

Fighting the System

Keynote speech at the BFMS AGM April 2004

by Freddie Howe



First of all, may I thank you for inviting me to address your meeting.

In Act II of *'The Importance of Being*

Earnest' by Oscar Wilde, there is conversation between Miss Cecily Cardew and Miss Prism about the merits and demerits of keeping a diary.

Miss Prism: I really don't see why you should keep a diary at all.

Cecily: I keep a diary in order to enter the wonderful secrets of my life. If I didn't write them down, I should probably forget all about them.

Miss Prism: *Memory*, my dear Cecily, is the diary that we all carry about with us.

Cecily: Yes, but it usually chronicles the things that have never happened, and couldn't possibly have happened.

I suspect that the rich irony of those words will resonate very strongly and may perhaps overshadow the drollery which Oscar Wilde doubtless intended. *The Importance of Being Earnest* should not of course be treated as any kind of bible in the context of

this meeting, which is the very opposite of frivolous. But it enables me to start where I think all discussions about false memory and false allegations of abuse should start, which is with the opposing discourses that serve to frame them: in the red corner the advocates of the apparently clear-cut, one-track theory, represented by Miss Prism; and in the blue corner the contrasting scepticism and caution of Cecily Cardew.

As a parliamentarian, particularly in opposition, it is, I suppose, my function to be a sceptic before anything else. But if there was one overriding observation I could make about any of the phenomena associated with wrongful allegations - "recovered memory" theory, or shaken baby syndrome, or allegations of historic abuse from multiple witnesses, or Munchausen's Syndrome by Proxy - it is the extraordinary absence of scepticism which has allowed those phenomena to flourish and gain public acceptance. That is not the only thing, by any means, which has allowed them to flourish; but it is perhaps one of the more intriguing reasons, and its implications are ones I shall try to develop today. The title I chose for my talk, which is 'Fighting the System' may have indicated to you that I intend to cover a rather wider canvas than that of false memory

alone; and my purpose in doing so is to highlight some common threads which bind together the many and varied manifestations of false allegations. By doing so I hope to illuminate, from my point of view as a parliamentarian, the nature of the problem with which we are dealing.

The activities which nowadays fall under the catch-all heading of 'abuse' are many. There is the archetypal case of the young woman who undergoes psychotherapy and who purports to recover a memory of being sexually abused by her father when she was eight years old. There is the mother who loses her child to cot death and is then accused of the child's murder.

Table of Contents

Focus on AGM

Fighting the System	1
Light at the End of the Tunnel ..	6
Director's Report.....	9
Trustees' Responsibilities	12

Editorial.....

News Features

Special Focus

Progress in the Netherlands	13
----------------------------------	----

Members Forum

Books & Reviews

Letters.....

Legal Forum.....

Dear Reader,

Not everyone is able to attend the springtime Annual General Meeting so this issue of the newsletter provides an opportunity to share the talks and reports that were given at the meeting in London in April. For members who were present and have heard it all before I apologise but hope it may be useful to have the printed version to which to refer.

Also, in this edition we are publishing Adriaan Mak's brief history of the progress against unsound therapeutic practice in the Netherlands. Our own Government is aware of all our concerns but has not shown willing to commission enquiry into the need for reform. Perhaps proactive use of the article, such as using it to lobby your Member of Parliament, will inspire commitment to dealing with the problems of unsound and unproven practices. Give it a try and let us know if there is any response. The Society's plans to develop a programme of education for professionals are outlined in the Director's annual report which has been included in this issue.

With regard to legal affairs and looking at our immediate targets, some reorganisation of priorities is required. Letters from prisoners and those hoping that we may eke out a ground of appeal are sometimes sent to us; they are heart-rending, but we can never become a substitute for professional solicitors and barristers whose job it is to provide the basic legal services. What we can and must do is ensure that we play our part in the provision of educational and training material to enable more lawyers to become competent in those highly specialist areas for which the Society was set up.

Thank you to all our helpers and supporters for your unstinting commitment to our work.

Madeline Greenhalgh

There is the mother who is baffled by her child's continuing unexplained illness and repeatedly takes him to the doctor's, only to be accused of abusing the child by fabricating the illness herself. In all immediately obvious respects there is nothing whatever to connect these disparate types of case. But where the underlying allegation is a false one we can say immediately that there exists a link between them of the clearest possible kind; namely the devastating damage and trauma that ensue, sometimes irreparably, for the parents and children involved.

Munchausen's Syndrome by Proxy (or MSbP) features in a high proportion of the cases that in one way or another land on my desk in Parliament.

Before the three well-publicised criminal cases of 2003 - those of Sally Clark, Trupti Patel and Angela Cannings, who were each accused and then exonerated of having murdered their babies - it is fair to say that public awareness of MSbP was not high. The significance of those cases was not only that they cast a spotlight on MSbP that was long overdue but also that they showed up in a very dramatic way the fallibility of expert testimony. How could it be that one of the most eminent paediatricians of the day could cry 'murder' with such certainty and yet get it so catastrophically wrong? MSbP is a diagnostic theory which has established a firm place for itself in paediatrics and in the practice of social work. The term was invented to describe a condition in which a mother fabricates or induces an illness in a child, sometimes with fatal results, in order to draw attention to herself. Eminent doctors have told me that

MSbP is very real, and as a non-medical person I am in no position to dispute that assertion. Yet on the strength of the three criminal cases of last year I believe I am entitled to say that this theory which purports to diagnose child abuse is in practice highly prone to misdiagnosis, even in the hands of so-called experts. If we then picture it in the hands of people who are not experts, as it often is, such as teachers or social workers, the dangers of misdiagnosis are surely magnified commensurately.

The main danger lies in the failure to recognise genuine illnesses and

How could it be that one of the most eminent paediatricians of the day could cry 'murder' with such certainty and yet get it so catastrophically wrong?

conditions in children and instead to attribute overt symptoms to deliberate harm inflicted by parents. In reality there is a whole range of hard to diagnose conditions - autism, Asperger's

syndrome, ADHD, genetic abnormalities, ME, vaccine damage, even cancer - which without a specialist in those conditions can remain unidentified. Time and again the requisite tests for such conditions are simply not done; and when social workers and paediatricians find themselves unable to explain the behaviour or symptoms of a child, they look for answers in the guidance on MSbP. That guidance, issued in one form by the Royal College of Paediatrics and in a different form by the Department of Health, explains what MSbP is and how supposedly it can be recognised. The telltale signs of MSbP include certain sorts of behaviour on the part of the parent or carer - behaviour that is meant to constitute the typical "profile" of an abuser. The problem with these profiles is that almost anyone you care to name will fit them. The

parent who makes a fuss with the doctors is as much an object of suspicion as the parent who is cool and calm. The mother who appears emotionally detached from her child is decidedly fishy; but so is the mother who lavishes attention on her child because clearly she is just doing it for effect. Of course a confession of guilt by a person is damning; but a forthright denial of guilt is a sure sign that the person is covering up. Now, although warnings are given that such profiles do not necessarily indicate that a person is guilty of abuse, and indeed can apply to someone who is completely innocent, nevertheless such indicators are used as a way of validating a hypothesis of MSbP when that hypothesis first rears its head. In this way, MSbP, instead of being a diagnosis of last resort, becomes, all too readily, a diagnosis of first resort.

In my judgement, MSbP is the diagnostic route of choice for two categories of doctor. The first category is the practitioner who, for whatever reason, is not sufficiently thorough in getting to the bottom of what may be a complex and serious illness in a child. The second group are those practitioners, including many who act as expert witnesses in the criminal and family courts, who are intent on validating both the theory itself and their own status as experts. In the latter group, caution and balance are displaced by what amounts to a fixation; and these individuals come to regard their work in validating MSbP as something akin to a crusade. The risks of such an approach do not need stating, least of all by me. They have been highlighted eloquently by a number of eminent doctors in the field of child care who vigorously contest the methodology adopted by the leading group of MSbP proponents.

The parallels with recovered memory are striking. Perhaps the

main and most obvious difference is that recovered memory, even though it is still actively promoted by certain practitioners, no longer has any standing amongst reputable psychotherapists. The Brandon report and recent publications such as *'Remembering Trauma'* by Dr. Richard McNally, have well and truly debunked the myth that submerged memories of appalling experiences can somehow re-emerge after long periods of having been forgotten. Yet, as with MSbP, there remains a problem with individual practitioners, some of whom do not sufficiently question the assumptions underlying their own actions and are too ready to accept at face value the statements made by their patients during therapy, with the dreadful results that we all know about. Dr Eastgate was

...indicators act as an entirely spurious buttress to the psychotherapist who is determined to believe the otherwise unsupported statements of a patient.

heavily criticised by the GMC for his fixation on childhood sexual abuse as the explanation for his patient's disturbed state of mind. He did not bother to look more thoroughly at the patient's overall circumstances or state of health; he did not bother to look for countervailing facts in the girl's family. Instead he went to the police. And there are further parallels. In that pernicious book *The Courage to Heal* we find, as with MSbP, a range of so-called profiles and indicators which are supposedly associated with someone who in the past has suffered sexual abuse. These indicators act as an entirely spurious buttress to the

psychotherapist who is determined to believe the otherwise unsupported statements of a patient.

When I went on the radio a few weeks ago to voice some of my worries about MSbP and its diagnosis, I was contacted afterwards by a consultant psychiatrist who sought to put me right on some of the things I had said. Taking issue with me on the points I had made about the risk of misdiagnosis, he wrote: "It is not even strictly true to say one 'diagnoses' MSbP; rather, one detects it." For me, that statement encapsulates much of the problem. Just as Dr Eastgate did not bother to investigate his patient, so, time and again, doctors who diagnose or detect MSbP do not even bother to interview the parent and sometimes do not even examine the child. It is by no means uncommon for the expert paediatric witness to reach his conclusion simply from a reading of the relevant file. 'Detecting' MSbP is just what it amounts to; in other words, a process of reasoning that has few handholds to latch on to other than *a priori* assumptions and inferences which may not be soundly based.

What we see across the whole spectrum of abuse allegations, but particularly in false memory and MSbP, is an essentially unscientific approach; unscientific because it depends on presupposition and is devoid of healthy scepticism. For the man and woman in the street, caught in the middle of all this, the battle is an extremely difficult one to fight. If they feel that the experts are gunning for them, they are likely to feel even more beleaguered when, as many do, they find themselves defending their corner in the family courts. I believe very strongly that the workings of the family courts are ripe for a fullscale review. Even if I did not have the concerns I am about to outline to you I would say the

same thing, because twelve or thirteen years, which is the length of time that the courts have operated in their current form, is about the appropriate period after which - in my book - it is right to sit down and ask the basic questions; whether they are fulfilling their originally intended purpose, and if so, how well.

As it is, I think we should be quite worried by the way in which the family courts function. I start off from the proposition that the forcible removal of a child from his parents is one of the most draconian things that the state can do. If we accept that proposition,

then we surely have a duty to satisfy ourselves on two questions. 'Does the family court

process provide a fair test of the evidence?' and 'Is it sufficiently transparent?' Many parents would say that the answer to both questions is 'no' - indeed they often express the feeling that the dice are loaded against them in all sorts of subtle ways. The system is not explained to them. They have little input into the proceedings. Often, unlike the child or the local authority, they have no legal representation of their own. If they have taken legal advice, it is often from the man who conveyed their house, not necessarily someone versed in child protection law. If expert evidence is pitched against them, increasingly the court debars them from submitting different expert evidence, to counter it. Frequently the report of an expert may not even be questioned in court; and unless that report is positively disproved, it is incumbent on the judge to place a heavy reliance upon it when reaching his decision.

Some would say that there exists an over-cosy relationship between

certain expert witnesses and certain judges. If, for example, a judge has previously attended a lecture by the paediatrician giving evidence before him, he may be more likely to discount the doubts which a legal counsel may try to raise about the cogency of what that witness is saying. And perhaps inevitably, it so happens that the same expert witnesses crop up time after time in front of the same judges. In the abstract there is nothing wrong with experts lecturing to judges or making frequent court appearances in an expert capacity; but there is everything wrong with

At the end of the day, the judge will reach a decision. If the decision is unfavourable to the parents, and they do not accept it, there is in practice no remedy for them.

it if the expertise happens in some way to be flawed. No-one has to pass an exam to get onto the list of available expert witnesses. You simply submit your name to one of the commercial databases and specify the subject on which you declare yourself to be an expert. It is as easy as that.

But what is lacking in all this is transparency. To protect the child, the proceedings of a family court are confidential and may not be reported. What that means is that daylight and the heat of peer criticism are never allowed to fall on the quality and content of the expert evidence. Personally I have great difficulty with the whole notion of secret courts within the context of a democracy. Justice, as someone said, is not a cloistered virtue. If in the criminal courts it is possible to protect the identity of a child, as it certainly is, whilst leaving the press free to report all other aspects of the case, then something similar should surely be achievable in the family courts. Indeed no fewer than twelve

American states are now experimenting with opening up their family court proceedings to public reporting. They are doing so because they have realised a perennial truth; that scrutiny breeds accountability.

But the bias in the system does not stop there. At the end of the day, the judge will reach a decision. If the decision is unfavourable to the parents, and they do not accept it, there is in practice no remedy for them. There is no appeal, other than in extremely narrow circumstances, on a point of law or misdirection. They may not discuss their case outside the court. They may not even discuss it with their MP. Many parents have said to me that almost before they knew it was happening, the decision of the judge had been taken - a decision, incidentally, reached only on the balance of probabilities. All this worries me very much. I believe that we need to take a completely fresh look at the rules that govern the operation of the family courts. What we have at the moment is a system that may have started off being well intentioned but which has now somehow lost the necessary degree of balance.

Innocent families are entitled to having the slate wiped clean. Where an allegation is made and no evidence is found to back it up, or else where the allegation is refuted by contrary evidence, there should be no question of simply closing the file and walking away. The outcome of the investigation should be formally recorded as 'unfounded'. Sue Amphlett of the organisation PAIN was right to say that anything short of that is an affront to natural justice. Yet ministers have told us in parliament that an MSbP diagnosis cannot be wiped from a file even if it is disproved: according to them it is a legitimate part of a person's medical records and must stay there.

In the area of false memory the situation is perhaps even more complicated. The natural reaction of families who know they are innocent is to want to complain to the GMC or one of the professional bodies about the conduct of a practitioner. It is one thing if the accuser retracts the allegation of abuse. But if the accuser has not retracted the allegation, and there has been malpractice, how do you make a complaint to the GMC without causing even more damage to your family? The point of making a complaint is not just to bring a rogue practitioner to book. It is to try to restore equilibrium and healing to those involved - the patient who has been mistreated and the family who have been wrongly accused. The unwanted consequences of making a complaint in psychotherapy have never, I think, been properly addressed; and I believe this needs to be done now, by an independent body.

I have listed a rather formidable catalogue of ills, but I do not want to send you away too gloomy. The problem running through what I have been saying is essentially the problem of how to fight dogma and how to fight entrenched false stereotypes. The judgement in the appeal of Angela Cannings has, I believe, marked the turn of the tide in this fight. The judges in that appeal sounded a stern warning about the dangers of an over-dogmatic expert approach. They spelled out that nothing short of certainty should lead to a criminal conviction for murder, and that if there was no objective evidence pointing to murder, a jury should not convict. In other words, scepticism rules. In the light of the case, as you all know, ministers have ordered a review of all comparable cases in the criminal courts; and they have instructed local authorities to undertake a review of family court cases in which care orders were made following disputed medical

evidence. The scope of that review is in my opinion not wide enough, but it is certainly a start.

Alongside Cannings there have been two other cases of significance. Last year the Lord Chief Justice delivered his judgment in the Court of Appeal in the case of *Selwyn B* reported in the BFMS newsletter of last July. The conviction of Brian Selwyn B had rested on an uncorroborated claim of sexual abuse alleged to have taken place thirty years ago. For the first time the appeal court used the criterion of inherent unfairness as grounds for overruling such a conviction, and in so doing cast aside a great mass of accumulated common law. Whether or not, as your newsletter predicted, this decision changes the landscape in such cases remains to be seen; but it certainly has the potential to do so. Also in 2003 was a little remarked upon case in the family division - *re ET*. Care proceedings were brought relating to injuries sustained by a baby, allegedly at the hands of her parents. The question in this case related to the standard of proof required for the purposes of Section 31 of the Children Act where the allegations were very serious. It was held that the standard of proof, though remaining the civil standard of the balance of probabilities, had to be accompanied by a cogency test; which is that the more improbable the event, the stronger must be the evidence that it did occur. The conclusion drawn from this by legal commentators is that in such cases the difference between the civil and criminal standards of proof is largely illusory.

I said that I thought the tide had started to turn. But I must be careful. The tide is still in, and it moves very slowly. Defensive postures are being adopted in the Department of Health and the DfES. MSbP and the methods of diagnosing it still enjoy official sanction. False memory is still not

recognised everywhere for what it is. And there are icebergs ahead in current legislation. The Children Bill, now in the House of Lords, contains a raft of measures designed as a response to the enquiry into the death of Victoria Climbié. It talks about collaboration between agencies to promote the welfare of children and creates Local Safeguarding Children Boards (LSCB) to replace the non-statutory child protection committees. Much of this is very worthy; but there are dangers. LSCB's cannot just be allowed to work in their own sweet way. They need to be accountable and they need to work to a common set of standards that have been properly evaluated. I do not see these things in the Bill at the moment.

My main worry, though, is the provision enabling local authorities to set up databases on which any authorised person with a concern about a child at risk will be able to log that concern in the form of a flag for access by someone else. The point of these databases is to promote

...to enter onto the database any hint of a concern about a child.... with the result that the database will act as a hair trigger for investigative action and false allegations.

information sharing. I have nothing against information sharing where that is necessary to protect the safety of children. But amongst the many risks of this kind of system (and I will not go into them all) is that you will have a culture of defensive reporting. People who want to protect themselves from legal liability will be inclined to enter onto the database any hint of a concern

about a child, no matter how tenuous, with the result that the database will act as a hair trigger for investigative action and false allegations. Nothing in the Bill, at present, will prevent this. At the same time a profusion of trivial and perhaps ill-founded flags may well blot out the relatively few but more serious concerns where action by the authorities is both necessary and urgent.

When faced with a problem, governments have a habit of devising new decision making structures and new processes as the remedy. No structure or process, no database, and no amount of IT can substitute for sound professional judgement; openness and transparency; and the kind of scepticism which protects us from misguided practices. Dr McNally's book was referred to in the BFMS newsletter as providing the route to a

“happy ending to the epidemic of psychological ignorance and therapeutic malpractice in the domain of memory and trauma.”

For that to happen, scepticism and self-questioning by professionals need to come to the fore. Minette Marrin in one of her recent articles in the Telegraph made the observation that

“in a society supposedly so sceptical, proper scepticism is in fact a very rare virtue. And scepticism is the enemy of injustice.”

As we continue to expose and combat wrongful and unsound practices it surely behoves us all to trumpet the virtue of scepticism as an essential component in the drive towards a fairer society.

An edited version of the talk given by Freddie Howe at the BFMS AGM, April 2004

‘Light at the end of the tunnel’

Presented to the BFMS AGM

by Jenny

I am very pleased to be able to talk to you and to perhaps give you some words of encouragement if, like me, you are struggling to cope with the awfulness of False Memory in your own family. A few weeks ago, Madeline suggested that in view of the progress we have made over the past 12 years, it might help others to know that there is definitely light at the end of the tunnel – it may be only a small light and it is definitely a long, dark and – at times – very lonely tunnel; so I would like to tell you about my journey which began all those years ago, in 1992. Before I do so, I want to say that we are all in different situations with regard to False Memory, and so my experiences will not necessarily apply to all of you. Every time I come to a BFMS AGM, I am filled with admiration for the way you are coping with the most tragic situations imaginable.

I am sure that most of you will relate to what I am going to say next, that – quite simply – we thought we were one of the luckiest families alive; three lovely children in their early 20's, seemingly happy in their lives, often returning to visit us, and even come on family holidays. So many people told us over the years how fortunate we were.

In 1991 my daughter and I nursed my mother through terminal cancer for six months, a very sad time, but nevertheless a time filled with love and humour; ...shortly after her beloved granny died my daughter went to our family doctor, saying she felt very

depressed... not something she'd ever suffered from before. He wisely told her to give it time, and be with the family and her friends and it would pass eventually. But unfortunately this didn't satisfy her and she then went to an elderly lady doctor who decided she needed “someone to talk to” – and so we heard the words “analytical psychotherapist” for the first time in our lives. I'm afraid in those days, we had no idea what this meant. But, as far as my daughter was concerned, after one session with the lady in question, she thought she was the answer to all her prayers. Indeed every sentence started with “so and so thinks, so and so says, so and so believes....” We were asked first of all if we would mind paying the quite substantial bills for about a year (by which time of course she would be quite well again) and then if we would come and visit the therapist ourselves. It all seemed very positive and helpful – and we were completely taken in by this seemingly charming and helpful person.

I believe that many of you never have the opportunity to see for yourselves the person who quite calmly and calculatingly sets about destroying a perfectly good family, for what reason I am still not sure. So, in our case, we were lucky that we had this chance to meet her. She saw my husband and myself together and separately and asked all sorts of extraordinary questions about our childhoods, our parents, our medical histories, and many things that seemed completely irrelevant. But, at that stage, we had

absolutely no idea of what she had in mind for our family.

It wasn't long before my daughter was given *The Courage to Heal* to read, asked to write down her dreams every night, and told to go to her doctor and look at her medical records particularly in relation to any childhood ailments. All this information was then "analysed" by the therapist and gradually strange comments began filtering through ... such as (from my daughter) "the fact that I had my tonsils removed at the age of nine is a clear sign that I was being abused by someone" – and... "apparently 99% of us are abused" – I thought that was quite a sweeping statement.

Incidentally, we subsequently discovered that shortly before my daughter's therapist became a expert on tonsillitis and many other medical conditions she had been a travel agent!

After a while, my daughter came home one afternoon and, quite calmly, told my poor husband that although she didn't remember it, according to her therapist she had been abused by him as a child. My husband was devastated and said that he didn't remember it either, and he assured her that it was not something he would have forgotten. It was all to no avail, and having been told that he was in denial, and that she would continue to see her therapist to put things right, she went away again, leaving behind two totally distraught parents.

The nightmare didn't end there, indeed it was only just beginning – not long after this, our younger son of 21 decided it might help him to see his sister's therapist as well, and sure enough he also started to believe every word she told him. Although he never accused either of us of any form of abuse – indeed neither of them would discuss their therapy sessions at all – he became

withdrawn, distant and unloving (the complete opposite of the delightful and loving son he had been previously). Within a short time, he had gone to live elsewhere (my daughter had also gone to live in her training college) and any contact was infrequent, unfriendly, and decidedly hostile.

Eventually, in September of 1997, we saw them once more, and then – absolute silence.

By this time, I had become a member of the British False Memory Society, which was the best thing I could have done. I met others in a similar situation, and decided to fight back against this unseen menace, with a huge amount of support from the BFMS.

I managed to track down the Guild our therapist belonged to and bombarded the Chairman with letters, demanding that she should be sacked; I then discovered a therapist on the Council of the Guild who lived quite nearby and went to see him; I told him I needed professional help to cope with the destruction of our family by one of his colleagues, and, without my even mentioning her name, he knew immediately to whom I was referring. He then told me that she was a disgrace to his profession, the most difficult, dangerous and devious woman he had ever come across, and that he had needed therapy himself after coming into conflict with her over a patient.

Through him I discovered another therapist who had actually worked with her as a trainee for a year, and been so horrified by her methods that she had reported her to the Guild of Psychotherapists. They subsequently held a two-day hearing in London, found her guilty of malpractice, and ordered her to be retrained and monitored for a year. This was exactly at the time she was involved in working

with our two children. Incidentally the therapist who originally reported her was appalled that she wasn't thrown out of the profession.

I would like to say at this point that, having received enormous support from about six different therapists in my quest for the truth, I am now aware that there are some excellent and genuine people in the profession. This makes it so important that their work is allowed to continue without being tarred with the same brush as the bad or misguided ones who make people's lives such misery.

Over the years I read every article and book written on False Memory Syndrome, often speaking at length with the journalist or author to discover everything I could about the subject. I went to a most excellent play by Arnold Wesker called *Denial*, and subsequently spent an hour on the telephone to Mr. Wesker who was most sympathetic and in fact wrote to my son a few days later. If I felt I couldn't cope with the pain (especially during many sleepless nights) I would write my thoughts down, not for anyone to analyse I might add, but just to get them out in the open.

For the first five years, we kept the entire matter to ourselves, apart of course from our incredibly loyal and supportive elder son; we discussed how terribly important it was that he should maintain his close and loving relationship with his siblings; as he put it himself "One day perhaps I will be the bridge between you and them, hopefully to bring you together again". I cannot stress this enough – if you have a loyal son or daughter who can maintain contact with the accusing daughter or son this must be encouraged more than anything else. It will not be at all easy but really is essential. I know for a fact that our son has suffered

almost as much as my husband and myself over the past years, watching his family being destroyed - Christmas and other family festivals became an absolute nightmare; but it was also important to maintain some sort of written contact, and birthday and Christmas cards were, miraculously, always exchanged between all of us, although presents or any other form of contact were definitely not welcome.

We were perhaps lucky that we always knew where our children were living, though any attempt to visit them would have been disastrous, and I appreciate that some of you do not have any knowledge of your children's whereabouts, or their therapists.

We all cope differently when we are put in such a terrible situation – we didn't feel we wanted to tell anyone about our problems, indeed it was quite impossible to even talk about them for the first few years. It wasn't until we heard about the British False Memory Society that we were at last able to talk about our problems to people who understood, and who were in the same situation themselves. After that, we began to tell our closest friends in absolute confidence; they were quite incredibly supportive and this made such a difference.

Newspaper cuttings would arrive in brown envelopes, frantic messages telling us to turn on Radio 4 for a talk on False Memory, supportive phone calls on difficult days such as Christmas and birthdays, and endless other kindnesses. Some of you will have had to face police proceedings and investigations, and therefore it will have been brought into the public eye, but I understand from most of those people I have talked to that they experienced considerable support and kindness from their local community.

The first time you attend a BFMS AGM I venture to say that it will mark a turning point for you - indeed it is the most important step you could have taken. You will find unstinting support, information and advice, not only from the staff, but from other members who are in the same situation. You will realise that you are no longer on your own, and

You will realise that you are no longer on your own, and you will gradually begin to find a semblance of normality returning to your lives.

you will gradually begin to find a semblance of normality returning to your lives. As hard as it may seem, try not to get completely "bogged down" with your sadness, or let this horrendous situation take over your life entirely. An elderly aunt gave me some very good advice several years ago, after I had talked to her about our problems – she told me to get on with my life, and put everything else into perspective. I didn't appreciate that advice at the time as, quite simply, I didn't feel I had got a life with two of my children completely missing from it.

But of course, she was right, and in time I did just that. I took up photography and now have a small cottage industry making cards, and publishing two and a half thousand calendars every year; we started traveling and visit South Africa every year; and life began to get back to normal; indeed, we just coped better with the whole situation. It may seem very mundane to suggest that joining an evening class, signing up for a computer course, or learning a foreign language could possibly help, but it is so important not to allow yourselves to be destroyed as well. After all, you have done nothing wrong.

There were many setbacks – one of the worst was when we heard that my daughter was about to make us grandparents, and naturally thought that we would never see the baby, especially as she hadn't bothered to let us know herself.

I called this talk "light at the end of the tunnel", and now I can tell you why. In December 2001, completely out of the blue, I received a letter from my daughter, asking if I could meet her and baby James, now one year old. It is hard to describe my feelings as I waited in a strange hotel lobby for the front door to open, and then

it did and my daughter with her arms full of a very large toddler walked up to me and said "James, this is your Grandma Jenny" and she gave me a kiss. We talked about the things mothers and daughters talk about, James's birth which had been traumatic as he was in intensive care for many weeks - and life in general – but nothing difficult or confrontational – and the time passed all too quickly. We had a very warm hug goodbye and then she was gone.....

For a long time, I heard nothing more from her, and became very despondent again.

But – almost a year later, another letter – could I come up to Taunton for the day, just before Christmas. We met and exchanged presents for the first time in years, which was wonderful. Four months later, another contact and meeting, then a whole day out, and another. Eventually, two years after she made contact with me, she asked if she could come home to see her Dad, just before Christmas 2003.

My greatest fear about this meeting was how my husband would handle the re-union, and so for several months I tried to

prepare him for it as I just knew it would happen in due course. I warned him against being in any way confrontational or demanding apologies for the hell he had endured. As it happened, he found it easy to give her a hug, sit down and talk about every day things over a cup of tea, and walk round the garden discussing all the work he had done over the years.

I now see my daughter almost every month. We speak on the phone regularly. She has just arranged a two-day break and asked me to join her and little James. I know she will soon come home again and quite simply life has become full of hope again.

Our younger son has just begun to get in touch as well, and we have now met up three times, with our other baby grandson. As with my daughter there was a long time between the contacts, but instead of once a year, it is now every three or four months – again, nothing of the past is mentioned, and maybe it never will be. All that matters is that we are seeing them again.

It is a fact that we all love our children unconditionally, and this enables us to take them back into our lives without any reproach or the need to ask them why it all happened.

The therapist has “got away with it” so to speak, but we are past caring about her. We know for a fact that she is no longer practicing the repressed memory method, which is something to be thankful for, maybe the result of my constant bombardment of the chairman of her guild all those years ago.

Now we look forward to the future – the past is over. My daughter recently said to me, “I don’t want to think about the past any more, just the future”, so maybe that is as near as we will ever get to a retraction.

Before I finish, I would like to say an immense thank you to Roger Scotford for starting the British False Memory Society which has given so many of us a lifeline to hold on to. I really don’t think there would have been any happy endings at all if it hadn’t been for Roger and the BFMS. Also a heartfelt thank you to Madeline for always being at the end of the phone with practical and sympathetic advice, or for just listening; and I’d also like to thank my friend Jill Parker for her never-failing support.

Thank you for listening to my story and I hope and pray that by next year, some of you will be able to tell me that a miracle has happened in your lives. Please keep positive and **never** give up hope.

Director’s Report to the 2004 AGM

Firstly, I would like to tell you a true story to demonstrate the problems that still face the BFMS.

Towards the end of the year I was contacted by a twenty-year old woman, who believed she had recovered memories of severe childhood sexual abuse at the hands of her mother and father. She explained how she first began to doubt her memories after she had a flashback of her miscarriage - as the scenes flashed before her she knew they were not a true reflection of the real event she had suffered the year before. This set her thinking that if these flashbacks of her miscarriage were false then all the rest of her sexual abuse flashbacks could be made up too. This young woman was marking the beginning of sorting out her life; she still has a long way to go before she fully understands why she made such vicious and devastating claims

about her mother and father. During the past eighteen months she has become dependent upon daily calls to a survivors’ help line. She was advised to ring the help line by her Community Psychiatric Nurse and with the survivor group’s ‘help’ she has gone from believing she was abused as a child to taking on the notion that she was also involved in ritual abuse, that she murdered babies and that she is now the bearer of 63 alter-personalities. The help line is open every day except Sunday between six and eight p.m. – if she struggles with her dependency to ring them - and occasionally she succeeds, managing to avoid the obsession to go over her narratives for the umpteenth time to see where they might lead her this time - the help line staff will take the ‘trouble’ to ring *her* to ensure that she hasn’t been ‘got at’ by the ritual abusers again. She has to dig her way out of an enormous pit but four months later there are signs that she has a chance to win this battle. Understanding the flaws that have enabled her to get into this mess has given her the starting point to get out of it. It is quite unusual for the BFMS to engage in in-depth discussions with ‘survivors’ but this example provides a damning insight into the pernicious beliefs that pervade by so-called helpers.

So to the question posed by the media and the professionals, “Is the recovered memory therapy problem all over bar the shouting?” I still have to admit the problem has proved far more difficult to tackle than we ever imagined. Many of you will have seen or heard extreme examples on the radio and television recently. On *Woman’s Hour* in a discussion about his research with women suffering Dissociative Identity Disorder (DID), Professor John Morton of British Psychological Society Working Party fame, concluded that in the

absence of any other explanation he believes that the multiple identities are caused by severe sexual and physical trauma before the age of four. The discussion was a forerunner to the drama *May 33rd* shown on BBC 1 at prime time. Many critics praised Guy Hibbert for writing this drama and for his determination to tackle a difficult subject but the programme aimed to challenge years of scepticism about DID so it made no attempt to warn of the possible iatrogenic antecedence to the alter personalities. Or, Melvyn Bragg leading a disturbing discussion about the theory of hysteria on BBC Radio 4. So our problems were not a mere fad or phase that would pass and be forgotten. Our own statistics speak for themselves with one hundred and thirty four new cases taken during the past year.

Examples of groups, clinics, charities and training institutes perpetuating unsound practices abound. In a document called *Understanding Abuse* prepared by an institute, with charitable status, it is stated, "...most of the symptoms do not appear properly until the child is grown up enough to leave home, and even then, if the victim is a sex victim from a very early age, then the true horror and terror have been buried so deep in the subconscious that it will remain there for many years ...until certain changes occur in late life that lead to 'flashbacks' and these increase over time."

Or, there is a clinic in the West Country that invited parents to a family meeting over several days as part of the programme of treatment their daughter was undergoing during a long and expensive stay at the clinic. Following a plea from their daughter to attend the mother agreed. On one of the days the mother was invited to list any complaints about her daughter, on the next, the daughter reciprocated by listing issues about her parents,

then on the final day the daughter dropped the bombshell before an audience that, as a child, several members of her family had sexually abused her. During treatment the clinic had given her a copy of *The Courage to Heal* and told her that it would take her seven years to recover from this trauma. The parents have pursued their concerns about the clinic by referring it to the National Care Standards Agency.

Or, the *Soul Purpose* therapy session where an adult woman, seeking to improve her ability to cope with everyday challenges was invited to writhe about on a floor mat whilst reliving her most traumatic sexual experience and abracadabra she made an allegation of childhood sexual abuse by her father.

These are all examples reported to us in the past months. In spite of the evidence of appalling

"It is absolutely vital that the professional bodies concerned with training and the continuing professional education of doctors, nurses and others providing care and treatment are aware of all the issues".

examples we are told by the professionals, specifically the Royal College of Psychiatrists who stated that no review of the concerns is necessary; or by the Department of Health and by the media that the problem has been dealt with. We may have raised the profile of the problem in the last ten years but we still have not found the key to preventing the proliferation of unsound beliefs. Whatever regulation might be proposed how can this ever deal

with deeply held beliefs – with the perpetuation of the myths surrounding the theory of repression? Certainly self-regulation has not worked but strict regulation might bestow the accolade of safe practice without proof.

The Department of Health stated recently in a letter, "It is absolutely vital that the professional bodies concerned with training and the continuing professional education of doctors, nurses and others providing care and treatment are aware of all the issues (concerning false memories)." The first response would be to agree but also to ask, "Why aren't they already aware?"

There is an obvious need for better training, to ensure the facts reach every profession dealing with long-delayed, retrospective allegations of childhood sexual abuse. There is no attempt to deny the reality of childhood sexual abuse but we have to proclaim the need for objectivity when faced with such serious accusations. Professor Richard J McNally of Harvard University has recently conducted a comprehensive review of the research in this area (published last year in his book, *Remembering Trauma*) and he concludes, "The notion that the mind protects itself by repressing or dissociating memories of trauma ... is a piece of psychiatric folklore devoid of convincing empirical support."

Why do the myths still persist? To ignore current research and to continue regardless in the search for hidden abuse can only be described as malicious. In the early days when the problems first came to light we might have been forgiven for believing these therapists and allied professionals were misguided but genuine in their belief that they were helping their clients. Now, with all the exposure of the problems and the

availability of research what possible excuse could they have?

The Society has been attempting to work at both ends of the spectrum – to encourage research by providing information and data, and to offer help to parents and people on the receiving end of devastating false claims. But more work is needed in the middle. In order to influence practise we need to be instrumental in promoting sound training in this field. A wide range of targets stretches before us including psychology ‘A’ Level and degree courses, counselling and therapy training whether within higher education or through the numerous therapy bodies purporting to oversee regulation and standards of practice, in-house courses for social workers, police, solicitors, barristers and the related health professionals.

However, there are mountains to climb. For example, we have to surmount the inevitable claim that the BFMS delivers a partisan view. We plan to set up a working party from among our professional and scientific advisors, academics and invited parties from within the target professions to consider the task of formulating ways to tackle training.

At university level we can look to the excellent model, *The Psychology of False and Recovered Memory*, designed and taught by Dr James Ost at Portsmouth University. We are pleased that Dr Ost has recently joined the Advisory Board of the BFMS. In addition, I am pleased to announce that the Board has also been joined by Dr Dan Wright of Sussex University, he is a member of the cognition and social research groups of the Psychology Department with an interest in long-term memory; and by Professor Chris French of Goldsmith College whose specific interest is in the psychology of paranormal beliefs and

experiences, cognition and emotion.

Last autumn at the Royal Society of Medicine the BFMS joined forces with South West London and St. George’s Mental Health Trust to host a one-day scientific conference for all mental health professionals on the subject of remembering trauma. This was a very exciting event designed specifically to bring together professionals to hear the latest

...to ensure that the public can have confidence that those who are entitled to practise their profession meet the high standards that are required.”

scientific research from keynote speaker, Richard J McNally and other leading experts in this area.

Dr James Le Fanu, whom many of you will know as a practising G.P. who regularly writes for the Daily and Sunday Telegraph, visited the conference. He came to seek comment for his cogent article on the case of Dr John Eastgate, which after years of delay was finally brought before the Professional Conduct Committee of the General Medical Council (GMC). The doctor, a child psychiatrist, was rapped for using leading questions to convince his 13-year-old patient that another clinician had sexually assaulted her. He was warned that his behaviour was unprofessional and inappropriate but he was cleared of the charge of professional misconduct.

Dr Le Fanu went on to write a further compelling article about abuse ‘experts’ use of junk science to accuse innocent parents, not only in recovered memory cases but also in the high profile cases of shaken baby syndrome and Munchausen’s Syndrome By Proxy.

Although many families within the BFMS have wanted to bring their cases before the GMC we know of only one other case which is scheduled to be heard pending a High Court decision which has delayed the hearing. Again the parents have been striving over many years to bring the case to this stage. The GMC has many critics for its protracted handling of cases and its inability to handle many complaints. Earlier this month it was announced that there

will be a new watchdog established with powers to overturn GMC acquittals. This announcement follows a High Court test case by The Council for the Regulation of Healthcare Professionals (CRHP) on the right to refer GMC acquittals to court. Interestingly, the judge noted the importance of the issues raised and said they did not solely involve the medical profession but also other professions. Importantly, the judge said that the CRHP had been set up in response to public concern that existing arrangements for self-regulation “have not proved sufficiently adaptable” and that on occasion “professional self-interest has been placed before the interest of patients.” He went on to say that it was important to underline the rationale of professional discipline and regulation: “In this field, it is intended to promote the interests of patients and other members of the public and to ensure that the public can have confidence that those who are entitled to practise their profession meet the high standards that are required.”

This is good news, not only in shaking up the GMC but also for complaints against health

professionals other than doctors, and for the warning this will bring to the allied professionals whilst adding weight to our argument for better training.

Many parents set out with the determination to seek redress for the heartbreak to which all their family members have been exposed but very few have the stamina, or the availability of funds, to survive the demands of this long and arduous road. One who continues his seven-year fight for justice is Jim Fairlie; many of you will know Jim following his appearance at AGMs and for all the publicity about his case. His case was back in the court room for a further two days last autumn when the judge adjourned that case until May when there will be yet another two days in court to determine whether the case will be granted leave to proceed. It is not a process for the faint-hearted.

Parents are not solely bound up in seeking redress but they are driven too by the desire to prevent other families from a similar fate - like the father in the Eastgate case and another father with an accusing adolescent daughter who came to see me recently to tell me about his approach. He has had some acknowledgement of accountability already from an official complaint to Social Services but now he is on a mission to persuade the various agencies responsible for the management and practise within a particular adolescent psychiatric unit, that their current procedures are dangerous and require urgent reform. He has given a detailed presentation, face-to-face before the individuals accountable for practise, informing them that rather than issuing a formal complaint he is giving them the opportunity to act on his information. If, however, there is no commitment to reform he and the other families concerned with this unit will have no alternative but to 'lift the lid' on matters of serious concern.

Some of you will have had the opportunity to attend one of the members' meetings we held around the country in the last six months covering the Leeds, Bristol, London and Dublin areas. In England parents had the chance to hear first-hand accounts from retractors. These retractors too are trying to contribute something to counter the distress caused to their families and to themselves. They have been prepared to appear in public, talking openly about their situations and all have talked to journalists and faced the media interest by being photographed and named. However driven they are by their guilt; these processes are still quite daunting for them. The recent coverage in the *Daily Mirror*, *More* magazine and *GMTV* brought in more than fifty new cases. We are thankful that with their help we have been able to reach other families who until reading the articles and watching television had assumed they were alone in their grief. I also believe that they have a contribution to make in the training process but more of this next year.

With so much still to do it is vitally important that this small but national organisation with its international links, retains its focus. We are strengthened by the numerous groups that have set up in recent times to challenge other areas of false abuse allegations.

Madeline Greenhalgh

D i a r y D a t e
UCAFAA Conference
Conway Hall, London
6th November 2004

Tickets £10 each available from
Joy Gower, The Oaklands,
Stroat, Chepstow, NP16 7LR

(Cheques payable to UCAFAA)

Understanding trustees' responsibilities

Extract from the Treasurer's Report given at the 2004 AGM

"I have not talked to you before about the responsibilities of the trustees in a registered charity. You have a caring organisation run by caring trustees, caring for people, but on the other hand we have to be conscious of the fact that we are in a registered charity which puts us in a rather special position compared to other groups who are very active in tackling false accusations. I want to talk a little bit about what it means to be the trustee of a national charity, as we are. The first point is we are operating in what I see as a high risk area, an area where we know that there are medical negligence claims and various actions resulting from that. An area where we also know there are libel actions. So we have to be extremely careful that we protect the charity in these high risk situations. Running a national charity nowadays is not just turning up for tea and biscuits. It really is quite a serious responsibility, and we have to be extremely careful how we use the charity's income. We have got to act entirely in accordance with the law and especially charity law which is highly specific about what trustees may or may not do. Also, we have to respect the fact that we have got tightly limited activities that we can undertake under the terms of our constitution. The constitution says that this charity has a purpose of advancing education, promoting research and protecting the health of those who are wrongly accused, and that is a very tight mandate. Charity law is absolutely clear – the funds of the charity may be used for no other purpose, and in any case you have got to be very carefully protected. If ever the

trustees are unsure in any area they must immediately take solicitor's advice and if they don't they are acting negligently. If in any circumstance the trustees acted negligently they would be personally liable for the financial effects of that. Now I hope that I haven't put you off ever becoming a charity trustee; all I'm saying is if you play it by the rules it is a straightforward job but do remember that your trustees are required to operate by the rules."

NEWS FEATURES

A French Connection

The French justice system is under fire after two defendants in France's biggest-ever paedophile trial admitted in court on May 19th that they had lied about the involvement of most of their co-accused. As so often happens, the case began from small beginnings. Four years ago social workers noticed the surprising sexual behaviour of the Delay children, who lived with their parents in a run-down council block in Outreau, near Boulogne. The investigations eventually led to allegations that their parents had sexually abused their own and other children, and rented them out to a paedophile ring made up of friends and neighbours, including a baker, a bailiff, a nurse, a taxi driver and a priest. The allegations involved chains, video porn, bestiality and murder. No medical evidence was found but the children's allegations were confirmed by their mother. Defence lawyers suggested that the children lied about neighbours to deflect attention from their own parents. Despite inconsistencies in their accounts, psychologists found the children and their mother to be credible witnesses.

During the four years that it has taken to bring the case to court

some defendants have spent two and half years in custody. One man committed suicide. Two others including the priest have been on hunger strike. Marriages have broken down. Children have been placed in care. Jobs and homes lost. One of the accused lawyers described the trial as a "judicial Chernobyl...a surrealist folly". Although the trial is still in progress, it seems probable that the majority of the defendants are innocent, and sexual assaults against children were confined to two families.

On this side of the Channel, the story has a familiar ring. The trial continues, but the role of the examining magistrate and the psychologists is already under scrutiny. Although we may complain about our adversarial justice system, it may be preferable to an inquisitorial system that allows an inexperienced magistrate to examine evidence both for and against the accused. But questions about how children are interviewed and how child abuse evidence is assessed have a more universal relevance. There seems little justification for a continuing trust in the ability of psychologists and other 'experts' to judge whether a person is telling the truth or not. It seems probable that the psychologists brought to the case their own particular beliefs, allowed them to be drawn into the emotive material, to overlook inconsistencies and believe the children. But as the Outreau trial has shown, reliance on expert psychological evidence in the absence of corroborative evidence makes a lottery and a mockery of any judicial system.

SPECIAL FOCUS

Repressed Memory Therapy in the Netherlands

by **Adriaan J.W. Mak**
Canadian Contact for Victims of Psychotherapeutic Malpractices

The cause of the problem

During the 1980's many in the Netherlands expressed legitimate concerns over the problem of childhood sexual abuse. At the same time an increasing number of psychotherapists, who had started looking for new directions to help clients with mid-life problems had read books such as *The Best Kept Secret* (1980) by Florence Rush, *For your own good* (1983), *Thou shalt not be aware* (1984) both by Alice Miller.

Women's groups were also in the forefront of fighting violence done to women and children causing the government of the Netherlands to look at the problem. The Ministry of Social Concerns therefore commissioned a concerned feminist, who later turned out to be a repressed/recovered memory proponent and traumatologist, Nel Draijer, to write two reports, one of which appeared under the title: *A gap in my memory: the sexual abuse of girls by relatives*. In 1990 these reports became the basis of her doctoral thesis Draijer, Nel, *Sexual traumatizing during youth: Long term sequelae in girls of abuse by relatives*. This was to dominate public debate and guide government policy in this area for over a decade. Scores of therapists became involved in searching for hidden incest memories in clients and soon some of these clients brought criminal charges.

Around the middle of 1994 a number of older parents falsely

accused of incest had joined a Dutch organization Ouders voor Kinderen (Parents for Children) originally started by younger parents, many involved in custody disputes, some of whom had also been falsely accused of incest. The older parents soon discovered that the cause of the false accusations differed substantially from the main group and formed an independent group called Work Group Fictive Memories (Werkgroep Fictieve Herinneringen - WFH).

The group benefited from the experience of the FMSF and its documentation of the problem. Although in the Netherlands not much of a scholarly nature had been published critical of recovered memory therapy, academic professionals, notably memory specialist Willem Wagenaar of Leyden University had been well aware of what had been brewing in the U.S. and knew that many therapists in the Netherlands had already been infected by the notions of North American gurus teaching repressed memory, multiple personality, and even ritual abuse theories. Enough was found to produce a collage of articles and a list of publications useful to inform people about the dangers of therapeutic malpractices that were causing vulnerable people to believe the fallacy that all kinds of mid-life problems are the result of childhood trauma of which they had no memory.

Working towards a solution

The WFH set the following goals: to provide information for the accused, the accusers and therapists; to alert those involved in law enforcement and the judiciary; and to advise the affected families on how to deal with the problem. As in the U.S this was done through newsletters, telephone contact, regional and national meetings and letter writing.

In May 1994, the Ministry of Justice published a report on Satanic Ritual Abuse allegations concluding that although it had thoroughly investigated many reports brought by victims alleging such abuse, the Ministry had been unable to find any verification for such crimes. Nevertheless the Netherlands and Flemish Society for the Study of Dissociative Disorders, the organisation responsible for the spread of MPD diagnoses, kept pushing for further investigation as late as 1998.

By the end of 1994 the WFH had reached the stage that it could provide sound information reminding government ministries, elected officials, the judiciary and mental health organisations about their responsibilities in the matter. Much effort went into informing the media and the seeking of support from academics whose areas of research involved therapy, memory and the law. Although progress was agonisingly slow, the WFH activities met with results.

A string of official reports

In 1997 the Ministry of Justice commissioned an advisory body, the Netherlands Institute for the Study of Criminality and Law Enforcement (NISCALE) to study the matter resulting in the report, (available in English) *Recovered crimes: Sexual abuse reported to the police after therapy - Advice to the Minister of Justice*, Dr Peter van Koppen, 1997. This document fully condemned repressed/recovered memory therapy and although the Ministry took note, it also took its time to act.

In 1999 this excellent report caused the Minister of Justice to ask the College of Attorneys-General to create a team of top experts drawn from a variety of fields to deal with the matter of false sexual abuse reports made to the police. The team was called: Landelijke Expertisegroep

Bijzondere Zedenzaken (National Expert Group Unusual Sexual Crimes) and included experienced police investigators, jurists, forensic experts, research psychologists, sexologists, all of whom had dealt with sexual offenders. They examined many dubious and clear cases of abuse, screening out those that would not merit prosecution.

In 2002 this group, which included people with solid insight into the problem of memory distortion such as psychotherapist and sexologist Dr. Bullens, forensic psychologist Dr. van Koppen, and memory researcher and rector magnificus at Leyden University Dr Wagenaar, produced its first report fully condemning suggestive memory retrieval practices.

This lengthy document, not available in English, analysed 26 cases. These involved allegations of: remembered abuse prior to age three, Satanic/Ritual Abuse, and allegations based on supposedly repressed/recovered and often decades old memories abuse that only surfaced after suggestive therapy. In the end, two-thirds of the cases were dismissed. In nine cases the experts deemed the complaint incredible. In fifteen cases the experts found that the cases had been improperly investigated. Only in two dated, but always remembered cases, did the experts find solid evidence to support the allegations. The report criticized the methods of investigation, the leading questioning used by some police investigators, prosecutors and the biased attitudes of victim-assistants. As a result the College of Attorneys-General has decided to upgrade the training of such officers.

In April 2000 the National Ombudsman, responding to requests from the WFH and its falsely accused parents, came out with a report fully detailing: the

history of the problem and its international scope. The report, *Rapport 2000/105, Nationale Ombudsman* (Dutch language) criticised the Ministry of Health's reluctance to intervene and the refusal of the mental health professions to act on the parents' complaints.

In July 2000 the Minister of Health asked its professional advisory council on health (Gezondheidsraad) to tackle the problem.

In January 2004 the Netherlands Health Council released its 91-page report. It answered many of the concerns of the falsely accused parents although the report also reflected a few of the opinions held by the "recovered memory" advocates on the committee. An executive summary of the report called *Dubious Memories* is in English and can be read on www.gr.nl/adviezen.php?ID=888. The report noted that many clinicians did not seem to be aware of major, recent scientific research findings in the area of memory.

Major recommendations and findings of the Health Council:

- a broad recognition that memories recovered during suggestive therapy may be false, harm patients and those who are accused;
- therapists are advised not to diagnose past trauma in a client on the basis of a clinical pattern;
- therapists appearing as expert witnesses in civil and criminal cases must refrain from making judgements about the reliability of a patient's/client's testimony;
- the relevant regulated psychotherapeutic professional organisations

have to set guidelines for safe practice to avoid the generation of false memories of sexual abuse in their clients. These guidelines will also be binding on unregulated alternative practitioners.

On February 26, 2004, The Ministry of Justice/College of Attorneys-General team produced its second, even more detailed report dated November 2003.

The team had scrutinized 30 unusual cases. Ten of these cases involved allegedly repressed and in therapy recovered memories. Some of these included memories of sexual abuse prior to age three and memories of ritual abuse. In one case the complainant claimed always to have remembered the ritual abuse. In seven cases the complainants were not sure whether the abuse memories had been "recovered" or had always been remembered. Six of the cases originated from caregivers noticing symptoms in a child, which made them suspect that the child had been abused. The remaining six cases were highly complex.

As the title of the report stated the experts were this time interested in tracing the origins of such false accusations. The following factors were found:

- personal mid-life problems of the complainant,
- divorce or separation,
- family conflicts, and credulity.

The experts also found the following to be crucial:

- suspicions of abuse leading to a false belief that abuse had happened,
- direct influencing by third parties,
- dream interpretation,
- films or books about sexual abuse,
- therapy and counselling.

The expert group strongly criticised the role played by qualified and regulated psychotherapists, as well as by alternative practitioners, in lending credence to the notion that the client's symptoms were midlife sequelae of hitherto unremembered childhood trauma.

Other factors that led to change

Apart from the tremendous effort by the parents, helped by the concerned professionals already mentioned, other factors also contributed to the raising of awareness about false memories. Among these are the lecture visits to the Netherlands by Elizabeth Loftus and the 1996 publication of Loftus and Ketcham's book *The Myth of Repressed Memory*. This was followed by Hans Crombag and Harald Merckelbach's, "Recovered Memories and other Misconceptions" both written for non-professionals so that journalists, jurists and elected officials would understand the issues

In June 2000 the television documentary "Hidden mothers – incest pregnancies" seemed like a setback, but instead turned out to bring publicity to the work of the parents of the WFH. The TV producers broke all the codes of journalistic ethics by having alleged incest survivors telling gruesome stories of forced abortions and showing actual places. Parents who had not been warned saw themselves practically identified, scandalized and accused by daughters spinning wild tales confabulated during suggestive therapy.

In reply to a WFH complaint, the TV network responded with: "Our docudrama takes place on a loftier level than a mere search for Truth or Falsehood" moreover, "perps [perpetrators] are always in denial". A spokeswoman for a government subsidised sexual abuse centre, called in by the

network to represent professional expertise, remarked: "Truth has nothing to do with it; it is all about pain." Subsequent legal action forced the network to admit to serious error and to pay for restitution. The pregnancies and abortions were shown to be fictional. The network and its producer escaped prosecution for a similar 1992, equally absurd docu-drama involving a woman, who had been talked into having MPD, allegedly the result of years of incest. Nevertheless this film was used for many years to train therapists creating more MPD cases.

In August 2001, the earlier influence of Nel Draijer's work which had began to wane, received a major blow when researcher and scholar Han Israels, a sociologist and Freud critic, specializing in the history of psychology, as well as being an expert in exposing scientific fraud, analysed the findings of Nel Draijer's 1988 report and found her statistics flawed.

The Health Ministry's most recent action

On March 11, 2004 the Netherlands Minister of Health announced drastic cut-backs on government medical insurance funding for talk psychotherapies. Based on research by the National Health Council the minister had been told in 2001 that:

- talking cures are not effective;
- the longer the therapy the less cost effective it becomes;
- the bulk of the talk therapy consumers are middle class.

The Netherlands has generous health and social service provisions, but when the medicare bill reached 9.75 % of the Gross National Productivity, the government started looking where it could cut costs. Hence in

December 2003 the minister announced that it planned to cut down paying for psychotherapy from 90 sessions to 30, This now has been further reduced to 25, but exceptions will be made for the seriously mentally ill.

The announcement is causing a minor revolt in the psychotherapy industry in the Netherlands, although it has nobody to blame but itself. It has refused to regulate itself by allowing all kinds of treatments to go under the name of therapy. It abandoned the scientific scrutiny of absurd alternative therapies and became rife with outlandish, guru-driven practices, most of which were absolutely useless talking cures and some of which were even dangerous, much of it paid for with tax-payers money.

Thanks to the work of a few vocal people in the WFH helped by university researchers such as Willem Albert Wagenaar, Peter van Koppen, Harald Merckelbach and Hans Crombag, in pointing out the farce of repressed/recovered memory therapy, the Ministry has finally seen the light.

Adriaan Mak
London ON, Canada

MEMBERS FORUM

Keeping the door open - Part II

by Brian Berry

This is a continuation of my article in July's newsletter, 2003 Vol.11, No.1. The previous article discussed the steps necessary for keeping the door open. In this one I will look at the first two steps in more detail.

Nothing in life can prepare us for the shock of hearing an allegation that has no supporting foundation. As I look back and think about the

people I knew who had made allegations, including my wife, one thing is clear - each person deals with it in their own way. There is no one magical way of keeping the door open. Much depends on the individual and the circumstances surrounding the allegations. From my perspective, the way of getting someone through this is by being understanding and supportive. Understanding does not equate with passivity, fear, uncertainty, or blindly accepting what we are told. It is a process that comes about when one takes charge and begins to learn about what is occurring. This means being an active listener and observer and questioning what you are being told. The more you can educate yourself, the more choices you will have, and be able to manage your reaction to these chaotic events.

Support comes about when you start applying your understanding and making yourself available to the individual who needs your support. It does not mean that you should allow the person who is making the allegations to dictate how you and your family live your lives. Nor does it mean that you should let it consume your life. From my experience it appears that making allegations produces some form of benefit or for want of a better word, *power*. If there are changes, especially those requested by the accuser, it is almost as though these actions are supporting their claim. Therefore the more you can understand, observe, and listen, the more you can become a supportive individual. Through understanding and being supportive you will care for yourself, and at the same time you will hopefully provide an avenue of communication for the accuser.

Establishing support and understanding with the accuser allows you to be an active participant. You need to be able

to balance the needs of those around you and this is quite a daunting task. It is also important that you have your own support network. This can be through many different forms such as friends, religion, spending time away from the situation, perhaps with friends or family, and any other ways you may find beneficial. However I would caution against seeking support at work or at any other place where the subject matter may not be socially acceptable.

At this stage you need to be an understanding but firm guide as not much good comes about when you want to say “no” but instead say “yes”. Once you have reached this point, I believe that a level of trust begins to develop. Fighting the allegations directly will not work. By going through this stage with them you are communicating your love for them but at the same time introducing a limit. Once you reach this point it might be possible to subtly start talking about the allegations and confronting them. However through your own actions you are already beginning the fight.

The accuser has gone through so much to get to this point that identifying the exact cause may be impossible. However, love, communication and understanding are the keys to getting through this.

Journey into the unknown

by Jack

The following is a teenage son's account of visiting his father in prison.

My name is Jack. My dad is in prison, unfairly as it happens. But that's just life isn't it, and you've just got to get on with it. My dad

was charged with something ludicrous around nine months ago. I haven't been allowed to see him, as I am only 14. But now they are going to let me visit. A social worker came last Saturday and spoke to me about what had happened. She was a typically nice woman. You know the sort – a happy, falsely cheery woman. She spoke to me as if I were either mentally deranged or five years old. She came to find out if it would affect me to visit my dad. Of course it wouldn't affect me, but it does affect me not seeing him. So anyway she asked me questions such as, “Did you have a special bond with your dad, and how has his being in prison affected you?” As she was asking me these questions she was just staring at me with a sympathetic look spread across her face. It was like at school when my grandma died. She helped to bring me up and everyone kept asking me if I was all right. I felt like saying, “Of course I am not all right. My grandma has just died.” But instead I said feebly, “Of course I'm all right.” After about ten minutes of torture, the social worker finally stopped talking, patted me on the head and left. It was so patronising the way she treated me as if I were gone in the head or something. My dad going off to prison has definitely affected me, but it's not exactly like I am struggling to live.

So, after the social worker had come round I was finally allowed to go and visit my dad. I didn't know whether I felt happy or excited, or nervous or fearful. I didn't know how this whole ordeal would affect my relationship with my dad. I mean, we had our ups and we definitely had our downs, but I think we both knew we loved each other. I would be going with my brother and my mum. She was the one I felt really sorry for. She had been affected so badly by this she had counselling sessions three times a week. Sad isn't it, that just by one decision, and an unjust

one, may I say, so many people's lives have been turned upside down.

The next Saturday morning I was woken at six o'clock in the morning to get the train all the way up north to Newcastle. Not only do I have to get up early and not only do I have to go to Newcastle, but also the whole expedition would cost a fortune. But then again, I owe it to my dad to go and visit him whether I wanted to or not. I mean, I do want to see my dad, but from now on I will always have that voice in the back of my head saying, what if... What if he did commit those crimes? Anyway, I grudgingly got out of bed and did the usual, had breakfast, brushed my teeth, and plastered my hair with gel. While I was getting ready, my mum was buzzing about the place in her usual and panicky way, trying to do ten things at once, or as she called it “multi-tasking”. As for my brother he trudged round the place in his own oafish manner, grunting a few words as he went. At last, by seven o'clock we were ready and raring to go. We all staggered out of the door and down the road to the station. I think it was because we were all a bit nervous and thinking about what it would be like. Or perhaps it was because it was seven o'clock in the morning and we were all half asleep.

The next six hours of my story are extremely boring so I am really not sure if you would like to hear them. Basically, the most interesting things that happened were we saw a couple of teenagers get chucked off the train and a few cows chewing grass in a field. We got two trains to Newcastle and a bus up to the prison.

I was expecting it to look like something out of the American films I had seen, but instead it just looked like a pretty simple, average building. We walked up to the waiting room. The ground

was scattered with cigarette butts and litter. I pushed open the door and went to get our waiting number. There were about ten other families all coming to see their friends or family in prison. There was a horrible smell in the waiting room. It was a musky sort of smell – a combination of sweat and cigarette smoke. I put my face in my sweatshirt to mask the smell. Being in that waiting room gave me time to think about whether I really wanted to see my dad, and whether we would still get on. I had so many questions in my head, but soon they would all be answered. “Number 13”, the woman called out from the desk. I got up and rushed for the door. It was a relief to get into the fresh air. We then walked down a winding path to the main prison entrance. The doors were electrically opened, I am sure for security reasons.

Inside there was one male and one female warder to do the frisking. I was first told to empty out my pockets into a tray. My pockets contained half a pack of chewing gum, a bus pass and fifty-five pence. Next the female guard searched me. You have to hold you’re your arms out and she pats you up and down your arms and legs. Then I had to have a stamp on my hand. Finally after going through three electric doors and two corridors we arrived in the main visiting hall. I could see my dad at the end of the hall. He gave us his usual cheery wave and smile, but I am sure he was dreading this just as much as I was. We started to walk towards him. We were now only twenty metres away, now ten, now five, and finally we were there. I was reunited with my dad after four months of having no contact with him whatsoever.

My mind went blank and I just couldn’t think of anything to say. My dad then broke the awkward silence with “How are you all then?” After this had happened

we seemed to be just talking normally about Man. United and about how my Sunday football was going. It was like this whole thing had never happened. So we talked about how his life was going and about his cellmate who was six foot four inches. So for the next forty-five minutes everything was back to normal. Suddenly, it was time up and he had to leave. It’s funny really that we spent the whole day travelling up to horrible old Newcastle; it costs a fortune, just to see my dad for forty-five minutes. You would think that it was not worth it.

But for me, it definitely was.

Jack

Time to visit your doctor!

by Brenda Evans

Some doctors’ surgeries in England may still be unwittingly encouraging the spread of false memory beliefs among patients.

An accused father recently went to his GP for emotional help after his grown son and daughter had “remembered” alleged childhood sexual abuse after therapy. His surgery had no reading matter to help him deal with his own pain. He was, instead, shown literature designed to help abuse victims - among which the pernicious self-help book *The Courage to Heal* which has been a key influence in the explosion of these accusations.

Over the years the BFMS has been raising awareness by sending its brochure and more recently its own booklet *What is False Memory? Frequently Asked Questions* to many surgeries in the country, and has placed an advertisement in the GP Directory. Some GP’s may still be ignorant of the dangers of false memory

beliefs and how they are spread. Members are asked to check their own local surgeries for information currently available and to provide them, if necessary, with copies of the BFMS booklet. BFMS will send you supplies of the material to distribute.

BOOKS & REVIEWS

Theophostic Counselling exposed

Healing Life’s Deepest Hurts by Edward M. Smith, Vine Books, 182 pp, ISBN: 0830734392

Lynning Spirits by Jan Fletcher, available as an online book.

Reviewed by Reverend John Young

Ed Smith has spent many years in counselling people and his ‘theophostic’ method arose out of his frustration with conventional counselling which he found slow and uncertain in its results. He could explain many things to deeply hurt people but their emotional pain remained. Theophostic [light of God] counselling is said to be both quicker and more effective in many cases than other methods. Many, believers and unbelievers alike, will find the traditional evangelical theology he espouses unacceptable and his belief that ‘the Holy Spirit reveals truth in a Theophostic Ministry session’ [p. 8] should ring alarm bells for all readers. It soon becomes apparent that Smith’s background in counselling has affected his underlying approach. He follows the Freudian paradigm that emotional pain comes from repressed memories of childhood experiences. There is also more than a hint of Albert Ellis’s Rational Emotive Therapy - Ellis identifies irrational ideas that

become implanted in our thinking and so mess up our emotions. Smith calls this lie-based thinking.

The psychologist William Sargant long ago and John F. Schumaker more recently pointed out that a powerful suggestion can have a powerful effect. Sargant for example argued that the success of John Wesley's preaching was due to emotionally overwhelming people in the revival atmosphere. Although he denies that suggestion is involved, Smith is really offering the powerful suggestion that an experience of the love of Christ is therapeutic. Amen to that! Unfortunately, Smith wants us to believe that what goes on in Theophostic Ministry must be true because the Holy Spirit is at work. Readers may not be interested in the theology here but let me say that I heartily agree that the Holy Spirit testifies to the truth. However, since aspects of Theophostic theory are manifestly untrue the Holy Spirit's influence here is very limited at best.

Smith tries to reassure us that his method rejects all suggestive procedures, guided imagery and visualisation but here his system goes astray. He badly underestimates the suggestive Freudian framework that he offers. He does realise that the human brain has amazing power to create imaginative scenarios but he has no idea of how easy it is for false autobiographical memories to grow. More than once he claims that we remember everything that has happened in our lives. Psychological science shows that this is untrue. Smith believes firmly in repression but psychological science, as shown by Richard McNally's recent book *Remembering Trauma*, shows that the last decade of research has come near to totally undermining this part of traditional psychoanalysis. Smith may claim that his work is based on science but science shows the claim to be

bogus and Smith is revealed as yet another believer in the discredited theories of repression/dissociation.

Smith believes that Satanic Ritual Abuse is real because he has spent many hours listening to stories of SRA and so knows that these stories are true. This is naïve,

In suggesting that there is a hidden repressed trauma behind emotional pain he then opens the door for any imaginative answer to be supplied.

because believable but implausible stories are told with sincerity and conviction by those who allege abduction by aliens, those who relive birth trauma and those who regress to past lives. They are also believed by those who facilitate such scenarios. Smith's claims to avoid hypnosis and all forms of suggestion does not stand up when we realise that all along he is suggesting that if we are troubled then the cause for it can and must be identified. This is where suggestion makes its subtle appearance. In suggesting that there is a hidden repressed trauma behind emotional pain he then opens the door for any imaginative answer to be supplied.

Smith does not take the possibility of false memories seriously. He believes that imagined trauma cannot produce real distress. Unfortunately, as McNally shows, people who believe that they have been traumatised by alien abduction suffer real trauma although such events are certainly imagined.

Smith would have done better to have kept to a Freud-free Christianised form of Ellis's approach. Nevertheless, I did like his point about forgiveness and

compassion as a sign that a person has really been touched by Christ. This is very welcome when so many in the survivor movement, including Christians, promote vengeance and eschew forgiveness.

A Useful Critique of Theophostics

Jan Fletcher's book, *Lying Spirits, 2003*, is an in-depth discussion of Ed Smith's teaching from a fairly conservative Christian viewpoint. She has read widely in Smith's writings accepts that Smith is a caring and conscientious person but maintains that Theophostics has potential for great harm and produces evidence. It has learnt nothing from the debunking of recovered memory therapy, the moral panic about satanic abuse and the gross over diagnosis of multiple personality. Indeed, by treating these discredited crazes as fact and ignoring the findings of psychological science Theophostics is bound to mislead. Ms Fletcher also gives practical advice to people affected by Theophostic teaching – from those who have made false allegations to those wrongly accused.

I managed to buy Ed Smith's *Healing Life's Deepest Hurts*. Smith's handbooks are not so easy for outsiders to find and they are expensive so Jan Fletcher has done everyone a great service by reviewing Smith's work widely and exposing the problems. Moreover, her book is free. All you need is to go to the link www.undergroundbride.com/lyingspirits.html and download the book – it is 140 pages long so will cost a bit to print up but only the electricity that runs the computer if you read it on the monitor.

John Young is a Methodist minister and author

Ritual Abuse Revisited

The Politics and Experience of Ritual Abuse: Beyond disbelief by Sara Scott, 2001. Open University Press. ISBN 0-335-20419-8.

The inquiries and research studies which followed satanic ritual abuse cases of the late 1980s and early 1990s concluded that the claims had more to do with the beliefs and actions of concerned adults and child protection professionals than any external reality. Since then believers in ritual abuse have had a hard time trying to persuade sceptics and the media to take seriously stories of devil worshipping child abusers. But as Sara Scott's book shows, the ritual abuse issue is far from being the isolated eccentricity of a fringe-group of believers. The beliefs and practices are rooted in the processes and theories that underpin many current and contested child abuse and mental health issues.

Sara Scott's book is based on research for a Ph.D at Manchester University. Her interest in ritual abuse began when as a sexual violence counsellor she became involved with a 14-year old "escaping ritual abuse". The girl became her foster daughter and is one of 13 'self-defined survivors of ritual abuse' whose interviews provide the research data. Interviewees were contacted through adult survivor support organisations and RAINS (Ritual Abuse Information Network and Support). Most had had previous contact with therapists. Despite her presentation of an academic exploration of the 'discourse of disbelief', Scott is open about her uncritical acceptance of her interviewees stories of extreme ritual abuse.

The author's claimed purpose is not to persuade readers of the

reality of ritual abuse, but to 'deconstruct' the current dominant account that "when you whittle away patients with therapist encouraged multiple personality disorder, patients with therapist encouraged false memories, the deluded, and those perpetrating a hoax, nothing remains" (Professor Richard Green, letter to *Independent*, 12 Feb 2000)". But in this she is being less than honest. The whole point of Scott's 'deconstruction' is to lift beliefs about ritually abusing families out of their 'satanic' straitjacket and to give credibility to the topic as an authentic child protection and mental health issue. Her book offers a glimpse of the changing language of the ritual abuse movement, and the extent to which it may be gaining credibility.

Scott has followed a well-trodden route from feminist counsellor to expert academic status through university social sciences departments. She represents the strand of child abuse knowledge that 'honours' the narratives of self-identified survivors without question. This places her on one side of a bitter political divide about the nature of evidence in sexual abuse allegations. Academic status as a social

...the ritual abuse issue is far from being the isolated eccentricity of a fringe-group of believers.

scientist confers credibility on aspects of child abuse work that may have little evidential substance. But University social policy departments are providing a means of enabling political beliefs to be disseminated as 'knowledge' through teaching, training and conferences. Scott's intended readership is not the lay sceptic but the social scientist, student, politician, teacher, trainer.

Although published in 2001, I read this book recently after finding it on the social policy shelves of Newcastle University library.

The first chapter charts the development of child sexual abuse knowledge in Britain and North America. Setting ritual abuse within this process, Scott suggests that the failure of feminists to develop analyses of forms of abuse other than the established feminist paradigm of patriarchy and male power explains the lack of knowledge about the 'abuse saturated lives' of ritual abuse survivors. The next chapter - *Unreliable witnesses: memories and moral panic* - provides a critique of the work of academics and groups who propose 'moral panic' and 'false memory' as explanations for ritual abuse beliefs. The witnesses in her sights include Jean La Fontaine, Elizabeth Loftus and the False Memory Syndrome movement. Scott states that her aim is not to prove that false memories do not exist but to "show that claims about such phenomena are being used in particular ways, to particular effects, and that their ideological content is crucial to making sense of them". Turning the tables, she suggests that the 'discourse of disbelief' itself may be a form of moral panic.

FMS is characterised as the adult version of the "manipulated child responding to leading questions". Scott concedes the possibility that some fictitious 'memories' may emerge during therapy, but concludes that the 'discourse of disbelief' is a form of motivated social action which supports the interest of particular actors [the accused] while silencing others [survivors].

The following chapters focus on themes and aspects of ritual abuse narratives which offer a rationale for disbelief. This is achieved through extensive use of interview

material supported by research references gleaned from a cornucopia of social sciences sources. Many references are debatable and opportunistic. Yet Scott's book is based on a successful Ph.D. One of the core problems in any discussion of child sexual abuse knowledge is that it is not a dedicated academic field, but is claimed by a plethora of professional and lay interests. Child abuse experts tend to emerge within distinct professions or the voluntary sector as the result of personal interest and practical experience. Specialist papers, text books, training manuals, journal articles will be reviewed by colleagues who share similar views and interests. Scott's work raises questions about the quality and dissemination of child abuse expertise, academic standards, the role of universities, and the development of expertise through the 'soft' sciences.

In her quest to move ritual abuse away from the occult associations which leave it so open to ridicule, Scott uses her interviewees' descriptions of experiences such as familial abuse, pornography and prostitution to suggest that stripped of bizarre elements, the accounts become plausible. In an attempt to 'displace' incredulity about the authenticity of ritual abuse related belief systems, Scott applies academic theory and interview data to support the view that belief systems were a means to inculcate fear and distress into child victims. Doubts about the existence of secret religious cults are met by the suggestion that the rituals were designed to disorientate and condition victims. But Scott's entire thesis is founded on an uncritical acceptance of the authenticity of her interviewees narratives. Stories of undetected ritualistic murders, sacrifices and abortions are suggested as being 'meaningful' in the context of lives of sexual exploitation. Disbelief is explained in terms of a

lack of familiarity with death in western societies.

The final chapter engages with the contentious topic of 'multiple selves'. Scott's interviewees have convinced her of the "eminent reasonableness of a multiple sense of self for survivors of ritual abuse". Faced with denial and disbelief a diagnosis of Dissociative Identity Disorder (DID) allows a person to function in society and maintain a history of ritual abuse. Scott states, "For some survivors, it may seem that a DID diagnosis is the only *evidence* of their abuse to be recognised and that it therefore provides a vital affirmation of their lives". Scott concludes with the hope that her alternative reading of ritual abuse accounts is illuminating and reasonable, and that she has "unsealed the closure of debate on ritual abuse and made possible both further understanding and future interventions".

I approach Scott's research from the standpoint of an acknowledged sceptic. But concern about Scott's research methods are not entirely restricted to a sceptic view. Annie Huntington offered a critique in 1999¹ to an article in which Scott discussed her research methods.² Huntington stresses the need for discussion of personal and academic concerns when working with as emotive and contested a field as child sexual abuse. A psychotherapist with a social work background, she identifies herself as a survivor after reading *The Courage to Heal*.³ But her declared position does not prevent her expressing concern about Scott's ability to distance herself from her interviewees and her one-sided treatment of her arguments. Huntington, identifying the researcher's role as "sense-making" rather than "truth-asserting", finds that "it is the truth claiming status of Sara Scott's analysis which is problematic for me. We cannot be sceptical of other people's truth claims and then use the same tools

to legitimate our accounts that we have employed to dismantle these others". These concerns do not appear to have been shared by those who accepted Scott's Ph.D. thesis.

Contemporary concerns about the internet, child pornography, child trafficking and prostitution have re-ignited old fears of hidden networks and child abuse rings. As Scott's book shows, the issue of ritual abuse remains essentially true to its beginnings, but it has been secularised and divested of its more extreme elements. Without exotic trappings, the processes that led to cases identified as 'satanic', 'ritual' or 'organised' are very similar to those that allowed cases such as the Newcastle nursery case to spiral out of control. The issues of concern remain as ever – therapeutic investigative processes such as child play therapy, art therapy, counselling, psychodrama, unregulated or self-appointed expertise, all grounded in a belief system that places childhood trauma at the root of all social and physical ills. Perceiving ritual abuse as a bizarre aberration disconnected from mainstream child abuse theories is a serious error. It can only lead to a false understanding of the nature of the beast as well as the workings of our confused and therapeutically driven child protection system.

References:

- 1 Huntington, A: 1999. 'A Critical Response to Sara Scott's 'Here Be Dragons: Researching the Unbelievable, Hearing the Unbelievable, Hearing the Unthinkable. A Feminist Sociologist in Uncharted Territory'. *Sociological Research Online*, vol 4, no.1
- 2 Scott, S. 1998. 'Here Be Dragons: Researching the Unbelievable, Hearing the Unthinkable: A Feminist Sociologist in Uncharted Territory'. *Sociological Research Online*, vol. 3, no.3.
- 3 Bass, E. and L. Davis. 1991. *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. London, Cedar.

Reviewed by Tania Hunter

A modern day Romeo and Juliet?

Recovered Memories by Elaine Hatfield and Richard L. Rapson, XLibris Corporation, 2003
Paperback, 312pp. ISBN: 1-4010-8716-7 - www.Xlibris.com

Elaine Hatfield is Professor of Psychology and Richard L. Rapson, Professor of History, both at the University of Hawaii. They have established reputations as independent writers and this is the second book they have co-authored.

The year is 1998-1999 and the broken romance between Sam Chavez and Reza Guerreros is the main focus of the plot; woven into this are a number of subplots linked by themes of memory. The story is structured around family issues; love, mortality, history, loyalty, secrets, betrayal and loss. The blurb on the back cover describes it as a "...modern-day Romeo and Juliet ... Reza and Sam find an ingenious, thoroughly modern way to salvage their romance."

Sam and Reza first become involved when Sam is 15 and Reza 13. Reza becomes pregnant and the relationship is broken up by both sets of parents. Reza is thrown out of the family home and ends up on the streets, until her elder sister comes to her rescue. When the story begins she is working as an actress and studying for a degree. She returns home for the first time in eleven years when she hears that her father, J.B. has had a heart attack and may not pull through. Recovered memories are introduced in the first chapter when Reza's younger sister, Aurora, makes allegations of sexual abuse against J.B. The story unwinds as Reza struggles to make sense of the allegations and the reactions of her mother and brother. Aurora pursues a claim against her father but settles for an apology for "psychic damage

caused" and a cash payment. This puzzles Reza and she wonders if her brother and sister do have a hold on J.B. The focus of the story shifts to discovering the real secret. The allegations of abuse are a backdrop for the renewal of the relationship between Sam and Reza; the two plots combine in the final revelation about J.B.'s secret and there is a subtle interplay between what actually happened and what Aurora has been alleging. The threads of memory chased through the story combine fact and fiction.

When I first read the book, my initial reaction was one of irritation because it seemed to be passing the responsibility for recovered memory therapy and false memories to "New Age" therapists, rather than mainstream mental health professionals. Also, I could not relate to the circumstances of the families involved because their secrets were so extreme.

When I read the book again, my reaction changed. One does, of course, come to any book armed with one's own experience and in this case it blinkered me to some extent to the value of the book. I have a somewhat unrealistic expectation that any book written about false memories/recovered memories should clearly demonstrate the harm done and this did not initially leave me with that impression. But all family circumstances are different and the consequences of false allegations are both emotional and practical. The emotional impact is certainly there in terms of confusion, fear, side-taking, the struggle to make sense of it, and the sense of being torn.

Aurora starts to "recover" her memories through her friendship with a woman called Zuna, self-designated as a spiritual guide, who detects a negative force field in a photograph of J.B. and asks Aurora "if she has, perchance,

been sexually abused as a child?" Aurora instantly recognises this as the truth and sees it as an explanation for her difficulties. She reads self-help books relating to the recovery of memories and the titles are quoted, (*The Courage to Heal, By Silence Betrayed, Shattered Innocence*). Reference is made to "scientific guidelines in one of the books" for detecting abuse, all of which Aurora relates to, and the statement "if you think you have been abused, you have been". Aurora goes on to describe herself and Zuna as "time travellers recovering past memories". She is part of a healing group and the ways in which they work to recover memories include; taking magic herbs, staring at a flickering candle, praying for guidance, trying to remember things.

Aurora decides to make a public accusation at J.B.'s 56th birthday party, starting with, "Before there can be forgiveness - there must be confession. Before there can be reconciliation ..."

Reza is initially frozen with shock, and likens it to trying to reconstruct the Hindenberg Disaster using a set of grainy black and white photographs. Nothing fitted or made any sense. She recalls some lines from Harold Pinter's play *Old Times*: "So much is imagined and that imagining is as true as the real" and "There are some things one remembers though they never happened".

The mother and Aurora begin to collude against J.B. Reza, listening to them talking about J.B. within his hearing says, "It must be horrible - like watching vandals smearing mud on your tombstone". Aurora pursues the possibility of initiating a civil suit against J.B.

Reza researches the topics of recovered memories, false memory syndrome, Satanic ritual

abuse and childhood sexual abuse. Her case is built from information gleaned from *Making Monsters* and *The Myth of Repressed Memory* together with a set of newspaper articles, “*Harvard psychologist accuses new age therapists of brainwashing*” and “*Memory Therapy leads to Lawsuit and Big Settlement*” the content of which is quoted. Reza is very concerned about the case going to trial - “All privacy gone. All the family secrets trampled underfoot”.

At the level of being a good story, the book is well-constructed and interesting. It highlights issues about memory and how allegations influence family dynamics. It gives information on how memories are “recovered” and the titles quoted are all relevant. (It might be frustrating to have no bibliography for the titles if you wanted to follow up the books cited.) For those who are suffering the effects of false accusations, the book is informative in understanding one route by which memories come to be “recovered”. For those who are involved in recovered memory therapy it is written in a way that encourages thinking about the realities of recovered memories and, hopefully, questioning them. Some of the metaphors used by ‘Reza’ for describing her confusion, her fears and the feeling of being tainted are poignantly realistic. Perhaps some of the power of the book is that it comes with no obvious flag-waving banner and it counteracts other novels/autobiographies that raise no questions about the validity of “recovered memories”.

Annie Noble, is a student in creative writing with personal experiences of false memory

May 33rd - BBC Drama

Shown on BBC1, 21 April 2004

Reviewed by Libby Harland

When I first heard that the BBC were screening the TV film *May 33rd* my initial thoughts were that hopefully it would be a good drama, carefully done and without passing any kind of judgements. How wrong I was.

From the outset, we were told that the film was based on the stories of ‘real women’ and it may be ‘easier not to believe them’. Immediately, we were made to feel that if we expressed any sort of natural cynicism, or questioned what we were about to see, then we were taking the easy option, refusing to believe terrible truths of suffering and abuse. Ella, played by Lia Williams, portrayed a character diagnosed with Dissociative Identity Disorder (DID). We did not see her therapy that lead her to be diagnosed with DID, therefore her condition was not explored in any way other than a one-sided portrayal of it as being a legitimate and spontaneously occurring medical disorder.

There is so much to say about *May 33rd*, and I am disheartened to say that I find it difficult to say anything good! The whole plot and storyline was, to put it politely, fantastical in the extreme, and yet it was supposedly fact based. The osteopath, who after just one meeting with the obviously disturbed Ella, broke all ethical and professional boundaries, by suddenly going to pick up his patient late at night, and bringing her to his house. His wife, who seemed totally content with her husband picking up a

disturbed patient late at night, and was completely unfazed by a complete stranger coming to live with her and her young son. Then we had Ella, who seemed unable to cope with anything, yet was able to give us a full rundown of DID, and all her different personalities. Then, to really ‘prove’ that Ella was telling the truth, we also saw a ritual abuse scene, just so that the viewer knew that Ella wasn’t making it all up.

As a piece of drama, this was a weak offering. In terms of the subject matter, and how it was presented, I fear that it was very damaging. There was no opportunity for the viewer to question what they were seeing. There were no scenes of Ella in therapy, discovering her various ‘alters’. There was no scepticism on the part of the osteopath. The ritual abuse scene was shown as fact. And if you were in any doubt at all, just before the ending credits rolled, we were told that DID is a ‘recognised medical condition’, but that some medical professionals still ‘refuse’ to acknowledge it’s existence. So there you are again, if you are questioning the validity of DID and ritual abuse, then you are ‘refusing’ to believe.

Guy Hibbert, the writer, obviously wants to tackle challenging issues. I feel that it could have been a good drama, if the viewer had been allowed to make their own decisions. As it was written, I would go so far as to say that it was an irresponsible piece of television, and should never have been aired.

My strength of feeling about *May 33rd* comes from personal experience. I am a twenty seven year old trained actress. Around eleven years ago, I had a severe bout of clinical depression. During therapy at this time, I came to believe that I was suffering from

MPD (now known as DID), and had repressed memories of abuse. I am an intelligent woman, and always have been, but I suppose at the time I was only sixteen, confused, suggestible and vulnerable, not to mention taking prescribed psychiatric drugs. Needless to say, a long battle, a few years and lots of reading and 'good' help, and I managed to come out of the other side. Thank God that I did, and also did not do too much damage along the way. (I never made any public accusations, or was lead to believe that any of my family members were abusers). Now, looking back I can rationally attribute my 'MPD' to a range of things: extreme mood swings, the medication I was prescribed actually caused me to 'black out', 'lose time' or feel fuzzy headed, and of course I had seen the film *Sybil* as well, which never helps. Also, I grew up to be an actress – my *job* is now to 'take on' different personalities! It just so happened that a number of factors conspired at the time, and MPD became a part of my belief system.

That's what worries me about *May 33rd*. People will have watched it and believed it. Vulnerable people, depressed people, people like I was at sixteen, will have watched it and identified with it. People who believe that they have DID will use it as proof that this is what they have got. People who believe they have repressed memories of ritual abuse may believe that they are still being ritually abused; they just can't remember it, like Ella. And should you question the subject matter of the programme, well, you are a person who finds it 'easier not to' or 'refuses to' believe in 'medically recognised' facts.

At best, *May 33rd* was ill informed and one sided. At worst? I dread to think.

Capturing the Friedmans

It is not often that the BFMS does film crits, but this one is an exception.

If Immorality out of control signals a society in decay, is Morality on the rampage any better?

Capturing the Friedmans is an extraordinary archive of a "nice middle class" Jewish family imploding in the child sex abuse scandal of the century. Middle America at its most puritanical, salacious and worse.

Gifted teacher and father of three handsome lads, Arnold Friedman is an IT teacher in a pleasant leafy suburb of New York on Long Island. One day he is intercepted taking delivery of a paedophile boy magazine. The police raid and they find a few more (although not the piles and stacks that their later reports describe.)

Hell freezes over. Although not a single child has ever made a complaint or shown any signs of distress after attending one of Friedman's home computer classes, the authorities trawl and trawl. Children and their families are bullied, intimidated, given therapy and even hypnotised until the authorities are satisfied that they can compile an indictment containing hundreds of counts of sodomy and child abuse of the grossest kind against father and his second son.

Add to that, blinkered police investigators, a totally biased judge, (since retired and teaching ball-room dancing on a cruise liner!) utterly feeble and ineffective lawyers and you just know the dénouement.

"Don't you think", cries one bewildered parent, "that with all those naked 10 year olds indulging in mass orgies, they would have at least gotten their socks and pants mixed up?"

The experts and therapists will not allow any such sweet reason to spoil their crusade. The lawyer's advice is great. Do a deal, plead guilty and face 30 – 50 years or plead not guilty and face Life!

First father and then 18-year-old son, bite the bullet. Some years in to his sentence, father kills himself, so that son can inherit \$250,000 - something to "come out to" at the end of his 18-year sentence. We see him released after 13 years.

The closing shot of the film shows the father's tombstone. On it, someone has engraved the legend "Teacher, Entertainer, Beach Bum and Friend."

"Who wrote that?" I asked the director, Andrew Jarecki at a Q and A session at the British Film Institute.

That's an interesting question, which nobody has ever asked ... why did you?"

Why did I?

Because self admitted paedophile tendencies or not; guilty or not of at least "something", **somebody** saw this "monster" as a human being.

See the film and see if **you** can work out who it was, and whether you agree?

(Documentary film (category 15) 1 hour 40 minutes, still on general release but at selected cinemas-will quite soon be on DVD. There is also a Friedman website on the Net.)

LETTERS

More on "May 33rd". Jenny Murray (Woman's Hour 19 April 2004) talks to Professor John Morton, Professor of Psychology, Institute of Cognitive Neuroscience at UCL

Jenny Murray: "We are shown Ella as a victim of ritual abuse. That also is a very controversial subject. But would you assume that most of the people that you have been working with are the victims of some sort of early trauma?"

John Morton: "That's the only explanation which anybody has come up with to account for these particular conditions. Some of the stories are quite remarkable and incredible, you might say, but there's no other explanation around to account for the condition."

Thomas Sutcliffe wrote a critical review of the drama in the Independent (22 April). The following letters were published in response.

From The Independent - April 26, 2004

Sir: It would be a pity if the casual reader of Thomas Sutcliffe's review of the BBC1 drama May 33rd (22 April) came away with the belief that Dissociative Identity Disorder did not exist.

There is growing experimental evidence from cognitive psychology for the existence of individuals with separate personality states which are profoundly amnesic for each other. This is what was graphically depicted in author Guy Hibbert's script and in Lia Williams' performance, and is the core of the definition of DID in the standard diagnostic text. The experiments, I should say, specifically test for faking.

Given the existence of the condition, some explanation is necessary. The only account around is one based on early traumatic abuse. Nobody tells another coherent story. Mr Sutcliffe implies that the condition can be induced by therapy. However, no evidence has ever been put forward that therapy can induce personality states with mutual amnesia of the kind I and others have studied.

Professor John Morton
Institute of Cognitive Neuroscience, University College London

From The Independent - April 28, 2004

Sir: Contrary to Professor Morton's claim (letter, 26 April), I am aware of at least two alternative explanations for Dissociative Identity Disorder that do not link it to a history of abuse. The two coherent accounts that spring immediately to mind are those proposed by Ian Hacking and the late Nicholas Spanos. Given that there is a serious debate in the psychological literature about the very existence of the disorder (let alone what might "cause" it) I think a far more cautious stance is warranted.

Dr James Ost
International Centre for Research in Forensic Psychology, University of Portsmouth

Oh Dear!

"..I got two referrals at the Tavistock...As soon as the first one started walking towards me from reception, limping, I just knew instantly in my counter-transference that she was limping from torture....."
Valerie Sinason - Spring 2003
(www.valeriesinason.com)

LEGAL FORUM

Comments on the Eastgate Case

The transcript of the General Medical Council's (GMC) Professional Conduct Committee hearing of the complaint by Mr & Mrs A against Dr John W. Eastgate, MRCPsych, DCH in September 2003 may be found on the BFMS web-site. Anyone considering making a complaint against a Child & Adolescent Psychiatrist would be well advised to study it. This note is intended merely to explain some of the procedures involved.

The legal processes in the family courts, the NHS Trusts' complaints procedure and the GMC vary widely and must be understood together with the motivation of those involved.

In the family courts the protection of the child overrides all other considerations. The rules of evidence are lax – hearsay evidence is admitted for instance – and the test applied is the "balance of probabilities". In practice the desire of officials to avoid blame in the event of a mistake means the process is heavily loaded against the parents, with prosecution medical expert evidence too readily accepted at face value. The difficulties of engaging one's own expert have been well highlighted in Parliament by Vera Baird QC MP (Hansard, February 24th 2004, essential reading). This should only be approached with extreme care - but without a conflicting opinion the judge is left without much option but to go along with the prosecution's expert.

It is as the employer of the doctor that the NHS Trust processes a complaint. There is a conflict of interest between its duty as a trustee of public funds and its

responsibility to supervise safe and effective practice by its employees. Given the consequent financial liability there is an extreme reluctance to admit fault. While the rapid timetable laid down appears to be adhered to, too often it merely leads to a rapid comprehensive whitewash. To all intents and purposes the NHS complaints system is totally ineffective in the resolution of complex complaints.

The GMC is the (self) regulatory body with which doctors must be registered in order to practise medicine and a complaint may lead to the doctor being struck off the register if found guilty of Serious Professional Misconduct, or to a lesser sanction being applied such as compulsory re-training. The legal hurdles in the process are very high indeed. The hearing is conducted to criminal trial rules, hearsay evidence is not admissible and the test employed is “beyond reasonable doubt” – the panel must be “sure”. Following the determination of a hearing the doctor has 28 days to appeal and as of early 2004 a new body, the Council for the Regulation of Health Professionals, has 28 days to appeal against excessive leniency with the power to reverse this. But in practice many of those doctors who are struck off with attendant publicity are quietly readmitted within a few months.

The GMC’s filtering process is well explained on their web-site. A medically qualified screener presides over the progress of the complaint with assistance from a screener who is a lay member, while the leg work and all communication with the complainants is done by the administration staff. Establishing a good relationship with them is vital, and they should be treated with the utmost courtesy. Frustrations are best taken out on your legal advisors.

Nearly four years elapsed while the GMC considered whether to

refer the case against Dr Eastgate to a public hearing by the Professional Conduct Committee. The Preliminary Proceedings Committee, sitting behind closed doors, tried to reject it. However a factual error by this committee meant that it was possible to contest this decision through an application for judicial review, which caused the GMC to change it’s mind – at huge financial cost to all.

Having decided to refer the case on, we were offered the choice of using the GMC’s own legal advisors and leaving the case entirely in their hands, or using our own team largely at the GMC’s expense. After our experiences so far we had no hesitation in choosing to manage the case ourselves. This involved the selection of Leading Counsel experienced in GMC work and an expert witness (see above). The opinion of any expert(s) appointed would be disclosed to the defence irrespective of our views on it, so it was important to make the right choice. The medical notes were now made available to us for the first time and were examined by the chosen expert, Professor Harry Zeitlin. His views played the dominant role in formulating the charges against Dr Eastgate.

There were three broad themes to the charges laid against Dr Eastgate. These involved the manner in which he had questioned Miss A about her medical examinations by a consultant paediatrician, whether he had taken adequate notes of these sessions, and whether he should have consulted Mr & Mrs A about the circumstances of the medical examinations before reporting allegations about the paediatrician to the Child Protection Team. These were all matters entirely confined to the medical profession and it is significant that Professor X, the consultant paediatrician involved, agreed to give evidence for the

prosecution. These events occurred in the very early stages of the treatment of Miss A by Dr Eastgate and while it may be probable that they led directly to more serious matters which occurred later, proof to the required standard did not exist in the medical notes to prove causation.

In September 2003, over six years after the lodging of the original complaint, the hearing commenced in the imposing surroundings of the GMC’s Council chamber. There was intense press interest. The case itself turned on the expert evidence. Professor Zeitlin argued tenaciously for the prosecution, Dr Alyson Hall and Dr Arnon Bentovim would not agree to any criticism of Dr Eastgate. Both the latter were accused of bias by the prosecution counsel. And that was that.

In their determination the panel found that:

- While certain facts had been proved, “they would be insufficient to amount to a finding of serious professional misconduct”.
- Certain comments in Dr Eastgate’s interviewing of Miss A were found to have been “unprofessional and inappropriate”.
- And most importantly, they found that Dr Eastgate’s conduct in an interview with Miss A “was inappropriate and unprofessional because it was likely immediately to strengthen her impression that she might have been improperly touched at medical examination”.
- Further comments in the same interview were found to have been “inappropriate and unprofessional”.
- Dr Eastgate’s notes of seven separate interviews with Miss A were found to have been “inadequate”.

- Dr Eastgate's failure to have shared his concerns with Miss A's parents before consulting the child protection team, although admitted, was not found to have been inappropriate or unprofessional. This was disappointing but not altogether unexpected.

Dr Eastgate was brought to account for himself in the Council chamber of the GMC only by the courage, tenacity and financial resources of Mr and Mrs A. This was a case that the GMC would rather have avoided. Indeed it was based on a paradox – the only evidence was contained in medical notes that were found to be “inadequate” on seven different occasions. It is to be hoped that it will have helped to persuade child and adolescent psychiatrists that they cannot behave as Dr Eastgate did with impunity, and that they too will be named and shamed if they were to do so.

Mr & Mrs A

Legal Note:-

Clinicians could even face liability in a negligence case, were the court to consider that the damage suffered by a patient or even third parties (parents) not to be too remote. “The categories of Negligence are never closed”.

News of his case from Jim Fairlie

By the very nature of the allegations with which those of us who have had the misfortune to be victims of Recovered Memory Therapy (RMT), it is frequently inevitable that the police and/or the social services will become involved. It is equally inevitable that in the vast majority of cases, any involvement by the social services, will end in disaster.

The following is not an academic study, nor is there any attempt to be objective. It is a very personal view of the conduct of social services, based on bitter experience and fairly detailed knowledge of the experiences of others. Unfortunately, I have found that far too many social workers, including management, are of low calibre and lack the skill and training commensurate with the authority with which they are entitled to act. But they are imbued with a culture of looking over their shoulders and offering excuses, very quickly learned on the job, that allows a great deal of the damage to go unnoticed and very definitely unpunished. Having a general immunity under the law is of course, a great help.

I have recently abandoned a law suit against Perth & Kinross Council. I had pursued the case for nine years at my own expense and it was with the deepest regret and greatest reluctance that I was forced to abandon it having been advised

“Even if Mr Fairlie proves what is averred (alleged) by him as fact in relation to that case, he has no claim in law on the basis either of duty of care or confidentiality.”

That opinion was given to me in writing, ten days before I was due to appear in the Court of Session in Edinburgh. The case against the NHS Trust continued and as I write this, I am waiting for the Judge to announce his decision.

The implications for the wider public interest are enormous and, if the advice I have been given is correct, it would seem to be a reinforcement of the immunity granted to social services by the decision in *X Minors -v- Bedfordshire County Council*. It was hoped that there had been a retreat from general immunity by later cases such as *L (Minor) & P*

(Father) -v- Reading Borough Council and Thames Valley Police 2001. But even more recent judgements would appear to have reverted to a general immunity.

Having carried the expenses for my case for nine years, it is reasonable to assume that I believe my allegations could have been proved. Unfortunately, as the law stands it makes no difference; the Social Work Department (SWD) is deemed not to owe me any duty of care, therefore I have no redress in law, no matter how much damage was caused to my family and me.

If the law states that social workers owe no duty of care to third parties who are damaged by their negligence, malice or deliberate breach of, it means that local authorities are free to cover-up by refusing to allow an examination of the conduct of any social worker, and are free to ignore proper complaints procedures.

I now intend to petition the Justice Committee of the Scottish Parliament, to examine current legislation as it applies to the conduct of SWDs and more specifically to the duty of care owed to third parties. Any information that can reinforce the arguments will be welcomed.

The opinions of law and fact expressed above are those of Mr Fairlie and not necessarily the BFMS.

* Mr Fairlie and his advisers are also considering the Human Rights Act (as it applies to Scotland) and the European Convention, especially Article 6 (entitlement to a fair hearing) and Article 8 (right to respect for family and private life).

Overseas False Memory Societies

Please feel free to write or phone if you have relatives in these countries who would like to receive local information. The American, Australian and New Zealand groups all produce newsletters.

AUSTRALIA

AFMA Inc.
PO Box 285
Fairfield Vic 3078, Australia
Tel: 00 61 300 88 88 77
www.afma.asn.au

BELGIUM

Vossenstraat 80
9090 Melle, Belgium
Tel: 00 32 9 252 38 55
Email: werkgr.fict.herinneringen@altavista.net

CANADA

Ontario
Paula – Tel: 00 1 705 534 0318
Email: pmt@csolve.net
Adriaan Mak – Tel: 00 1 519 471 6338
Email: adriaanjwmak@rogers.com

FRANCE

www.francefms.com

ISRAEL

FMS Association
Fax: 00 972 2 625 9282

NETHERLANDS

Jan Buijs
IJsselstraat 16
3363 CW Sliedrecht, The Netherlands
Tel: 00 31 184 413 085 Email: info@werkgroepwfh.nl
www.werkgroepwfh.nl

NEW ZEALAND

Donald W. Hudson
c/o The Secretary
COSA New Zealand Inc
C/- 364 Harewood Road
Christchurch 8005, New Zealand
Email: cosa@i4free.co.nz
www.geocities.com/newcosanz

NORDIC COUNTRIES

Åke Möller – Fax: 00 46 431 21096
Email: jim351d@tinet.se

USA

False Memory Syndrome Foundation
1955 Locust Street, Philadelphia
PA 19103-5766, USA
Tel: 00 1 215 940-1040
www.fmsfonline.org

The Scientific and Professional Advisory Board provides BFMS with guidance and advice concerning future scientific, legal and professional enquiry into all aspects of false accusations of abuse. Whilst the members of the board support the purposes of BFMS as set out in its brochure, the views expressed in this newsletter might not necessarily be held by some or all of the board members. Equally, BFMS may not always agree with the views expressed by members of the board.

ADVISORY BOARD: **Dr R. Aldridge-Morris**, Consultant Clinical Psychologist & Head of Primary Care Psychology Service, City of London and Hackney. **Professor R.J. Audley**, Vice Provost, University College London. **Professor Sir P.P.G. Bateson**, F.R.S, Provost, King's College, Cambridge. **Professor H.L. Freeman**, Honorary Visiting Fellow, Green College, University of Oxford. **Professor C.C. French**, Professor of Psychology, Goldsmiths College, University of London. **Professor R. Green**, Consultant Psychiatrist, Imperial College School of Medicine, Charing Cross Hospital, London. **Mrs Katharine Mair**, Consultant Forensic Psychologist (retired). **Mr D. Morgan**, Child, Educational and Forensic Psychologist, Psychologists at Law Group, London. **Dr P.L.N. Naish**, Principal Psychologist, Centre for Human Sciences, DRA Farnborough (Chairman of the Advisory Board). **Professor Elizabeth Newson** OBE, Emeritus Professor of Developmental Psychology, University of Nottingham. **Dr J. Ost**, Senior Lecturer in Psychology, International Centre for Research in Forensic Psychology, University of Portsmouth. **Mr. K. Sabbagh**, Writer and Managing Director, Skyscraper Productions. **Dr W. Thompson**, Forensic Criminologist. **Dr B. Tully**, Chartered Clinical & Forensic Psychologist, Psychology at Law Group, London. **Professor L. Weiskrantz**, F.R.S, Emeritus Professor of Psychology, University of Oxford. **Dr D.B. Wright**, *Reader of Psychology*, University of Sussex.

BFMS · Bradford on Avon · Wiltshire · BA15 1NF
Tel: 01225 868682 Fax: 01225 862251
Email: bfms@bfms.org.uk
Website: www.bfms.org.uk
Registered Charity Number: 1040683

Management and Administration

Madeline Greenhalgh, *Director*
Roger Scotford, *Consultant*
Donna Kelly, *Administrator*