Thoughts that lead to many inappropriate child protection practices

Application of the contextual therapy explained

CS
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Abstract

Child protectors often use contextual therapy in their work. The theory on which this therapy is based is complex and, in some respects, incorrect. This leads to a tendency for child protectors to wrongfully condemn parents and wrongly dictate how things should be done. They place too much emphasis on contact with both biological parents and restoring trust, even when this is harmful to the child. There may be a tendency to blame victims of domestic violence. The needs of the child may be miscalculated because one assumes that the child will always be loyal to the biological parents, one has too much faith in the ability to take in the perspectives of everyone, and in the idea that problems can be traced and solved through a balance of giving and taking between family members and the understanding of this. It is recommended to use scientific insights rather than the ideas of contextual therapy that is not scientifically founded.

Content

1. Introduction

Within the Dutch child protection, terms are frequently used that are not always known to people who do not work for child protection, such as parents, lawyers and judges. Presumably this applies to more (western) countries. For example, child protectors often talk about 'parentification' and 'splitting'. Many of the terms used by child protectors come from contextual therapy. This is a form of family therapy that is based on a fairly complex and philosophical theory. The founder Nagy was a psychiatrist, born in Hungary and later emigrated to America. In the Netherlands, family therapist and social worker Ammy van Heusden and then a student of hers, Else-Marie Van den Eerenbeemt, made the therapy well-known and popular in the Netherlands (Van Mulligen, 2004). In the Netherlands, theory is taught in training courses and courses for, among others, youth protectors and youth workers in training, a number of books have been written about it and there is an association for contextual workers (Van Mulligen, 2004).

In this essay we will explain the principles of the contextual therapy and describe what is meant by the terms used by child protectors. The theory is incorrect on several points and we will discuss this on the basis of the scientific research that demonstrates this. Finally, we will describe

two additional causes of wrong decisions made by child protectors that have to do with the fact that they use the contextual therapy. The aim is to make it understandable to readers what child protectors mean by the terms they use, to explain from which theory certain reasoning comes and to make it clear why the use of the contextual therapy by child protectors is problematic.

2. What is the contextual therapy?

2.1 Family relations as a context

The context to which the name contextual therapy refers is that of the relationships someone has with others. Nagy focused on the context of the family and assumed that it also has an influence across generations (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). In other words: the relationship that someone experienced with their own parents would influence the relationship that this person develops with their own children.

In the family context, Nagy made a distinction between the following first three factors that were already distinguished, and added a fourth:

1. the facts: this is all that can be objectively determined, such as gender, age, whether a person is healthy, has a job, whether parents are together or divorced, etc.

2. the individual psychology: this is what happens in a person and is therefore subjective, such as needs, wishes, thoughts, beliefs, feelings, etc.

3. the system of interactions, also called 'transactional patterns': these are the observable behaviors and communication between family members.

4. relational ethics: this is the perceived balance between giving and taking, justice and being entitled.

Nagy compared this relational ethics with financial accounting: someone would look for a balance between give and take (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). This balance always remains open according to the contextual therapy. If at the end of a person's life there is still an open account, i.e.: someone feels that he[1] has given more than he has received, this account could be passed on to the next generation (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). This is called the 'revolving slate'. Even during someone's lifetime, it could happen that someone deposits the bill with an innocent third party. Someone then expects that because injustice has been done to him, somebody else will solve the problem/ provides what he has lacked. (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). This would mainly happen with partners and children (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). According to contextual therapy, problems would mainly arise from relational ethics, such as lack of honesty or trust or loyalty problems (Wilburn-McCoy, 1993).

There are several terms used within the context of relational ethics (Van der Deen, 2011). By 'destructive right' is meant that a person would not have been given what he was entitled to in his own childhood, so that this parent would still claim this from the partner or children. By 'delegation' is meant that a parent would put their own interests above those of the child on the basis of a destructive right. Legacy' refers to the obligation to pass on what you have received from previous generations as a contribution to subsequent generations (Van der Deen, 2011).

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[1] For ease of reading, in some places in this essay the word 'he' is used where 'he or she' is meant.

2.2. What does scientific research tell us?

Research shows that when a parent has experienced domestic violence in their own childhood, the children run a somewhat higher risk of experiencing domestic violence (Assink, et al., 2016; Madigan, et al., 2019). This may be because the parent in question becomes a perpetrator or because the other parent commits domestic violence. It is a small to moderate effect (Madigan, et al., 2019), for which there are several explanations. It is believed that intergenerational transmission of domestic violence is caused by a complexity of factors, such as the fact that certain risk factors often remain and/or are passed on across generations, such as: environmental factors (e.g. stress caused by poverty), predisposition to psychopathology, and the harmful effects of experiencing domestic violence, which can have a negative impact on a person until adulthood, including what a person is like as a parent (Assink, et al., 2016; Madigan, et al., 2019). Examples of the latter are that some victims have never learned how to give love and have accepted its use because it was 'normal' for them (Buchbinder, & Sinay, 2019). Whether the balance between giving and taking offers an explanation for this is unknown. From this idea you would expect that there would be a big chance that parents would commit domestic violence to compensate for experienced domestic violence in their own childhood. However, the vast majority of parents who experienced domestic violence in their childhood do not become perpetrators themselves (Madigan, et al., 2019). Processing trauma appears to be important in counteracting the risk of intergenerational transmission of domestic violence (Koren-Karie, 2008).

Grames et al (2008) surveyed among middle-aged adults by means of questionnaire research whether people felt that the balance between giving and taking from their parents had been fair in their youth and whether the balance between giving and taking in their marriage was fair. Contrary to what one would expect from the idea of the revolving account and intergenerational effects, these two valuations were unrelated. A good balance of give and take within the marriage was obviously related to greater satisfaction with the marriage and this in turn contributed to better health and fewer symptoms of depression. Grames et al. also found a slight connection between satisfaction with their marriage and the experience that their own parents gave and took an honest balance of give and take. The authors saw this as support for the theory. However, the connection between these two experiences was small (0.10 on a scale of 0.00 to 1.00), whereas one would expect a stronger connection from the theory. The slight correlation found can have all kinds of explanations, such as the fact that more satisfied people appreciate these kinds of factors more positively, that people who have had nice parents on average choose a more suitable partner themselves, etcetera.

2.3 Parentification

Nagy called it 'parentification' when children take care of the needs of parents. The child is at that time as a partner or as a parent, one also speaks of 'role reversal' (Goff, 2001). According to Nagy, it may be normal for this to happen temporarily during childhood and this could contribute to their sense of responsibility, competence and independence if they were given the right recognition and appropriate support (Goff, 2001). Parentification is seen as problematic (also called 'destructive') when it becomes a pattern and the care the child takes on does not fit the age and disrupts normal emotional and social development. According to contextual theory, this could arise when parents have not received proper care from their own parents during their childhood (Goff, 2001). Although according to Nagy this pattern could be broken, according to him parentification would often be passed on from generation to generation (Goff, 2001). Deparentification (ensuring that parentification stops) would be achieved by giving the child recognition for his helpful contribution, recognising the parent's own parentification in their childhood and linking it to the parentification

they impose on their child, and helping the child to find a new position without having to declassify the old position (Goff, 2001).

2.4 What does scientific research tell us?

Research shows that problematic parentification can arise in the sense that the child takes on tasks that the parents should perform (Tedgård, et al., 2019). This can happen, for example, in children of parents who use alcohol or drugs (Tedgård et al., 2019). However, this does not have to lead to 'a revolving slate' or to it being passed on from generation to generation. Interviews with parents who experienced parentification as children show that they often emphasise that they want to do things differently for their child and take good care of them (Tedgård, et al., 2019). If they experience parenting problems, this usually has to do with the emotional consequences of the problematic childhood, such as trauma, insecurity, and fear (Tedgård, et al., 2019). The desire to take good care of others is not only expressed in parenting. People who have experienced parentification more often opt for work in which they can provide care; this is found, for example, among students in clinical psychology (DiCaccavo, 2002).

2.5 Loyalty

Nagy placed great emphasis on the loyalty between children and their biological parents (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). Nagy assumed that children will always be loyal to their biological parents and called this 'existential loyalty' (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). According to Nagy, this loyalty would be unbreakable because children owe their existence to their biological parents (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). The child would be born with this unbreakable loyalty. The loyalty of someone towards the parents would be the strongest, which would be even higher than the loyalty of someone towards his children (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). Loyalty can also arise within other relationships, such as friendships, according to contextual therapy: if someone gives care to another person, the latter may also expect care in return. This is what Nagy called 'acquired' loyalty (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001).

According to Nagy, acquired loyalty is horizontal (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). In other words: the balance between give and take is the same for both persons in the relationship. Existential loyalty, on the other hand, is vertical: parents have a duty to give more to the children than to receive when the children are young, something that can later become more balanced and even reverse, for example when adults take care of their parents when they are older (Boszormenyi-Nagy, & Spark, 1973; Goff, 2001). A ladder is often used here as a metaphor (Van Heusden, & Van den Eerenbeemt, 1983). The steps are the horizontal loyalty and the sides are the vertical loyalty. When the horizontal loyalty is out of balance, the step can break. The ladder is broken, but there is still a (usable) ladder. A relationship with a friend, for example, can be broken if this relationship doesn't feel fair and if someone feels they are investing more than the friendship is worth. Another example of horizontal loyalty is in a love relationship. Again, you can break up the relationship. According to Nagy this is not possible with the vertical loyalty (Boszormenyi-Nagy, & Spark, 1973). If you remove the side of the ladder, the ladder can no longer be used.

A loyalty conflict means that the situation in which a person, by being loyal to one, damages loyalty with another (Hendriks, 2012). By split loyalty, or also called splitting, one means that the child cannot be loyal towards one parent without feeling disloyal (not loyal) towards the other parent (Van der Meiden, 2019). This could occur, for example, with children of divorced parents (Van der Meiden, 2019). The child would have to choose between the parents (Van der Meiden, 2019). On the basis of the previously explained loyalty to parents, it is assumed that this

would be very problematic and could lead to suicide in teenagers (Van der Meiden, 2019). From the theory, the loyalty between the child and the biological parents is after all considered unbreakable. Split loyalty is therefore seen as more serious than a clash of loyalty between an existential loyalty and an acquired loyalty (Van der Meiden, 2019).

If a child chooses one of the parents, the loyalty towards the other parent would not disappear, but would be expressed subconsciously. The child would make the loyalty invisible, but as water through a leak, the loyalty would be expressed in other ways (Van der Meiden, 2019). According to Van Mulligen and colleagues (2001), for example, a child who is not allowed to be loyal to his father could start to appreciate those things that the father loves. The child could try to make up for the father's behaviour (such as becoming chairman of an association against alcoholism if the father was always drunk) or turn against the mother.

2.6 What does scientific research tell us?

The extreme emphasis in contextual therapy on the biological bond between parents and children, also known as the 'blood bond', turns out to be unjustified. Various studies have shown that in the relationships between step parents and step children and adoptive parents and adoptive children, loyalty can be present with, for example, one that is more comparable to 'existential' or 'vertical' loyalty than 'acquired' or 'horizontal' loyalty (Cohen, & Fowers, 2004; Ganong, et al., 2011; Van den Dries, et al., 2009).

For example, it turns out that step-parents often have an 'over-positive' image of the children, just like biological parents. You usually see your own children as nicer and more beautiful than someone else's (Cohen, & Fowers, 2004). This does not mean that step parents and step children automatically have a parent-child bond that is comparable to the parent-child bond the biological parents have with the child. For example, the research by Cohen and Fowers showed that the biological parents were also inclined to see fewer negative characteristics of the children, but that this was not the case for the step parents. Being a step-parent means that the circumstances are different from when the child would grow up in an intact family with both biological parents. In the study in question, for example, only families were selected in which the biological parent had previously been together with the child's other biological parent. The circumstances may influence the way in which the relationship is established and experienced. Within this context, stepparents, for example, do not always take a parent role (Ganong, et al., 2011). However, the study demonstrates that the blood band is not a prerequisite for the development of the parent's loyalty towards the child. For example, it appeared that step-parents were more inclined to perceive the child as 'over-positive' the more they experienced parental involvement (while the duration of the relationship did not matter). In other words: engaging in the parental role turned out to be important for the form of loyalty studied here (Cohen, & Fowers, 2004).

Conversely, depending on various factors, children can develop a bond with a step-parent that is the same as that between a child and a biological parent. Ganong et al (2011) conducted interviews with young adults who had grown up with step parents. This research showed, among other things, that loyalty can play a role in feelings towards step parents and biological parents, but ideas about existential loyalty were not supported. There were children who saw the step-parent as a parent. Children who rejected the step-parent sometimes mentioned that the parents had conflicts and/or talked badly about each other. Nevertheless, within the group of children who saw the step parent as a parent were both children who had a good relationship with both biological parents, and children who had a bad relationship with the other biological parent (the one who did not have the relationship with the step parent). For the children who saw their step-parent as a

parent, it was self-evident that their step-parent took care of them as a child, and they experienced no guilt or obligation as the contextual therapy would assume. Children saw a step-parent more often as a parent when they were young when the step-parent came into their life and when they had half-brothers or half-sisters. Children were more ambivalent or neutral about step-parents when they had a less important role in their lives, for example because they were adults when the step-parent came into the picture or because there was little contact with the step-parent who had a relationship with the non-resident biological parent. It also happened that the bond with the step-parent had to grow: there was not a positive bond immediately, but this was created when people got used to each other and got to know each other. Children had a particularly bad relationship with step-parents when the step-parents had difficulty with their role and/or when they had little in common. Therefore, this research shows no support for the idea of splitting or existential loyalty and the research shows that many more factors play a role in children's relationships and perceptions than feelings of loyalty.

Research into attachment shows that children enter into an affective bond with those who care for them (Van den Dries, et al., 2009). This does not stem from the fact that the child owes its life to the parents, but from the fact that the child is dependent on them and they provide what it needs. Often, but not always, these are the biological parents and often the parents take good care of the child, making the child feel safe and face the world with confidence. It can also happen that the child is not well cared for, for example the child is abused and then the child develops an unsafe bond with that particular caregiver (Van den Dries, et al., 2009). The way in which (biological) parents and children interact with each other and how they think about and feel about relationships with each other, obligations and rights is determined by many different factors, including cultural values, gender, religion and their own upbringing and experiences (Bornstein, & Cheah, 2006; Parker, et al., 2012; Valiquette-Tessier, et al., 2018).

Research among parents who have used a sperm donor shows that the experience of parenthood does not depend on the genetic or biological kinship (Van Dijk, 1994). The fact that external characteristics, personality and predisposition are passed on via genes does play a role in one's thoughts (Van Dijk, 1994). Within this context, the terms 'father' and 'mother' can have several meanings. To avoid confusion, in this paragraph we refer to 'donor father' just like Van Dijk to refer to the person from whom the sperm originates; this could also be called the genetic or biological father. Just like Van Dijk, we will call the father who performs the father role for the child from a social point of view the 'social father' and the mother who performs the mother role for the child and has no biological or genetic relationship with the child2 the 'social mother'. These are just terms that we use in this piece so that the reader can follow what comes out of the research. Heterosexual parents who use a donor often want there to be similarities between the donor and the social father, and lesbian couples may have a preference for a family member of the social mother (Van Dijk, 1994). People also often want the same donor for several children (Van Dijk, 1994). The fact that a biological parent might want to play a role in the child's life may be one of the reasons for choosing an unknown donor (Van Dijk, 1994). Parents who have no genetic or biological kinship with the child often forget this and find other ways to feel a bond (Van Dijk, 1994). For the parents, the social, non-biological/genetic parent feels like a real parent (Van Dijk, 1994). For children of homosexual parents with two lesbian mothers or two homosexual fathers, on average they bond normally, i.e. they often show a secure attachment with differences between the primary and secondary attachment figure comparable to children growing up in a traditional family (Carone, et

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[2] In the case of the mother, the genetic mother (from whom the egg cell originates) may differ from the biological mother (who gives birth to the child).

al., 2019). Children who are conceived via an anonymous donor and grow up with their mother and social father often have a moment when they hear this. It turns out that they experience a connection with the donor father in the sense that they realise that they have inherited certain genetic characteristics and understand that they do not have them from the person they see as a father. However, they usually do not see their donor father as a family member, and they see their 'social' father as their real father also after this moment, even if their relationship with their father is bad (Martin, 2019).

Research into adoptive children and their parents also shows that the contextual therapy is incorrect. We note that here again we only use terms for the reader to make clear who it is about. We recommend that the names used by the child himself/herself be checked and used in the contact with families. This is because the terms used to refer to parents can be sensitive and stigmatising (Baden, 2015). For example, in cases of adoption, one may refer to 'the real father' or 'real mother' to refer to the biological father while adoptive children often simply call their adoptive parents 'daddy' and 'mummy' and for them they are their 'real' parents (Baden, 2015).

Research into adoptive children shows that they can develop an equally safe attachment with their adoptive parents as children who grow up with biological parents (Van den Dries, et al., 2009). However, this may be more difficult when the child has not experienced safety in early childhood and is therefore emotionally damaged (Van den Dries, et al., 2009). Adopted children may also feel the need to get to know their biological parents, and especially their biological mother. For example, after experiencing what it is like to have a child, women may feel the need to visit their biological mother (Richardson, et al., 2013). A small-scale study of women who were adopted as children revealed very different experiences of looking for their biological mother in adulthood (Richardson, et al., 2013). Many factors can play a role in adopted children, so experiences cannot be interpreted unequivocally. Loyalty towards the biological mothers varied, as did loyalty towards adoptive mothers. There were all kinds of circumstances that may have influenced this. For example, some women who had experienced physical and sexual abuse from their adoptive father took part in this study. More often than average, but not always, there are risky circumstances present among the biological parents (Neil, 2009). Especially when the child has been severely abused or maltreated by the biological parents, contact with them is not considered to be in the child's best interest (Neil, 2009).

There is (nowadays) often contact possible between biological parents and adoptive parents and the children themselves. This can be written contact and it can also happen that children have face-to-face contact. Research shows that there is no connection between whether or not there is contact with the biological parents and the child's functioning (Neil, 2009). Contrary to the contextual therapy, it appears that there is also no connection between the openness in the attitude and communication of the adoptive parents about the adoption (such as empathy for the biological parents and being open to the child's feelings about the adoption) and the child's functioning, probably because the effect of this is situation-specific (Neil, 2009).

In short, the research findings do not support the idea of existential loyalty. Children often show loyalty towards their primary caregivers and these can be biological parents, but also others. Research also does not show that children show split loyalty. When parents talk negatively about each other, children may suffer from this, but they express their negative feelings about this instead of reacting by hiding their loyalty to one parent (Rowen, & Emery, 2014; Silverberg Koerner, et al., 2004). If children consistently reject a parent, it is usually the result of a process characterized by disappointment in that parent, which has shown serious problems such as domestic violence or addiction problems (Johnston, & Goldman, 2010). Adults who have no contact with one or both

parents indicate that they have broken the bond because of maltreatment or abuse in their childhood, bad parenting and/or betrayal (including not protecting the child from violence by others) (Agllias, 2016). So, they make a choice based on the behaviour they have experienced and not because of loyalty problems. Because the idea of invisible loyalty does not define how it would express itself, it is impossible to determine whether invisible loyalty is present: this is a subjective appreciation. Research shows that maintaining contact with violent fathers leads to more problems in adulthood than growing up without a father (Downs, & Rindels, 2004).

2.7 The process of change: multi-sided partiality and exoneration

The aim of contextual therapy is to restore trust in the relationship (Van der Meiden, 2019). This would be achieved through a dialogue with the family members in which the therapist applies 'multidirected partiality', also called 'multiple/multiple involvement', 'multifaceted partiality' or 'multifaceted targeted involvement' (Van der Meiden, 2019). By multidirected partiality is meant that the therapist takes the perspective of each party involved (Dankoski, & Deacon, 2000). This also happens for any parties involved who are not present. The therapist should have empathy for each family member and acknowledge the investments and contributions of each. Also, the therapist should hold each family member responsible for the influence his behaviour has on the others. The therapist should alternately take sides with the various family members (Van der Meiden, 2019). According to Nagy, multidirected partiality would lead to fairness and balance. Ultimately, a balance of fairness would have to be found within each family, regardless of a generally accepted morality (Van der Meiden, 2019). Family members should feel that what they give and what they receive is fair. Deparentification should also take place if necessary (Goff, 2001).

According to the contextual therapy, the goal of the therapy would be to gain the trust of the family members. According to the theory trust is present when there is a fair balance of give and take. 'Reconnection' then means that people feel that this balance has been restored and that they can have confidence again (Van der Meiden, 2019). Reconnection would arise through awareness of one's own share and that of others in the imbalance of the system. This would make everyone feel entitled to autonomy and growth. The balance of give and take would be restored (Wilburn-McCoy, 1993).

According to the theory, someone's trust could have been betrayed when another person has created an unfair balance in the relationship (Van der Meiden, 2019). For example, a parent beating the child, while the child is entitled to receive love. In therapy this would be solved by achieving that the perpetrator is seen as a victim of what has been done to him or her before. At that point in time, three generations of accounts are used: the parent did not receive what he or she was entitled to in his or her childhood and deposited the 'outstanding' account with the child (Van der Meiden, 2019). The parent remains responsible for this, but insight is gained into the injustice from which the behaviour would originate. In contextual therapy this is referred to as 'exoneration' (Van der Meiden, 2019). The family members could have confidence again in the balance of give and take. When a parent commits domestic violence, according to Nagy this should not be approved, but the therapist could, according to Nagy, give recognition for the victimisation this perpetrator experienced as a child (Dankoski, & Deacon, 2000). The burden of guilt on the perpetrator is alleviated by exonerating. The insight could break the dynamics (the rotating slate) (Van der Meiden, 2019).

2.8 What does scientific research tell us?

2.8.1 Multiple partiality does not work

Research has been done into the ways in which family therapists deal with the fact that family members can accuse someone else of something in a therapy session (Stancombe, & White, 2005). To this end, therapy sessions and discussions of the sessions between the therapists were written out and these texts were analysed. The therapists tried to be multi-partial or neutral. The research shows that therapists sometimes changed the subject in response to an accusation from one family member to another (Stancombe, & White, 2005). This can lead to someone not feeling heard or acknowledged or not being believed by the therapist (Stancombe, & White, 2005). Another way therapists use is to summarize and reformulate what is said, with the aim of changing family members' views of situations and making them more compatible (Stancombe, & White, 2005). For this, however, you need the willingness of the family members. In the analyses of the therapy sessions it appeared that the consequence can be that someone reacts to such a reformulated summary with (further) explanations of their own view of the events and the question of guilt instead of going along with the therapist's proposal (Stancombe, & White, 2005). On the contrary, a person can do more to convince the therapist that what he/she indicates is correct. Furthermore, the analyses of the therapists' discussions showed that they themselves did make biased assumptions and answered the blame question, supplementing their interpretations with exculpatory statements (Stancombe, & White, 2005). In this way they arrived at a version of the problems that was 'accounting' balanced and could be presented to the family (Stancombe, & White, 2005). A therapist can never be completely neutral or multipartisan, but has prejudices and comes to an appreciation of the situation (Stancombe, & White, 2005). Trying to adopt a neutral or multipartisan attitude can be particularly dangerous in families with domestic violence because it can strengthen the dominant position of the perpetrator (Fleckinger, 2020).

2.8.2 The therapy can harm victims of domestic violence

The application of the therapy and related ideas is criticised in the case of domestic violence and in particular sexual abuse (as well as other family system therapies), (Fields, 2008; Murray, 2006). It is relevant to note that Nagy developed the theory in the second half of the twentieth century. Until the 1980s, it was common for children and mothers to be blamed when children were sexually abused by their fathers (Hill, 2006). There were ideas that children would seduce and also thoughts that fathers and children would turn to each other when the mother was absent (Hill, 2006). The mother would not have given the father his marital rights, which he would then seek from the child (Hill, 2006). The false assumption that mothers would always know about the sexual abuse also occurred (Hill, 2006).

Although contextual therapy holds a father who has sexually abused the child or used other domestic violence responsible, shared guilt is often given to the other family members (Lutz, & Medway, 1984). Nowadays we call this 'victim blaming' (Toews, et al., 2016). Victim blaming stems from the difficulty people have in accepting that the world can be unjust and that bad things can happen to themselves and the people they love can happen to them (Toews, et al., 2016). People look for explanations that can contribute to the idea of a fair world and/or the feeling that they have control over what happens to them and that they could prevent these nasty things for themselves (Toews, et al., 2016). It also often happens that victims are not believed (Kennedy, & Prock, 2016). Placing the blame or part of the blame on the victim, as well as finding excuses for the perpetrator are other ways for people to maintain their sense of a just world (Kennedy, & Prock, 2016; Toews, et

al, 2016). This happens not only in cases of sexual abuse, but also in other forms of domestic violence (Fleckinger, 2020). This process is very similar to what is done in contextual therapy through reconnecting and exonerating, which also aims to restore a sense of fairness.

For victims of domestic violence, however, victim blaming is harmful (Fleckinger, 2020; Kennedy, & Prock, 2016). In fact, they need the support of others (Capella, et al., 2018). Victims of domestic violence and especially children often suffer from feelings of guilt and shame, partly because of the pressure for secrecy about the domestic violence that is inflicted on them (Kennedy, & Prock, 2016). Perpetrators also often say and do things that make the victim feel guilty for the violence that befalls them, especially when it comes to sexual abuse (Kennedy, & Prock, 2016). Victim blaming from others contributes to these feelings (Kennedy, & Prock, 2016). This stands in the way of (further) revelations from the victim, as well as the process of recovery (Kennedy, & Prock, 2016). Victims who experience guilt or shame are more likely to suffer negative psychological consequences while treatments that reduce these feelings can contribute to reducing trauma and depression (Kennedy, & Prock, 2016).

The tendency to see mothers as responsible for not protecting their child from sexual abuse or even assuming that they are cooperating is also a strong negative factor, also called 'mother blaming' (Alaggia, 2002; Plummer, & Eastin, 2007). Prejudice and automatic mother blaming are unjustified as many mothers believe and want to support their child after learning of the sexual abuse (Alaggia, 2002; Plummer, & Eastin, 2007). Mothers' reactions to sexual abuse of the child by the father are diverse and are influenced in a complex way by different factors (Alaggia, 2002). An example of this is that some mothers feel forced by cultural-religious reasons to maintain their marriage to the father and forgive him (Alaggia, 2002). The complexity is evident from the fact that there are also mothers who adapt their cultural/religious values in response to discovering the sexual abuse and/or accepting that their community no longer accepts them because of the divorce (Alaggia, 2002). At odds with the idea of mothers as co-guilty in cases of sexual abuse (or other forms of domestic violence), the finding is that today many mothers separate from perpetrators of domestic violence, including partner violence, child abuse and sexual abuse (Plummer, & Eastin, 2007). In some cases where the mother has broken off the relationship because of partner violence, maltreatment and/or abuse of the child occurs directly after the divorce or only then does it come to light, after which mothers often believe and want to support the child (Jackson, et al., 2015; Toews, & Bermea, 2017).

Mother's faith and support appears to be one of the most important helping factors for children who have been sexually abused (Malloy, & Lyon, 2006). Providing the right emotional support can be more difficult for mothers when children have been sexually abused for multiple reasons, including that the mothers themselves may experience (strong) emotions, the child's needs may be different than when they have not experienced sexual abuse and the child may experience different emotions and express emotions in a different way (McCarthy, et al., 2018; Plummer, & Eastin, 2007). Mothers indicate that they manage this better when they receive help (McCarthy et al., 2018; Plummer, & Eastin, 2007). Involving parents who are not offenders and counseling them separately from the child is an integral part of therapies that achieve positive results for children who have been sexually abused (McCarthy et al., 2018; Pollio, & Deblinger, 2017). However, this help is not part of the contextual therapy. Moreover, the focus on reconnecting and exonerating can harm the important support from mothers of children who have been sexually abused by their father. When mothers are exposed to mother-blaming by counsellors and these counsellors work on reconnecting and exonerating the father who committed the abuse, this can damage the bond between mother and child and increase the stress on the mothers. Research shows that mothers

suffer a lot from mother-blaming by child protectors and from instructions they have to follow, including contact with the fathers despite strong resistance from the child (Plummer, & Eastin, 2007). This makes it difficult and, in some cases, even impossible (because the court has assigned the child to the father) for them to support and protect the child (Plummer, & Eastin, 2007).

Family systemic therapies, such as the contextual therapy, ignore the fact that child maltreatment and sexual abuse should be seen as a crime and the child has the right to be protected against it (Fields, 2008). The goal of reconnecting can be in conflict with this right. Wrongfully, professionals, based on theories such as the contextual therapy, can assume that they should always work towards contact and advise this to judges, also in cases where the child would benefit from ending contact with a parent (Fields, 2008).

2.8.3 Exoneration and reconnecting need not be a need of victims

Exoneration by linking the perpetrator's conduct of domestic violence to injustice that has happened to him, does not put the blame on the victim. However, there is no scientific support for the assumption that this leads to the desired changes. The stories of people who experienced sexual abuse as a child by their father do not show that they are looking for exoneration, but that they are talking about recognition and the damage that was caused by not being believed or helped (Buchbinder, & Sinay, 2019). The victims in Buchbinder and Sinay's investigation had distanced themselves from their fathers and drew strength from being able to experience control and choice in their lives, and in some cases that their father was brought to justice for what he did. Research on children undergoing treatment for having been sexually abused by a family member or acquaintances shows that they also emphasize support and belief as important and helpful (Capella, et al., 2018). They experience the relationship of trust with the psychologist as valuable, being able to talk and think about things in therapy and get help with that, as well as being able to play and laugh (Capella, et al., 2018). In this study it was stated that the slow legal criminal process was perceived as negative and often does not lead to conviction while the children do have the expectation that the perpetrator will be punished (Capella, et al., 2018). The children saw the purpose of the treatment as that they could give the abuse a place and that it would not control their lives (and did not seek reconnection) (Capella, et al., 2018). Research among adolescents who were victims of sexual abuse by a family member showed that they experienced more depression and suffered a more negative self-esteem when they blamed themselves, but that it did not matter whether they laid the blame outside themselves (as in the case of the perpetrator, possibly in an exonerating way) or did not come up with a cause (Morrow, 1991).

The idea that perpetrators of domestic violence would change through the process of exonerating can be unrealistic. Kimberg (2008) found that especially when control plays a greater role, perpetrators are not motivated and there is a long-term pattern of domestic violence, it is extremely difficult to change the behaviour of perpetrators (Kimberg, 2008). Even if exonerating would contribute to the desire to fulfil the parental role well, there are many factors that make success difficult in this respect, including: frustrations, lack of positive role models, anger towards an ex and inability to reflect (Lünneman, et al., 2008). It is therefore questionable whether the goal of reconnecting through exonerating meets the needs of victims, as contextual therapy does not describe solutions for these kinds of factors.

There is also the danger that children will not receive confirmation that they can reject a parent. In some cases, it can help children to reject a violent parent and they will be more inclined to do so when they learn from others that this is allowed and get the message that violence is wrong, e.g. from their other parent, counsellors, or the police (Peled, 2000). There are children who

continue to show affection towards their violent parent and do their best to have pleasant interactions (Peled, 2000). These children may suffer from feelings of guilt and a negative self-image, try to find excuses for their parent's behaviour, feel responsible and can adjust their behaviour in the hope of preventing further violence (Swanston, et al., 2014; Tierolf, et al., 2014). Dillen (2002) states that Nagy said that therapists should take loyalty into account, but that Nagy did not mean that in all circumstances they should strive for closeness in the family or bringing people back together again. However, this is how people who apply the theory often interpret existential loyalty (Dillen, 2002). Research among counsellors showed that based on the contextual therapy ideas they also involve the biological parents in the treatment of the child in situations of domestic violence (Van der Deen, 2011). Moreover, they were under the assumption that they should always talk about the parents in a friendly way, work towards a positive image of the parents in the child and ensure contact between the child and the biological parents (Van der Deen, 2011). In this way, contextual therapy leads counsellors not to respect the possible sincere wish of children not to have contact with a parent (e.g. because of abuse) and not to think positively about that parent.

3. The application of contextual therapy by child protection

In addition to the points described above where contextual therapy is incorrect, there are two additional reasons why it is problematic when youth protectors (all professionals involved in protecting children) apply contextual therapy.

3.1 Child protectors aren't therapists.

It is assumed that someone who would give contextual therapy should first go into learning therapy themselves in order to deal in a positive way with the ratios of giving and taking in their youth and their influences (Van der Meiden, et al., 2019). This is particularly relevant since it is found that people who opt for care professions have, on average, experienced parentification and other negative youth experiences more often (DiCaccavo, 2002; Esaki, & Larkin Holloway, 2013). As a result, children's negative experiences with their parents can evoke negative associations and feelings in the child care worker, which can make it more difficult to arrive at the correct insights and decisions (Coles, & Mudaly, 2010; Esaki, & Larkin Holloway, 2013).

3.2 The contextual therapy is rather complex.

Research shows that care providers do not interpret and apply the concepts from contextual therapy unambiguously (Van der Deen, 2011). Moreover, because there is no manual nor concrete guidelines for the therapy, people may be inclined to apply the theory in a normative way when it is not meant to be (Van der Meiden, et al., 2019). In that case, the therapist does not work through dialogue on insights and changes that people bring about themselves, but prescribes what they should or should not do (Dillen, 2002). In addition, one cannot expect (young) children to understand abstract concepts such as trust and reliability or to be able to look far into the future and see themselves as helping parents (Van Hekken, 1990).

People who try to transfer the theory sometimes use one liners (Bronwasser, 2016). They put forward propositions that are unsubtle and/or incorrect, while these propositions are often adopted by others who think they are facts. Examples of one liners that arise from contextual therapy are: The worse the parents, the more faithful the child (in Dutch) (Bronwasser, 2016) and 'The best guardian parent is usually the one who is most willing and able to help a child maintain continuity in these relationships) (Cotroneo, 1992) and 'You are 50% one parent and 50% the other parent' (in Dutch)(Lips, 2017). Our book contains a more extensive discussion of the scientific

findings about parents and children in divorce that show that these assumptions are incorrect (CSMS, 2019).

4. Conclusions and recommendations

Many (Dutch) child protectors rely on the theory of contextual therapy. This theory is incorrect on several points and youth protectors can have difficulty understanding and applying the complex theory. As a result, child protectors may place too much emphasis on the child's relationships with both biological parents. Especially in cases of domestic violence the use of contextual therapy can be harmful. Youth protectors place too much emphasis on contact with both biological parents and restoring trust, even when this is harmful to the child. There may also be a tendency to lay the blame on victims of domestic violence. Moreover, the needs of the child can be misjudged in various situations because people wrongly assume that the child will always be or should always be loyal to the biological parents and they believe that problems can be traced and solved through a balance of give and take between family members and an understanding of this. Also, child protectors may have too much faith in their ability to take on the perspectives of everyone, while perhaps only wrapping their own assessment in an explanation that seems multiple partial or acceptable.

It is advisable to make use of scientific insights rather than the ideas of the contextual therapy. A great deal of research has been done into relationships between children and parents, traumas, negative childhood experiences and into treatments and interventions. We also give some cautious advice. We cannot guarantee that this advice will help. For more tailor-made advice, we can be contacted by e-mail.

4.1 Recommendations for child protectors

If you work in the field of child protection, we recommend that you keep your professional knowledge, insight and skills up to date and not only depend on national sources, but also on international sources, such as international scientific publications and courses and trainings. Some institutes and organisations have an online offer, such as on the Council of Europe website (https://edoc.coe.int/en/). It is important to always check to what extent the information is based on actual findings. A theoretical underpinning of a programme, for example, is not the same as a proven effective programme. Approach (international) specialists when topics are difficult and provide good support and relaxation for yourself, especially when certain topics are emotionally charged, such as possible sexual abuse of a child or events in the family that affect you personally. This is not only important for yourself, but also for the families you work with. For example, you don't want a child who has experienced serious sexual abuse not to be able to talk to you openly because you find it too difficult yourself.

Of course, these recommendations do not only apply to you, but also to your colleagues. Child protection often works in teams and one can ask for advice within the organisation. This has both advantages and disadvantages. An advantage, for example, is that you can support each other. A disadvantage that is relevant to this piece of work is that youth protectors often have a similar education and background and work on the basis of the same literature and guidelines, so that they can confirm each other in wrong assumptions, such as those from the contextual therapy (Rees, et al., 2019). It may be good to realize this. Moreover, others (both your colleagues within the organization and chain partners) often depend to a large extent on the information you provide and/or they allow themselves to be influenced by this (Munro, 2019). If your interpretations and understandings are incorrect, this can cause them to get the wrong picture of the family and the interests of the child, with possible negative consequences for the child (Munro, 2019).

4.2 Recommendations for parents

If you yourself, as a parent, are faced with help from the child protection services, consider that any misjudgments and actions of the child protection service provider may be the result of wrong theoretical thoughts or misunderstandings. Through questions you may be able to find out which thoughts the child protector has. It may help if the child protector's reasoning is transparent so that you can check (together) to what extent these thoughts are correct. In addition, it can possibly help other people involved to evaluate information at its correct value. Conversely, you can explain what you find important and why and where your vision and reactions and those of family members come from, or ask others (such as specialists) to help you with this. It seems obvious, but it is not always. For example, a child protector can perceive a flat tone and neutral facial expression of your child telling about a trauma as signals that the trauma did not actually happen, while a trauma therapist can explain that this may be a result of the trauma.

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