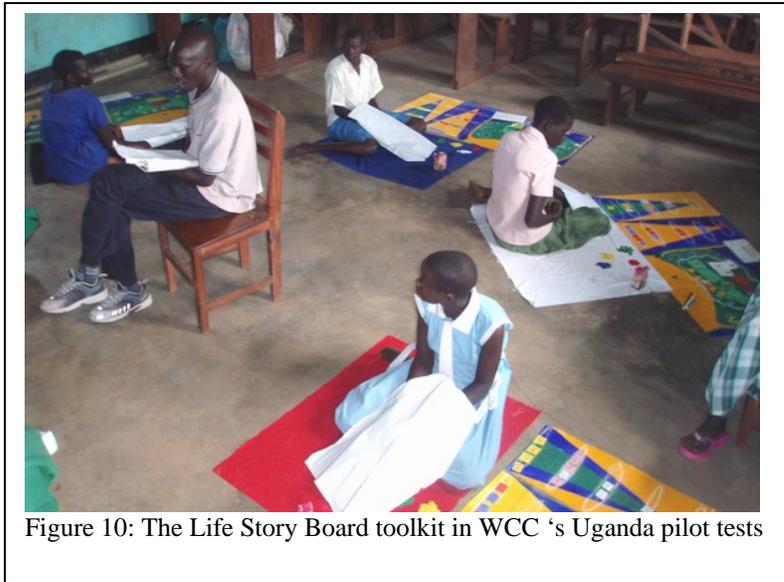


Figure 10: The Life Story Board toolkit in WCC's Uganda pilot tests

Story Board (LSB), was pilot tested in a peacebuilding training project in Northern Uganda. The LSB was conducted with groups of six children at one time; one-on-one sessions were not considered feasible given the large numbers of children in WCC's

school-based programs. A sequence of three game-based activities was conducted with volunteer youths, in groups of 6 boys or girls, ages 12 to 16, 56 in total from local schools in Gulu town and two IDP camps in adjacent districts<sup>10</sup>. The session was done quietly, without verbalizing personal details, each participant with his or her own toolkit, facing away from others to reduce peering and distraction, and guided through the series of steps by a trained local staff person instructing in the local dialect and with the help of an assistant (Figure 10). After completing details of the household, present and past, and significant people and activities in their lives, the final steps enquires into sources of risk and resources for coping and resiliency. Chalk circles drawn around the perimeter of the layout represent 'circles of influence' - neighbours, homestead site, school, church, market, peers-, and community elements- government defence forces, LRA rebels and

<sup>9</sup> [www.warchild.ca](http://www.warchild.ca)

<sup>10</sup> The three activities consisted of 1. the Life Story Board- formerly the Genogram Game- to depict the death, departure, mental and physical health problems in the family, after which a schematic representation of social networks and community factors was laid out on the mat with which they identified sources of threats to physical safety and psychological integrity as well as sources of support and coping strengths; 2. the Statement Game, whereby each rated the degree to which they experience distress, resiliency, respect for child rights, violence and supportive social networks; and 3. the Chip Pouch Game, secretly answering sensitive questions by discretely placing coloured chips into unmarked pouches collected from everyone in a way that absolutely ensures anonymity. Question items are about physical and sexual violence at home, school or elsewhere in the community. For further information, contact the author.

other risk sources. Yellow and green chips representing, respectively, (1) Risks-threats to physical safety or personal integrity, and (2) Resources- valued sources of support and protection (figure 11) are distributed over identified personal, household, and community elements. The completed LSB mats were photographed to record for subsequent analysis; the pictures themselves do not disclose personal identity.

On group de-briefing the next day, feedback was generally favourable. Most found the session comfortable, respectful and they preferred this approach to a questionnaire or verbal interview. The successful pilot test led to the recommendation to incorporate LSB methods into program monitoring and evaluation related to psychosocial, HIV/AIDS, gender based violence, child rights, and household livelihood programming.



Figure 11. Circles of Influence: community risks and supports

## Discussion

Thus far the Life Story Board methods developed have placed particular attention on optimizing comfort and engaging the narrative voice with sensitive, nonjudgmental respect, in a responsive flowing enquiry that is more permissive than extractive. In conducive settings, engaging in the Life Story Board process helps overcome initial reticence to share information and feelings of discomfort or mistrust. Experience to date has found contextualized assessments of older children and youth with the LSB provides greater client comfort than verbal approaches alone or survey questionnaires. Building trust and rapport with children in therapy and research is challenging, particularly across different cultural identities and meanings<sup>28</sup>.

The LSB has greater recording capabilities than methods such as the genogram or life history calendar, and can facilitate valuable interaction in clinical work, such as developing solution-oriented interventions and challenging maladaptive relationship or behavior patterns<sup>29 30</sup>. The Life Story Board process extends beyond the conventional genogram to include social networks, significant life events, risks and psychosocial supports. Sets of cards and markers represent family members and significant others, deaths, departures, health status (physical and entail), relationships, social roles, and sources of risk and social support at personal, family and community levels. Additional features items can be improvised with other cards and chalk drawings.

The final storyboard is a rich and intuitive map of interconnected personal and ecological elements. The process of consciously reflecting on one's life story to create a visual-spatial model can be powerful and revelatory. Using the LSB with other CBT components introduces a holistic, pictorial aspect to word-based approaches that may enhance creative processing faculties popularly known as 'right-brain thinking'.

As with other interview and clinical approaches, skill and experience are important to optimize the participatory process and information recording and time-efficiency. The LSB is not a substitute for standardized psychometric instruments used for clinical psychological diagnosis. The range and potential of the process is largely unexplored, e.g. LSB process beyond a single session. Experience thus far has validated that the Life Story Board is a versatile toolkit for an active pictorial interview process will be a valuable instrument for counselling and assessment. The Life Story Board may revolutionize how to elicit and record multi-dimensional socio-behavioural information in the fields of child development, child welfare, refugee and immigration services, mental health and addictions counselling.

### Research Plan and Next Steps

The Life Story Board has demonstrated successful 'proof of concept'; next steps in development are to perform feasibility assessments in clinical practice settings and to

trial specific applications in social service agencies and programs. A revised prototype toolkit game board set, guides and instruction manual will be developed and produced along with an accompanying workshop training package. The current research plan is to trial the LSB among Canadian professionals working with individual youth at risk to assess its effectiveness and feasibility as a therapeutic process. The focus of study will be practitioners of various disciplines (e.g. social workers, school counsellors, psychologists and psychotherapists) testing the LSB in their clinical setting. The website [www.lifestoryboard.org](http://www.lifestoryboard.org) will host some open access material and a discussion room for collaborating researchers and practitioners. The clinical experience and feedback on the toolkit and session formats will inform revisions of the LSB toolkit and guidebook.

A related research area is to develop a household assessment version of the LSB, initially for caseworkers and counsellors working with refugees and displaced families, such as those employed at community settlement agencies. This version includes an overarching timeline, Household information cards, and sets for Events and Acts. An objective is to design the Violence Module to records subtypes of violent acts in conformity with the Human Rights Data Model (victim, violation, perpetrator)<sup>31</sup> and the best practice international guidelines for cross-cultural household assessment of violence outlined by Diprose (2008)<sup>32</sup>.

The LSB collects extensive information in a visual format and is a capable alternative to conventional data collection tools for verbal interview or questionnaire survey. The LSB photograph contains encrypted but readily accessible information, quantitative and qualitative, for descriptive and analytic methods. Manual transferring data for the digital photo to a spreadsheet has been done, but is tedious. More streamlined, efficient data entry and analysis is essential for practical use.

The research plan includes construction of a software program in digital Flash environment in which graphical user interface (GUI) mirrors the “mat and card” format of the LSB. From card and marker menus, one ‘drag and drops’ items on the board, replicating the photograph and simultaneously entering data. Audio file comments to

record details can be tagged to items, all sorted within one integrated metafile. A more fully rendered LSB computer application has great potential: the virtual presentation rescales to accommodate new items; sessions can be saved and resumed; exposures and impacts visualized in semi-transparent layers; sets of information can be peeled off, scrolled back or hidden.

Revisiting the arena of field epidemiology in conflict zones that inspired the search for alternative methods, the Life Story Board game, or its computerized version on a tablet PC, could be trialed in the field for household surveys; data would be aggregated and analyzed in its dedicated database management system. Around a backbone data structure for individual, household, and community level variables, submodules to enquire into e.g. child maternal health, health care access, violence, medical disease can be designed.

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