

'Similar but Different' Conversations: Working with Denial in Cases of Severe Child Abuse¹

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*This article describes a particular aspect of a service called 'Resolutions'** that has been developed at the NSPCC Child and Family Centre in Bristol, England. The Resolutions service works with families where parents and/or carers are disputing responsibility for serious abuse of their children, but where child protection agencies deem at least one of them culpable on a balance of probabilities.*

The service's general approach to developing partnerships with families is briefly considered, but the article concentrates on a particular approach. This is where parents and/or carers who are disputing abuse of their children roleplay a 'similar but different' family. This enables key issues in relation to child abuse to be discussed by the parents and/or carers. It also facilitates the gaining of greater understanding that helps them ensure the future safety of their own and other children.

INTRODUCTION

The 'similar but different' family technique described in this article is part of a comprehensive therapeutic program. Not all issues that are addressed within the whole program are included in the 'similar but different' family work. For example, children are not involved in the 'similar but different' family sessions, as these cover issues that *adults* need to come to terms with. However, children are centrally involved in the other stages of the Resolutions work: the engagement phase, co-constructing Family Safety Guidelines and considering future safety (Essex, Gumbleton and Luger, 1996). Some children and non-abusing parents and/or carers (usually mothers in our clinical experience) may have counselling or play therapy sessions alongside the Resolutions work to address their individual therapeutic needs. The 'similar but different' family sessions should not be seen in themselves as making children 'safe'.

Most referrals to Resolutions have involved either serious physical abuse of younger children (typically shaking injuries to babies, or sexual abuse of older children). Although there are differences in how the

work is tailored to address both these forms of abuse, there is little variation in how they are addressed in the 'similar but different' family sessions. We have, therefore, only made reference to differences where it seemed necessary to do so.

The words 'parent and/or carer' are used to cover the range of adult-child relationships (those who have used the service have included birth-parents, step-parents, briefly co-habiting partners, and grandparents). In using the terms 'female or male parents and/or carers' we do not suggest that child care roles were necessarily of an equal or similar nature. At times we shall simply write 'carer' as a shorthand to cover all possibilities.

BACKGROUND

The Resolutions service evolved primarily from listening to the views of children. Whilst children stated that they wanted abuse to stop, many seemed to want to remain with their families, or wanted their alleged abuser not to leave the home permanently. In cases where children or their alleged abusers have left the home temporarily, families often reunite against the wishes of professionals, who may have insufficient evidence to prevent this (Essex, Gumbleton and Luger, 1996). Coupled with this was the growing belief of many in the field that the best way of protecting children was to support the non-abusing parent or carer (Berliner, 1991; DoH, 1995b). Our experience also convinced us that children's best interests are usually served by developing a working partnership with both of the child's parents and/or carers, and with significant others (DoH, 1995a), based on the child protection concerns (White, Essex and O'Reilly, 1993). We do not attempt to rehabilitate families where children or the alleged non-abusing carer do not want it.

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** A general description of the full Resolutions work has already been published (Essex, Gumbleton and Luger, 1996). Other colleagues who have helped develop the Resolutions work are Colin Luger, Child Protection Officer NSPCC and Jan White, family therapist.

THE RESOLUTIONS APPROACH

The Resolutions service works with families where responsibility for abuse is denied or disputed, adopting a risk analysis approach, linked with a search for possible strengths and signs of safety (Edwards and Turnell, 1995). For us, denial and dispute are unhelpful in attempting to make children safer in the future, but do not necessarily make progress impossible. Denial is seen as simply one (albeit as an important one, Jones, 1991) of a range of factors relevant to prognosis (Bentovim, Elton and Tranter, 1987).

Often, the initial assessment by the local authority and/or the police does not lead to a clear explanation of who is responsible for injuries or harm to children. In such cases Resolutions takes the line that further emphasis on acceptance of responsibility does not always serve the best interests of the child and/or the non-abusing carer. Therefore, further *investigation* into who committed the abuse is not actively pursued. We take a broader view of the needs of children and their families in order to enhance children's welfare and protect them from significant harm. There is a deliberate shift of focus from problem analysis to family strengths and activating support networks.

We take the position that whilst alleged abusing adults may need to change, they often continue to be a risk to children even after an intensive program. The Resolutions work is not aimed primarily at making such alleged abusers 'safe', but focuses on the construction of a 'safe enough' protective environment around the child. The work entails listening to what children and their non-abusing carers are saying, in order to make their interests and welfare paramount (Berliner, 1991). Resolutions attempts to:

- reinforce and foster the probable non-abusing carer's sense of self-agency
- strengthen the bond between the non-abusing carer and the child(ren)
- restrict the alleged abuser's possible misuse of power
- enlist the help of other significant adults in keeping children safe, taking account of race, religion, culture, class and ability.

Critiques of the family dysfunction model (Bagley and King, 1991) suggest that an approach which positively supports the likely non-abusing carers might be more effective in promoting the long term wellbeing of children. Resolutions does not agree with the view that the probable non-abusing carers usually know about abuse, collude with it or deliberately fail to protect their children (Bentovim et al., 1987). Although this may occasionally be a factor, we consider that the non-abusing carer is often a secondary victim of the abuse (Smith, 1994).

DEVELOPING A PARTNERSHIP

Resolutions posits that it is not necessarily the form of abuse, how severe it is, or whether or not it is denied, that determines our ability to work effectively with

families. Rather, success is more dependent upon whether the workers involved have been able to form a meaningful and cooperative partnership with the family, focused on the concerns. There is evidence to indicate that *how* professionals intervene may be more important to carers than exactly *what* they do (Corby, 1987). The focus of the work is encapsulated by this question: 'In the light of the concerns that bring you here, how can we work together to help convince the child protection agencies, that your child(ren) will remain safe in the future?'

In this way common ground is established and a partnership to promote the well-being of children can become a reality (McCallum, 1992; Furniss and Bingley Miller, 1995). This common ground, highlighting children's future safety rather than pursuing blame, helps overcome the difficulty of engaging parents and/or carers who deny or dispute responsibility for abuse (O'Neil and McCashen, 1991). June Thoburn (DoH, 1995b) found that where culpability was never clear, only 11% of those alleged to have maltreated the child established working partnerships with social services.

In establishing partnerships with parents and/or carers, concerns for the child remain central to all conversations, but not in such a way that carers feel embattled and need to 'prove' their position. We ensure that carers have the opportunity to share their story and explore their understanding of their present situation (MacKinnon and James, 1991). We were concerned that traditional approaches encouraged carers to think in terms of 'proving statutory agencies wrong', rather than focusing on what the present circumstances might mean for their children's future safety. It seemed that a sense of self-agency and responsibility for children's future safety were more likely if a partnership was established around the concerns for the children, rather than around responsibility for the alleged abuse. Many difficult conversations became possible on the basis that this is what the Court or Child Protection Case Conference would expect us to consider, in order to fulfil the carers' responsibility for children's future safety.

We look for conversations which explore alternatives to the dominant discourse which labels carers as 'abusive' and/or 'collusive' (White and Epston, 1989). We are interested in what might have restrained service users from being responsible carers and what stories about men, women and children might have supported these restraints and hindered them from developing the sort of family life they hope for in the future (White, 1986).

THE 'SIMILAR BUT DIFFERENT' FAMILY

Theoretical and Professional Influences

The ideas that inform our work in the 'similar but different' family are drawn from Brief Therapy, Post-Milan Systemic Therapies, Construct Therapy, and Narrative Therapies (Procter, 81; Procter and Walker, 1988; Epston, 1989; Jones, 1993). In the earlier engagement sessions, families have begun to consider the different narratives

about their child's injuries or allegations. They have been able to accept the different ways of looking at information presented and have often moved from a position of conflict, disbelief and mystification to some curiosity about possible ways forward. It is in this context that parents and/or carers understand the need to actively address the concerns of a Child Protection Case Conference and/or Child Care Court in order to demonstrate their commitment to family safety in the future.

Conversations about the alleged abuse, and the meaning it might have for present and future family relationships, are central to our work, allowing the dilemmas and difficulties to be fully explored. We began to see how family members found an allegation of child abuse grossly dissonant with the stories they had stored about themselves and others (Riches and Dawson, 1996). We began to think about how we might help families create a range of new narratives about themselves and their futures and in so doing move from the first order position of knowing, to a second order position of co-constructing ideas and knowledge (Anderson and Goolishian, 1988).

Alan Jenkins stated at a conference in London in 1995² that child protection risk assessments often encourage service users to think of themselves in terms of potential for danger, rather than in terms of personal agency. We aim to encourage a sense of self-agency in relation to adult roles as parents and/or carers. Jenkins uses the term 'responsibility assessment'. We are also of the opinion that the language we use with carers needs to convey respect for them and to promote a sense of self-responsibility.

Edwards and Turnell (1995) have developed a 'Signs of Safety Assessment' for child protection, where a sense of future responsibility and safety is implicit in the language. Like Jenkins, Edwards and Turnell see children's safety as central to the process and maintain a clear child protection focus. It is our experience that our language and our work can be respectful of parents and/or carers who dispute responsibility, whilst not losing sight of children's safety (Stogdon, 1995). It is our view that service users do not need explicitly to accept responsibility for alleged abuse to ensure their child's future safety. However, they do need to have entertained the main stories held by the statutory agencies about the concerns, and the meaning of those stories for their lives now, in the immediate future and in the longer term. We consider the implications through to possible grandparenthood, so that families, in Michael White's terms (1986), might consider how their new, safer past will provide a different future from the future they would have had with their old past. We utilise the comparison of new and old futures to encourage families to see what impact our conversations will have had on their future.

In our work, we have found it important not to understand too quickly (Anderson and Goolishian, 1988). By being a respectful listener it is possible to hear how families are already incorporating their concerns about their children into how they organise family life. We have heard early on how some mothers in cases of

alleged sexual abuse do not leave the other children with the alleged abuser. They say: 'While all this is going on I just do not want any other problems'. Although this may be seen as the wrong motivation and evidence of the mother not accepting the possibility of abuse, it may also be viewed as a sign of the mother entertaining the possibility that things might have to be different in the future. Professionals often have both theory and detailed knowledge about current thinking in child protection which is not available to families (Smith, 1994). If this knowledge is made available in the context of an investigation, it may be construed as professionals trying to convince one or both of the carers to admit that they committed the abuse. Conversations in the 'similar but different' family allow the exploration of several current knowledges about child protection: personal, professional and from other sources.

We developed the ideas of Tilman Furniss about 'what if' explorations of feared consequences and what would have to happen for it to be safe enough to speak (Furniss, 1991). We combined these with ideas from Construct theory (Ravenette, 1977) and the different levels of meaning that might be present about the events, injuries and allegations. We also considered David Epston's ideas about children's imaginary friends. His series of papers (Epston, 1989) in which he described helping children to externalise problems in ways that put them in touch with their abilities and resourcefulness led us to wonder if the idea of imagining or pretending might be helpful to carers. We considered whether a 'similar but different' family story might be an opportunity for carers to explore such issues. This 'similar but different' family would need to raise all the main child protection concerns in such a way that carers could think about their own immediate situation.

Co-constructing the 'Similar but Different Family'

Using a 'similar but different' family case study, we began to offer carers the opportunity to have the conversations that Court and Child Protection Case Conferences might expect them to have. This was a chance to explore other narratives in a spirit of curiosity, borrowing the perspective of another family where abuse of a child has been acknowledged (Hoffman, 1990). The concept of a 'similar but different' family creates the space for clients to talk in a different way about allegations of abuse and injuries to children. These conversations become part of an exploration which we embark on together, without ignoring the key issues of gender, power and justice (McCarthy and Byrne, 1988). The Court, Case Conference and wider societal views can therefore become part of the discourse in their 'similar but different' family conversations (White, 1993).

In co-constructing the 'similar but different' family we have found it helpful to suggest that families have one more, or one fewer, children and to make the sex of one child different. The carers might choose to be slightly older or younger and to have a different job.

Parents and/or carers are encouraged to give themselves and their children different names. As stated at the beginning of this article, the children are not included in these sessions in order that carers can fully explore the issues and some details of the abuse. Again, details of abuse are 'similar but different' to those alleged to have occurred.

In co-constructing the pretend family, an element of playfulness is introduced. The invention of names, jobs, etc., appears to 'set the stage' for a mindset in which the pretend family is 'not them'. However, as their own ideas are incorporated in the co-construction, the 'similar but different' family does become, to some degree, a part of them. They are then able to entertain multiple stories, not only about the 'other' family, but also about themselves. We are able to co-research knowledge and ideas with particular attention to the child(ren)'s perspective, the cycle of offending, and the dilemmas for the non-abusing carer. The therapist acts as a 'participant manager' (Anderson and Goolishian, 1988) interested in new knowledge and its influence on carers' relationships with each other, their children and significant members of the problem determined system. The therapist does not form her/his own conclusions about this process, but maintains a curiosity about the areas most useful to the couple and the ideas and meanings they draw from it for themselves.

Case Example

(A composite of three or four families seen recently)

The Beverley family (white, UK) were referred to the Resolutions service by the Guardian-ad-Litem (an independent social worker appointed by the court). She suggested the service as a possible way forward after eighteen months of proceedings in the Child Care Court regarding the future safety of Emma, aged nine years, and Lucy aged two. The child protection assessment and expert opinion agreed that the girls' father Jack, aged 46 years, did appear to pose a current risk to them. He had been convicted of an offence fifteen years previously involving the sexual abuse of an eight year old girl whilst babysitting, and aspects of his current thinking still caused concern. The concerns came to light when an anonymous caller contacted Social Services claiming that Jack was babysitting for three girls and had allegedly touched one of them inappropriately. When Social Services made child protection enquiries they discovered Jack's previous offence. On the other hand, Emma and Lucy both had good relationships with their mother and father and it was not considered to be in their best interests to remove them from their mother's care. Karen, aged 28 years, had said she would not separate from Jack as she saw the concerns as being in the past and did not believe the current allegations.

During the engagement phase Jack and Karen said they wanted to show the Court and Social Services that their children were safe and would remain so. They both said they'd talked to many people but didn't have a sense of having been listened to. The Child Protection

agencies involved thought that Jack was still a risk to children and were worried that Karen did not accept that possibility.

However, it became apparent that since Jack's previous offence had come to light, Karen had not left the children alone in his care, that Jack often worked long hours as a warehouseman, and that Karen was already the primary carer. Karen said that everyone thought that she was under Jack's control because he was eighteen years older and she had known him since she was fifteen. Karen now worked in a local shop two mornings a week; at these times, Jack's mother Leah, aged 68, came to the house to look after Lucy.

In the engagement phase of the Resolutions work, Emma and Lucy heard the Court's concerns for the first time (although six months' preventive work had been undertaken with Emma by Social Services staff, she had not been clear why this had taken place). Jack's mother Leah also heard the concerns and told the workers that her Church was important as a support system to her and her grandchildren (who attended Sunday School each week). All agreed to look at what they might need to do differently in order to convince the Court that the children would be safe. Emma and Lucy were clear that they wished to remain at home with both of their parents.

In the 'similar but different' family role plays only Karen and Jack were involved. The following scenario was co-constructed:

A married couple (white UK) with three children. The father in this pretend family had been reported to Social Services for allegedly touching one of his eldest daughter's friends in a way that made her uncomfortable and had sexual overtones. On checking their records, Social Services discovered the father had a previous offence for indecent exposure to some children in a park when he was in his late teens. When arrested, the father in the pretend family had admitted some of the touching alleged by his eldest daughter's friend, but not all. The Crown Prosecution Service had decided not to pursue a criminal prosecution. A Child Protection Case Conference was called which stated that the father would have to move out whilst an assessment was made, or consideration would be given to obtaining a court order to remove the children.

The mother in this 'similar but different' family was a business woman called Jo, aged 31 years, running a small craft business from home. She owned a sports car in which she visited clients three mornings a week. The father was a solicitor called Tony, aged 42 years, with a BMW car. Tony agreed to move out of the home to a local hotel.

Their three 'similar but different' children were Cassie, aged eleven years, Simon, aged four and Natalie, aged eighteen months. The children were represented by large soft toys.

In the above case example, sexual abuse is the presenting concern. The process would be similar in cases of physical abuse of young children, with the injuries of the 'similar but different' children being altered, but of equal severity. Families are involved in the discussion as to whether the scenario is *different enough* for them to be clear that it is not them, but *similar enough* for them to be able to identify with the concerns.

The Different Perspectives

Having established a 'similar but different' family scenario, carers then explore over four sessions the range of narratives and ideas that might be present where the alleged abuser is accepting responsibility. They help construct the narrative and the conversations people might need to have in those circumstances. Conversations are co-constructed with regard to:

- The abuser's point of view
- The dilemmas for the non-abusing parent or carer
- The child's and siblings' perspective
- The couple 20 or 30 years on, as grandparents.

Some of the questions listed in the following sections pertain to both sexual and physical abuse cases, and some are specific to one or the other. Even though the first two sessions would focus on the perspective of one of the carers, circular questioning is used to involve in the process both adults, pretend children and pretend extended family members and friends. The exact questions used with families will vary depending upon their race, culture, religion and level of intellectual functioning.

The abuser's point of view

In their roles within the 'different' family, carers talk together about why a parent or carer did not accept responsibility sooner, what questions a non-abusing parent or carer might want to ask, what thoughts the alleged abuser might have. In particular, they talk about how he might have organised things at home to give him time alone with one or all of the children. We consider what help they would want and the choices they might face in their relationship with each other and with others in the family. The discussion about the abuser's fears, needs and reluctance to address such areas not only gives information to the non-abusing parent or carer, but allows the alleged abuser to hear that all aspects of his worries, hopes and fears are being listened to. Attempts to minimise and blame others can be talked about, and ideas about what might stop people accepting responsibility are fully explored. However, this work is fundamentally different to that of Tilman Furniss (1991) in that it does not have the aim of eventual acceptance of responsibility (although partial acceptance is occasionally offered by parents and/or carers). Rather, the aim is to co-construct knowledge about how abusers might create opportunities for abuse to take place and the conversation allows both parents and carers to understand more fully possible future concerns.

Questions from the abuser's perspective might include:

- What would you most like to say to your wife or partner?
- I'm wondering what you think your wife would make of that?
- If your wife and her friend were talking it over, what might they be thinking about your statement that you 'couldn't help yourself'?
- What impact do you think this might have on your intimate relationship with your partner now and in the future?
- How has what happened changed the way you think about yourself?
- What do your family think about what has happened?
- What do your wife's family think about what has happened?
- What are your friends at church (for carers from a non-Anglo background, 'mosque'/'temple' etc would be substituted), thinking about what has happened?
- Who is most concerned?
- What do you think the women's group at the church are saying to your wife?
- What do you think the child protection agencies are thinking?
- What would you like to say to your children?
- How might life need to be different in the future?
- What help do you think you might need now and in five years time?
- Who would want to be most supportive to you?

It seems that the 'similar but different' process creates enough distance for non-abusing parents or carers to be curious about why their partner might say such things. If such a conversation were held directly, the families would experience the questions as too loaded with 'blame'.

The dilemmas for the non-abusing parent or carer

Non-abusing parents and/or carers find conversations about their dilemmas in the 'similar but different' family something of a relief. They are often torn between their partner and their children; who should they support? In our approach, they are able to challenge their partner openly about the pressures they think he's putting them under, and place responsibility for all the turmoil *with him*, not with themselves, not with the children and not with the statutory agencies. Being able to be both furious and caring at the same time appears to permit them to entertain ideas and connections which otherwise would not have been possible. Areas frequently explored with non-abusing parents and/or carers include:

- Issues of trust. For instance: what will need to happen for the non-abusing carer to trust the abuser again?
- What that might mean for the future?
- What will the non-abusing carer's family say to her?
- What will the abusing carer's family say to her?
- What will her children want her to do?
- What's she thinking about herself?
- How would her friends at church [mosque/temple/Kingdom Hall] notice her new independence?
- What will be different about their future together now? How will it be different from the future they would have had if the abusing carer hadn't said anything?
- What does she want from the abusing carer now?
- What does the abusing carer want from her now?
- Given what the abusing carer has said, can she imagine other circumstances where he nearly lost it but managed to keep his temper?

- What does she think helps the abusing carer control his temper?
- What does the abusing carer think helps him keep control?
- Does this present situation offer an opportunity to make positive changes?

In the area of physical abuse, families explore what they hope their children will think of them as a father and a mother, when they look back and think of them having undertaken all this work about safety.

- 'I'm curious about what you'd like your children to remember about safety later, when they look back on you as a father?'
- 'What would you like your children to have that you didn't have?'

The child's and siblings' perspective

Subsequent sessions concentrate on victim awareness in relation to physical or sexual abuse, and explore the impact on other siblings of what they might have heard or seen, and what worries they might have. These conversations about how the children might be thinking and feeling are assisted by therapist experience and knowledge of other families. We see ourselves as being responsible for helping families arrive at narratives that support children's safety, without imposing outside views about their own family's future.

Using large soft toys to represent the 'similar but different' children seems to be considered helpful by both carers. We provide a brief but detailed scenario about how the abuse occurred, with parents or carers providing information about what room in the house might have been the one where the abuse occurred. We establish also where the other parent or carer and the other children might have been at the time. Thus, although suggestions about the difficult aspects are offered by the team, the parents and/or carers edit them to be more useful to themselves. They then consider how scared and confused a child might have been and the child's worries about speaking out. This helps parents or carers to talk about how they might help a child to say difficult things in future and to discuss what the other children might need to be told about what has happened. Other adults significant to the children are brought into the conversation and might be included in the session, represented by other toys. Conversations about the impact of events on siblings can be particularly useful when the other children might have seemed less central to the investigation of alleged abuse. Questions that address the child's perspective might include:

- Does your child want you to stay together or split up?
- If you stay together what does your child want to be different?
- What do you think your child was thinking and feeling when s/he was abused?
- What do you think his/her sib was thinking?
- What does your child feel and think about him/herself?

- What does your child feel and think about Dad, Mum?
- Who does s/he want to talk to (extended family, friends, teacher)?
- What does your child think is the best thing that could happen?
- What does your child think is the worst that could happen?
- What would your child see as an early sign that things are beginning to slip again?
- What might Sunday School need to know in order to be most helpful in keeping your child safe in the future?
- What might s/he be worried about in future?
- What would s/he be most pleased about?
- When s/he becomes a parent or carer, what will s/he be proud of when thinking back on this time?

The couple as 'grandparents'

We end these sessions by asking the parents or carers to project themselves twenty years into the future (Dolan, 1991). This facilitates a discussion of the need for long term family safety narratives and, as grandparents, allows couples to think about different outcomes. Will this couple be together in two years time, or twenty years time? What might have happened in between? The parents or carers offer a future scenario and help construct a story where they are asked to baby-sit one or more of their grandchildren, and for some reason the non-abusing parent or carer will not be there that evening. We explore with them how they will respond to this request and also ensure the grandchildren's safety. In cases of sexual abuse, 'grandparents' consider the need for continued vigilance with children so that the alleged abuser does not put him/herself in a difficult situation. It is surprising sometimes how protective non-abusing parents or carers can appear, when considering their unconceived grandchildren. The non-abusing parent or carer, having had the opportunity to ask the alleged abuser some direct questions, can feel more able to express her different views.

Both therapist and couple are interested in how the conversation might influence how this couple organise their family life in the immediate future, later, when their children are teenagers, and in the more distant future, as grandparents. We are clear that the abusers are responsible for their own future behaviour and that the non-abusing parent or carer can support them in their endeavours to maintain safety.

The reflecting team

After each session, the couple derole and move back to their original seats. Then, observed by the family, the team reflects on the conversation that has taken place in the 'similar but different' family, sometimes being curious about what the couple might have been most interested in. A reflecting team process encourages curiosity about how new knowledge might influence future relationships around safety (Andersen, 1995). Reflexive processes on the part of the therapist and team link with wider issues that the family might also be facing e.g.

gender, class, race, culture, religion and grandparent infirmity. Ideas from other families are offered and a range of experiences of different team members might be discussed. These sometimes link with the different issues a family might confront as the children grow older: friends coming to sleep over, older children needing to be taken to different activities after school, sometimes necessitating car rides, etc. It is this attention to the minutiae of daily life that indicates that the present concerns always need to be taken seriously, if further concerns are to be avoided. These discussions link directly with the sessions in which Family Safety Guidelines are co-constructed, where children are actively engaged in discussion of present and future safety possibilities (Essex et al., 1996).

Transferring knowledge gained

We ask parents or carers to specify what was helpful in the 'similar but different' family sessions and how this has influenced their thinking about their own situation. We consider what extended family members might have found helpful and what they would have made of the situation. These discussions can lead to a more direct exploration of restraints on responsibility and a sense of more direct curiosity about partial explanations and responsibility. It seems that the process of co-constructing a 'similar but different' family enables parents or carers to begin to think about the unthinkable. It allows enough distance for them to be able to co-research knowledge about the professionals' concerns, but permits enough proximity so that some ideas are directly transferable to their own circumstances. There is *never* an assumption that the 'similar but different' family is directly equivalent to their own.

Involving the wider child protection agencies

Throughout 'similar but different' family work, the Child Protection Case Co-ordinator from the local authority Social Services Department will have been present as an observer or seen videotapes of the sessions. The parents or carers understand the need for a Child Protection representative to see them tackle the concerns and explore what they might mean. The involvement of the Child Protection representative also helps address the difficulties faced by therapists in their relationships with statutory authorities when working with child-at-risk cases, as outlined by MacKinnon and James (1992). In our experience, Case Co-ordinators sometimes are curious about the different response from the non-abusing parent or carer in the 'different family' and how this different response is maintained after those sessions are completed. It seems that, given the opportunity to express their views in a safe context, non-abusing parents or carers do not return to the same level of reticence as before. It appears helpful to both the family and Local Authority Social Services for the social worker to observe the couple talking about these dilemmas in the 'similar but different' family. This seems to link with ideas of recruiting an audience to the changes the couple are considering (White and Epston, 1989).

As well as the Child Protection Case Co-ordinator, we also invite their Team Manager. Should there be a local authority Family Support Worker involved, we would encourage her to observe the sessions. Where the Probation Service is involved we would offer the Probation Officer the opportunity to attend and observe.

FEEDBACK FROM FAMILIES

Qualitative research has been undertaken to determine service users' views of the work (Gumbleton, 1997). Parents and carers' views of role-playing a 'similar but different' family are extremely varied. Although some found it strange or difficult, many parents or carers thought it had been helpful. Comments included:

- 'You could argue as if you weren't arguing; it was strange but good as well; it sorted things out; we learned to compromise'
- 'It felt like us and someone else too; it was good; it worked; it was like we could have the argument but not bring it home'
- 'In the end you got so they (*the 'similar but different' family*) were part of you; it made you look into yourself more, solve problems; they took us to being grandparents—it made you think'
- 'Seeing it from outside looking in made it easier to talk about issues to each other'
- 'We did ask each other difficult questions which at the time we wouldn't have asked at home'

There were gender difference in whether parents or carers thought they had derived some benefit from role-playing; women were more enthusiastic. This could be because the men in the study were deemed on a balance of probabilities to be the ones more likely to cause concern, and role-played abusers. In contrast, the women who role-played took the part of non-abusing parents or carers. It may also be that more women, especially, felt able to use the exercise to say things to their partners that they were unable to say in their everyday life.

RE-ABUSE RATES

During 1996, research was also undertaken to determine how effective the Resolutions service has been in protecting children from further harm (Gumbleton, 1997). We followed up 38 children in the first seventeen families who used Resolutions since its beginnings five years ago. All the families had completed the Resolutions programme at least six months previously and some almost four years before. In order to obtain this information, we consulted Child Protection Registers, and we examined the families' Social Services files, where families gave written permission (only two out of the seventeen families did not give such permission). Information from the Child Protection Registers regarding further abuse or harm was obtained on all the families. As such information is logged at both Child Protection Registers and on families' social services files,

it is unlikely that there would have been any additional information about abuse to children on the two Social Services files that were not seen.

The results indicate that Resolutions has been successful in helping to protect the vast majority of the children in these families, with only one child known to have experienced further abuse. This indicates a reabuse rate of 3% to 6% depending upon how the calculation is made; that is, whether one calculates a percentage based on one child being abused in a total of 38, or calculates the abuse as having taken place in one out of the seventeen families. This compares favourably with re-abuse rates in other studies. In most of the studies available, the re-abuse rates range between 25% and 33%. These figures cover a wide range of families, not only those denying responsibility for injuries to their children. In families where denial is a feature, the risk is usually deemed to be greater (Farmer and Owen, 1995). There are difficulties in trying

to compare re-abuse statistics, as studies have often defined abuse differently, had a sampling bias and used different methodologies to collect information (Jones, 1991). However, given the nature of the families worked with, the results must be seen as encouraging.

Of course, it is possible that children in these families suffered further abuse or injury which did not come to the notice of the child protection authorities. However, this caveat would apply to any of the other research studies, with the possible exception of retrospective studies where adults have given information about childhood abuse.

All parents or carers and children in these families were white UK people, although several Black families or families who have Black members have been worked with more recently. There is evidence that the work can adapt to different family structures and cultures as families are asked to design changes and policies

Figure 1. Further Abuse Statistics Gathered from Child Protection Registers, NSPCC and Social Services Files about the Children in the Study

Total number of children below eighteen years involved in the seventeen families	38
Number in sexual abuse category	26
Number in physical abuse category	12
Number of children from total of 38 known/thought to have been abused prior to Resolutions programme	15
Number in sexual abuse category	7
Number in physical abuse category	8
Number of children from total of 38 not known to have been abused but thought to be at risk of significant harm prior to Resolutions programme	23
Number in sexual abuse category	19
Number in physical abuse category	4
Number of children abused after Resolutions programme from total N=38	1
As a percentage	3%
Number in sexual abuse category	0
Number in physical abuse category	1
Number of children abused after Resolutions programme from group of fifteen known or thought to have been abused prior to Resolutions programme	1
As a percentage	7%
Number of children abused after Resolutions programme from group of 23 thought to be at risk of significant harm prior to Resolutions programme	0
Number of children from total of 38 still on child protection registers when statistics collected	8
As a percentage	21%

Figure 2. Further Abuse Statistics Gathered from Child Protection Registers, NSPCC and Social Services Files about the Families in the Study

Total number of families in study	17
Number of families where children known or thought to have been abused prior to Resolutions programme	14
Number of families where children not known to have been abused but thought to be at risk of significant harm prior to Resolutions programme	3
Number of families from total of 17 where children further abused	1
Number of families from total of 17 where children further abused as a percentage	6%
Number of families where social services still involved when research statistics collected	5
Number of families where social services had ceased involvement when research statistics collected	12
Source of information	Number of families
child protection registers	17
families' social services files	15

themselves. Thus, we can ensure that the work is appropriate to the clients' own culture and family, gives them ownership of the changes, and addresses the professional concerns. Significant religious elders and family friends are readily included, and this feature of our approach accommodates and actively involves extended kinship systems.

CONCLUSION

We have found that by not entering into a dispute about responsibility, whilst at the same time keeping the clients' concerns for their children central to our conversations, we enable the families' different narratives to unfold and allow them to consider exploring new ideas. Our task as participant managers is to help new narratives unfold which support the safety of the children and non-abusing parents or carers.

The 'similar but different' family approach allows many narratives to co-exist and be explored. Within this approach, a distinction can be drawn between the person and the abusive behaviour. Thus all aspects of the alleged abuser are considered, and children in particular can identify any positive qualities in their relationship with him/her. We can explore these aspects without collusion while increasing the likelihood of a new, safe future in the light of new knowledge about their past. When we have done that, parents or carers will sometimes acknowledge their difficulties: 'What happened that brought us to the attention of all these professionals must not happen again'.

The Resolutions work has often enabled change to occur in situations where the family and child protection agencies have become 'stuck'. Long-standing disputes

about responsibility have been left behind once partnership has been achieved with families regarding their children's current and future safety. It is our belief that the work in the 'similar but different' family is one of the major factors in this therapeutic change.

Partnership with parents and/or carers and the 'paramountcy principle' are key aspects of current children's legislation in the UK (Children Act, 1989). Many writers have considered it unproductive to work with carers who dispute or deny responsibility for abuse (Jones, 1991; Morrison, 1991). However, where it is deemed to be in the child's best interests to return or remain at home, not to provide a therapeutic service often leaves children at greater risk than before—at home or in the care system (DoH, 1991). It is our view that we *can* establish partnership with such parents or carers who deny or dispute abuse and that child protection concerns *can* remain central to any therapeutic work. We hope our work with the 'similar but different' family will encourage colleagues to find other creative ways forward where responsibility is denied.

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Notes

1. The views expressed in this article are those of the authors and do not necessarily reflect those of their employing agencies.
2. Alan Jenkins’ presentation to the conference in London, 29 September 1995 was entitled: ‘Invitations to Responsibility: The Therapeutic Engagement Of Men And Adolescent Boys Who Sexually Abuse’.

In their article ‘Marriage and Family Therapists’ Problems and Utilization of Personal Therapy’ in *The American Journal of Family Therapy* (27, 1: 73–93) Sharon A. Deacon, Dwight R. Kirkpatrick, Joseph L. Wetchler and Dawn Niedner report their survey of 400 members of the American Association for Marriage and Family Therapy (175 replies). There is much in this article to pique the curiosity of readers of the *ANZJFT*. For instance, would a similar survey in Australia and New Zealand find that ‘solution-focused family therapists were less likely to have received therapy’ (81)? Or that in comparison with ‘the lay public, family therapists seek therapy much more frequently’ (86)? It would be interesting to know whether we could say that experienced family therapists in our two countries

have sought personal therapy more than therapists of other organizations and disciplines. This may be due to the large percentage (69%) of respondents in this study who reported having had some training in the area of the person of the therapist (86).

And would 87% of our readers agree with Satir (1987) or Kerr and Bowen (1988) that ‘all therapists should receive personal therapy’ (90)? Jay Haley (1996) would vigorously disagree!