**‘Invisible Children? How attachment theory and evidenced-based procedures can bring to light the hidden experience of children at risk from their parents**

Ben Grey, and Jeremy Gunson

**Introduction**

Child death enquiries over the last 50 years have questioned why what became fatal maltreatment of children has often remained undetected, and thus these children’s lives and experience rendered invisible to the professionals who saw and worked with them. In the UK, the Serious Case Review of Daniel Pelka (Lock 2013), a 4-year-old murdered by his mother and partner, highlighted the ‘invisibility’ of the child, and the failure to question the parental construction of the child’s difficulties. These criticisms echoed those made a decade earlier, in the case of 8-year-old Victoria Climbie, murdered by her great aunt and her partner in February 2000. Lord Laming (2003), who headed the UK Government’s Victoria Climbie Inquiry, puzzled how Victoria could die “*abandoned, unheard, and unnoticed*” (p.2), despite significant professional involvement from a wide variety of agencies. The same criticisms emerge repeatedly from a long history of such investigations, suggesting the need to dig a little deeper, resisting the perennial pressure to find someone to blame, looking beyond the conduct of individuals or even agencies.

Attachment theory offers a lens to explain how children, parents and professionals may defensively distort and exclude information in response to danger. This chapter will:

1. examine the operation of these defensive processes at three levels; the child, parent/caregivers and the agency.
2. show how understanding of these processes can illuminate the lives and experience of children that might otherwise remain hidden
3. offer suggestions as to what practice informed by this perspective might look like.

The authors belong to a multi-agency working group in the UK, collaborating on the use of audio and video recorded procedures that assess attachment in work supporting struggling or ‘at risk’ families. Using video analysis to look at the minutiae of parent-child interaction can identify incongruities that reveal a mismatch between the child’s overt presentation and actual experience, highlighting how some children have developed a ‘false positive’ self at odds with their traumatised experience. Similarly, careful analysis of an interview with the parent about their child and parenting can bring to light the ‘script’ or ‘story’ through which the child’s experience is being filtered, distorted in extreme cases, and potentially missed by professionals. At the organisational level, we argue that attention to issues of safety and threat in the context within which professionals operate, can create the kind of environment where the experience of maltreated children can be properly ‘heard’.

Along with the cases of Daniel and Victoria, we illustrate this with the example of 3-month-old Chloe and her mother Sally. Sally and Chloe’s story is drawn from the work of the first author, who was employed by a charitable organisation that ran a residential unit to assess families where there were significant concerns, alongside other projects supporting children and their families. Sally attended the unit with her daughter, Chloe, a process that involved living in a small flat (one of 9 that comprised the unit) monitored by staff, and attending parent education and support groups offered to Sally and the other residents.

The referral was due to concerns about Sally’s parenting skills, as her four older children had been removed from her care because of physical abuse, neglect and emotional harm. All referrals to the unit came through the family courts, who were simultaneously deciding on Chloe’s long-term future. Sally was felt to be in a more stable situation than when she had parented her older children, and her new circumstances warranted closer evaluation.

The first author ran another team belonging to same agency that ran the residential unit, but separately located. This team used procedures that examine attachment relationships in depth, to assist and support the work of different projects the agency was engaged in, including the residential unit Chloe and Sally attended.

Chloe was not at the same level of risk as Victoria and Daniel, but some of the same issues arose in this case, leading to an unsatisfactory conclusion, where concerns identified were not fully addressed. However, embedded in this case are lessons as to how it is possible to ‘hear’ the voice of the child and make her experience visible to all.

**Invisible Child – Invisible Risk**: **Using attachment procedures to bring hidden patterns of relating to light**

**Defensive Exclusion of Information**

John Bowlby described the process of ‘defensive exclusion’, where individuals exclude from conscious awareness what will cause them to suffer (Bowlby, 1982). All human beings need their relationships to survive, so are acutely responsive to issues of safety and threat within them. From birth, infants make meaning from their interactions with their primary attachment figures and this “*shapes their ongoing engagement with the world”* (Tronick & Beeghly, 2011, p. 1) We need to respond quickly to threat, so each one of us learns to attend more closely to what makes us safer (or feel safer) and ignore what is ‘irrelevant’. Our experience, therefore, gives us a more or less distorted lens through which our present interaction with the world is filtered. Recent neuroscience suggests that this begins at a basic physiological level, with our body being attuned to signs of safety or danger in the environment, and managing our level of physiological arousal in response; ‘up-regulating’ or mobilising us to prepare for ‘flight or fight’; shutting us down (a ‘freeze’ reaction); or when we perceive safety, maintaining a moderate state capable of social engagement, caregiving and intimacy (Porges, 2017; Porges & Furman, 2011).

**Child Attachment Patterns and Hidden Risk**

‘Patterns of attachment’ can be seen as the mental and behavioural strategies children and adults use to shape their life and relationships in response to threat (Ainsworth, Blehar, Waters, & Wall, 1978; Crittenden, 2005). Evolutionary speaking, danger rather than safety is the dominant human condition (Crittenden 2016). From birth, children are active partners in their relationships. They are not simply recipients of what is done to them, they are co-creators in reciprocity with their attachment figures (Beebe, Lachmann, Markese, & Bahrick, 2012). One of the key ways in which such patterns differ is how the child attends to and expresses negative affect (feelings such as anger, fear, and desire for comfort). These feelings motivate self-protective responses (for example; fighting off danger, running away, or seeking comfort from others). These responses shape the relationships with the adults around the child, whether their sibling, parent, or the professionals supporting their family.

Using attachment theory constructs, some children (seen has having an ‘ambivalent’, ‘coercive’, or ‘Type C’, attachment pattern) exaggerate their negative feelings and demands of others (Ainsworth et al., 1978; Crittenden, 2016). They are especially afraid of invisibility; being overlooked by carers whose focus is elsewhere. As a result, the children do everything they can to make their voice heard and compel a response from those around them. However, even here the seemingly outrageous behaviour of these children can lead to their actual experience being discounted. Sometimes professionals become inured to ever-present and unresolvable problems these children present with, and in doing so become desensitised to the risk inherent in their relationships with their attachment figures. They may assume too readily that neither they, nor their parents, would ever do anything ‘really serious’, and overlook the experience and risks the child may be subject to.

We wish however, to highlight the impact of attachment patterns labelled as ‘avoidant’, in extreme cases ‘compulsive’, or ‘Type A’ (Crittenden 2016). Children, with avoidant styles of attachment (and the adults they become) inhibit the expression of negative feelings. Children with these patterns of behaviours, originally learnt and had reinforced as adaptive with the context of some family environments, have learnt that any overt expression of their emotional needs may lead to increased punishment, or withdrawal/abandonment by carers. Some children project a *false positive self* to please angry or withdrawn carers (Crittenden, Kozlowska, & Landini, 2010; Farnfield, 2014, 2016). Care-taking of depressed, neglecting parents also aids as a survival response to prevent further abandonment or abuse. These children need their true emotional experiences to be invisible. Being noticed by showing their anger or distress could provoke harsh/abusive responses by caregivers, or further neglect and withdrawal. Being overlooked is usually the safest path.

The West African child Victoria Climbie was sent to live with her aunt in the UK by her parents to increase her life opportunities. Tragically, Karl Manning, her aunt’s boyfriend, abused her, and together with her aunt was convicted of her murder. In his trial he:

*‘admitted that at times he would hit Victoria with a bicycle chain. Chillingly, he said, “You could beat her and she wouldn’t cry ... she could take the beatings and the pain like anything.”* (Laming, 2003, p.1).

Renowned, UK child psychotherapist and author, Margaret Rustin analysed the tragedy of Victoria Climbie, arguing that the states of mind of abused children, and those of the professionals who came into contact with them, *“we need to understand … in terms of defences against extreme mental pain”* (Rustin 2005). For Victoria Climbie, the fear of abandonment created in part by her displacement from her childhood home as well as frequent moves subsequently, was manipulated by her carers:

“*This fundamental fear probably played a part in her frantic efforts to please [her great aunt] by her behaviour.”* (Rustin 2005, p.14)

Even more than this, an abused child learns to project the kind of self that the parent needs from them. This might the dutiful, almost servile, extra-obedient self; acquiescent as the extra-helpful ‘little parent’. Children surviving in abusive households become self-sufficient and overly independent children. They also show other signs, such as being indiscriminately affectionate, or focussed on offering adults physical or emotional reassurance in a role reversed relationship. These survival adaptations are frequently found in fatal or extreme child abuse, because they are commonly missed by professionals, leaving the child unprotected and allowing the abuse to continue unhindered. The same behaviour designed to shut down and deflect abusive parental attention for the child, also serves to deflect potentially protective professional attention. Professionals are too often reassured by the child’s adult-pleasing behaviour. For example, her childminder’s adult son noted how:

*Victoria had the most beautiful smile that lit up the room.”*

(quoted by Laming, 2003, p. 1), and in hospital, Nurse Sue Jennings observed Victoria:

‘*twirling up and down the ward. She was a very friendly and happy child.*’ (Laming, 2003, p.2)

All these observations occurred whilst Victoria was also receiving some of the worst child abuse imaginable:

‘*living and sleeping in a bath in an unheated bathroom, bound hand and foot inside a bin bag, lying in her own urine and faeces’* (Laming, 2003, p.1).

The critical point here is that these two extreme accounts of Victoria’s behaviour are related to each other; Victoria’s extreme dissociation from her own experience and her carefree presentation, were a direct product of her ongoing brutal abuse.

**Identifying Attachment Patterns**

This of course raises the question of how the experience of children like Victoria can be made visible. Can the process by which frightened children like Victoria learn to inhibit their pain be observed, and can professionals be taught to perceive it, as well as to question the child’s ‘happy’ exterior?

Greater professional awareness of non-verbal yet disturbed behavioural patterns, along with training in some of the signifier behaviours of these patterns would be starting point. However, a range of assessment procedures, together with formal training in their ‘classification’, or interpretation already exist to identify these patterns in children. For children the age that Victoria (8 years) and Daniel (4 years) were, child story stems, where the child is asked to complete attachment related story beginnings using dolls of figures, can offer a unique window into the inner experience of these children (Emde, Wolf, & Oppenheim, 2003; Farnfield, 2016; Green, Stanley, & Peters, 2007; Hodges & Steele, 2000). These researchers found that careful analysis of the child’s discourse and behaviour in the task can give the child’s distress a ‘voice’, and, potentially, their trauma also.

**Sally and Chloe - Case Example:**

Continuing the story of Sally and her 3-month daughter Chloe, a video based assessment of parent-child interaction called the CARE-Index was used to gain an understanding of their relationship, as Chloe was too young to put her experience into words. The CARE-Index was developed by Patricia Crittenden initially under the tutelage of Mary Ainsworth, whose pioneering work first identified the attachment patterns we have been speaking of. The CARE-Index has been widely researched, with over 40 publications attesting to its value in assessing both risk and strengths in parent-child interaction (see Farnfield, , Nørbech, & Sahhar, 2010; Hautamäki 2014).

The CARE-Index was chosen as it uniquely provides indicators able to identify from birth, the beginnings of a child’s inhibition and development of the ‘false self’ we have been describing. The CARE-Index examines attachment relationships by seeing how the parent regulates her child’s affect in when engaged in a short (3-minute) free play interaction. In order for infants and young children to be able to play freely, the parent needs to help the child regulate their level of emotional arousal (internal states) to the point where the child is comfortable and alert. Playfulness and creative exploration is not possible in a state of high agitation or extreme low arousal (Porges 2017). The state engaged attentiveness is only achieved, however, when the child feels safe and unthreatened: i.e. when their attachment system is not activated by distress. However, the presence of a stranger filming the play can make both child and parent anxious. By observing how the dyad negotiates this experience, the child’s pattern of attachment (or pre-attachment behaviour, in the case of young babies) usually becomes visible.

As part of the Residential unit’s standard process of assessment, Sally and Chloe’s CARE-index was filmed in the second week of their stay. The resulting video was then analysed by a practitioner trained in the procedure, raising the following concerns:

* When the film was reviewed carefully in slow motion, it shows Sally actually *twisting three month old Chloe’s arm* in a painful manner. Chloe makes no protest, and the chat between Sally and the staff member continues, suggesting that this action was not picked up by the professional observers.
* After this point Chloe ‘zoned out’; although she must have been in pain, Chloe inhibited her response to such an extreme level, that she shut down completely. She was observed to smile, but her eyes were shut, and she was not looking at her mother.
* Despite the mother offering stimulating play and using an apparently pleasant tone of voice, Sally appeared to use subtle coercion to press Chloe to perform for the camera. When Chloe could/would not give the response her mother desired, Sally became increasingly tense; her attempts to stimulate Chloe became agitated, and unpleasant for her daughter.

Chloe’s lack of protest, suggests she had already begun to inhibit her natural pain reflex as well as her distress; even showing early signs of ‘false positive affect’. She is seen on film as smiling when she is simultaneously frightened and in pain. These behaviours are commonly the early antecedents of a compulsive pattern of attachment (i.e. the development of an ‘false self’ to mask internal distress). For this mother and her daughter, unaccustomed to playing in the manner required of them, the direction for them to have free play introduced a problem for Chloe. Whilst Sally thought she knew what the observers wanted, Chloe did not. Chloe could not meet the expectations of her mother, and was covertly punished for it. To survive the experience, Chloe already had developed the capacity to shut down her physical and emotional responses, so as not to invite further punishment. Although Sally’s behaviour was distressing to observe, it is Chloe’s adaptive impulse to a toxic relationship that was even more disturbing. It demonstrates a powerful and primitive defence response in a very young infant. As Porges’ research has demonstrated (see Porges 2017), the state of being in severe threat without the possibility of escape can activate the body’s immobilisation system, slowing the heart rate, and enabling stillness. Evolutionary speaking, this is a ‘death feigning’ response, but in the context of her relationship with Sally, Chloe is ensuring that she is not offering her mother anything her mother might interpret as a threat. As a result, Chloe has already learnt to inhibit severe pain, the most urgent of attachment signals.

Analysis of the CARE-Index enabled us to detect Chloe’s actual pain; enabling her distress to be seen, and given a ‘voice’ unheard by the adults with her. Without the ability to examine Chloe’s responses carefully, the professionals around her misinterpreted Chloe’s inhibition. They assumed they had evidence of a pleasurable (or at least safe) interaction from Chloe’s occasional smiles to her mother’s apparent social engagement., Chloe’s terror and pain might have been forever missed, were the interaction not available to later video analysis.

The Meaning of the Child Interview: Seeing the child behind the story

All living organisms interpret and make meaning from their environment, and those that are most successful, evolutionary speaking, do so in order to develop flexible and adaptable survival strategies in an ever-changing world (Tronick and Beeghly 2011, Crittenden & Landini, 2015). The human brain learns to attribute significance to information in the environment, and to what carries the promise of safety or indicates danger. In most cases, our need to protect ourselves is instinctively extended to our offspring (George & Solomon, 2008). However, parents who themselves have experienced significant danger can misread their environment, and either under or over represent danger for both themselves and their child. Hypervigilant to threat, they can also distort the meaning of a child’s protest and come to view their child as a danger to them, and so respond to protect themselves *from their child*. All of this can distort the way in which parents perceive and give meaning to their child’s experience. In their classic study of fatal child abuse, Reder and Duncan (1999) write:

“*It was as though the children had acquired an undeclared script or blueprint for their life that submerged their personal identity or personal characteristics, and this meaning came to dominate the parent-child relationship... The children became “actors in someone else’s play.”* (p. 71)

When professionals, distort or misinterpret signs, they too can be recruited into the disturbed parent’s overriding ‘story’ of the child. For example, in the case of 4-year-old Daniel Pelka, professionals failed to challenge the ‘script’ of Daniel as a child with medical problems and see him instead as at risk of harm. Daniel was the middle child of a family who came to the UK from Poland in 2005. He was found to be malnourished, had an acute subdural haematoma to the side of his head, and further evidence of deliberate neglect and physical abuse. However, his mother presented as plausible and caring parent:

“*Her manipulation, avoidance of contact with practitioners, deceit and actions … were not recognised for what they were, and her presenting image was too readily accepted… [Her] apparent good care of the other children … [gave] a false reassurance that Daniel’s problems were not related to abuse.”* (Lock 2013, p70).

Daniel’s eating and scavenging for food were too readily assumed and treated as a medical issue, labelled as his ‘*obsession*’: a problem intrinsic to Daniel. This was in stark contrast to the reality that starvation led him to scavenging, which was the result of his deprived environment and lack of care.

When professionals unquestioningly accept “a story”, it enables abusing parents to construct a ‘blueprint’ for how the child is perceived. The central question for professionals is to ensure that this potential does not lead them to overlook the child’s true identity and experience, building in opportunities for the child to ‘re-emerge’ and be discovered. We have used the Meaning of the Child Interview (MotC: Grey & Farnfield, 2017a & b) as a means of making this process visible. This tool involves careful analysis of a semi-structured interview with the parent. Interviews are assessed by examining how parents talk about their child, describe their relationship with their child, and think about their parenting. The MotC was developed within and for clinical practice with families like Sally and Chloe, and is particularly sensitive to understanding different kinds of risk in parent-child relationships.

Critically, however, the focus of analysis is *the process* by which the parent interprets the child’s experience, rather than simply the cognitive content of what the parent ‘knows’ about the child and parenting in general. The method of interview analysis draws upon the rich vein of research using the Adult Attachment Interview (AAI), which has established a link between the narrative coherence of the story being told about the individual’s attachment relationships, and the adults actual attachment security (Hesse, 2016).

The Meaning of the Child Interview’s process of analysis directs the attention of those trained in it, to the sensory ‘images’ occurring in parents’ descriptions of their experience. Images (of sight, sound, taste, smell, and touch) are how the brain holds information as to the feelings associated with a particular event, in particular those associated with either safety or danger (Crittenden & Landini, 2011, based on the work of Damasio, 2003 and Schachter & Tulving, 1994). When embedded in speech they give an indication of how the speaker feels about the child. Warm images, described in context, are evidence of a felt connection to a child. By contrast, evocative and powerful images of danger can evidence the parents’ perception of the child as a threat, or failure to regulate themselves around the child. A lack of images where they might be expected can evidence the parents being ‘shut down’, and disconnected from both their own experience, and that of the child.

Similarly, close attention is paid to the mental states the parent ascribes to the child. The use of an interview transcripts allows analysis of whether the manner in which the parent ‘constructs’ the inner world of the child is congruent with context offered (i.e. makes psychological sense), and fits what the nature of the parents’ language and images reveals about the parents’ emotional state. It is also possible to assess the extent to which the parent is flexible and regulated enough to consider multiple possible interpretations of the child’s behaviour, and so select the most life enhancing one. Alternatively, parents may be seen as clinging doggedly to one particular understanding that serves their own psychological need or be unable to consider the child’s or their own internal states altogether. The body of research into the mentalising ability of parents attests to the importance of being able to give credible meaning to the child’s experience (and the experience of parenting), in order for the parent to stay emotionally regulated around the child; respond meaningfully to the child’s signals of need; help the child manage and regulate their own affect; and repair ruptures in the parent-child relationship (Grey & Farnfield, 2017; Grienenberger & Slade, 2002; Slade, 2005; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005).

The lens through which the child is perceived and treated becomes the object of assessment and analysis, minimising the chances of the professional(s) uncritically adopting the parents’ script, and interpreting the child’s behaviour solely from within this framework, as occurred so tragically in the case of Daniel Pelka. Making this process visible using assessment procedures like the MotC enables proper consideration of alternative perspectives; and the child’s experience of the parent-child relationship can take centre stage.

Meaning of the Child Interview

A couple of weeks after the CARE-Index was filmed, Sally undertook the Meaning of the Child interview (MotC). At this stage, unlike the CARE-Index, the MotC was only being piloted in the unit, but anxious to prove herself, Sally engaged in it willingly. Afterwards, the interview material was classified separately and without reference to the CARE-Index. However, both methods indicated similar risk. Sally’s narrative about Chloe and their relationships appeared to be driven by her need for validation and her conflict with others. Her discourse subtly, but powerfully invited the listener to collude with Sally’s perspective, or face Sally’s rejection and disengagement. In this process, Chloe’s experience of her mother, as someone who both fears her daughter’s rejection, and needs Chloe to support and validate her mother, could be easily missed.

The evidence for this came from a pattern of covert hostility observed in the interview towards the child, interviewer, other parents, and the residential unit. More specifically, this was characterised by:

* ***Apparent cooperation:*** Sally’s superficial cooperation with the interview (and the residential unit more generally)was undermined by subtle complaints and mocking of others, as well as self-justifying comments.
* ***Triangulation:*** Sally’s narrative style created others either into allies who echoed her perspective, or enemies who were rejected or put down with hostility. She could not reflect upon other people’s perspectives to challenge or widen her own. Sally’s perceptions of Chloe were skewed by this process, limiting her ability to see Chloe in her own right, rather than a vehicle to enable her indirectly to attack viewpoints she felt were a threat.
* ***Incongruities between direct assertions, and expressed affect***: Positive, generalised, statements about Chloe were undermined by hostile and belittling images, negative evocative language, and teasing humour. The images in Sally’s transcript were extremely intense and almost always signified or contained a strong element of threat or desperate need, rather than comfortable intimacy.
* ***Enmeshed Thinking:*** Sally’s own needs and feelings were inappropriately ‘read into’ her baby’s mind. Sally’s understanding of her baby’s experience was distorted by her own feelings of hostility towards and rejection by others.
* ***Unresolved Trauma:*** Sally’s own traumatic experience was irrationally ‘mixed up’ with how she perceived the internal life of her baby, for whom it was irrelevant.

**Creating A Secure Base of Interagency Cooperation and Exploration**

Safety and Threat in Interagency Work

In the Victoria Climbie Inquiry by Lord Laming (2003) into the circumstances surrounding her death, much attention is given to trying to make sense of how numerous agencies had contact with Victoria prior to her death, but none of them were able to collaborate in a way that they could comprehend what was happening to Victoria. Without a deeper ability to understand what is going on within and between organisations, Lord Laming inevitably leaned towards blaming individuals and organisational cultures in ways that are unlikely to support lasting change, as evidenced by similar criticisms across later reports (for example, that into Daniel Pelka’s death some 10 years later). We suggest that the insights of attachment theory applied to a professional context might have assisted.

How threat is perceived, and thus responded to will be both individually mediated and also heavily influenced by their workplaces. For example, what kind of reflective supervision, (as distinct from administrative supervision) is offered (see Chapter \_ )? How, if at all, does the organisation or agency manages its own anxiety? Rustin (2005) noted, professional ‘malpractice’ in Victoria’s case was directly related to the disturbing impact of the situation they were trying to manage:

“*Feelings of helplessness, of dependence and deference to authorities, of not knowing enough, of sticking to rules mindlessly like a terrorized child (indeed like Victoria herself …), of fear and of wanting to return to the ‘normal’ world as soon as possible predominate[d]*” (p.13).

Emanuel (2002) noted how powerful dilemmas and associated anxiety surrounding disturbance in a child’s relationships may be reflected in professional behaviour within the agencies supporting the family. She argues that without possessing a ‘secure base’ within the agency in which the worker is situated, the conflict between putting the child’s needs and responding to the powerful needs of the birth parents can become intolerable, leading to lack of clarity and inaction.

There is at least a danger therefore, that without adequate psychological supervision that recognises the level of trauma that child protection workers encounter, defensive information processing may parallel the attachment style of the relationships under scrutiny, or at least become equally distorted in response. Agencies may themselves have developed cultures that reflect these same processes.

The case planning process may promote an ideal or exaggerated desire for a ‘happy ever after’ outcome, leading to overlooking warning signals. This unrealistic dynamic may echo vulnerable parent/caregiver’s ‘avoidant’ or ‘dismissing’ attachment patterns. It also may lead to professionals becoming embroiled in conflict, where battles for hierarchy and dominance obscure focus on the child’s experience (echoing ambivalent or dismissing patterns). As a result, complex power struggles in which territorial disputes between professionals, services or agencies may become centre stage. Conversely, strict adherence to policies and practices may also unwittingly obscure the child’s experience. Sometimes these take on or reflect the characteristics of the trauma within the family, so that the boundaries between professional and client conflict and dysfunction are blurred, and the feelings of threat in both the family and the professional network are intensified. The ensuing confusion, assertions of who might be best qualified, or who is to blame, risks losing sight of the experience of the child amidst the dust of professional insecurity.

Blaming and scapegoating professionals creates conditions where defensiveness thrive. Children explore and discover, when safe in the knowledge that they can return to a secure base. This is the same for professionals; they need to take some risks. They also need to be outside their comfort zone at times so as not be inducted uncritically into a parent’s narrative. Allowing ourselves to feel emotionally unsafe and becoming aware of it might give us a clue to the child’s experience.

Sally, Chloe and the impact of organisational defensiveness

The work with Sally and Chloe was regrettably undermined by these very issues. The attachment assessment procedures were carried out by a separate team working for the same agency, but located and managed elsewhere. Many residential workers resented and even felt threatened by this intrusion from a team perceived as ‘outside’, self-styled, ‘experts’. The organisation’s central management had recently made it known they wished to reform the residential unit, to better integrate the attachment informed assessment with the day-to-day operation of the unit. However, in the short term, this led to the attachment work with Sally and Chloe being perceived as challenging the residential workers’ own skills and status.

Sally’s pattern of covert hostility, following the form and rules of the residential unit, forming alliances with certain staff members, whilst defensively avoiding reflection on her parenting of Chloe, fed into this, exploiting pre-existing hierarchies and grievances within the residential unit itself. As a result, Sally and Chloe concluded their assessment, and went home without our serious concerns being properly addressed. A report was provided to court that did allow the concerns about Chloe’s experience to have a voice. However, the report was separate to the one prepared by the residential unit, and lacked the evidential power of a unified, coordinated, and coherent approach and narrative. As a result, Chloe’s voice and experience was not truly heard by the family court decision makers.

**Conclusion**

We suggest that attention to how children, parents, and organisations respond to threat can create conditions where children’s hidden and obscured experience can have a voice. Victoria Climbie’s tragic history illustrated how professionals could be misled by a child’s ‘happy’ exterior, a presentation actually created by her brutalised and terrorised experience. This could be made visible with the use of procedures like Story Stems and the CARE-index and better training of professionals in these presentations. Daniel’s case showed how parents can be inadvertently and uncritically recruited into the parent’s construction of the situation, one that framed Daniel rather than his abusive circumstances as the problem. Use of tools like the Meaning of the Child Interview can allow this to be questioned and the child’s experience to re-emerge. The story of Sally and Chloe sadly illustrates how even good practice in this area can be undermined by issues of organisational threat and conflict, drowning out attempts to make the child’s voice centre stage. We argue that it is only with sustained and thought out attention to each and all of these issues that the ‘hidden’ lives of children in danger from their parents can truly be made visible.

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