

# Department of Abuse and Neglect - A Confusion of Tongues in Chicago Child Welfare

Jim Grabowski, MA, LCPC

Faculty, Chicago Institute for Psychoanalysis, Child Psychotherapy Program and the  
Institute for Clinical Social Work

2132 W Roscoe, 2<sup>nd</sup> Floor  
Chicago, IL 60618 USA

Starting in 2005, a state of Illinois department hired clinicians working at a private agency to assess the families of young children entering foster care. This writer wrote 54 comprehensive assessments and later supervised the completion of over 400 additional reports. In his last two years on the project, he worked as the primary liaison between the Department and the clinical team at the private agency.

In reviewing this project, one can witness the phenomenon of parallel process enacted. Specifically - a relational dynamic of abuser and abused reflected first in multiple dyads within the family, and second, between the clinicians writing the reports and the state administrators who oversaw the project. Dynamics of control, depersonalization and dissociated hostility - all elements of severe abuse - were evident in these parallel relationships.

Also enacted between clinicians and state administrators ["the Department"] was a conflict between exposure and covering, seeing and not-seeing, speaking and silencing. The reports chronicled traumatic experiences of both the children and the parents involved in the state child welfare system. The children had come into care following severe maltreatment, such as infants with multiple broken bones, severe burns, and lacking medical care for these injuries. Trauma and its companion, dissociation, could be observed in the total experiences of the professionals working on this assessment project. Trauma imposed itself on the thoughts, affects, behavior, object relations, and their bodies. And dissociation could be seen to jump from one pair to another working in parallel, unless there was a conscious effort to resist this force.

The conflict between seeing and dissociation experienced intrapsychically could also be observed in the behavior of individuals working in groups. The clinicians sought to make evident the information gathered in the interviews and assessment, to make reasonable inferences from this information, and to lay out predictable consequences if the child were to be returned to their family. The purpose of this writing was to support decisions being made in the best interest of the child and family. State administrators acted in multiple ways to limit

the information the clinicians included in the reports. Some of the meanings of the actions by both clinicians and administrators were conscious. Other meanings remained unconscious at the time, and became clear only after a lengthy period of reflection after the project ended in 2010.

During this work project, two affects that were experienced by the participants were anger and fear. These were felt by the clinicians and were also observable in the actions of the state administrators. Anger and fear are also elements of an abusive relationship. As with the activities and defenses observed during this project, the feelings experienced had both conscious and unconscious aspects and meanings.

Below, what follows is a description of the structural and clinical aspects of the program. The political and economic context of the assessment project is also recognized.

The clinicians on the assessment team used the theory of Infant Mental Health, a psychoanalytic theory that incorporates knowledge of developmental psychology, specifically of the early parent child relationship. It could be thus said to be an Object Relations theory, incorporating infant observation and psychoanalytic data. As a practice, Infant Mental Health developed from the work of Selma Fraiberg in Michigan. Below I sketch some of the foundational theoretical assumptions in the assessment group's work.

Children have basic, minimum needs that must be met if they are to grow and develop in a healthy way. Thus we consider the role of external reality, in addition to our interest in internal or psychological reality. The external reality that surrounds our bodies includes our early connections with others. In Freud's model of a mind that is built on top of a body, and strongly influenced by the body's impulses and instincts, we can read a theme of mental energy directed toward important others. Freud was interested in the blockages, conflicts, and perversions of that flow as he observed them in his patients and in himself. An interest in one's struggle to mediate between the internal and the external, and the mechanisms of defense against awareness was elaborated by Anna Freud. Heinz Hartmann identified an "average expectable environment" which would be sufficient to allow a child's maturational process to unfold. Winnicott believed parents provide a human environment that facilitates development of child's maturational process. Parents are "good enough" when they can sufficiently contain their own impulses and see their child realistically, as a dependent person in their own right. Additional facets of early development and its relational context are elaborated in Mahler's description of a move towards independence, Bowlby's interest in a child's experience of security in their relationships and the world, and Daniel Stern's and Heinz Kohut's separate views of the development of a sense of a cohesive and integrated sense of oneself. Viewed as diverse literary traditions, each with its own interpretive community, rather than competing scientific hypotheses, we can take in these and other ideas to sketch a picture of an adequate setting for healthy psychological growth.

Adequate parental capacities are built upon a foundation of seeing the child realistically and acting in a way appropriate to their needs. These include:

- A. To see one's child as a person, with valid needs and basic rights.
- B. To see one's child as separate, and not an extension of one's self.
- C. To know that the child is not a representative or symbol of the parts of yourself that bother you.
- D. To know that the child is not a representative of a person who mistreated you in the past.
- E. To see the child as capable of suffering, and as someone who is developing a sense of themselves, who looks to you for confirmation of their worth, and who is developing their own ideas of how relationships and the world works.

These are not easy tasks, and they are never perfectly attained. They are more difficult because the role of parent evokes one's memories of one's own childhood and the care that was received. Thus, parenting tasks are harder for parents with their own history of severe maltreatment because the role of parent exposes them to the associated feelings and self states. The parents we interviewed in this project often had in common experiences of severe abuse and neglect, and these experiences were often observed to play out in their own care of their children, as described below.

Only the most severe cases were referred to our assessment program, because referral was preceded by a filtering procedure that ruled out most cases. Of the 1.5 million households in Illinois with children, there are approximately 250,000 telephoned reports of maltreatment made to the state hotline annually. These calls are to report on suspicions of abuse of approximately 110,000 children, as there can be multiple calls for the same child. [One call can also be on the behalf of more than one child.] Of the seven percent of children [110K/ 1.5mil] who are reported to have experienced abuse, 80,000 to 90,000 of the cases are Unfounded, which means an investigator found no evidence of maltreatment that would cause moderate or severe harm. Of the remaining 20,000-30,000 children with Indicated reports, most are allowed to remain in their home with their parent, with services recommended but not required. In many of these "Intact Family" cases, the parent was able to cooperate with investigators to make a plan on behalf of their child. These families were not referred to our program. Thus, in the cases referred to us, which represent a very small portion of calls reporting suspected maltreatment, we rarely found evidence in our interviews and assessments of an intact protective capacity, as parents whose protective selves could be activated were ruled out. The cases were characterized by maltreatment that left a visible effect, such as damage to the body, and a parent who did not cooperate with the investigators to take steps toward a remedy for the maltreatment, such as a safety plan.

Annually, approximately 4,700 children are taken into protective custody in our state. A little more than half [2,700] are age birth through five. One third [1,500] are from Cook County, one of the largest municipalities in the United States, which includes Chicago and the surrounding suburbs.

Interviews with parents revealed common themes in their histories. Parents who were present for an interview typically reported experiences of severe maltreatment themselves. They often had few or no reliable caregivers, experienced poverty, violence, racism, and had survived in part through dissociative defenses. Feelings of rage were often dissociated from consciousness, and were acted out in their relationships, including with dependent children. The psychological motivation for this behavior, the effects of it, and the reality of it were not apparently conscious. Parents often saw no need to engage in a therapeutic process to make these underlying factors conscious. Consequently, a child in their care was at the highest risk for subsequent severe maltreatment.

Many of the life experiences of the parents we interviewed are consistent with experiences that may cause trauma. Traumatic experiences are those that completely overwhelm one's capacity to perceive reality, to experience life as continuous, and to contain feelings and thoughts. If Basic Trust in the world is a foundation for mental health, trauma can shatter that trust in the world. The parent-child relationship is the foundation for a sense of security, of basic trust, and a parent-child relationship dominated by maltreatment can be associated with a rupture in one's experience of going-on-being, as well as risks for healthy development.

Rather than an affirmation of worth, maltreatment can interject experiences of worthlessness into the child's emerging sense of themselves. Maltreatment in the parent-child relationship can interfere with subsequent relationships, because the hostile self and object configuration is transferred from the unconscious onto present day relationships.

A common defense against trauma is dissociation. Dissociation can protect an individual from the painful feelings connected with maltreatment by others, particularly by loved caregivers, by pushing this pain out of awareness. Specifically, a victim of maltreatment may dissociate the following:

- A. Overwhelming fear and terror,
- B. An image of the loving parent as also capable of horrific acts,
- C. An image of the self as unworthy, as deserving of punishment,
- D. An image of the self as lovable alongside the reality of having been mistreated,
- E. Rage at feeling powerless to stop the abuse.

Although a dissociative defense can offer the relief from unbearable states and a chance for personal survival, there are also great costs. Dissociated rage can be acted out against others, including one's child, without the actor's full awareness of their behavior. Further, the

consequences of one's hostile acts may also be pushed out of awareness. This could include, for example, a disconnection from awareness of the consequences of using toxic substances while having unprotected sex. If we believe that increased insight is one ingredient in the move toward mental health and repair, then dissociation presents an obstacle to that insight, while also providing an essential protective function.

The parents referred to our program often demonstrated a lack of insight in their interviews, particularly a lack of insight regarding the effects of their behavior on their child. Many also demonstrated complete denial of their actions, blaming investigators or doctors for the abuse. Thus, their history of traumatic experiences posed high risk for subsequent maltreating behaviors due to their unconscious rage, and diminished hope for repair due to the dissociation of knowledge of these abusive acts.

Just as abusive relationships can be structured in parallel pairs, dissociation of the abuse can also be repeated in a parallel process. We can identify several dyads which can be characterized by experiences of abuse and subsequent dissociation of that abuse. Some of these are: 1. The parent and the child, 2. The parent and their parent when they were young, 3. The parent and the clinician interviewing them, 4. the child and the clinician, 5. the clinician and the supervisor, 6. the supervisor and Department administrators, 7. the Department and society at large. We focus below on the clinical interview of the parent, and a dissociative process that can jump from the parent child relationship to the parent and clinician dyad.

Before interviewing a parent, the clinician would receive and read the investigation packet, which contained the details of the alleged maltreatment. After reading this report, the clinician might expect to encounter in the parent a monster capable of doing their worst to a defenseless child in their care. Yet the clinician often found - instead of a monster - a mistreated person, aware of aspects of their history, but cut off from their aggressive feelings and impulses. The clinician faced the challenge of contending with two opposing pulls. First, they needed to understand the point of view of the parent, and to develop a coherent understanding of how the incident of abuse came to be. Simultaneously, they also had to retain memory of the facts of the case, noting where the parent's narrative diverged from observed facts. Aware of this incompatibility, the interviewer would follow up to assess whether the parent could incorporate the facts of the maltreatment into their thinking.

Straddling the split between the parent's internal and external reality, the clinician interviewer felt the tension of holding both split off modes of consciousness in their mind at the same time. Also, the clinician interviewer had to contain and endure the painful feelings evoked by the reports of severe maltreatment to both the present-day child, and to the parent as a child.

To monitor and sustain empathy and retain a coherent understanding of how the parent came to these defenses and behavior, knowing that chronic dissociative defenses arise to

protect from trauma experiences, while also valuing the best interests of the child, was a cognitive and emotionally weighty task.

At times, the clinician interviewer, or the caseworker also attending the interview, would take on the dissociated reaction to the abuse of the parent, because it was too painful to acknowledge the reality. This identification presented a potential danger to the child if the interviewer - the writer of the official report - underestimated how difficult it would be for a parent to become able to provide a safe permanent home for their child.

To guard against the risk of the official written report being compromised by potential blind spots, a clinical supervisory structure was put into place. The clinician and supervisor pair shared an appreciation of normal development and the effects of maltreatment. They also shared an understanding and acknowledgment of the the unconscious and how dissociated feelings and memories can find expression in behavior. In a specialization of tasks, the clinician collected and reported the data. He or she was under the pressures described above to not blind themselves to the maltreatment or its consequences. The supervisor, who did not meet with the parent, was faced with less pressure to dissociate. The supervisor was therefore in a stronger position to analyze the data along with the clinician partner who retained the data in their memory. Thus the supervisory pair was structured to withstand dissociation, and can be distinguished from the parallel pair of abuser and abused.

To further guard against a dissociation or other pathological process to take root in the supervisory pair, as well as to provide group training, cases were presented in a weekly case conference to the entire team. The group presentation provided support in facing and containing the strong feelings experienced in these cases. In this way, a structure was established to guard against processes of not-seeing.

In response, counterforces of not-seeing emerged, enacted by members on the side of the state government Department that administered the program. The Department's initial reaction to the clinical team's supervisory structure was not positive. They suggested that supervision was not necessary on the project because all staff writing the reports were licensed professionals. In the United States, newly graduated mental health professionals work under the supervision of a fully licensed professional before they may work independently. However, no license can guard against the countertransference reactions described above. The Department chose not to fight the clinical team on this point, but rather took the attitude that we could use our resources as we pleased, as long as we met the quantitative expectations on the project.

Other early encounters with the Department likewise suggested that they were not our allies in the project of seeing maltreatment, but would instead take action to bring about concealment. For example, when the head of the Clinical Division reviewed an early report, she noted that it need not be so extensive, to have so much information in it with accompanying analysis. She asserted that the children in foster care did not "need a Cadillac,"

and a less comprehensive report would do. She also shared her view that the Department could not and would not meet the clinical needs of children and families as recommended in the reports. Rather it would be the role of the Department to move the children out of state care so they could receive these services.

The Division head did not order our team to withhold information from our reports. Rather she left it to us to interpret her desires and to act accordingly. If we wanted to do all that extra work, that was our choice, but we would not be able to maintain that level of quality, given the size of the workload. At some point we would choose to take shortcuts in the writing, even though that would affect the safety of the children we were writing about.

Ferenczi wrote about the parent child relationship in cases of sexual abuse. He described that in these cases the parent may not always overpower and forcibly rape their child. Rather, in a "Confusion of Tongues," they may create a condition in which the child takes in the parent's desire through an "identification with the aggressor," and experiences this frightening, alien thing as a part of itself. In our project, individuals working for the Department appear to have taken the role of the aggressor, as they took actions that would make subsequent abuse more likely, despite the fact that their job was to make it less likely. Ferenczi described the abusing parent's attitude regarding the child's experience. They dismiss the possibility of harm, reasoning "It's only a child; he will forget it all." In this and other ways described below, the Department attempted to bring our team and other clinicians across the state into this dissociated thinking about the affects of abuse on a child.

The Department avoided directing our team to suppress information in our reports, because this would have exposed them, as it was clear that withholding information would have the obvious consequence of increasing harm to the children in state care. Instead, a number of ways of not-seeing, or bureaucratic dissociative defenses, were enacted to encourage our self-censorship. We can consider the following actions as defensive moves with both conscious and unconscious aspects. These actions seemed to discourage seeing maltreatment and its effects realistically, or seeing the real risks involved in placing children in dangerous situations.

The possibly conscious aspects, such as the Department's reaction to economic and political forces, can be better understood in the context of a Federal Review that evaluated the child welfare departments in the fifty United States. The Review noted that Illinois was the 48<sup>th</sup> state to be reviewed, and the 48<sup>th</sup> state to fail. The Illinois Department failed the review on numerous criteria. There was no answer to the question of where the criteria came from, if no state had passed. To pass the multiple criteria in the next review would require tremendous changes in how the Department served children and families. It is this writer's interpretation that the Department enacted a strategy of drastically reducing the number of children in care, because this reduction would lessen the size of the task of reaching the federal goals, and would also be less costly.

Our assessment program was potentially key to Illinois receiving a passing score from the Federal government, if the assessments facilitated the return of children into the homes of their families. The primary method for knowing about the danger to a child in their parents' home was the initial report, which contained comprehensive information about risk. If the report described the risk fully, then it would provide evidence in court that made it less likely that the child would be returned to the care of their parents. It was clear that reunification goals would be impossible to reach without placing large numbers of children in known danger.

Seeing danger and maltreatment realistically thus presented a financial and political risk to the Department. It was made clear to our assessment team and to other workers in child welfare that to fail these portions of the Federal Review a second time was not an option. One conceivable solution would be to confront the federal reviewers with these realities, and convince them to alter their standards, in the best interest of the child. Instead, defensive moves to bring about not-seeing were taken.

One of the Department's strategies to entice our clinicians to not see risk was to put forth the idea that a parent did not "deserve" to lose their child. The pain of losing a child is unimaginable, and the parents interviewed had already suffered chronic trauma in their lives. By misdirecting the analysis to a judgement on the parent's worth as a person, the real danger to the child could be overlooked.

It could be argued that a clinical treatment plan could be made that addressed the needs of all family members. A child could be placed in a safe home while a parent was offered therapeutic and case management services to improve their lives. However, recommendations by the team to provide parents with psychotherapy - an intervention designed to increase insight and freedom from one's past - were scorned by the Department administrators. The Department favored short term interventions that could be successfully completed by parents physically attending and complying with rules. For example, attending a class where parenting skills were presented. These services were informational, and not designed to provide a safe space in which a parent could begin to have thoughts and feelings about their trauma and their abusive behavior towards their children.

The Department held a number of "Learning Collaboratives" - trainings where the practice of recommending therapeutic services for parents who had experienced trauma was attacked by Department representatives. The Department trainers noted that services recommended for parents should be seen as an obstacle to reunifying families, which was described as the true purpose of the program. The presenters misused quantitative screening data to support their assertion that therapy was being recommended by our team inappropriately.

Ideas about race were also used to encourage an environment of not-seeing danger. In Cook County, two thirds of the children taken into state custody were African American,



although African Americans only comprised 25% of the population. The interviews with parents provided detailed and frightening accounts of exposure to violent narratives of mistreatment. These stories could be said to represent the worst of what our society allows to happen to some groups of people. Many parents spoke of the additional pain of losing their child to state custody, and their fears of what might happen to them.

As noted above, the separation of a child from his or her family is extremely stressful, even in cases of maltreatment. For this reason, protective custody is always a last resort, and intact services are always attempted first. Often, it was argued that it was cruel to both the parent and to the child to separate them. Yet this argument rarely took into consideration the alternative, which was that the child was likely to experience subsequent maltreatment if they were to be returned to their parents. Thus an argument for racial justice advocated a lower standard of safety for Black children as it did for White children. It was argued that African American children were punished by separation and that White children were rewarded by being allowed to stay with their parents. It was true that often White children were spared the threat of separation, but this neglects the fact that being left to an environment of maltreatment is no reward.

A second racial argument was that corporal punishment is a cultural practice. This argument was often made with reference to spanking or hitting with a household object. The point being argued was that the parent was no monster, but was being punished for acting within their cultural practice. It is true that part of American culture, and many other cultures, includes whipping children, animals, and slaves. However, this is not a practice that demonstrates the values our society wishes to promote. Furthermore, the cases referred to the Department were not minor cases of corporal punishment. They involved abuse that resulted in moderate to severe injury. Thus this argument not only failed to propose a solution that would address the risk to the child in the family. It also appeared to imply that the maltreatment was a cultural practice that was beyond questioning, not one that could be changed.

A pull toward not seeing was not limited to the Administration of the Department. It was at times evident in the field as well, among our caseworker collaborators. For example, a particularly difficult interview with a very traumatized parent included her report of her attempted murder of her mother - which she considered to be a communication about her wish for her mother to stop using drugs and start caring for her. This homicidal response to her own experience of maltreatment was being reenacted with her own infant. This mother repeatedly violated safety plans put in place to allow her to retain custody. Each time she violated the safety plan by taking the child back into care, and the child would be found to have additional bone fractures. For this reason the infant was taken into protective custody and the mother was referred to our program.

During the interview with the mother, the caseworker repeatedly left the room, for the manifest reason of dealing with another case emergency, but possibly also to escape the murderous feelings present in the interview material.

The draft report was written and sent to the case agency for a staffing where the team was to approve a final report to be shared with court. When I arrived at the staffing I was told that caseworker would not be present, and the staffing would be with a staff therapist recently assigned to the case, and also with the casework supervisor. Neither the therapist nor the supervisor had been present at the original parent interview.

The supervisor asked the therapist and me to take a seat, and told us she would join us soon. She was just going to open the window behind us first. On this week, we were experiencing unusually cold weather, even for Chicago, a city known for brutal winters. With the wind chill it felt as cold as 40 degrees below zero. The therapist and I looked at each other and could not believe that the supervisor was going to actually open a window, as the room was already quite chilly.

The supervisor returned and parted the curtains to allow more light in, and left the window shut. The therapist and I felt relieved and smiled. I told the supervisor that “we thought you were opening a window,” without mentioning that that was literally what she had said to us just a moment before.

*“There you therapists go again,” she replied. “Always jumping to conclusions.”*

The supervisor’s response to our taking in and thinking about what she had said to us was a prelude to the staffing, and indicated her receptiveness to the content of the report. The murderous feelings were overwhelming, and so it had to be that the report was “jumping to conclusions.”

As the program continued over the next several years, feelings of rage and of fear were experienced and acted out between the opposing forces of a wish to see and a wish to conceal. The emotional tone of this acting out included the dissociated rage present in these cases, and in the culture. Below, we can consider the countertransference reactions by the clinical staff to the evocative material.

Every writer anticipates his or her reader. Our team wrote reports that would be entered into the legal record, and which could be provided to a child’s attorney and read by the juvenile court judge. We had reason to believe that courts and the Department had a strong preference toward returning a child to their parent. A parent and child reunification narrative may be more heartwarming than the story of the dissolution of a family, but only as long as one keeps oneself unaware of dangers in the home. So we wrote reports that left no room for misinterpretation. When appropriate, the reports concluded with a poor prognosis for reunification. However, upon reviewing our written reports, one is surprised at how thinly concealed was the contempt at those professionals acting to move children back into danger. A

subtext of the reports could be: “only a fool or a sadist would return a child to this environment, but that is what you are probably going to do. And this report will expose you for what you are.”

Our team experienced the individuals working against the best interests of the child as true villains. Many of us go into clinical work to fight for good, and it was an unexpected surprise to actually find adversaries who appeared to be villains pure and simple, and not simply those who were innocently confused, lacking in clinical training or other understanding. Although there was a factual basis for this characterization, the model of the abusive relationship imposed itself in our countertransference reaction to our adversaries.

Words may conceal as well as communicate, but emotions are felt regardless, and I believe our contempt was expressed quite clearly and was understood by its target as intended, not misinterpreted. The reports may have been less effective because the hostility in our writing would lead a reader correctly to feel attacked, rather than invited into a space for thinking. One could interpret our hostile acting out to be an expression of a paranoid schizoid process, although we were able to direct the rage away from defenseless children and towards those in power.

The Department administration also enacted behavior and defenses in reaction to the material - actions that revealed an identification with an abuser of children. Their moves toward reunification had the consequence of making repeated abuse more likely. Given the mission of the Department to protect children and families, this outcome of their behavior was paradoxical. Thus referring to it as the Department of Abuse and Neglect echoes Orwell’s Ministries of Truth and of Peace, highlighting the gap between the stated manifest intention to protect and the true intention to support reunification regardless of whether that was dangerous.

Like an abusing individual, Department administrators protected themselves from awareness that they were making abuse more likely. In order to pass the federal review, and to survive within that economic and political context, they took actions that increased risk for children, and used similar defenses to block awareness of the consequences of these actions.

There should be no surprise that the Department reacted to the reports containing comprehensive data and a contemptuous tone with acts of aggression and further denial. For example, in administrative meetings, Department administrators disparaged the work of our team, accusing us of hostility toward parents, since our reports would not “give parents a chance” to provide care for their children. Attempts to use false compassion were also engaged. For example, it was argued that to separate a family would add trauma to those who had already suffered so much. Our ability to make reasonable inferences was also attacked. It was argued that our reports were meant to be merely a preliminary screening tool, and it was not possible to know what would happen if a family were reunified. One administrator drafted a set of standards - not on Department letterhead or signed - that forbade use of

psychoanalytic terminology. This was provided to our supervisors only outside the regular monthly meetings.

Another avenue to encourage our team to abandon the lengthy reports was to increase the amount of work our team was expected to complete. In monthly meetings, the Department administrators presented data that incorrectly suggested that our team was slower than screeners across the state - screeners who had chosen to cooperate with Department's demands to gloss over frightening details in these cases and to withhold them from the reports. The reality was that the amount of time to write a report was constant across the state, across the different contracted teams. This misleading data ignored the fact that our team was regularly assigned cases a week after they had come to the Department, whereas the cooperative programs were not. To protect ourselves from regular mischaracterization in statewide meetings, it would have been in our team's interest to cut corners in writing the reports, leaving out vital information, and exposing children to danger. By repeating this false sense that our team was deficient, the Department cultivated a sense of fear that our team members would lose their jobs.

The Department also attacked the values demonstrated in the reports. They did so in part by attempting to corrupt the administrators of the private graduate school where our team was employed. For example, in a preliminary meeting, they asked our administrators to hire some of their staff, so that those salaries would come from our funds to complete the assessments, rather than from the Department's own budget. These employees would continue to do their work for the Department, but the money would come out of our budget. Second, when they first heard the plans for a supervisory structure, the Department administrators laughed and remarked that this project was "just a pass-through," which meant that its purpose was to capture federal dollars for our agency, not to actually complete high quality assessments. Had our team gone along with these improper arrangements - fake hirings and premeditated malfeasance - it would have later been impossible to assert any integrity regarding our work.

The fear evoked in the enactments between our team and the Department has parallels with an abusive parent child relationship. We feared loss of connection to the work, work which exposed us to relationships with hostility and threats. The fear we felt parallels the child's fear of losing a parent, including a parent who hurts them. The abused child faces a dilemma in that contact brings about a fear of hurt, but separation also brings a fear, a fear of overwhelming dependence, and an end to going on being. The child's fear applies to both the children we assessed, as well as the parents who likewise had similar experiences in their childhoods.

The Department administrators also experienced fear - fear of exposure by our reports, much as Ferenczi described the abusing parent's fear of exposure. They feared their own awareness of the consequences of their actions, and also consciously feared the external

consequences if they failed the next federal review. Like the Mel Brooks character in *Blazing Saddles*, they were activated to “protect our phony baloney jobs, gentlemen; we must do something immediately!” They also feared that their actions would be made public, such as in the news. However, this fear was not entirely rational, because when other Department scandals were written about in the newspapers, there was no public outcry or consequence to the Department. For example, the Department Director resigned after it was discovered that a contract he oversaw had stolen millions of dollars, acting as a “pass through.” According to a report from the Office of the Inspector General, the Director had advised the person responsible for monitoring the contract that he would monitor it himself, but that the person responsible should continue to sign off on the review. When this was discovered an article was printed on page seventeen of the newspaper. The front page was devoted to an article about whether the mayor or the governor would prevail in a plan to establish or prohibit a casino in downtown Chicago.

Consciously, our fear was that we would lose our job working on this team. We would lose our role in working to reduce maltreatment in a structure that did not. We would lose working with a good team, with excellent mentoring and clinical supervision.

Like a child hiding his or her experiences of abuse from others, the working conditions experienced on this team were also kept secret. Family members of our team were aware of the high workload, and the difficult cases. But they were not aware of the toxic relationship between our team and the Department. There was no conscious plan to keep it hidden, but there was some sense that if they knew, they would advocate that we separate from this work, and we did not want to do that. As in a desperate, anxious attachment with an abuser, we sought to remain connected with the wish that we could do some good.

The fear and secrecy also had effects on the physical bodies of some members of the team. For example, the liaison between our team and the Department had to mediate and contain the hostility directed at our team and attempt to protect our front line workers from it. Our former liaison, who was recovering from a broken arm after slipping on the ice, reflected that she kept her prescribed painkillers long after she no longer needed them. She recalled that she tended to take them on days she had the statewide meeting when she would be exposed to this hostility.

After she left that role, her replacement - this writer - had a similar experience with hostility directed toward the body. After his own children were safe in bed, he would get a coffee at the Starbucks drive through and return to the office to use the state database program to produce opposition reports in advance of the monthly meetings. These reports would expose and correct the false data presented in these meetings. Working a second shift required drinking strong coffee over a period of months, causing havoc on the digestive system, including stomach pain, and likely contributed to an eventual medical diagnosis of gastritis. It was discovered that the digestive harm could be avoided by taking the Starbucks

in the form of instant coffee, inhaled through the nose rather than by drinking it. Moderate gastritis can require daily medication; fortunately the medication can be discontinued a few months after leaving a stressful job, if that is the source of the condition.

After six years, our project concluded. The state eventually determined that we were not going to cooperate with them. There was a wish to communicate our experience, but there was no clear action to take to document what took place. It was difficult to find a way to write that avoided sounding bitter or contemptuous. Several ideas were considered but dropped, and eventually, after several years, the feelings were contained enough to be ready for a paper. Yet the venue for this paper was not clear, as it still felt unsafe in Chicago. Seeing the announcement for papers for this conference, far from home, and from our state government which licenses our professional work, a conference focused on the subject of psychoanalysis politics and forces of fear, a path seemed to open, and so this opportunity is very much appreciated.