

The Dynamics of Abusive Families and Treatment Considerations

ANDREW R. TARTLER, M.S.W., A.C.S.W.*

(Editor's comment: Major Tartler brought to the symposium a wide range of theoretical concepts all aimed at helping to understand the child abuser and see him or her in the context of a larger society. He also brought a wealth of practical experience in dealing with families in crisis where the symptom of child abuse has brought the plight of their families to public attention. J.R.)

In the little world in which children have their existence . . . there is nothing so finely perceived or so finely felt as injustice.

— Charles Dickens

The evidence is accumulating that violence is playing an increasingly important role in our development as a society, in the evolution of our families, and in our individual behaviors. The historical assumptions about family endeavors being private and parents being "fit" are under close scrutiny. Lee Harvey Oswald, Sirhan Sirhan, James Earl Ray all represent classical examples of initial victims of violence at home. The victims then play out their lifelong reaction to this injustice, until the society that allows such behavior to perpetuate itself pays a very heavy price. These family acts of violence and their circumstances are incongruous; the victim is hurt in the very environment which is meant to provide love, nurture, and protection. The questions of how to understand these behaviors when they occur, how to develop programs to assist families in the crisis of violence, and how to prevent it from escalating become essential. It is most difficult to cope with, understand, and facilitate change surrounding the complex problem of a battered child and his family.

For the past two years I have coordinated services for or provided direct treatment services to families. First, let me present some brief theoretical concepts to provide a model for understanding these behaviors; then a discussion of the characteristics we usually observe in these family systems; and, lastly, a discussion of implications for intervention strategies.

It is important, particularly in child abuse, to understand why the abusive behavior occurs. The first task faced by all of us, regardless of professional background or lack of it, is to come to peace with our own attitudes toward parents who abuse or neglect small children. It is an emotionally disturbing experience and we usually respond in one of two ways. We deny that parents

*Major Andrew Tartler is stationed at Dwight David Eisenhower Medical Center, Fort Gordon, Georgia, where he has an active program for identification and treatment of child abusers, and is Coordinator of the Child Protective Council.

could have really attacked their children and then look for some other alternative explanation. Or, we believe it occurred, and then we tend to develop a sense of righteous indignation accompanied by a desire to scold or punish the parents. Neither of these attitudes is useful in trying to resolve the crisis or improve the situation. It is counter-productive for further intervention. Most useful in eliminating this angry attitude towards the parents is a knowledge of how the parents' own experiences, in relation to their environment, explain why the abuse occurred.

One model would begin by looking at families from a systems theory and developmental point of view. It seems imperative, in order to intervene successfully, that we view abuse *not* as the core problem, but rather as a symptom of family dysfunction. Further, we must view the family as a system best understood as an integral functioning part of other significant dynamic systems.^{7,5} We must understand that there is dynamic interaction among the system parts, and that the family, its members, and their behaviors cannot usually be fully explained solely by reference to themselves alone; they are comprehensible only as functions of their continuous interchange. Additionally, within this dynamic approach to child abuse, I would view the family from a homeostatic perspective. A family, like any system, will establish an adaptive equilibrium. A crisis will occur; out of the crisis, a new, hopefully higher equilibrium is established that is more effectively adaptive. In less healthy family systems, conflicts may occur which will throw them into disequilibrium. Their behavior is then seen as an attempt to reestablish homeostasis.

Developmental theory will allow us to encompass the interaction of maturational patterns in the family and allow for change in the system through the impact of experience and learning.⁴ Developmental thinking will help us understand that families can experience stages of development that gradually allow them to become better organized and consistent in their patterns of response. An abusive family should be viewed as desperately trying to complete successfully a difficult psychosocial task – parenting.

The crisis may be a developmental one in which internal forces are dominant, or a situational one in which external forces are dominant, or a combination of crisis pressures. It is at this point of crisis that we are so frequently called upon to enter the family system. This opportunity is a unique and challenging one. Our goal should be crisis resolution for a more effective level of family functioning. We now involve ourselves on many levels: We represent many systems impacting with the family system. Viewing the behavior as a symptom of family dysfunction and viewing the family as capable of *change*, we gear our intervention efforts toward a more effective level of adaptive family functioning.

Any adaptive strategy must be based upon “where the family is” at the point of intervention. Goals of intervention are crucial:

1. Determining the least detrimental alternative for safeguarding the child's growth and development;³
2. Resolving crisis;
3. Approaching parents non-punitively; and
4. Modifying parent/child relationships.

Resources are essential to assist with multiple goals. Resources must be

geared to the needs of the family; needs may well be linked to individual family and personal characteristics. A word of caution: every case I have had the privilege of working with was essentially different. My remarks about characteristics of abusive families are like any general description of human and family behavior in that "they are true except when they are not true." You may recognize many of the characteristics in your own remarkable cases and also recall instances where they may not apply.

First, on the characteristics of the abusive family: generally, these families can be described as "*multi-problem*." They may have been overwhelmed by the cumulative effects of chronic economic dependency manifested by some of the following difficulties: inadequate housing, periodic unemployment, chronic illness, substance abuse, indebtedness, school failure, and other misconduct. Also, characteristic of such families is the *repetition of their difficulties* in succeeding generations. Their social/personal problems are pervasive.

Generally speaking, these families are *resistive* to offers of help from social service agencies and are not inclined to ask for service. They are resistive to change. That is, they are in homeostasis, which in fact may be a dysfunctional state but still stable for that family. It is exemplified by behaviors that are exhibited by the parents, reinforced by other systems and repeated.

We sometimes deal with families who are *immobilized*. The families are faced with such a pressure of unresolved problems that they are not capable of movement towards self-help. It may well be that they have assumed the "what is the use" attitude and are now viewed as unmotivated.

Consequently, we are usually encountering an extremely difficult task: many pervasive problems or unmet needs located in a family unit resistive to service, immobilized by pressures and not able to ask for help, appearing to be unmotivated. Some families will present this dilemma more clearly than others. While parental characteristics will take precedence in some cases, the dynamics of the family system are interwoven with dynamics of other systems.

The individuals who compose a family unit also bring their characteristics to this problem. It appears that the parents were usually *raised with a degree of deprivation*. Either one or both parents received less of the warm, sensitive interaction that was necessary for their optimal healthy growth and development. The effects of this inadequate empathic care during their first years of life are profound and enduring. Most evident is a deep *lack of basic trust* or confidence and a tragically *low sense of self-esteem and competence* which may persist into adulthood and plague the lives of abusive parents.⁹

These parents also seem to have *mistaken notions of child development*.⁸ It appears that they expect an excessively capable performance from children and that this interaction is oriented toward parental satisfaction rather than toward gratifying the child's needs. This theory has been called "role reversal." The child is viewed as far more capable than his ability, and his resultant bad behavior is viewed by the parent as a deliberate, willful act, a view which then reinforces the parent's own image of being inadequate.

These parents may have a *strong belief in the value of physical*

punishment as discipline and believe in its educational value. "Spare the rod — spoil the child." Physical punishment is the preferred method of discipline. Babies should "not be given in to" nor be allowed to "get away with anything." They must be shown "who is boss" and how to respect authority. However, the effect of punishment as a useful tool to produce good behavior has never been adequately documented. There is some evidence that over a long period of time, punishment is not effective in stopping undesirable patterns, and will *not* create the better patterns of behavior which are usually desired.

Also, these parents may in fact be *immature*. They have failed to grow up in keeping with their chronological age. Their emotional status is at an adolescent level; just like an adolescent they strike out, are rebellious or reluctant to assume responsibility. If there is a conflict between satisfying their own needs and satisfying the needs of the child, they resolve this conflict on an adolescent/immature level by satisfying their own needs.^{1,9}

Many times these families are *isolated*. They don't make friends or establish lifelines easily. Isolated from extended family members, with few friends to turn to, and a reluctance to seek help, these families feel an added sense of pressure with few avenues for relief.

Lastly, it seems that many of these families have great difficulty in seeking *pleasure* and *finding satisfaction* in the adult world. Their lives are not filled with joy. There are few tasks or activities that they engage in with any sense of pleasure. And frequently this symptom is manifested by *marital conflict*. Their friction and discord may be over any number of things. Frequently, feelings concerning the spouse are significant in the act of abuse. A mother may not be able to verbalize her anger toward her husband, but can act out her feelings through their male child. Or a husband may be bound up with feelings concerning his wife's past history and express his anger through a stepdaughter. Also, one of the spouses must be *passive* in two senses of the word: first, passive in allowing the abuse to occur, particularly in chronic cases, and, secondly, passive in the sense of not meeting the emotional needs of the spouse. Marital discord is a common thread in abusive families.

Other conditions that may frequently be present include parents with borderline intelligence, organic disorders, emotional disturbances, and character disorder, and a crime-prone home environment.

The child or children may also have special characteristics that combine with other factors to allow abuse to become a reality. The difficult, unruly, hyperactive or demanding-of-extra-attention child may be at greater risk than others. The child may, in fact, incorporate the parents' bad image of himself, feel a need to be punished, and provoke the parents to punish. The theory of child as instigator needs more investigation. All these characteristics may be present in variant degrees as they combine to weave the fabric of the family system and set the stage for the abusive behavior.

This view of abuse should not be one-dimensional. It should pay attention to the interconnectedness of individual, parental, family, and social causes of abuse. Any of these factors is not a necessary and sufficient cause, but they combine — with emphasis usually in one area or the other — to produce the event. To fully understand this complex problem, it is extremely helpful first to view it from a systems theory point of view. The next step is to commit

one's self to viewing families as capable of change and to assisting them in that painful process. None of these problems is easily resolved; they require patience, understanding, and persistence. Most of these dysfunctional families are capable of receiving treatment; help can and should be brought to these dysfunctional family systems.

Now for some practical concerns. Child abuse is a symptom of family dysfunction, most often of a family in crisis (if not before the abuse occurred, certainly after "the helping hand" strikes the family). Almost without exception, abused children love their parents; abusive parents love their children. We must stop the continual abuse of placing children in foster care. The long-term effects have proven to be psychologically and financially costly to the family and the child.⁵ In fact, one study has specifically shown that abused children in foster or adoptive homes, compared to those in their natural homes, had significantly greater number of problems in articulation and in combinations of communication problems and tended to be poorer in expressive language.²

The bringing of a battered child to an emergency room for treatment may be interpreted as an act of love and concern. The focus of concern must move from the needs of the child to the needs of the parents as soon as possible. Myths, half-truths, strong negative personal and societal responses must be altered so that parents can feel accepted and be helped to change.

Finally, let us consider the differentiated roles of many of us professionals in dealing with such situations.

The Legal Role: Because our society has increasingly made the adequate care of children a matter of public concern, cases of child abuse come under the purview of the legal system more frequently. This situation creates a potential problem. I quote from Rosenberg:

To a great extent, the problems of dealing with child abuse through legislation and the legal system stem from the lack of a consistent philosophy toward children and toward families and toward objectives which we might seek to pursue. There is no weaker area of the law than that area which relates to the family and its members and to the relationship of the family to third parties. The conflict between parents and children in all dimensions is reflected in conflicting legal views of the reciprocal rights and duties of parents and children. The inadequacy and confusion of the laws governing the subject reflect our own ambivalence about our children and ourselves as parents.⁶

Out of this ambivalence grows a failure to develop a consistent frame of reference for effective legislation. It is most difficult to favor both the protection of the child and the sustaining of family units. Therefore, most states fail to commit the necessary resources to allow the law to be meaningful and therefore fail to gather the benefits intended. It is not sufficient to recognize the problem and then dignify it with legislation. Legislation alone will not solve these problems, but it can and should contribute to solutions. The existence of a law reporting child abuse or a law establishing child abuse as a criminal offense cannot control the behavior. However, once situations are known the law can (1) help establish limits on

future behavior; (2) provide protection when needed; (3) offer the framework within which other disciplines may operate.⁶

Additionally, the law should move from the traditional criterion for decision-making – “in the best interest of the child.” One proposed idea would be the least detrimental alternative for safeguarding the child’s growth and development. That alternative should be based upon (1) the child’s need for continuity of relationships; (2) the child’s, not the adult’s, sense of time; and (3) the law’s inability to supervise interpersonal relationships and the limits of our capacity to make long-range predictions.³ One plan that has proven to be effective with two families where significant abuse had occurred is the idea of natural parents becoming foster parents for their own children. Under court order, the children are released from the hospital to their parents. The court order would specify certain elements of intervention and set a reasonable date for reevaluation of circumstances. It helps to reduce greatly the crisis of the threat of removal of the child and allows the family to develop a sense of trust and reassurance in the intervention team efforts. The legal process can help protect rights of all individuals, draft legislation, and focus on the least detrimental alternative when placement is required.

Role of Psychiatry: I see at least three specific areas where psychiatry can make significant contributions. Research tells us there is a small group, 10%, of abusive parents who suffer from a serious psychiatric disorder.⁹ Proper psychiatric screening procedures would help ensure that the most troubled parents will receive the appropriate type of care and help protect us working in the field from spending enormous amounts of time and energy on problems which require other special kinds of intervention. I do not believe that working with such disturbed parents should ever be delegated to a social worker or a worker in protective services. It is blatantly unfair to the child, the parent, and the worker. Generally, the results are most unfortunate for all concerned. Consequently, providing direct services to a client or having psychiatric case consultation is of great benefit.

An additional role, and one of great importance for those interested in community psychiatry, is to endorse a systems point of view and respond to the multi-causal concept. Here, I refer to the lending of the power of the “medical establishment” to develop community resources to meet the many needs of these families.

Abusive families are best offered services from a multiple-disciplinary team approach. No one individual is capable of responding to their multiple problems and entrenched, unmet needs. An umbrella-like support system should be built in communities to respond to these families. This concept is crucial from the direct treatment point of view and even more important from a preventive perspective.

In summary, then, psychiatry should be available for (1) direct service for those few cases that require it; (2) case consultation for screening; and (3) community program development.

The Immediate Social-Service Role. For those of us involved in providing services to these families, here are a few comments on treatment implications:

1. Workers must understand and accept the behavior of abusive parents.
2. The focus of treatment must move from the injured child to the parents

as soon as possible.

3. Workers should not accept first attitudes of rejection at face value, but rather use them as clues for what is needed to develop treatment.
4. Workers should focus on changing the clients' isolated way of life. Abuse thrives in the shadows of privacy and secrecy. We should help establish lifelines by responding in a positive way.
5. Workers should be available – time and attention are priceless gifts for these families.
6. Workers should try to change the style of the parent/child relationship in a very positive way – when the parents are ready.
7. Workers should assess and verbalize the strengths of the family unit. What is the ability of the family to protect the child from harm?

An abusive family is a system in crisis; its behavior is related to individual members and other system responses in a dynamic interaction. A new homeostasis can be established in which the chance of abuse occurring will be greatly reduced. There is no greater challenge facing our society than dealing with family-oriented violence.

Bibliography

1. de Francis V: Consultation on protective services (October 14-18, 1970), A transcription of the taped content, pp. 8-9
2. Elmer E: A follow-up study of traumatized children, *Pediatrics*, 59, 2 (February, 1977), pp. 276-277
3. Goldstein J, Freud A and Solnit AJ: *Beyond the Best Interests of the Child*. New York, The Free Press, 1973, pp. 31-49, 53
4. Group for the Advancement of Psychiatry: *Psychopathological Disorder in Childhood: Theoretical Considerations and a Proposed Classification*. New York, sixth printing 1973, pp. 200-201
5. Newberger EH and Hyde JN: Child abuse – Principles and implications of current pediatric practice, *The Pediatric Clinics of North America*, 20, 3 (August, 1975), pp. 695-715
6. Rosenberg AH: The law and child abuse, in *Child Abuse: Intervention and Treatment*, ed. Nancy B. Ebeling, Massachusetts, Publishing Sciences Group, Inc., 1975, pp. 161-169
7. Sager CJ and Kaplan HS: *Progress in Group and Family Therapy*, New York, Brunner/Mazel Publishers, 1972, p. 5
8. Spinetta JJ: The child-abusing parent: A psychological review, *Psychological Bulletin*, 77 (4) 1972, pp. 296-304
9. Steele BF: Working with abusive parents from a psychiatric point of view, in DHEW Publication No. (OHD) 75-70, pp. 2, 5-6