

Reflections
on the death
of a child
By James Henry,
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I began a career in child protection 16 years ago, envisioning myself as an impassioned knight rescuing children from the physical and sexual assaults of adults. Since that time, however, my experiences with abused and neglected children have led me on a journey through painful realities that have exposed my own limitations and fears. The tragic stories have left me with haunting inner images of battered bodies and scarred hearts. Ultimately, it has been these children who have changed me. They have challenged me to move beyond theoretical explanations and touch their pain.

Recently, an incident involving a young child has again forced me out of my comfort zone and to the edge of my personal and professional boundaries. It is the outcome that all Child Protective Services workers fear when they make the decision to leave abused/neglected children within their own homes. A four-year-old child died, due to parental neglect, despite years of social service interventions.

Early one morning the call came from the hospital emergency room. My hand took the necessary information, but my mind focused on this little girl I had seen only last week in the newspaper as a success story for family preservation. A knot in my stomach tightened as I faced the harsh reality of senseless death.

And now, weeks later, I still cannot escape the image of the child's stiffened body upon the gurney. I can't seem to erase, despite my frantic efforts to do so, the imprinted pictures of her gray color, matted hair, cold skin, and expressionless face. Remnants of the initial lump within my throat appear spontaneously throughout the day. My mind and body weigh heavy with this unexplainable death.

In the past, time has been an ally to me in burying the pain of such experiences, but this time, the sadness returns daily. I want the memory darkened and covered. I want the feelings to leave. I seek to return to my stoic professionalism that protects me from any psychological aftershocks that shatter my walls of emotional safety.

Cynicism has always been a protector. It rationalizes the cruel realities of life for some children. It speaks bluntly: "Of course it happened!" This death was destined to occur from the moment of conception when these two developmentally delayed and emotionally impaired parents created a new life out of their limitations. Nature demanded abilities far beyond their capabilities! These parents could not even meet their own needs. The energy necessary to care for a child was consumed by their own struggles to personally survive.

I recall how, during the interview at the hospital, I initially was filled with pity for the parents. They were unable to explain any chain of events that could have precipitated the child's death. Their shock, their fear that the system would take away their other child, and their limited cognitive abilities prevented them from being able to remember and/or communicate just how sick the child had been the previous evening. Yet, as their disjointed and contrasting stories unfolded, I became aware of the mother's lack of emotion. Her primary concern appeared to be the potential loss of funds from the termination of the child's Social Security disability check. As the mother launched into a desperate plea for money, my anger surfaced.

My anger has since shifted to the system professionals and their contribution to this senseless death. There had been a series of intensive interventions over the years to provide services to elicit parental change. Numerous agencies and court orders had attempted to alleviate the risk to the child and avoid the tragedy that had now occurred. In retrospect, removal could have prevented death, yet, in an era of preserving the sanctity of the family by leaving abused/neglected children with their parents, a removal was deemed unwarranted.

It was a gamble that ultimately failed. It is not, however, an unusual gamble. It is indicative of the risks that those in the child protection system must take every day. Such risks weigh heavily on those on the front lines, who are saddled with the responsibility of making potentially life and death decisions, often on limited and/or inconclusive information. Perpetual doubt can plague the mind when deciding if a child is safe. There are no certainties, as the unpredictability of risk vacillates between low to high in many abusive/neglectful families, depending on the day's events. The hope is that the children will be resilient enough to overcome significant environmental deprivation and somehow survive. I have come to doubt the wisdom of family preservation policies, given my experience of the subsequent psychological and emotional developmental damage to these children from continuous exposure to harm. There are too many risks that are ignored or minimized when implementing preservation strategies. Family preservation just does not work with some families, as the 43% recidivism rate for previous abuse/neglect reflects. (Michigan Kids Count Report, 1997.) I realize now that advocating for the safety of children demands a willingness to challenge accepted philosophies and resist administrative pressure to maintain children in their own families.

Despite my frustration with the child protection system, I am aware, as time passes, that my anger is just a masquerade for my own sadness and fear. The anger guards my heart, protecting it from the grief that I fear will

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consume me. I am flooded with feelings, as the stiffened child's image within my mind's eye resurrects the tragically familiar faces of other abused and neglected children.

There are blatant societal messages that oppose exploration of pain. It is shunned, stuffed, negated, and deemed unacceptable. Child protection professionals are encouraged to create a hardened persona that keeps the affect protected and preserves a strong inner defense against potentially harmful feelings. There is an unwillingness to let the painful stories of children enter the places of the heart. Attention becomes focused on task accomplishment, with success being determined by external goal achievement rather than attentiveness to the emotional needs of the child victim.

I find it ironic that these same professionals encourage abused/neglected children to express their emotions, the premise being that healing and recovery begin with awareness and attention to one's feelings. We tell children that recognition and acknowledgement of pain are necessary steps for inner resolution of internal and external conflict. Yet, professionals are so reluctant to embrace such a process for themselves for fear of losing control of their emotional life.

There is an old tradition within the Native American culture of a designated "sin-eater" within each tribe. It is the responsibility of the sin-eater to eat the sins of tribal members before their death. This process ensures that the dying member is freed from sin and will be welcomed into the afterlife. The sin-eater thus becomes a key figure within the tribe, yet, is often ostracized because no one wants to associate with him for fear that they themselves will be contaminated by the sins of others. Sin-eaters struggle for ways to participate in the society without accentuating tribal fears, and silence is the primary mechanism for sin-eater survival.

The sin-eater story provides an excellent insight into the expectations brought to bear on child welfare professionals: fulfill the responsibilities of protecting children but do not challenge or expose society's physical and/or psychological practices that contribute to the abuse/neglect or jeopardize the well being of children. Societal ignorance of the emotional and psychological consequences of child abuse/neglect serve to reinforce affect denial amongst professionals, which ensures continuance of the high burnout rate and substantial staff turnover.

Professional survival in child protection demands a strategy for coping with the painful realities that society seeks to ignore. Personal distraction, like one too many beers, or repression, burying the wounds so deeply that nothing is felt, often enable one to sleep at night and come to work another day. Unfortunately, the by-products of these defenses are energy depletion, physical illness, and emotional withdrawal, not only within the professional realm, but in one's personal life as well.

Stress management is considered by many to be a healthy alternative. It provides temporary relief by diverting attention from the pain to a self-care plan with a concentration on relaxation. The goal is to draw boundaries around professional interactions to ensure that one's personal life is protected from unwanted images and thoughts generated by painful encounters. Yet, the emotional intensity experienced in such serious incidents cannot be contained, and it frequently intrudes into the hallowed spaces of personal life. Stress management provides no answers to the haunting questions that surface from senseless tragedies involving children. It functions as a form of benign escape.

Intervening in the lives of abused/neglected children has challenged the very essence of my personal beliefs and worldview. Easy answers from the pulpit, rational explanations, and self-medication deny recognition of the deep grief that swells in the heart. There are no acceptable answers that mitigate the pain.

I return again in my mind's eye to the child's body on the gurney. I no longer can offer her safety. It is too late for her. My many years in Child Protective Services have taught me that life can be unfair and cruel, even to the most undeserving. The death now before me confirms this belief. As the question surfaces, "Why did this happen?" I can answer only "Because it did." No explanations or rationalizations — just gut wrenching honesty.

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