Assessment and decision-making in a case of child neglect and abuse using an attachment perspective

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ABSTRACT

Assessment and decision-making in complex cases of child abuse and neglect is a difficult and taxing process. Although social workers have become increasingly good at collecting information, often under the direction of agency checklists and manuals, there is less confidence in knowing how to make sense of that information for purposes of assessment and decision-making. Theories help organize knowledge and attachment theory is proving to be a powerful player in helping practitioners make sense of what they know. The paper outlines the basic tenets of attachment theory. When adapted to the context of social work, a key principle of an attachment-based practice is the recognition that young children develop a range of adaptive strategies that are designed to help them cope with, survive, and function in whatever caregiving environment they happen to find themselves, including ones in which there is abuse and neglect. Although these strategies are functional within the context of adverse caregiving environments, they carry the risk of children suffering a variety of developmental impairments and failure to develop social competence. A case is described in which there are elements of abuse and neglect both within and across the generations. An attachment perspective is used to analyse and assess the quality and character of parenting and the different adaptive strategies developed by each child in the caregiving context in which they have found themselves. The assessment is then used to inform the decision whether or not to leave the children in the care of their mother or to place them with a long-term substitute family, with or without contact.

INTRODUCTION

Child and family social workers routinely make decisions which crucially affect their clients' lives. A number of factors shape how these decisions are made including legislation and the policies and procedures of the agency. On a different level, the participation of other professionals is designed to ensure not only good interagency communication but the availability of as wide a range as possible of expert opinion. Social workers are also aware of research findings that identify the characteristics of caregivers and their families associated with the increased risk of children suffering maltreatment.

However, in spite of these ingredients, there remains a difficulty in how to analyse and interpret the large quantities of information typically gathered about children at risk and their families. Farmer & Owen (1995) make this point following their study of case conferences. They concluded that the assessment process was notable for 'its apparent lack of theoretical reasoning' (p. 154).

The case considered in this paper is far from unusual in the dilemmas posed. The social worker is required to assess whether the care offered the children will be sufficient to safeguard their physical well-being and promote their psychosocial development if they remain at home with family support. If

the judgement is that the children should be removed and placed outside the family, the worker has to consider their needs and the demands they are likely to place on foster carers. The social worker also has to decide what role and relationship, if any, the children should have with their parents in the future. These matters weigh heavily on practitioners who must justify their recommendations to courts, other professionals and the family itself.

A common thread which runs through the most difficult and complex cases is the magnitude of both past and present relationship problems experienced by parents and their children. Social workers need to understand how these difficulties arise and their connection with apparently self-defeating behaviours. Theories provide organizing principles that help make sense of complex information. In child and family social work, recent advances in developmental psychology and attachment theory are being adapted for use by practitioners working in the fields of abuse and neglect (see, for example, Howe 1995; Iwaniec 1996; Stevenson 1998; Daniel *et al*. 1999; Howe *et al*. 1999). These theoretical understandings can underpin assessments, decision-making and interventions. They can also enhance workers' abilities to manage and fine-tune their relationship with clients.

ATTACHMENT THEORY

Bowlby (1969) suggested that from an evolutionary perspective, the emotional tie established between an infant and his or her primary caregiver is to be highly adaptive. Under conditions of distress (e.g. fear, hurt, loss of or separation from the caregiver), the infant's attachment behavioural system is activated. This triggers attachment or careseeking behaviour designed to get the infant into close proximity with a protective, caring, nurturing caregiver. Over the first 6 or 7 months of life, the infant develops a selective attachment relationship with his or her primary caregiver. However, the quality of care provided by attachment figures or caregivers varies. Some provide caregiving which is reliably responsive and protective. Others offer care which is unpredictable, rejecting, or insensitive. The attachment behaviours (careseeking style) evolved by young children in their particular caregiving relationship represent an attempt to adapt to, cope with and survive in that environment (see Howe *et al*. (1999) for a fuller account of attachment theory for child and family social workers).

In contrast to attachment behaviour, a young child's exploratory behaviour promotes investigation of the wider world of things and people. Exploratory behaviour includes such things as play, social interaction, and experimentation. These activities allow the child to develop psychological and physical understanding and competence. However, attachment and exploratory behaviour cannot be activated at the time. The activation of attachment behaviour means that play and exploration cease. Children who express high levels of distress have their attachment system repeatedly activated. In turn this means that issues of safety, protection and survival prevail over occasions to play, enquire and explore. Therefore, children who suffer abuse and neglect find that opportunities to learn about and cope competently with their world are compromised. As a consequence, they suffer developmental impairment. Only while children feel safe do they give their full attention to play and investigation.

In broad terms, the qualities of the caregiving environment generated by carers vary along a number of key dimensions (Ainsworth *et al*. 1978):

- sensitive/attuned–insensitive/unattuned;
- responsive–unresponsive;
- accepting–rejecting
- cooperative–interfering;
- predictable/consistent–unpredictable/inconsistent;
- psychologically available–psychologically unavailable.

Carers who are psychologically available and predictable, sensitive and accepting allow children to develop a good psychological understanding of themselves, others, and relationships. Children experience and represent themselves as loved and liked, accepted and socially effective. They view and represent other people as interested and loving, available and reliable. Parent–child relationships are experienced as rich and reciprocal. Under such conditions, children develop good social understanding: how emotions affect behaviour and how behaviour affects emotions, both in oneself and in colleagues. The ability to explore, acknowledge and make sense of information about yourself and your interpersonal environment is highly functional. Behavioural options are increased. These reflective skills help children regulate their own and other people's emotions and behaviour. In attachment terms, such children are classified as *secure*. They can access in undistorted form and mentally integrate their own and other people's emotions and behaviour to give a balanced, reasonably accurate representation of the way things are psychosocially and interpersonally.

Caregiving which operates towards the negative end of one or more of the above dimensions is likely

to lead to attachments which are less secure. Even in difficult caregiving environments, young children develop behaviours and adaptations which are designed to increase their caregiver's availability, responsivity and protective capacities. In other words, if children are to increase their chances of survival, they have to elicit as much nurturing and protection as they can by adapting to the prevailing characteristics of the caregiving environment in which they happen to find themselves. However, these adaptive strategies usually come at some developmental cost. Behaviours which appear functional within the parent–child relationship may be dysfunctional in other social contexts such as the nursery, classroom, and peer group. Any one caregiving environment will be unique in terms of its particular qualities, but in general, four basic types have been identified. We have briefly recognized those that lead to secure attachments. The three remaining types are all associated with insecure attachment patterns: (i) avoidant/defended, (ii) ambivalent/coercive, and (iii) disorganized/controlling (Ainsworth *et al*. 1978; Crittenden 1995; Main 1995; Howe *et al*. 1999).

Avoidant/defended patterns

If the carer consistently rejects the child's attachment behaviour, the young child experiences the environment as *predictably hostile* to displays of negative affect and signals of distress. In more extreme cases, rejection can include physical violence. The child learns that the carer's physical and/or psychological availability is reduced when emotional demands are made on him or her. Parents report feeling irritated and distressed if their babies are overly demanding, needy or assertive. By repeatedly telling children how they *should* behave and feel if they are to be accepted as worthy ('You're not hurt, don't cry'), carers seek to define and thereby interfere with the way children experience and see themselves. The child adapts to such an environment by downplaying their attachment behaviour, expressions of distress and displays of negative emotion (such as upset or anger). Children inhibit their desire for the caregiver and suppress feelings of anger associated with his or her unavailability. The carer is most responsive and available when the child is showing positive affect, and being self-sufficient, undemanding and compliant. In short, children's adaptive strategies are to deactivate their attachment behaviour in which they *minimize their expressions of distress*.

Children showing these behaviours are classified as *avoidant* or *defended against affect*. In more extreme situations where there is physical abuse, sarcasm and constant harsh verbal criticism and belittlement, children need to develop strategies that keep them safe and help them cope with feelings of fear, anger and rejection. Many children of rejecting and hostile carers learn to act happy and show compulsive compliance when they are actually feeling frightened and angry (Crittenden 1997). In these more dangerous environments, children learn that power and aggression are the basis on which relationships and getting one's needs met appear to work. The result is that although children may show compliance with carers who are dominant and physically abusive, they show anger and aggression in situations where they feel more dominant (for example, with younger siblings, peers, and, in later life, sexual partners).

Ambivalent/coercive patterns

Carers who are inconsistently responsive to the needs of their infants create an environment which is experienced as *unpredictable* and *insensitive*, though not necessarily rejecting or hostile. Children's distress signals often fail to provoke a nurturing response. There is a lack of synchrony and attunement between the child's needs and the carer's awareness, interest and responsiveness. In more extreme cases, typically associated with carers who are both *neglectful* and *disorganized*, parents feel anxious, exasperated and incompetent. Parents appear to have few expectations of themselves or their children. Children's bids for care and attention easily go unnoticed (Crittenden 1997). Infants and young children adapt to unpredictably responsive environments by *maximizing their expressions of distress*. Levels of affect run at high levels. There is much demanding, attention-seeking behaviour. To receive attention, children emphasize and exaggerate displays of feeling. Their behaviour becomes both more dramatic and more dependent. Under stress, they behave with increased attention-seeking helplessness. In short, the child's adaptive strategy is to hyperactivate their attachment behaviour.

Children showing these behaviours are classified as *ambivalent* or *coercive*. They feel ineffective at securing care and protection, love and attention. They remain preoccupied with other people's availability but dissatisfied with their relationship with them. Other people are not trusted to maintain interest or be reliable. Therefore children feel both

anxiously needy and *angry* that they cannot take others' interest and availability for granted (hence their ambivalence). There is a constant desire to be in close relationship with attachment figures but an anxiety that they could withdraw or disappear for no apparent reason. Feelings of jealousy, emotional competitiveness and possessiveness are ever present. In later childhood, behavioural problems include poor concentration, difficult and attention-seeking behaviour, high levels of dependency, feelings of helplessness particularly at times of stress, conflict in relationships, impulsivity and emotional immaturity.

Disorganized/controlling patterns

Caregivers who are both *unpredictable* and *rejecting* present children with the most difficult environment to which to adapt. Initially, infants find it very hard to organize their attachment behaviour to increase care and safety. Their dilemma is magnified if the caregiver is also the source of the child's distress. Some caregivers are experienced as frightening – they are abusive, dangerous and unpredictable. Others are viewed as frightened – they are psychologically and physically unavailable because their own needs and distress absorb the whole of their emotional resources (for example, parents who are depressed, alcoholic, hard-drug users, the victims of unresolved childhood traumas, the targets of domestic violence). In each of these cases, the caregiver is the cause of the child's distress. Distress activates the attachment system which normally triggers behaviours designed to get the infant into close proximity with the attachment figure where care and protection are to be found. However, if the attachment figure is the cause of the distress, approaching him or her further increases feelings of fear and anxiety. The child's emotional arousal and distress rapidly escalate and threaten to overwhelm the young mind. Infants find it very difficult to resolve this dilemma. They remain unable to organize their attachment behaviour in any way that has the effect of increasing their caregiver's emotional availability – hence their attachment behaviour is said to be *disorganized*. Many children who experience both *abuse (danger and rejection)* and *neglect (unpredictable and inconsistent care and emotional availability)* show disorganized patterns of attachment in infancy.

In caregiving environments in which there is abuse and neglect, the self is represented as unlovable, unworthy and yet capable of causing other people to become angry, violent and uncaring. Other people are represented as frightening, dangerous and unavailable to offer care and protection. Children therefore feel vulnerable. The major feelings are those of fear and anger. 'Flooded by pain, anger, fear, and distress, their representational models become dysregulated; they are left feeling helpless and out of control' (George 1996, p. 416). The fear of *being in danger* and *feeling out of control* is a constant theme in the experiences, behaviours and mental models displayed by children classified as disorganized.

These attachment/distress-related behaviours leave little time for exploration or social learning. Maltreated children show low levels of novelty seeking and pretend play (Cicchetti *et al*. 1989). They often have reading problems and 'verbal deficits', especially children with conduct disorders (Lyons-Ruth 1996, p. 69). Children who are not provided with the words and concepts to recognize and understand their own and other people's feelings (emotional scaffolding) are those who are most likely to find it difficult to regulate emotional arousal in themselves and colleagues. Without such scaffolding, they find it difficult to identify, conceptualize and discriminate feelings and other mental states (Beeghly & Cicchetti 1994). Maltreated toddlers talk less about their own thoughts, feelings and actions than non-maltreated toddlers. They are at increased risk of developing a number of problem behaviours and developmental impairments including aggression, bossiness, bullying, conduct disorders, cruelty, withdrawal and depression.

Remaining in a state of fear, in which emotions stay unregulated and arousal threatens to escalate until the mind is overwhelmed, is psychologically unsustainable. Young children have to try and introduce some predictability, understanding and control into their dangerous, painful lives. They typically develop mixed strategies to cope with their complex experiences of neglect and abuse. Depending on the type of neglect, children either give up trying any strategy and become listless or they develop *coercive* (ambivalent-type) behaviours designed to provoke and hold the attention of an otherwise unresponsive caregiver through combinations of threatening and placatory behaviours. Adaptations to the abusive, rejecting component of the caregiving include a variety of avoidant, defended strategies in which expressions of distress are minimized. Depending on the exact nature of the abuse and neglect experienced by a child, the balance, mix and character of these various ambivalent, coercive and defended adaptive strategies varies (Crittenden 1997).

For example, in an otherwise unpredictable and frightening world, it might be that the only predictable element in the parent–child relationship appears to be the child himself or herself. Therefore the only strategy that seems to bring about a sense of feeling safe (physically and psychologically) is to try and take control of the self, other people and the environment. Carers cannot be trusted. Physical and psychological survival appears to depend on being vigilant and wary. In the past, close relationships, and being dependent and trusting, have always lead to abuse, and feelings of fear, distress and hurt. Closeness to others spells danger. Intimacy, the expression of one's own needs, and displays of distress therefore have to be resisted. In effect, children in these particularly difficult caregiving environments develop avoidant adaptive strategies based around defence, inhibition and control. Children who remain in violent situations may develop *compulsively compliant* behaviours in the presence of the abuser. However, if the caregiver is very needy, frightened and emotionally unavailable, children may sacrifice their own attachment needs and meet those of the carer, a strategy known as *compulsive caregiving* in which the child becomes 'parentified' by caring for the carer in a form of role-reversal. This adaptive response allows children to get into some kind of relationship with the caregiver, but it requires them to deny their own developmental needs. Feelings of anxiety and suppressed anger typically characterize many of these 'parentified' children.

Disordered attachments associated with caregiving which is both abusive and neglectful lead to *controlling strategies* in which *avoidance* and *aggression* are employed. It appears to many disorganized/controlling children that in their relationships with carers, it is they, as children, who seem to 'cause' (by their very presence) other people to become angry and violent. The self is therefore seen as strong and powerful, but also dangerous and bad in terms of how it affects others. Having suffered abuse and neglect and *survived*, these are children who do not fear danger. In time, even dangerous carers can lose their power to control these children. Parents say their children are wild, beyond help, and 'out of control'. Indeed, as children's behaviour grows worse, it is not unusual to hear parents describe their difficult children as evil 'head-cases' or 'mental'. Children, too, will often depict themselves – in their drawings, stories, play – in the play of powerful and dangerous forces. But the deep anxiety felt by aggressive – controlling children is that if they do 'let go' and lose control, danger, abandonment and fear will overwhelm them and destroy them psychologically or even physically. The children's dominant feelings are ones of *fear*, *anger* and *rage*. The adaptive strategy adopted in order to survive in a dangerous, insensitive and unpredictable world is to *avoid* closeness in relationships – care implies rejection, emotional pain and danger. It feels better to *control* than be controlled (by potentially abusive forces). It is safer to attack than be attacked.

As abused and neglected children grow older, this anxious need to be in control leads to increasing interpersonal and behavioural problems. And because close relationships have been associated with experiences of severe trauma, children remain wary of and reluctant to commit themselves to caregiving relationships. They continue to cut themselves off from experiences of reciprocity and shared attunement. Feelings of anger and need become confused, so that to experience one might be to display the other. Fear, distress and sadness also become muddled and undifferentiated. *Aggressive–controlling* children tend to misunderstand and misplay many social situations, further adding to their distress, mistrust and displays of intense rage and anger. All attachment-related issues seem to lead to arousal and aggression. Although controlling strategies work for some of the time, experiences that manage to provoke strong feelings easily recall past 'episodes' and states of mind associated with unresolved loss and trauma. The resulting disorganization and disorientation triggers feelings of fear and anger.

Carers with childhood histories of loss, abuse and neglect find that the attachment-related needs of their own children can provoke powerful but unresolved feelings of distress and helplessness in them (Main 1995). In extreme cases, this affect means that the carer's young child can become an aversive stimulus leading to parental rejection.

Patterns of attachment, careseeking behaviours and developmental pathways evolved by children in different caregiving environments

Different attachment styles and careseeking behaviours represent different psychological and behavioural strategies developed by children to maximize the care and protection available under particular caregiving regimes. Children increase their chances of survival when they can mentally represent, in the form of an internal working model, the way their interpersonal world appears to work. In particular, they need to model what increases and reduces the

caring and protective responses of their caregivers. Children, including those who are abused and neglected, actively seek ways of adapting to their world rather than being victims of it (Crittenden 1996, p. 161). The following case assessment examines the kind of care provided by parents and the adaptive behaviours shown by the children in that caregiving environment.

JOANNE AND HER FAMILY

Joanne is aged 27. She has six children. Jack, 8 years old, lives with his father, Lee, and has no contact with Joanne. Lee is also the father of Adam, aged 7, but he has no contact with his son. The father of her next three children is Tom, aged 42. Laura is six, Carly is three and Rose is 2 years old. Adam regards Tom as his father. Adam, Laura, Carly and Rose currently live as a sibling group with the same foster carers. The youngest child, Jamie, is a baby whose father is Matt. Jamie had been living with Joanne until 2 months ago when she abandoned him. He is also now living with foster carers, though not those of his older siblings. Mother and the fathers of the five oldest children are all British and white. Jamie's father is Asian. Joanne and her family were referred to the agency (a local authority social services department) 2 years previously when they moved from another local authority area. The social services department in that area had been heavily involved with the family. Supervision Orders were still in force which the receiving agency was asked to oversee.

Concerns about neglect and possible abuse had led to the original involvement of a child welfare agency. The children had been poorly fed and clothed. The family had moved 10 times within the space of 2 years, each time leaving debts behind. The accommodation was always poor and overcrowded. It was felt that Joanne and Tom failed to recognize or meet their children's emotional needs. They offered little comfort, empathy or interaction. Finding Laura's behaviour increasingly difficult, her parents called her a 'devil'. As a toddler, Adam would be left watching the television for hours on his own. Laura had been accommodated in foster care for a year when she was aged three after being abandoned at nursery. Joanne and Tom said she was the cause of all the family's problems. All four children suffered delays in their development, speech in particular being very poor.

The children had many accidents: Adam broke his arm falling of a chair, Rose fractured her skull when she was dropped from a car seat. Joanne initially blamed Adam's broken arm on Tom but later said that she had suffered a flashback from her own childhood explaining that she had a vivid image of her own father being violent towards her. Joanne was said to have poor parenting skills and was preoccupied with her own needs to the exclusion of those of her children. The children were expected to be more capable and independent than their years would allow. Joanne and Tom were often in conflict, the children witnessing much domestic violence. Separations and reconciliations followed each other in frequent succession. Family support was offered and the parents expressed their willingness to work in partnership with the agency. However, Joanne and Tom repeatedly failed to keep appointments or engage with many of the services provided.

Parents

Joanne (mother)

Joanne is slightly overweight, appears pale and unwell, and has poor personal hygiene. She has attractive facial features. Although she is softly spoken she can be articulate. Her presentation and manner encourage people to believe that she always has her children's welfare at the front of her mind and that she welcomes social work help. Joanne's acquiescence can distract workers from the long catalogue of neglect and abuse identified above. She complains of constant health problems which are given as the excuse for failing to attend appointments. Joanne says that she often feels depressed, experiences flashbacks and suffers blackouts. Psychiatric examinations have failed to find any mental disorder. She says she fears rejection and 'needs' a partner although she tends to be emotionally distant with the men with whom she is involved. The nature of Joanne's current relationship with Tom is unclear. They separated 2 years ago but he still sees a lot of her and he is friendly with her various male partners.

As a child, Joanne was sexually abused by her father and at least one of her three brothers from the age of 10 until she left home when she was 16. She kept the sexual abuse a secret for many years. Both her parents abused her physically and emotionally. Joanne felt that she was hated by her parents and was the odd one out in her family, feeling that her brothers were both loved and spoiled. She says that she was not emotionally close to either her mother or father. There were no supportive adults or peers in her young life. Her memories of childhood, both at

home and at school, were that there was violence and aggression and no-one was there to protect her; she felt on her own. When she felt really upset she said she would try to kill herself. On one occasion she drank bleach. As a young adolescent, Joanne also cut her wrists. Today she has scars all the way up her arm. More generally she learned to inhibit her distress.

> 'The time I had to go to hospital once, right, 'cause I broke my arm, me dad wouldn't take me, me mum wouldn't take me because they didn't care so I went on my own... They said I had quite a bad fracture there. I came home with a plaster cast on me wrist and I sat down and my dad came up to me and he says, he says "You won't be able to do the washing up now, will you?" He says "You only did that to get out of the washing up"... I was in a lot of pain with it and ... me dad just came up to me and started kicking me, and me mum was in the kitchen throwing all these pots around saying oh what a lazy bitch I was.'

During her teens, Joanne missed a lot of school, stayed away from home and slept overnight in public toilets. She finally was placed in care.

As an adult, Joanne feels overwhelmed by feelings of helplessness and despondency. She isolates herself emotionally, always expecting rejection. Inevitably she adopts a fatalistic attitude to life and her self-esteem is low. Events always feel as if they lie outside her control, steered by unknown or supernatural forces about which she can do nothing. For example, she believed that one of the houses in which she lived was haunted by evil spirits and asked a priest to carry out an exorcism. When everything gets on top her, she sleeps. This has been one of her most common reactions to hurt and distress ever since childhood. 'I'd just go up to my room and go to sleep. That's what I've done all my life, is, is... I've always been depressed, that's why I need sleep all the time... I'm never happy.' Sleep is Joanne's way of removing herself from situations that feel hopeless and unfathomable.

Joanne's relationship with Tom was compliant. He was emotionally rigid, controlling, quick-tempered and had a history of alcohol abuse. Joanne tends to see other people as dominating, punishing and unpredictable. Tom seeks partners who are passive and who do not resist his tendencies to dominate. Joanne's views extend to her children who she sees as purposely 'winding her up' and beyond her control.

> 'Like, I'd be on the phone talking to somebody or doing something and they, they'd be wrecking the place... I can't be strict with me children, not like me dad could be strict with us. I couldn't do it. I mean if I shouted, they'd just laugh at me.'

However, when she feels upset, she says the children say they will look after her. 'They come up to me and say "It's all right mummy, we'll look after you".'

Joanne continues to attract violent partners and friends which put the children at risk of significant harm.

Tom (father)

Tom is slight in build and walks with a hint of a limp. He is reluctant to engage with social workers and often fails to keep appointments. When he is seen, he is well-presented and polite, although emotionally restrained and prone to be rigid in his attitude and actions. He quickly loses his temper, particularly when he feels unable to control the children or he is unhappy with Joanne's behaviour. The children are frightened of his violent outbursts. Tom is a heavy drinker and has a history of alcohol abuse. He gives a glowing account of his childhood, but the picture lacks detail. However, it is known that he committed criminal offences as an adolescent and made appearances in juvenile courts. He has changed his surname twice, apparently to avoid prosecution for motoring offences. There is no contact with his four children from his previous two relationships. Tom consistently attends contact with his children, arriving and leaving exactly on time. Although he expresses deep affection for his children, he has never been involved with their day-to-day practical care.

Family life and the involvement of social services

When the family first arrived in the area, Adam and Laura were enrolled at a new school. It was not long before teachers began to express concerns about the children's erratic attendance, educational ability and poor hygiene. Several changes of address occurred in a short period of time. Home conditions were described as 'filthy'. The children were often left unsupervised, and reports by neighbours said they were to be seen running around outside inadequately clothed. They were observed running along a main road. On another occasion they were returned home by a health visitor who found Joanne and her current partner, John, asleep in bed. There was an incident in which the children set fire to a curtain, again while Joanne was asleep. It was not uncommon for them to be left in the care of a male lodger. On one occasion Laura alleged that the lodger sexually abused her and her siblings. Joanne initially confirmed her daughter's account saying that he had sexually abused her but

she then withdrew her accusation. There was a police investigation but insufficient evidence was found to confirm the story. Laura was taken by her parents to apologize to the lodger for making up the tale.

Joanne then left John, saying she had only been with him because he looked after the children. She requested that the children be accommodated in foster care while she sorted out her latest housing problem. The children were placed in foster care. Joanne initially talked of wanting the children adopted. In care, they were found to be underweight, and riddled with headlice and tapeworms. They showed no distress when they were separated from their mother and responded well to their foster carers. After 2 months, the children were returned to their mother's care. They all said they wished to be with her again. A few weeks later, Joanne took an overdose, was admitted to hospital and the children were once more placed together with the same foster carer where they currently remain.

Initially while they were in foster care, the children were allowed home to have unsupervised contact with their mother. However, on their return, they displayed various disturbed behaviours and appeared very dishevelled. For example, Laura would talk nonstop to her foster carer and would not leave her side. Adam ate voraciously. Carly smeared her faeces in the bathroom. Rose was found to have bits of paper stuffed up her nose. Joanne would sometimes go out during the children's visit and leave them in the care of friends. On one occasion she forgot the children were coming to see her. Contact arrangements have since been changed. Transport is laid on for Joanne to visit the children under supervision on a weekly basis. Tom encourages Joanne to visit their children, but if she rows with him, she fails to attend contact.

The children

Adam (7 years)

On first meeting, Adam appears withdrawn and inactive. Early descriptions of him as a baby included 'frozen', 'passive' and 'watchful'. He exhibited sexualized behaviour towards Laura and other children when he was at nursery. At school he is socially isolated and academically behind. The only person at school with whom he would talk and play was Laura who was said to 'look after' him. In the presence of his stepfather, Tom, Adam shows fear. When he was aged three, Adam suffered a broken arm. A confused explanation meant that it was never entirely clear whether it was an accident or the result of a violent attack by Tom. When Adam was living with his parents he lied constantly. His parents once wrote the word 'PRAT' on his forehead and sent him to school.

In his current placement, Adam was initially seen as very quiet. He needed a great of encouragement to play. He destroyed and smeared his food and chewed his bedspread. Over the last year he has slowly opened up. A change of school has seen him become less dependent on Laura. Adam is slow, likes structure and routine, and 'blanks off' when he is being told off by adults. He seems to have little sense of his physical self. He does not appear to know when he is full with food and seems surprised when physical sensations are pointed out to him. His foster carer recently found Laura and Adam 'playing games', which involved Laura inserting objects into Adam's rectum. He is frequently observed both at school and in his foster home rubbing his groin against the table. Until recently, Adam was said to be unable to show anger, although now when he does get annoyed he snaps and is said to react 'too aggressively'. He does not seek attention from his parents when they visit.

Laura (6 years)

From a young age, Laura's parents said she was the 'main problem'. They called her evil, a 'dog' and see the devil in her. Her father said 'She's been mad since she was born' and likens her to the character Damien in the film *The Omen*. They said she was deliberately destructive, waking up early, defaecating on the floor and putting her faeces in the fridge. Observations by a paediatrician described her as solemn, unsmiling and prone to 'cry silently'. On one occasion when Laura was 3 years old, her parents failed to collect her from nursery and it was reported that she had been 'abandoned'.

From an early age, she was observed to take responsibility for caring for her older brother, Adam, as well as her two younger sisters. At school, she would get worried if she was not able to look into Adam's classroom to see if he was all right. Laura presents herself as sociable and charming, but discerning and self-contained. Over the years, she has witnessed much violence between Tom and Joanne. She expresses great loyalty to her mother, and can become angry with social workers who say it is because of her mother's failings that she cannot return home. She says she hates Tom and appears to worry about Joanne.

There have been times when Laura suggests that she feels that she is to blame for the children being in foster care. When she first went to live with her present foster carers, they said that her behaviour was almost 'too good'. They discouraged her from feeling responsible for and looking after her brother and sisters. She can still be bossy and controlling. This extends to relationships with her peers. Laura can also show cruel behaviour towards her siblings, pinching them and taking their toys and possessions away. However, she gets very tearful if anyone takes something she wants.

In previous schools, teachers described Laura as confident and adaptable. However, teachers in her present school, although acknowledging her abilities, see her as defiant and disruptive, playing only with the naughtiest boys. Her behaviour in the foster home has also become more disruptive. When she is out of sight of her foster carers, she will destroy and break things. However, when she is with her foster carer, Laura is all brightness, asking for kisses and cuddles. Although she has been told that her baby brother, Jamie, is also in care, she told her teacher on being asked how he was, that he was dead. Laura has said she wants a new mum and dad all for herself.

Carly (3 years)

Carly was born with a hair-lip which meant that she had feeding problems and, later, speech difficulties. This compounded Joanne's inadequacies as a caring, nurturing mother. Even so, Joanne failed to follow up many of Carly's hospital appointments leading to serious delays in Carly's treatment with the result that the operation to repair the lip has not been entirely successful. Her carers describe Carly as 'a real character' who immediately charms adults. Carly and Rose drank vast quantities of milk when they first arrived. However, they now have a more varied and balanced diet. Carly's poor physical state has improved considerably since her placement. Carly can be stubborn, 'shutting off' and becoming 'vacant' when she feels upset or distressed. During contact she seeks attention from both her parents. When contact was unsupervised, upon return, she smeared her faeces and urinated on the floor. If Joanne has failed to visit, Carly said that her mother was dead. She enjoys going to nursery where her behaviour has begun to improve and she appears less sad. Carly and Rose are close and spend a lot of time playing together.

Rose (2 years)

When she was placed in care as a young toddler, Rose was physically very neglected, underweight and infested with worms. There are suspicions that with Carly she may have been involved in sexualized play and possibly been sexually abused by adult males in her mother's house. For most of her first year of life, Rose was either neglected by Joanne or looked after by Laura whose young care ranged from solicitous to aggressive. She is now attached to her foster carer who finds her an attractive child with an easy temperament. Rose loves going to playgroup. During contact, her parents give her a lot of attention, especially Tom who says she is his 'favourite'.

The foster carers observe a great deal of rivalry between the children for their attention.

Assessment

Caregiving

Joanne brings few resources to her role as caregiver. Her predominant state is one of helplessness and fatalism. Raised in a world in which she was emotionally rejected, physically assaulted and sexually abused, Joanne's major coping strategy as a child was to defend herself against affect. She inhibited any expression of need and cut herself off from her own feelings. When it all got too much, Joanne 'tuned-out'. This form of defence and escape has echoed throughout her life so that even today when she feels distress she simply closes down and goes to sleep. She feels the pointlessness of making demands on others. Other people have never been available to love, care for and protect her. This has left her with extremely low self-esteem. Her major route into relationships with others is to be submissive, compliant and passive, expecting little and getting less. The only way to survive psychologically in relationships which all too often become violent is to switch off; neither giving nor receiving emotional support and understanding.

Joanne's childhood is a catalogue of loss and trauma, none of which has been resolved. Contemporary situations which activate attachment-related issues, in which either she feels in need or other people need her (especially her children), trigger old feelings of confusion and distress, fear and anger. Reactions to these feelings lead to aggression, withdrawal or depression. Her children's own attachment needs either increase her anger and dangerousness or reduce her availability as she sinks into despair and finally sleep.

As a caregiver, Joanne feels helpless and experiences her children as out of control. They are seen as wild and wilfully bad. In spite of her attempts to assert herself verbally and physically, she still feels helpless. Her conclusion is that the children – particularly Laura – are possessed by uncontrollable, bad forces about which she can do nothing. When it all gets too much – which is most of the time – she simply abdicates responsibility for their care and protection. She allows inappropriate men into her house to look after them, or she lets the children care for themselves. When she is most desperate, Joanne asks social workers to place them in foster care. She feels at her strongest when other people are caring for her children, at which point she requests their return, only for the cycle to repeat itself.

Much less is known about Tom's childhood. His adult behaviour suggests a man who finds it difficult to deal with his own or other people's needs. If he feels in a 'one-down' position (for example, with people in authority), his behaviour becomes compliant, polite and correct. He is least anxious when he is in control, a state achieved by establishing order, keeping to time, and avoiding difficult and demanding people and situations. When he experiences distress or loss of control, he becomes aggressive and violent. His children experience him as frightening.

The caregiving environment generated by Joanne and Tom is one which is both *unpredictable* and *dangerous*, where there is both severe neglect and abuse. Children experience their caregivers as unavailable, frightening and inconsistent. The developmental challenge for each child is to try and adapt, survive and function as best they can in this most difficult of environments in which parental care and protection are minimally available. Each child's behaviour and psychosocial history might be understood in the light of these developmental tasks.

The children's attachment strategies and adaptive responses to their caregiving environment

There has been a glaring absence of security and predictability in the children's lives. This is seen in the quality of their close relationships in which adults come and go, sometimes look after you but more usually neglect or hurt you. More than 10 moves of house also mean that the physical world is constantly changing; there is no familiar space in which to feel secure and at home. The feelings that children experience in caregiving environments in which people are either unpredictable, frightening or frightened (helpless) are predominantly ones of *fear* and *anger*, feelings which threaten to overwhelm and destroy the young, vulnerable mind. If your parents cannot care for and protect you, who can? For young children, a psychologically unavailable and harsh caregiver is a very alarming experience. It is extremely difficult for children in these circumstances to affect and influence their parents' availability, responsivity, and protective capacities by organizing their own behaviour. The only element that is potentially under children's control is their own psychological state. This they achieve by developing a range of avoidant, defended strategies. By inhibiting expression of their own negative feelings and attachment needs, they attempt to decrease demands on their caregivers, which, even if they do not increase parental availability, might decrease parental distress and aggression. The more self-sufficient, disengaged or undemanding children become, the less they have to risk the dangers entailed in becoming too emotionally involved with their caregivers. Nevertheless, their world remains unpredictable and dangerous and so a fearful vigilance has to be maintained.

Children whose main preoccupation is to survive in an unpredictable world do not experience the advantages of a shared, cooperative, reciprocal, and accepting relationship with their caregiver. If the main defences are the avoidance of intimacy and the inhibition of affect, children learn little of their own or other people's emotional processes. As a consequence social understanding is poorly developed. Emotional regulation is weak. The combined effect of these two deficits is to increase the social difficulties of those least able to understand and handle them. The inevitable result is either aggression or withdrawal.

Adam, the eldest child, has been exposed the longest to caregiving which is both neglectful and hostile. It is particularly difficult for a young mind to try and adapt to a caregiving environment in which there is a mix of dull, unresponsive, neglectful caregiving (mainly in relationship with mother) on the one hand, and stimulating but potentially dangerous, hostile caregiving (mainly in relationship with father) on the other.

Adam's earlier behaviour shows many of the classic responses children make to caregivers who fail to perceive or respond to their children's basic physical and psychological needs. Parents appear flat and depressed, passive and fatalistic. Continued failure to evoke parental responses means that children eventually give up. Children of such families become increasingly withdrawn and listless. Denied mean-

ingful interaction, Adam fails to make much sense of his own or other people's physical and psychological make-up. When he was younger, he did not know whether he was full or hungry. He also opted out, and so made even fewer demands on his mother.

His major adaptive strategy in the face of the abuse and hostility that began to appear in his life was to inhibit displays of attachment behaviour and defend himself against his own affect (stop showing distress, make few demands on people, shut down emotionally). It is not an adaptation that brings total safety and it certainly is not one that elicits nurturing and care. When fear and uncertainty about what might happen and what to do about it still prevail, the extreme thing to do is opt out psychologically – freeze, go blank, remain physically present but psychologically absent. Although compliant defended behaviour is functional in the context of abusive and neglectful caregiving, it provides children with few skills to handle themselves in other social relationships. The main feeling is one of social confusion and helplessness. The anger (that care and protection are not available) is suppressed in relationship with the abuser, but may erupt in situations where there is less danger but much puzzlement and distress. Playing with siblings and peers may trigger aggressive, uncontrolled outbursts.

Laura has been picked out and blamed by her parents for their problems. Her behaviour, even as a 3-year-old, was felt to be beyond their control. To her mother and father it seemed as if she was full of malign forces which they could not control and which took especial pleasure in 'winding' them up to breaking point. From Laura's point of view, to be told that she was both evil and unhandlable gives her a sense of herself as bad but invulnerable. She sees herself as someone who is capable of making adults sometimes angry and aggressive, sometimes helpless and rejecting. Having experienced danger and emotional abandonment and survived, Laura feels increasingly immune to threats – she has heard and suffered them all before. Not having had care, she is 'care-less'. It feels as safe (or unsafe) to be wandering the streets as it does to be at home.

Laura's experience has been that to allow others to be in control is frightening and best avoided. It is better to be in charge. Hence her aggressive bossiness and unwillingness to be parented. The only time that Laura finds it safe and acceptable to get into relationship with others is when they are helpless, vulnerable and needy. This happens when her mother is the victim of violent attacks by her father or is feeling depressed. It is seen in the care and protection that Laura has given to Adam and her two younger sisters. Although 'parentified' children who show compulsive caregiving do experience a relationship, it is one based on meeting the other's needs and suppressing one's own. Laura has also learned that when you are in charge of the relationship, you have the power, and in her mind, power and aggression are closely associated. So, even when she is 'caring' for others, she exercises power and expresses anger in displays of aggression and cruelty, especially if the other person appears helpless and vulnerable. The emotions that go with compulsive caregiving are ones of anxiety and anger.

For Laura, not to be in charge is to threaten the only way she has learned to be in relationship with others. Being in control on these terms denies reciprocity but it also keeps fear and danger at bay. It is therefore very difficult for Laura to allow herself to be parented. To be cared for raises strong feelings of fear. With her new carer, some of her behaviours have become *coercive* (Crittenden 1997). Laura uses alternating sequences of threatening behaviours (to get attention, to demand engagement) and more seductive behaviours that play on people's nurturing, protective capacities (seeking kisses and cuddles, to be a good girl).

The caregiving environment in which the two younger sisters, *Carly* and *Rose*, initially found themselves, and to which they had to adapt, was different yet again. They had two older siblings, one of whom attempted to offer protective care mingled with counter-acts of aggression. If Joanne's psychological resources were stretched with two children, they were even thinner with four children. So, although the children had been exposed to abuse and neglect over less time, the overall quality of the caregiving was likely to have been worse. The situation was even more difficult for Carly. Her hair-lip meant that she had feeding problems which, coupled with a parent who was already highly insensitive and neglectful, led to physical undernourishment. Carly's response was a range of avoidant/defended psychological adaptations, many of which still operate. These include psychologically switching-off under particularly distressing conditions; affecting false bright, positive behaviours in situations that seem more emotionally promising (child-free parents in a state of low distress, new adults); and re-creating familiar infantile conditions and behaviours when in a state of great anxiety and uncertainty (sitting in your own faeces and urine after

contact with parents back in the home setting where the neglect and abuse had occurred). Rose has spent the second half of her life with a foster carer with whom she has an attachment relationship.

DISCUSSION

The analysis of children's development and behaviour in terms of their attempts to adapt and function in particular caregiving environments allows social workers to make clear conceptual links between the knowledge they have about a case and the assessment of that case (see Howe *et al*. 1999). Without strong theoretical and research-based underpinnings, information gathered about a case hangs loose and directionless. The decisions that need to be made in the wake of an assessment are taken with increased confidence if the mechanisms that drive children along particular developmental pathways make sense and are understood. Two basic options present themselves in this case:

- to restore the children to the care of their mother;
- to find a permanent substitute family for the children.

The assessment presented here suggests that Joanne, the children's mother, has few psychological resources to meet the needs of her children, even with heavy support and service inputs. Throughout her life she has been on the receiving end of hostile behaviours and feelings. One of the few productive acts achieved by Joanne is to have babies. However, once they are born she feels distress, helplessness and confusion. Under such conditions she uses the same defensive techniques that got her through childhood: physical escape and abandonment, psychological retreat and switch-down, occasional outbursts of frustration and rage. Her repeated choice of violent and needy partners only adds to the risks to which she exposes her children. In her relationships with men, Joanne seeks love and acceptance, but she has not learned how to elicit care and protection. Meeting the physical needs of needy men gets her into relationships, but it fails to satisfy. She has little to give and receives little.

The children have developed a complex and varied range of adaptive responses to deal with caregiving which has been both neglectful (inconsistently responsive) and abusive (hostile and rejecting). Each child's caregiving experience has been unique in terms of birth order, sibling environment, presence or absence of mother, and presence or absence of more or less dangerous male carers. The balance between the experience of neglect and abuse, desire and fear has shifted for each child. Adam suffered extreme neglect in his early years. His attempts to organize and adapt his behaviour to cope with a very unresponsive caregiving environment largely failed and he gave up trying. Laura had to survive in an environment in which there was not only neglect but high levels of rejection, hostility and fear. Learning that being cared for was risky, she developed very defended strategies in which aggression and control feature strongly. She feared intimacy and learned only to trust herself. Carly's experience is similar to that of Adam, the neglect made worse because of the feeding difficulties associated with her hair-lip. Had either Carly or Rose stayed with Joanne, they might have become as passive as Adam. However, the stimulus and responsivity of foster carers has allowed the two youngest sisters to sense that their own behaviour can elicit caring and protective responses in others. Carly still shuts down in the face of particularly distressing experiences. Nevertheless, there are encouraging signs that the youngest girls are accessing more information about themselves and colleagues. This increases their behavioural options and social competence.

The developmental needs of all four children are most likely to be met in a long-term substitute family. Structured contact with Joanne is recommended, but the visits need to be planned and organized within the normal rhythms and routines of the children's and carers' lives so that if their mother fails to turn up on occasions (as she surely will), matters can be contained. The emotional needs of the children are likely to remain high and disturbed behaviours might be expected at various times throughout childhood. Carers (and schools) not only need good support, but training in the various developmental pathways followed by children raised in situations of adversity (e.g. see Stovall & Dozier 1998). More detailed assessments of the children individually and collectively would establish whether or not they should (or could) remain together. This assessment would also depend on the capacities and resources of the children's new family. Should any one or more of the children be separated from the sibling group, suitable contact arrangements would need to be made.

REFERENCES

Ainsworth, M.D.S., Blehar, M., Aters, E. & Wall, S. (1978) *Patterns of Attachment: A Psychological Study of the Strange Situation*. Lawrence Erlbaum, Hillsdale, NJ.

Beeghly, M. & Cicchetti, D. (1994) Child maltreatment, attachment and the self system: emergence of an internal lexicon in toddlers at high social risk. *Developmental Psychopathology*, **6,** 5–30.

Bowlby, J. (1969) *Attachment and Loss I*. Pimlico, London.

Cicchetti, D., Toth, S.L. & Hennessy, K. (1989) Research on the consequences of child maltreatment and its application to educational settings. *Topics in Early Childhood Special Education*, **9,** 33–35.

Crittenden, P. (1995) Attachment and psychopathology. In: *Attachment Theory: Social, Developmental and Clinical Perspectives* (eds S. Goldberg, R. Muir & J. Kerr), pp. 367–406. The Analytic Press, Hillsdale, NJ.

Crittenden, P. (1996) Research on maltreating families: implications for intervention. In: *The APSAC Handbook on Child Maltreatment* (eds J. Briere *et al*.), pp. 158–174. Sage, Thousand Oaks.

Crittenden, P. (1997) Patterns of attachment and sexual behavior: risk of dysfunction versus opportunity for creation integration. In: *Attachment and Psychopathology* (eds L. Atkinson & K. Zucker), pp. 47–93. The Guilford Press, New York.

Daniel, B., Wassell, S. & Gilligan, R. (1999) *Child Development for Child Care and Protection Workers*. Jessica Kingsley, London.

Farmer, E. & Owen, M. (1995) *Child Protection Practice: Private Risks Versus Public Remedies*. HMSO, London.

George, C. (1996) A representational perspective of child abuse and prevention: internal working models of attachment and caregiving. *Child Abuse and Neglect*, **20,** 411–424.

Howe, D. (1995) *Attachment Theory for Social Work Practice*. Macmillan, Basingstoke.

Howe, D., Brandon, M., Hinings, D. & Schofield, G. (1999) *Attachment Theory, Child Maltreatment and Family Support: A Practice and Assessment Model*. Macmillan, Basingstoke.

Iwaniec, D. (1996) *The Emotionally Abused and Neglected Child: Identification, Assessment and Intervention*. Wiley, Chichester.

Lyons-Ruth, K. (1996) Attachment relationships among children with aggressive behavior problems: the role of disorganised early attachment patterns. *Journal of Consulting and Clinical Psychology*, **64,** 64–73.

Main, M. (1995) Recent studies in attachment: overview, with selected implications for clinical work. In: *Attachment Theory: Social, Developmental and Clinical Perspectives* (eds S. Goldberg, R. Muir & J. Kerr), pp. 407–474. The Analytic Press, Hillsdale, NJ.

Stevenson, O. (1998) *Neglected Children: Issues and Dilemmas*. Blackwell Science, Oxford.

Stovall, K.C. & Dozier, M. (1998) Infants in foster care: an attachment theory perspective. *Adoption Quarterly*, **2,** 55–88.

