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Cleveland and After: Some Thoughts on how UK Society Might Prevent Social Work from Making a Difference

Abstract
This paper will present a perspective on the "Cleveland crisis" that incorporates the personal observations of a non-social work trained member of a university social work section with a particular view of trauma accommodation. For over a year from 1987, Cleveland became the focus for acute media attention and public interest. This followed the sudden emergence into public awareness of large numbers of sexually abused children. Within a decade Cleveland had ceased to exist, and it is almost as if the previous years' events had never happened. Perspectives on how an individual might cope with trauma are presented which are then used as a way of exploring how the community of Cleveland and to a large extent the UK as a whole worked to resolve the "trauma" of the "Cleveland Crisis". It is almost inevitable that these attempts at resolution will have the effect of erasing what happened and leaving social workers in a professional position that is similar to some time before the crisis occurred. This demonstrates how society might work to prevent social work from "making a difference".

It has been argued by Obholzer (1987) that the same conceptual approach can be used when trying to understand how an individual, a couple, a family, a group or an institution functions. The fundamental dynamics and processes involved are essentially the same. An institution can be seen as the coming together of separate parts in order to serve a common purpose, together with the resulting structure that is a consequence of this process. Therefore by examining how an individual might respond to a given situation could well give an understanding of how an institution, or indeed a community, might respond. By examining how an individual deals with a traumatic experience it might be possible to gain an understanding of the response that a community has to its felt trauma. I shall use this notion to examine a possible explanation for the events that occurred during and after what became know in the UK as the "Cleveland crisis" of 1987. Further, it is likely that the potential for similar dynamics exist in all institutions and communities and these dynamics could have the effect of helping to prevent social work from making a difference in society.

Organizations generally function at three different levels. Level 1 is the publicly stated primary purpose or mission and is concerned with what the organization says that it is doing. Level 2 is to do with what the organization really believes it is

doing, and level 3 is about what is actually going on.[1] Members of an organization may be quite unaware of this third level. It often represents the function that society unconsciously wants the organization to perform. For example, the health service has the stated task of the treatment of illness whilst at level 3 it is unconsciously seen as a "keep death at bay service".[2]

Grimwood et al., in a publication by the British Association of Social Workers (BASW), gave this working definition of social work:

> "Many books about social work do not even attempt a definition. However, it seems reasonable to suggest that social work includes:
> - The activity of relating to other people in a professional way so as to enable and facilitate their empowerment (so that they have control over different areas of their lives)
> - The improvement of people's material status and the resolving of emotional issues." [3]

This would seem a reasonable primary purpose for the institution of social work, particularly as it is endorsed by the British Association of Social Workers. However social work will also serve an unconscious function for society. This will have something to do with fundamental human anxieties about life and death.[4] If the unconscious role of the health service is to provide a fantasy that death can be prevented then perhaps the unconscious role of the social services is to ward off anxieties about human suffering. For society, the unconscious task of social services might well be to deal with the suffering, injustices and cruelties of people's lives in such a way that they are kept from public awareness. Just as individuals defend themselves from awareness of unresolved hurt and pain so too does society. It is possible that social services act as a container for this anxiety and hurt. The fact that it appears so difficult to define exactly what social work is could be an indication of just how anxiety provoking the unconscious role of social work is to society. It would seem that when social workers break these unconscious "rules" society gets into a panic and attempts to cover up the exposed hurt or trauma just as an individual might do. This is seen, for example, in the media outcry that follows the public discovery of a "failure" in child protection. No real attention is given to the fact that these so called failures are an inevitable fact of life. An individual also gets into a "panic" when unresolved trauma threatens to intrude into awareness and they will use, quite naturally, various tactics to help to minimise the pain and anxiety involved in facing the reality of the trauma. Individuals and institutions develop defenses

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[1] Stokes (1997).
[2] Obholzer (1997).
[3] Grimwood et al. (1996), p. 29.
[4] Obholzer (1997).

against difficult emotions that are too painful or too threatening to acknowledge.[5] This also operates on a societal level as well.[6]

There are two basic positions that individuals or institutions operate from. These are the paranoid-schizoid position and the depressive position.[7] In the paranoid-schizoid position there is an inability of the person or organisation to contain, or hold on to, bad or unwanted parts of themselves. Paranoid refers to "bad" being outside of ourselves and schizoid to splitting off. In the schizoid position mentality simplifies complex issues into contrasting opposites, and there is an inability to hold onto both of these opposites at once. Thus a person, group, organisation or section of society becomes all good or all bad. Usually we keep the "good" side of the opposite to ourselves and give the "bad" side to someone else. Here individuals or institutions are often in conflict, with each side unable to see the other's perspective since it is completely "alien" to them. In the depressive position it is possible to hold onto both the opposites at the same time. It is possible to recognise that both individuals and organisations have both "good" and "bad" points. In this situation people and organisations are able to talk to each other. It is possible to appreciate another's perspective and different groups can work together towards a common goal. Difficult feelings can be held and contained so that they can be worked with without a need to project them onto others.

It is common for individuals to keep painful memories split off from ordinary awareness.[8] A model that offers a way to understand this process, is given by Grove (1989). When we are faced with a traumatic situation (i.e. something that is beyond our usual means of coping) we need another way of coping that enables us to survive and not become psychically overwhelmed by the experience. A way of doing this is to unconsciously take that part of ourselves that knows about the trauma back to a moment in time before the trauma happened. This has the effect of making it psychically as if the experience had not happened. We can do this particularly well when we are young since our sense of self is not fully developed. As adults there are fragments of ourselves that are trapped at a time before the trauma. Other parts of ourselves grow through the trauma. Thus as an adult we might know or sense that something did occur, and, since conscious knowledge of the trauma is repressed, memories are partial or nonexistent. We are left with symptoms that reoccur and if they are not too severe become incorporated into our adult personalities. This has the advantage of repressing the memory of the trauma and leaving us in a physic position whereby the trauma has never happened. As adults we tend to encourage this to continue since it is "better" to have it not to have happened than to examine the possibilities too closely. The disadvantage is that we are left with the confusing feelings that result and have to cope with the consequences of the repression. It is possible that this mechanism leads to dissociative states as well as more "minor personality quirks". By looking at the sequence of events that occurred during and post the "Cleveland crisis" it is possible to discern the processes described above.

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[5] Halton (1997).

[6] Herman (1992).

[7] Halton (1997).

[8] Herman (1992).

The area of Cleveland is situated in the north east of England and consists of the land around the estuary of the river Tees. Over the last hundred and fifty yeas or so the population has grown dramatically to become one of the most densely populated and industrialised areas of the UK with the largest chemical refinery (and some of the worst pollution) in Europe. Over recent years there has been a considerable contraction of this industry and the Cleveland area now has one of the highest levels of unemployment in the UK. Cleveland as a County came into existence in 1974, becoming one of the newest, most densely populated and smallest counties in the UK.

In the UK during the 1980's child protection had become more proactive and assertive.[9] In Cleveland, during the few years prior to 1987, there had been growing professional interest and concern about child sexual abuse. Working parties had been set up to explore effective ways for agencies to work together and health visitors were becoming more concerned with the physical signs of sexual abuse. In 1986 the social services appointed a child abuse consultant. All this implies that the community was probably in a depressive phase. Within Cleveland different institutions concerned with "helping" were beginning, at least, to work together towards a common goal.

The following chronology of events that took place in Cleveland during 1987 is adapted from Campbell (1988). In January a new consultant paediatrician was appointed at Middlesbrough general Hospital. The total number of child abuse cases was 25. In February a new joint child abuse committee was set up. The new consultant paediatrician was asked to give a second opinion after a police surgeon refers a case of suspected sexual abuse to social services. Total sexual abuse cases are 33. The consultant paediatrician diagnoses anal dilation. In March parents are beginning to dispute the anal dilation diagnosis. The total sexual abuse cases have dropped to 30. In April the number of sexual abuse cases diagnosed by the hospital increases and the total goes up to 43. By the end of May this total had almost doubled, at 81. The police management rejects joint investigations. The police are skeptical about uncorroborated diagnoses of sexual abuse, and relations between the police and social services break down. June saw the peak of sexual abuse cases referred by the hospital with total cases numbering 110. There is a further breakdown of relations between the police and the social services with the police withdrawing from investigations. Social services set up a Children's Resource Centre at the Hospital. Parents argue publicly in the children's ward leading to nurses becoming distressed and police being called in. Their management asks the paediatricians to reduce the number of sexual abuse admissions. They refuse. The director of social services agrees to the setting up of a second-opinion panel to which parents may send their children. The local MP objects to the make up of the panel. The same MP accuses, in Parliament, the two main women involved (the recently appointed consultant paediatrician and the social services child abuse consultant) of conspiring to keep the police out of child abuse investigations. Parents who are visiting their children in the hospital ward rebel. A parents support group is set up with the help of a local vicar. The method of anal dilatation diagnosis is publicly critisized by the police sur-

[9] Pinkerton (2002).

geon. The social services child abuse consultant is accused by the police, in the press, of replacing existing arrangements with new guidelines. In July the MP writes to the Health Minister complaining about Cleveland social services and sends him his "dossier" on the parents. The two central paediatricians are on leave from the hospital and the total child abuse cases are down to 39. The Health Minister announces that there will be a judicial inquiry. In August the police concede to joint investigations. In October the judicial inquiry begins and suspected sexual abuse referrals cease.[10]

The sequence of events related above show how Cleveland moved from being in the depressive position to being in the paranoid-schizoid position. It is not unusual in cases of sexual abuse for communities to become sharply divided. Our usual means of coping with the knowledge of sexual abuse is to revert to schizoid type behaviours. Usually the "discovery" of sexual abuse is made as the result of disclosure by one or more children and is restricted to one or two families or one or two individuals. It is then possible to easily say that "it is them and not us" using projection to demonize and stereotype the perpetrators so that we can distance the events from ourselves and give vent to some of our own repressed abusive and abused parts of ourselves. This means that we can more easily deny the reality of child abuse. Cleveland was somewhat different to the "usual".

During the "Cleveland crisis" the public was made aware of the reality of sexual abuse—the reality being that seemingly normal married men, of differing social and economic status, could and do sexually abuse young children.[11] The "discovery" of sexual abuse was the result of a medical diagnosis rather than the result of disclosure by children. There was no need for the children to speak out against the abusers; the evidence was clearly visible to the paediatricians. Many of the children were young. They did not just come from one family but came from many families representing a social cross-section of the local community, and the perpetrators were "normal" married heterosexual men. It was therefore harder to "rationalize" the abuse away. Also it was clear that most of the young children had been buggered. The paediatricians used anal dilatation as part of their overall diagnosis. This meant that much of the community's "panic" centred on the anus and issues to do with male sexuality. The anus is an organ of discharge. Cleveland as a county spent much of its working life in the business of discharge. It relied on heavy industry perhaps more than any other county in the UK, especially the chemical industry, and annually discharged many tons of effluent and waste. Geographically one could easily see the county as being or containing an anus (or at least some sort of orifice) since it surrounds the large estuary of the river Tees. In the confusion and panic Cleveland became synonymous with sexual abuse, male sexuality and the anus. It might be that the rest of the UK regarded people in Cleveland as "child abusing shit" who needed to be cleaned up as soon as possible. The community became overloaded with the associated projections. This probably led to an intolerable and traumatic physic situation, which had to be either worked through or quickly removed.

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[10] Campbell (1988).

[11] Maynard & Winn (1997).

To work through the social trauma would have taken a maturity on the part of the local authorities and government that we probably do not yet possess. Therefore the social trauma had to be escaped from as quickly as possible. The first process in this was to make gender issues, and, more unconsciously, male sexuality, the focus. Women in the form of the senior consultant pediatrician and the senior social work child abuse consultant were severely personalized and criticized (especially in the press). They were isolated, their backgrounds looked into and their motives questioned. It was not long before they were seen as behaving more like men than women, and a male pediatrician was projected as being impotent and under their influence. There was a feeling that society would become engulfed by what these women stood for—namely, the revealing of the reality of many children's lives and the destroying of society's image of the family. In the early stages of the "crisis" the women were accused of conducting a witch-hunt against innocent families. Later they were seen as the evil witches themselves. Men (and "the family") became the "victims" and the children were largely forgotten.

What actually happened was really nothing out of the ordinary. The pediatricians were able to and did diagnose sexual abuse on medical grounds and then did what they were required to do by law, which was to make the necessary referral to the social services. It was the system that could not cope with the numbers involved. At one point the pediatricians were formally asked to stop diagnosing sexual abuse since the hospital was finding itself short of bed space; they refused. Initially it was numbers that astonished the media. The numbers of children involved as reported by the media at the time was often exaggerated. For example at the end of June the local radio news reported that more than 200 children had been taken from their families into care on suspicion of having been sexually abused. In fact probably less than twenty children in total were taken immediately into foster care, and less than seventy were admitted to a foster home after a stay in hospital.[12]

The judicial inquiry that met in the autumn to examine the "crisis" was presented with the cases of 157 children to look at. This number represents approximately 6% of the total number of children who attended the pediatric outpatients at that time (there were 2708 attendances at the pediatric outpatients during a seven month period in 1987 and the 157 children referred to above were mainly seen in May and June[13]). In fact this is about the number that might be expected to be diagnosed if the pediatricians were getting the diagnosis right, since at that time the figure usually given as to the percentage of children in the population who were experiencing sexual abuse was 10%. Even so 157 does seem a large number of children to be referred by a hospital, in the space of three months or so, as having suffered sexual abuse and as they emerged it was numbers that were first highlighted by the media. Later, as mentioned above, this was to change to personalities. The reality of these 157 cases (that was, as I recall, nowhere expressed in the media) was that 82 were direct referrals to the pediatrician and 75 were either siblings or associates (lived in the same foster home, attended the same playgroup, etc.) of the original 82 referrals. Of these 82 children 42 were referred to the pediatrician with

[12] Wyatt & Higgs (1991).

[13] ibid.

an existing concern of sexual abuse and the remaining 40 were referred to the pediatrician with a health problem and no prior concern of sexual abuse. In 121 cases a medical diagnosis of sexual abuse was made, since in their professional judgment the pediatricians believed that no other cause could explain the symptoms and signs presented by these children. Of the remaining 36 children, although there were insufficient physical signs to make a medical diagnosis of sexual abuse, there was a pre-existing concern of sexual abuse in 35 of them and of physical abuse in the other remaining child.[14] This would suggest that the pediatricians had been performing their duties in the proper manner. It is interesting to note that the medical panel set up to "check" on the pediatricians' diagnoses found that they were correct in their diagnosis of sexual abuse in more than 70% of the cases. The panel examined these children some time after the initial diagnosis by the hospital pediatricians and parents had ample warning that the examination was going to take place. Since some physical signs of sexual abuse can disappear relatively quickly it does not seem surprising that in some cases the panel could not confirm the original diagnosis.

UK society was largely unable to examine the "facts" in an objective way. The community needed a way out of confronting the reality of sexual abuse. That is probably what they were hoping from the judicial inquiry. The inquiry was generally a disappointment to the media and probably the general population. They wanted confirmation that the actions of the pediatricians and social workers had been wrong. The report was in fact very balanced and avoided hasty blame.[15] The worst that the inquiry could find was that they had been somewhat over enthusiastic, at times, in how they conducted themselves. Also, as Stevenson (2004) points out, most inquiries examine failure to intervene rather than the accusations of unwarranted intervention as in the "Cleveland Crisis".

Clearly the inquiry did not fulfill the "purpose" it was supposed to do. It had not found the family innocent and the social services guilty. At this point it was probably not possible for the community to move into a more depressive position so that it could contain and examine the events and emotions of the preceding few months. The events were too traumatic and as a country we were not mature enough to face these realities. It was therefore necessary for something else to happen so that the community, and the UK at large, could "safely forget" that the "Cleveland crisis" had taken place.

Various events now took place. Soon after the inquiry the two female figures at the centre of the "crisis" both lost their jobs. The senior consultant pediatrician was moved from Cleveland to an area of the country a few miles north near to where she had worked before her appointment in Cleveland, and the senior social worker was made redundant. Both were prevented from working in the area of child abuse in Cleveland again. Someone who might well have been brought in to bring things back to normal replaced the director of social services. Sometime later a consultancy firm was employed to help give Cleveland a better image. Also the children's ward in Middlesbrough General Hospital where the children stayed whilst a place of

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[14] ibid.

[15] Hawkins & Shohet (2000).

safety was found for them was closed soon after the "crisis" and has been subsequently demolished. The final act came in 1996 when as part of government reorganization of county boundaries, Cleveland, as a county, ceased to exist.

The "denial" that the "crisis" ever occurred still carries on. There is a reluctance to discuss the events and there is a general attitude that it is all over and things don't want stirring up again. On a national level the Children Act of 1989 was brought in as a direct result of the "Cleveland crisis". This Act put the focus onto families giving parents more rights and probably has the effect of making it harder to carry out investigations in cases of suspected child abuse. Thus the community, and the country in general, managed to return to a pre "Cleveland crisis" state, in the same way that an individual copes with a traumatic experience by having it not to have happened. Richardson has made the following comments:

> "In 1997, a television documentary made to mark the ten year anniversary of Cleveland encountered severe difficulty in reassembling the facts and finding people willing to appear. The programme makers were accused of re-opening old wounds.
>
> Staff in the child protection services were instructed not to take part. Despite working within an organisation which campaigns on behalf of children, I was threatened with dismissal if I appeared and I resigned my post to be free to take part in the programme.
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> In my opinion, the situation developed as it did in the long term as a result of the attempt to move on without the truth being established and consequently without any real closure." [16]

The UK has more or less successfully managed to leave itself in a state of confusion and forgetting. Occasionally a few voices try to recall what happened and learn from it but to most people it is as if it never happened. As Richardson has shown above, those that do try often find overwhelming resistance. Also as Grove (1989) points out, the adult can know that a traumatic event has occurred and even what that event was, but still suppress details and realities preferring to live, at least partially, in a perpetual state of pre-trauma. Nationally practitioners are now so tied up in paper work, regulations and fear of legal action that few people dare to stand up publicly on behalf of children. Social work, particularly in relation to child abuse, is probably in a similar or worse position than it was before "Cleveland". In many ways current procedures create barriers to trust and co-operation between interested parties.[17] It is likely that in the future social workers will find themselves operating under even more constraints.

The sequence of events that happened during and after Cleveland demonstrates how society can act to prevent social work from making a difference. If the individual is taken as a model for how society operates then this is understandable. We all have a natural ability to creatively repress events that are too traumatic for us to hold in consciousness and it is not surprising that society, as a whole, does the same.

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[16] Richardson (1998), p. 2.

[17] Wickham & West (2002).

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