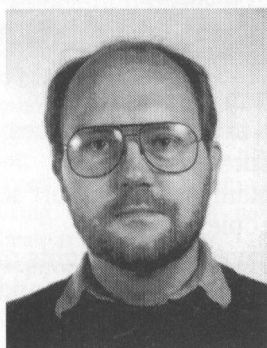


Dangerous Families and beyond

An Interview with Peter Dale.

Joe Tucci



Peter Dale

Peter Dale is the principal author of Dangerous Families, which was first published in 1986. In it, he described an assessment and therapeutic approach to working with child abuse developed by the Rochdale Special Unit of the National Society for the Prevention of Cruelty to Children (NSPCC) in Britain. In 1986, Peter became the Manager of the NSPCC Child Protection Team in East Sussex. He is also a Visiting Research Fellow in Social Policy and Social Work at Sussex University. He is currently completing a PhD study at the University of Brighton entitled: Clients' and therapists' perceptions of the psychotherapeutic process: A study of adults abused as children.

This interview was conducted whilst I worked as part of the East Sussex NSPCC Team for three months in 1993. This experience was made possible with the support of a Creswick Foundation Fellowship in Family Relations and Child Development and the Department of Social Work, Monash University.

In the interview, Peter discusses the changes in his thinking and practice since the publication of Dangerous Families.



Joe Tucci

Joe: Peter, thank-you for agreeing to take part in this interview. When *Dangerous Families* was first published, it introduced to the child protection field ideas such as network meetings and professional dangerousness. From your point of view, what was the value of the ideas in *Dangerous Families*?

Peter: The most valuable part of *Dangerous Families* which comes to mind is working in teams. It fills me with horror that in some social services departments in this country, social workers are still expected to assess complicated families by themselves without even a co-worker. One pair of eyes is

just not enough if you are wanting to develop a mature and informed view of all the different levels within the individual, the families and the families in relation to the system. It is asking too much of almost anybody. That is particularly true if you subscribe to the principle, like we do, that assessment work of this nature should include a therapeutic opportunity for individuals and families. Working in teams is a point which stands out for me.

The need to establish a structure which is clear for clients continues to be a critical issue. I think it was valuable to outline a structure for working with families in which child abuse had occurred. In that way the families, and the agencies involved with those families, were given the opportunity to clarify and compare their respective goals for the assessment and therapeutic work.

Finally, I think the other important point that was made in *Dangerous Families* was that along with individual family members, the professional community makes a contribution to the dynamics of risk. The philosophical context of practice shapes the response to a child's need for protection which, in turn, affects the capacity of the system to provide that protection.

The continuing appeal of *Dangerous Families* highlights to me that so few practitioners write about what they do. There has not been all that much competition to *Dangerous Families* which covers the work of child protection in so much detail. Perhaps its appeal lies with the scarcity of

literature that has made a contribution to child protection practice.

Joe: You placed so much emphasis in *Dangerous Families* on describing the context of the work undertaken by the Rochdale Team. How has the context of child protection work changed in Britain since you wrote *Dangerous Families*?

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Peter: The context of child protection work was then very different. I think that context is very important. In child protection, policy, interpretations of legislation and community attitudes change very rapidly. Styles of work which may be appropriate in a particular legal and cultural context become less appropriate in a different context. Practice needs to position itself in response to the evolution of its context.

In the late 1970's, I believe that child protection in the United Kingdom was under-intrusive and overly optimistic about families. The system could almost have been characterised as neglectful of its social requirements to identify abused children and protect them. In response, *Dangerous Families* took the stance, both with the families, but particularly with the system, that there needed to be a much clearer structure when intervening to protect children who were actively at risk.

In contrast, as the decade of the 80's developed the context in this country changed significantly to an overly intrusive stance towards families. So much so that I began to talk about system abuse as the newest form of child abuse. The overly intrusive context influenced me to direct my attention at the child welfare system, to have it back off rather than become more involved.

Joe: I would like to explore in detail how your approach has changed since *Dangerous Families*. The first issue I would like to discuss is how you engage families to work with you. In *Dangerous Families*, it seemed to me that the work incorporated the view that therapeutic control was not only useful but necessary in engaging highly resistant families. What is your view now of what is helpful in encouraging families to engage in assessment and therapy work?

Peter: I think the descriptions in *Dangerous Families* about engagement tended to focus on an experience of working with serious cases of physical abuse. Often they had been families that the system had failed to intervene appropriately with over a period of time. Typically, they had been under supervision or monitoring without anything effective being done. So they tended to be families who had learned how to keep the system away from what was really going on by some form of compliance, or by being aggressive and threatening. In that context, it was important to define ground rules for what needed to be done.

I think that one of the changes in philosophy with the East Sussex Team comes from the realisation that you can still work effectively without having to enforce an inflexible structure. Now, we tend to start off by seeing what family members are interested in, and making sure that we can listen to and understand their view of the concerns. Essentially, one of the most important principles is to change the dynamic from the family **having** to come to the NSPCC, into the family **wanting** to come to the NSPCC. We try to achieve this by working with them in a way that encourages them to have the experience of 'Well, maybe there is something in this for us after all'. In the early sessions, we try to amplify any topic that family members seem to find interesting.

We build on their interest by talking about what it is about the topic or issue that they believe is important. If at all possible, we try to relate this conversation to the referring agency's objectives for work with this family.

Joe: Is the term 'resistance' a useful concept in your work?

Peter: I don't think we even use the word. I prefer to attend to the influence of shock and states of shock on the psychological processes of people following either the abuse or disclosure of the abuse. I believe that for children and parents, shock can lead to denial and numbing. What we know about people in shock is that they do not behave in an entirely consistent and rational way. They can go numb and repress awareness of what has happened. They can behave inconsistently.

My sense is that often short term assessment work can have a discriminatory effect on families. It has the propensity to highlight the negatives in a way that long term work does not.

It is important then in assessment work not to interpret such shock reactions as being negative characteristics inherent in an individual or a family. I believe that it is more helpful to work to help people feel sufficiently secure to talk, even in a limited way, about the experience of the shock itself. It may be possible then to start to increase their awareness as to what they have done and engage them in conversations about their willingness to take some responsibility for it. You need to be gentle in working with people in shock and if you are not, if you pressure them to confess what they have done, you will actually create the opposite effect. You will push the awareness further down. You will also remove any impetus for them to accept responsibility for their abusive actions. That can only be counter-productive.

Joe: I think that leads on to the next point I wanted to explore, Peter. How important is time in your approach to working with families where abuse has occurred?

Peter: It worries me that there is quite some pressure within the legal and protective system for short term assessment work. My sense is that often short term assessment work can have a discriminatory effect on families. It has the propensity to

highlight the negatives in a way that long term work does not.

In long term work, you can very specifically identify the areas you are concerned about and discuss these issues directly with the family. As the family attempts to address the concerns, you are able to constantly give them feedback about your view of their attempts at change. I think that assessment work necessarily involves an assessment of the individual's capacity to make changes. An assessment therefore also may include a therapeutic component. By that I mean that family members are facilitated to reflect on their experiences in such a way that change may be promoted. Assessment and therapy are compatible as long as the assessment task is made explicit and reviewed.

For these reasons, we are often involved in situations where we successfully make a case to the wider system that a fairly long period of time is necessary to complete an assessment, sometimes up to a year.

As an example, I think that the question of maturity/immaturity of a parent requires a long-term perspective to assess. We have worked a great deal with young parents who appear very immature, usually abused themselves, usually brought up in various sorts of 'care settings', and living in poor social conditions and surroundings. Often it is striking once you do the work, the sense of intellectual and emotional potential that some of these parents have. However, if you assess them on a short term basis, you tend to simply obtain a cross-section of the negatives. If you can negotiate the space to assess them over a longer period of time, then their potential for development can manifest itself and they can start growing up. With time, people outside can start seeing that they are developing and the picture can be very different.

Joe: I have noticed that you try to generate a context of hope for the families you are involved with. What do you find useful about holding onto a notion of hope?

Peter: I think my time with Henry Giarretto in San Jose in 1987 was an enormous influence on me. Hope was certainly one of the principles underlining their assessment and therapeutic work. I believe that we cannot be hopeless about the potential for change in families, because we do not know before we start working with a family what the outcome will be.

What we do know overall from all the assessments we have done is that between 60-75% of people feel, at the end of the assessments, that they received largely what they wanted in some form or another. That is a decent sized proportion of people who come for assessments and feel satisfied afterwards with the effects on them and the

decisions that are made. That provides a sort of reality for the hope context.

I think you have to be realistic about hope. It would be wrong to be unrealistic and falsely reassure. For me it has something to do with people being aware that change is possible and no matter how angry, alienated, upset or depressed people are when they start working with us, we remain mostly interested in their capacity to change and behave differently, non-abusively.

Joe: We have already touched on the issue of responsibility. In *Dangerous Families* you defined one of the team's major therapeutic goals as encouraging the perpetrator to accept responsibility for the abuse. What does responsibility mean to you?

Peter: I don't think it is a word that is in daily currency here. We do not really adhere to those forms of assessment and therapy which emphasise responsibility taking. But having said that, a significant part of the work in assessments is working towards helping the individual who were the active abusers to become more aware and more understanding of the forces within themselves and within their context which led them to behave in that way.

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If somebody is not taking responsibility, you have to ask why not and that's part of your assessment. There are different reasons as to why people may not be taking responsibility. For instance, I have heard the comment '...If I do take responsibility for this abuse at this moment, I'll be taken to court and then to prison...'. The legal system acts a strong external inhibitor to a perpetrator accepting responsibility for abusing. It is no use demanding that some one take responsibility if they are in a context where if they do, you tell the police.

People may not be taking responsibility because of the shock reaction we talked

about earlier, and the emotional numbness, the denial and the disbelief that I believe is a common psychological response in all humans. When we have done something that we wish we had not done, whatever it is, then we tend to deny it as a part of the process of taking responsibility.

I think the goal is then to help people review their levels of responsibility in a more gentle, careful way which explores the internal inhibitors of responsibility and the inhibitors in their system acting against their personal accountability.

I find it useful to consider that denying responsibility and accepting responsibility are opposite ends of the same continuum. The process is begun when the issue of responsibility is discussed.

Joe: In *Dangerous Families*, one of the most interesting dimensions of your assessment process was the potential for ambivalence that parents may feel in relation to caring for their child. What are your thoughts now about this issue?

Peter: I think ambivalence is worth always bearing in mind in assessments of risk. I wonder whether you have had this sort of experience, Joe. You have worked with a family for some time. The risk factors which were present when the abuse occurred are no longer present. Each family member has made significant progress. You are beginning to plan the end of your involvement with the family or the child is about to return home. At that point, a crisis in the family occurs which leads you to question your entire assessment of the family's progress. I am not saying that this is a regular experience. However, I believe that it is important to pay attention to those unusual events.

My sense is that it is often an unconscious expression of an inner ambivalence as to whether the parents feel that they want the child back. They question whether they will cope successfully with so-called 'normal' family life. They may experience some anxiety about the return of the problems which characterised their lives originally and which may have led to the abuse.

Continuing the theme that I described in *Dangerous Families*, there have been a number of assessments here where at the last minute something of that crisis nature has happened. This has led us into focusing on parental ambivalence. With many cases the direction of care decisions for the child has been significantly altered.

The issue of ambivalence is very important. My re-involvement in psychodynamic thinking over the last five or six years has stressed to me that we work with people who often have contradictory inner emotional experiences about wanting and not wanting, pulling towards and pushing

away. I try to create a context in my relationship with them where they can feel safe enough to allow me to enter into all that turmoil. If it is not safe, they will only give me access to the part of them that wants the child back. Usually, that is the visible part. The challenge is to tap into the ambivalent side, that either does not want the child back because there is a long standing emotional rejection, or feels intensely anxious about the child coming back because of not knowing whether they would cope or not.

Joe: I would like your comments on this quote from *Dangerous Families*:

'...It is crucial that the inter-agency system can move with the families progress, and not remain fixated in the opinions it held at the time of the initial case conference or the initial report...'

(Dale et al, 1986, p.40)

How do you see your role in encouraging that movement?

Peter: I think that is very important. Part of the change in context in the mid eighties was a swing toward an acutely pessimistic view of families and very negative perceptions of the potential for change in abusive families. It was as if the professional community did not trust change in families. That was a time when this team and I began to feel acutely alienated from the system as a whole because such 'anti-family' sentiment was not our perspective nor our experience.

The sort of high level of suspiciousness in the professional community which led to the Cleveland crisis has since eased a great deal. The introduction of the *Children Act* 1989 has in some ways consolidated the necessity to work in partnership with parents.

However, in an overly intrusive context like that, it is important to consider it as part of the work. When we reach a point with families where we feel they have changed and there is potential for them to resume caring for their children, or continue caring for their children, yet we know that the professional network has anxieties or suspicions about that, then we invite our clients to consider the possibilities of what to do about it.

We will use sessions for them to increase their awareness about how they are perceived by these professionals, what contributions they have made in the past to those perceptions and what they might need to do with key professionals to relate to them in a way that the other professionals learn that they have changed. It becomes an active exercise for the people we are working with to put into action the strategies they develop. I think that is really important because I do not expect that when we are making observations about people having changed, our views are to be taken on face value. It is

much better when the other professionals have experienced it themselves.

Joe: Finally Peter, have you developed other critical themes in assessment work or does anything come to mind that may be different to the way that you conceptualised your practice when you wrote *Dangerous Families*?

Peter: Yes, I think so. I think the emphasis about studying the family system in such minute detail has diminished considerably in my current work. Perhaps, what is more typical of the work here than in Rochdale is a resurgence of interest in the internal emotional and psychological processes of the individuals we are working with. We focus more on attempting to access those processes in a way that is hopefully not threatening and hopefully rewarding to the person we are working with.

Often in that context, we are linking our work with previous traumas and losses and deprivations in their own lives as well. We try to work with people at different levels historically and currently.

We involve family members in 'designing' the assessment process. We negotiate with people individually how much information can be introduced into a couple or family session. The structure of assessments includes work with parents as parents, but also as individuals and couples. We sort of ebb and flow between those different structures. The purpose is to maximise awareness and communication.

Just before we finish Joe, the other issue I would mention that has not come up in our conversation, which I think is important, is the significance of female sexual abusers in the work that we do in this country. I know you have commented to me that sexual abuse perpetrated by females has not been identified in Australia yet on any significant scale. Again the system lags behind in identifying problems. My experience over the last three or four years here is that there is a good deal of concern of that nature which I guess in the past people have not asked the right questions about. It certainly comes up with the therapeutic work with adults abused as children. A surprising proportion talk about their mothers having been involved. I suggest the issue of female sexual abusers will be appearing more on the agenda in Australia.

Joe: That certainly is an interesting point to finish on. Thanks again Peter.

REFERENCES

Dale P., Davies M., Morrison T. & Waters J. (1986) *Dangerous Families: Assessment and Treatment of Child Abuse*. London: Tavistock.

AAYPIC

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What future

There are over 20,000 children and young people aged 0-18 years in Australia who cannot live with their families because of emotional, physical or sexual abuse and neglect. They are without doubt, the most vulnerable group in our society. The role of the 'states' is to protect them from future harm, however, without adequate support, they are the least likely group to gain a full education or secure employment, to contribute as full citizens, or have the same choices and opportunities as their peers.

The facts

There has been little coordinated research regarding the status and situation of children and young people in care in Australia. Research from overseas states that:

- 25% of adults in the prison population were in care
- 50% of care leavers are unemployed
- 50% of homeless 14-17 year olds come from a care background
- 75% of those in care leave school with no qualifications

About AAYPIC

In 1993, the Australian Association of Young People in Care was established for and by children and young people who are unable to live with their families.

AAYPIC's objectives are

- to support children and young people in care to help themselves
- to provide opportunities for young people in care to work with each other to improve their situation
- to train young people to advocate on their own behalf within the care system
- to change the care system to ensure the voices of consumers are heard.

The way forward

In only 18 months, AAYPIC has achieved:-

- establishment of funded State and regional networks of children and young people who are, or have been in care in Queensland, Victoria, ACT, Western Australia, South Australia.
- the first national conference of children and young people in care from across Australia
- the first national magazine, *Illusion free zone*, published by and for children and young people in care
- the first national advocacy and training program for young people in care
- the first national community service announcement produced by AAYPIC about children and young people in care
- models of participation and decision-making by young people in service planning and delivery
- provision of training delivered by young people in care to service both government and non-government providers
- establishment of a Friends of AAYPIC and merchandising program
- establishment of AAYPIC Advisory Board of prominent Australians committed to children and young people
- the inaugural *Share our future* campaign!
- international linkages with associations of young people in care in the UK, Europe, Canada and the USA. **We are not alone.**

The benefits

- Helping children and young people to help themselves
- supporting children and young people in taking responsibility for their own lives and futures
- participating in prevention of exploitation and abuse of children and young people
- supporting children and young people in our own backyard - right here in Australia
- ensuring all of Australia's children have the same life choices and opportunities
- public recognition and acknowledgment