



Serving People and Professionals
in Contested Accusations of Abuse

Dear Reader,

We know that many families long for the opportunity to have their cases comprehensively dissected instead of the all too quick presumption of guilt which follows an accusation of sexual abuse. Such a depth of investigation is extremely rare. But over a period of six months - from January to July this year - at a libel trial in the Royal Courts of Justice, the Shieldfield injustice was finally unravelled. For nine years two trained nursery nurses were vilified, their young lives ruined, for crimes which did not happen. Without this landmark ruling their lives would have remained in danger, so venomous had the hatred against them become. Ordinary people will undoubtedly wonder how such a Kafkaesque scenario could have arisen. The answer is that it can happen, all too frequently, when certain influences combine together. If this sounds too obscure, all is revealed if you make time to read more than 400 pages in the Shieldfield judgment or turn to our Special Focus for the salient points. The judgment ought to be compulsory reading for everyone involved with child protection issues to ensure that there will never be another scandal like Shieldfield.

The extent to which outside agencies became involved in Shieldfield was highlighted by the consultant paediatrician much criticised during the libel trial, Dr Camille San Lazaro, who in her letter to the editor of the journal, *Child Abuse Review*, Vol 3, 1994, expounded the need for a specialised approach to day care multiple abuse incidents. She described the parents' immediate demand for services from up to 30 organisations in the Newcastle area, including general practitioners, casualty departments, school doctors, health visitors, Childline, Incest Line, Rape Crisis, the NSPCC, Barnados, community psychiatric nurses and the clergy. Were all these people and agencies swept along with the hysteria? Did anyone stop to question what was

happening? Where we can, we will make contact with the agencies to seek their responses to these questions.

BFMS make no apologies for making this issue of the newsletter into a special focus on the Shieldfield Libel Trial. Indeed, the outcome of the trial is a telling exposure of how a vast number of people came to believe that horrendous sexual abuse crimes took place where none occurred. The recent judgment goes a long way to exposing the most serious flaws in child protection practice and investigation affecting both adults' and children's cases, which are major contributory factors to the very real, growing problem of false claims of childhood sexual abuse. This edition carries articles which take a comprehensive look behind the scenes to reveal strong links between the Shieldfield and Cleveland crises. We uncover the part played by the child welfare agencies which until now has escaped scrutiny. It is not and never has been our

Table of Contents

Editorial	1
News Features	2
Special Focus	
Landmark decision	4
Messages from Shieldfield	6
The Road to Shieldfield	10
Focus on Practice	15
Members Forum	18
News Forum	20
Books and Reviews	22
Legal Forum	
Twelve year fight	25
Enhanced Criminal Checks	25
CCRC working party	26
Blocked conference yields success ...	27

intention to decry the need for the full force of the law to be applied where sexual abuse crimes occur. However, we will not refrain from carrying the message that to be falsely accused of childhood sexual abuse is not a rare exception as many involved in child protection would like to believe; the Shieldfield judgment shows them why.

Madeline Greenhalgh

NEWS FEATURES

No appeal for “malicious” Review Team

The Shieldfield Review Team have backed down from their intention to appeal the judgment of malicious libel in respect of Dawn Reed and Christopher Lillie. The announcement came after Newcastle City Council said it could not justify spending any more public money in challenging the judgment which awarded each of the former nursery nurses £200,000 in damages.

Council chief executive Ian Stratford stated: “The city council fully accepts Mr Justice Eady's judgment that Dawn Reed and Christopher Lillie are innocent of all the allegations against them. The council regrets the suffering these events have caused them.”

There was no sign of any remorse from the four team members, who complained that they had been advised they would have had good grounds for appeal, had the council decided to back them.

The Labour run Council, which faces a legal bill for costs of up to £4 million, has come under local political fire for spending £56,000 on a public relations firm to advise on the libel verdict. The council denied opposition claims that the move had been a “damage limitation exercise” and “waste of money” claiming the consultation was for guidance on what information the council could give the press without repeating the libel.

In the fallout from the historic verdict, the practice of consultant paediatrician Dr Camille de San Lazaro, described as “unbalanced, obsessive and lacking in judgment” in the 400 page verdict, is under review by Newcastle Health authority.

In a separate development, it is reported that the Criminal Injuries Compensation Authority is reviewing cases where she has been involved and would be “extremely reluctant” to accept her opinions in the future. Dr Lazaro is a frequent diagnostic witness and prosecution expert in sexual abuse cases in the north-east.

There has been no word as to whether members of the Review Team, Dr Richard Barker, Jacqui Saradjian, Judith Jones and Roy Wardell, all of whom claim expertise in recognising child abuse and received £360,000 for writing the report, will face an inquiry into their employment.

Dr Richard Barker, the team head, is a professor of social work at Northumbria University. Mrs Saradjian is a clinical psychologist in Leeds. Ms Jones is a child abuse consultant, expert witness and holds a position at North London University. Mr Wardell is a former social services director.

See Special Focus on page 4.

“False memory” experts in Parliament

“Recovered memory” was given the thumbs down when experts gave evidence to the Home Affairs Select Committee (HASC) on police trawl investigations in children’s homes.

At the final hearing of the inquiry on 11th July four experts, including Brandon report co-author, Dr Janet Boakes, were quizzed on the reliability of “recovered memory” and its relevance in the trial investigations.

Consultant psychiatrist Dr Boakes told of cases she had examined where witnesses had no memory of abuse when first approached by the police but had subsequently made allegations, also one narrative had grown over months from physical to sexual abuse and on to rape.

She went on to warn that the police risked exciting self-induced belief in non-existent offences when they wrote to ex-residents of care homes inviting allegations. She said that there was no reliable evidence to support a causal link between past abuse and criminal behaviour despite many attempts to establish one.

Dr Boakes stressed that the popular belief that memories of abuse could be completely repressed or blocked out for years was without scientific foundation.

Also giving evidence at the hearing were psychologist Professor Gisli Gudjonsson, Detective Inspector Andrew Parker, who has researched witness statement reliability in sexual offences, and criminologist and BFMS advisory board member, Dr Bill Thompson.

All four experts agreed with HASC Chair Chris Mullin, MP that “recovered memory” was unreliable.

Witnesses to the inquiry have included journalists, defence and compensation solicitors, “survivor” pressure groups, the police and former teachers and careworkers acquitted at trial or where convictions were overturned on appeal.

Press leaks of the draft report of the inquiry suggest that recommendations will include anonymity for defendants in sexual offences unless or until convicted and a revised code of practice for the police in carrying out organised abuse investigations.

The inquiry is expected to report in November when the oral evidence will be published in Hansard. MP Claire Curtis Thomas who set up the parliamentary All Party Group (APG) on abuse investigations and also gave evidence to the inquiry said “The APG has monitored the proceedings and will be in a position to challenge the Report – robustly if necessary.”

Investigations under UCAFAA conference scrutiny

A retired deputy chief constable responsible for police training is to speak at the second annual conference of the United Campaign Against False Allegations of Abuse (UCAFAA).

Dr Tom Williamson is a psychologist who developed police interviewing techniques as a senior officer in the Metropolitan Police and later as the Deputy Chief Constable of Nottinghamshire. Since his retirement he has been made a senior research fellow at the Institute

of Criminal Justice Studies in the University of Portsmouth and lectures internationally.

Dr Williamson will address the critical issue of witness interviewing and the search for truth at the conference, the overall theme of which will be the investigation of sexual abuse allegations.

The conference, to be held in London on Saturday 9th November, brings together falsely accused people, their relatives and supporters and concerned professionals under the banner of the justice network UCAFAA.

Speakers will include social care consultant and former senior social services manager Charles Pragnell; leading investigative journalist Bob Woffinden; GP, writer and broadcaster Dr Michael Fitzpatrick and the Earl Howe, deputy chair of the parliamentary all party group on abuse investigations.

Bob Woffinden has researched miscarriages of justice for many years and has recently focussed particularly on abuse allegations. Drawing on his experience, he gave evidence to the Home Office Select Committee inquiry into abuse allegations. Bob Woffinden and Richard Webster’s investigation of the claims against the Newcastle nursery workers laid the foundations of the historic libel trial and he will discuss the case at the conference.

In a keynote speech, Earl Howe will speak on the first year of the All Party Group that has seen the explosion of parliamentary and media interest in the police trawl investigations and a questioning, by members of the senior judiciary, of the safety of retrospective abuse convictions.

Organiser George Williamson said: “The conference takes the awareness of false allegations to a new level. So much has happened in the year since our last conference that there couldn’t be a better time to subject abuse investigations to critical scrutiny on a general level. There will be plenty of opportunity for discussion from the floor and the conference promises to be a landmark event.”

For more information contact BFMS on 01225 868682 or George Williamson on 01132 550559. Tickets are available from AAFAA, PO Box 84, Leeds, LS5 3XZ. Fee £10 payable by cheque or PO to UCAFAA.

SPECIAL FOCUS

Landmark decision in the High Court

by Margaret Jervis

The victory of the two falsely accused Newcastle nursery nurses in the High Court in London on 30th July 2002 is a landmark decision for investigative reliability in child abuse accusations.



After a trial lasting 74 days, Dawn Reed and Christopher Lillie were each awarded £200,000 in maximum damages for having been maliciously libelled by a Newcastle City Council-appointed Review Team of three social workers and one psychologist. "I am quite satisfied that each of the Claimants [Chris and Dawn] have merited an award at the highest permitted level", said the trial judge, Mr Justice Eady. "Indeed, they have earned it several times over because of the scale, gravity and persistence of the allegations and of the aggravating factors."

In his 400 page judgment, (available online in three parts)¹ the judge highlights the intellectual dishonesty of the Review Team in compiling their report, *Abuse in Early Years*. The report, published in 1998, had branded the two innocent former nursery workers as bizarre and dangerous paedophiles who were abusing young children both in the nursery and in the local area in concert with others in an unknown "paedophile ring".

The full judgment is a model critique of the flawed investigative techniques and theories that arose in the 1980s in tandem with the "recovered memory" methodology which affected so many families in the 1990s. Dawn's original solicitor contacted the British False Memory Society in 1993 as the case against her and Chris mushroomed along similar lines as the notorious McMartin and Kelly Michaels daycare cases had done in the United States.

At that time, the susceptibility of young children to the creation of false narratives by virtue of the beliefs of the investigators, was already recognised in the United States. The research by Stephen Ceci and Maggie Bruck into children's suggestibility formed the basis of an authoritative amicus brief - a consensual opinion by leading psychologists to help the Court - that became the linchpin in quashing the conviction against Kelly Michaels in New Jersey.

Ceci and Bruck's research discredited the application of Roland Summit's accommodation theory which was being used as a potent and dangerous diagnostic and investigative tool in suspected cases of sexual assault. The Summit theory postulated a whole range of symptoms as evidence of "hidden" memories of severe abuse. Even an absence of symptoms could be taken as an abuse indicator. Absolute denial or gradual, often contradictory, disclosure, according to Summit, needed to be nurtured through play props such as anatomically correct dolls, in order that the presumed psychological trauma could be exposed thus allowing the "victim" to be "healed". The "accommodation theory" was the therapeutic engine which drove the Shieldfield allegations way beyond the criminal pre-trial acquittal of the nurses in July 1994. New allegations were still being made as a result of therapy even as the Review Team, by then appointed by Newcastle City Council, started to examine the case in 1996.

Because it was aware of the damage caused by the defective methods and beliefs employed in the investigative process, the BFMS sent the Review Team the Kelly Michaels amicus brief and other information about the US cases, including the Ceci and Bruck research. This should, at least, have alerted the team to the similarities between the cases on both sides of the Atlantic, but when the *Abuse in Early Years* report appeared, not only was the tainted police and social services investigation upheld, but the key material sent by the BFMS was denigrated as being "unsolicited" and irrelevant. This implied smear was made not only against the BFMS but included psychologist Dr Bryan Tully, a BFMS advisory board member. Dr Tully, a defence expert for the criminal case, had offered to give evidence to the Review Team; evidence which he maintains would have helped the team to come to entirely different conclusions,

but the team deliberately chose to refuse to hear his evidence.

This biased hostility arose again at the libel trial when counsel for the Review Team tried to insinuate that Chris and Dawn had been pushed into bringing the case by the BFMS - an accusation which had no foundation in fact. The BFMS does however stand by its commitment to provide relevant and accurate scientific information in the interests of justice.

Through his careful judgment, which rejects the investigative methodology of both the Review Team and the initial police and social services inquiry, Mr Justice Eady highlights the fact that the team ignored

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the relevant scientific knowledge, some of which had been provided by the BFMS. But what was not revealed during the trial was why it might be predicted that certain members of the Review Team would take a blanket oppositional stance to both the BFMS and any other objective analysis which could have been provided to the team.

One of the social work experts appointed to the team was Judith Jones. Ms Jones, together with her partner, journalist Beatrix Campbell, has been a longstanding opponent of the BFMS. As part of a campaign to uphold “recovered memory” theory, both Campbell and Jones have sought to blacken the name of the BFMS over many years. The most flagrant example of this was in their 1999 co-written book *Stolen Voices* which sought to portray, through misinformation and misrepresentation, the BFMS and other critics, as part of a “paedophile’s lobby”. Unsurprisingly, the totally unfounded slurs in the book resulted in a queue of people intending to take legal action. Responding to the first of many potential claims, the publishers withdrew the book the day before publication.

One facet of Ms Jones’ campaign against the BFMS was the setting up of a group of therapists and “recovered memory” clients, Daughters and Their Allies (DATA). Based in Newcastle, the group’s specific object was to discredit the BFMS and promote “recovered memory” claims. However, very little is known about this shadowy organisation.

Ms Jones was also, under her married name Judith Dawson, an instigator of the “satanic abuse” scare in Nottingham in 1989. Her pivotal role in disseminating false information fuelled the Rochdale and Orkneys abuse fiascos. The reckless approach adopted by Judith Dawson/Jones in investigating these cases was identified by a joint police and social services inquiry in the JET report². However, having been accepted by the police, and social services director, David White, planned publication of the summary final report was successfully blocked by Ms Dawson

and her team who waged a campaign of slur and innuendo against the authors of the report. The upshot was that belief in satanic abuse and the unsound methods of investigation continued to permeate the

world of welfare professionals and activists, with Ms Dawson retaining unjustified influence for many years.

The one psychologist on the Newcastle panel, Dr Jacqui Saradjian, also had an ideological axe to grind. A former teacher, she studied under psychologist Helga Hanks at Leeds University. Dr Hanks was a supporter of “satanic abuse” and a member of the Leeds team that included Doctors Jane Wynne and Christopher Hobbs. Their promotion of the now discredited “anal dilatation” diagnosis of sexual abuse created havoc and injustice in Cleveland in 1987 when it was applied by Dr Marietta Higgs and others. Ms Saradjian, who has specialised in women as abusers, is also a believer in the “recovered memory” method of accessing narratives that reinforce her ideology, including her belief in “satanic abuse”.

All that was required to promote the production of a report which would, in the words of the judge, include “fundamental claims [the Review Team] must have known to be untrue” was for Newcastle City Council to appoint Dr Richard Barker, a social work lecturer, as leader of the team. The judge stated that Dr Barker was a man who “eschewed rational analysis in the approach to his task from the outset”. His evidence was so poor that the judge said he “was unable to place reliance upon anything said by Professor Barker, for any significant purpose, unless it was independently corroborated”. Acting as “a law

unto himself” Barker and the team were to “promulgate to the Council and to the wider public what was recognised within days ... to be a specious and disreputable document”.

Now that the Shieldfield Nursery abuse fiasco has finally been laid to rest, questions must be asked as to how it came to develop from the outset. Close critical scrutiny needs to be paid to a wide range of welfare services and the professionals involved, not least Dr Camille San Lazaro, the consultant paediatrician who falsely diagnosed so many children as having been abused. Mr Justice Eady said, “The truth is that where physical findings were negative or equivocal, Dr San Lazaro [who had trained with Dr Marietta Higgs] was prepared to make up the deficiencies by throwing objectivity and scientific rigour to the winds in a highly emotional misrepresentation of the facts.”

The fact is that many of the key personnel in the Shieldfield case are part of an ideological axis stretching back through Nottingham to Cleveland. That it has taken nine years to nail the myth of Shieldfield indicates that the misinformation this faction continues to promulgate within the welfare, police and criminal justice systems continues to cloud professional judgment. Unfortunately the media, as was seen in the trial with the Newcastle Evening Chronicle and other mainstream newspapers, all too often follows suit. It is therefore all the more remarkable and gratifying that Mr Justice Eady has been able to cut a swathe through their emotive, pseudo-scientific claims.

Anyone involved in this field should read the full judgment; not only does it endorse sound theory and practice in child abuse investigations, but it calls for a return to the fundamental principles of natural justice, reason and humanity.

1 www.courtservice.gov.uk/judgmentsfiles/j1302/lillie_reed_part1.htm (...part2.htm or part3.htm)

2 www.users.globalnet.co.uk/~dlheb/Default.htm

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Messages from Shieldfield

by Tania Hunter

Press coverage of the Shieldfield libel judgment has naturally focused on the experiences of Dawn Reed and Christopher Lillie. For the first time since their ordeal began they have been able to emerge as real people from the shadows of accusations of multiple child sexual abuse. In the words of Mr Justice Eady, the former nursery nurses are entitled “to be vindicated and recognised as innocent citizens who should, in my judgment, be free to exist for what remains of their lives untouched by the stigma of child abuse”.

However, the lessons of the Shieldfield case, reach far beyond the exposure of a personal tragedy. The trial judgment documented a catalogue of professional malpractice and error. Yet there has been little public response from politicians and professional organisations. Compared with the energy devoted in 1998 to the publication of the Review Team’s report, the local press has provided no more than a superficial account of events. The Director of Social Services has stated that he is satisfied that lessons have been learnt. Although Newcastle City Council have decided not to fund an appeal against the judgment of malice, their first reaction was to stand by their Review Team. While there has been no comment from the police, the Newcastle NHS Trust’s initial response to criticism of Dr San Lazaro was defensive. The significant involvement of child psychiatrists and occupational therapists from the NHS Fleming Nuffield Unit and therapists from the Barnardo’s Mosaic Unit has escaped attention.

Instinctive connections have been made between Shieldfield and the Cleveland crisis. But the libel trial stands apart from other child abuse inquiries in that it was a civil case brought by the two accused nurses against Newcastle City Council and their Review Team. Although the facts relating to the child abuse allegations were examined during the trial, the prime object of scrutiny was the inquiry process itself. Despite the momentous implications for our national child protection system, there was no remit to make recommendations for future practice, nor obligation upon politicians and agencies to

respond. The most likely outcome is that all concerned will wish to keep their heads down until this embarrassing storm has past.

The one aspect of Mr Justice Eady's judgment which authorities may find impossible to ignore is his assessment of forensic paediatrician, Dr Camille San Lazaro. In an echo of Cleveland, a paediatrician has in effect been found to have made multiple suspect diagnoses of child sexual abuse and acted well beyond her professional remit. Dr San Lazaro has been criticised not simply for the inadequacy of her records or forensic examinations, but for her therapeutic approach to diagnoses¹. This therapeutic influence, which has gained an ascendancy in child abuse work and supplanted a neutral, evidence-based approach to assessments, is at the root of the problem of false allegations and diagnoses of child sexual abuse.

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As with the Cleveland doctors before her, it was Dr San Lazaro's practice to work in tandem with therapists, passing on unconfirmed diagnoses of sexual abuse for confirmation through psychiatric assessment and play therapy. Dr Carole Kaplan and her colleagues at the Fleming Nuffield Unit are respected medical professionals. Yet they have assessed and treated approximately 35 Shieldfield children over a number of years for abuse trauma which has never taken place. Had this level of misdiagnosis occurred in another branch of medicine, it would have led to a public outcry, a hospital inquiry and a crisis within the medical profession.

It is not clear what action, if any, will be taken in respect of the social workers and police child protection officers whose flawed and intrusive interviews ignored the findings of the respected Cleveland report. The Cleveland Inquiry, however, despite all its undisputed virtues, had one monumental and largely unrecognised flaw which has had a significant bearing on subsequent events. While it acknowledged the part played by doctors, social workers and therapists in the breakdown of child care services in Cleveland,

the cause was attributed to the inexperience and the personalities of those involved. Expert witnesses had warned of the dangers of adopting North American therapeutic disclosure techniques, but the inquiry nonetheless concluded that the investigative techniques which had proved so disastrous in Cleveland were safe when used by experts such as Dr Arnon Bentovim and his Great Ormond Street Hospital colleagues².

Based on this incomplete understanding, and without the benefit of later research into children's suggestibility³, the Butler-Sloss inquiry recommended improved training and inter-agency "working together". The unintended outcome has been that the very people responsible for the Cleveland affair have been able to perpetuate their practices and are now

established in universities and at the centre of the child protection system as experts, policy advisers and trainers.

A legacy of the Cleveland Inquiry has been a developing complacency and trust in the efficacy of inter-agency work and its forum, the Area Child Protection Committee (ACPC). One of the many revelations of the Shieldfield case has been the extent to which this unquestioning trust between professionals may foster and conceal harmful practice. As a key figure on Newcastle's ACPC, Dr San Lazaro will have influenced child abuse policy and training in ways that have little connection to her profession as a paediatrician. There is no indication that any of the professionals in the Shieldfield case queried other professionals' assessments of sexual abuse or the integrity of their working practices.

Mr Justice Eady's judgment becomes even more significant in the light of the implementation of national guidelines for the *Provision of Therapy for Child Witnesses Prior to a Criminal Trial* published jointly by the Crown Prosecution Service, Home Office and Department of Health⁴. It has attracted little attention and no apparent realisation of the extent to which it represents a victory for the child abuse specialists who have

campaigns since Cleveland for validation of their methods. The research is based on the work of Barnardo's Bridgeway project in Middlesbrough, a unit managed by Tink Palmer, Barnardo's Principle Policy and Practice Officer⁵. Evaluation of the project took place between December 1994 and January 2000, a period which covers the time that Shieldfield children were being treated in Newcastle.

The Barnardo's unit was first set up in Middlesbrough by Dr Marietta Higgs and social worker, Sue Richardson, during the Cleveland crisis. Palmer describes the unit as:

“ a vindication of the beliefs of those of us who were working in Cleveland circa 1987; namely that there are many children in the community who have been and are being sexually abused, and who need rescuing by safe adults. It is still difficult for many children to speak out about their abusive experiences, but when they do, or an adult does on their behalf, they need help in making sense of what has happened to them”⁶

Today's problems can be traced directly to the Cleveland professionals and the beliefs that Palmer outlines. When the CPS pre-trial therapy guidance was announced, Barnardo's explained that they accept children as abuse victims in the belief that the circumstances have been established by the prior child protection investigation. But, as the Shieldfield case has shown, a report from an investigating professional is not necessarily a reliable basis upon which to proceed. Child protection workers who have come to believe that a child has been abused may refer disturbed children for therapy in the hope of procuring disclosures or an expert opinion to bolster up an unsubstantiated case.

While the CPS practice guidance warns against any intervention which might contaminate a case and a future trial, it treats child “witnesses” as synonymous with “victims”. When warnings are given about suggestibility and the use of assessment tools such as anatomical dolls, there is no awareness that therapists might be inducing false allegations. The sole concern appears to be the protection of the prosecution case.

Play therapists working with child abuse victims stress that their work is “non-directive” and that their role is not to diagnose abuse or facilitate disclosure, but to allow children to express their trauma gradually through play and symbolic re-enactments. But when a child does not confirm in a police interview a report made by an adult on the child's behalf, he or she will be assessed as too frightened or in denial and in need of help from a “safe” adult. In this context the supposedly “non-directive” therapy inevitably becomes a hidden process of investigation. Further police investigation will be minimal while officers remain in contact with a therapeutic process which in all probability will end in the incrimination of the suspected abuser⁷.

The CPS guidance advice against the use of therapy materials which suggest or presume that abuse has taken place seems incompatible with non-directive play therapy which is based on the enactment of previously undisclosed experiences. Anatomical dolls were provided by Barnardo's therapists for some Shieldfield children, but it was claimed that there was no direct attempt to encourage disclosure because the children had chosen to play with the toys. Therapists interact with children with puppets and other play figures.

“Witch” or monster figures are identified with the alleged abusers and figure in games in which they may be symbolically killed, shot or torn to pieces. The process, believed to represent real life events, is

similar to psychodrama techniques used in recovered memory therapy with adults. Materials and games that are innocuous and commonplace in everyday use become suggestive tools in the hands of trauma therapists.

The use of play therapy with abused children has neither scientific basis nor independent regulation. The long term effects of encouraging young children to respond to perceived wrongs with acts of violence and vengeance has not been evaluated. One child, whose case had been put forward as evidence of the Review Team's claims, was withdrawn from the libel trial when it was belatedly realised that she had had no contact with the nurses. But this was not before the

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Barnardo's project leader had stated that the therapy sessions had left her in no doubt that the child had been sexually abused by Chris Lillie. Practitioners from Barnardo's Mosaic Unit, which was established in 1992 for both adult and child sexual abuse victims, claim to offer "play work" rather than therapy since they have no play therapy qualifications. Qualifications consist of social work and counselling diplomas and an Advanced Therapeutic Skills Certificate from an independent psychodramatist. Reports from Barnardo's workers are nonetheless accepted by the Criminal Injuries Compensation Authority and by police in criminal and civil child abuse cases.

The role of the police in the Shieldfield investigation has also attracted little attention. The Cleveland inquiry adopted a conciliatory approach, but in the process failed to acknowledge the validity of the anxieties of the police about the new therapeutic approach to investigations. When within a few months of Cleveland, satanic abuse allegations led to the break-down of joint working relationships in Nottingham, the Chief Constable and Social Services Director took the innovative course of setting up a joint enquiry team (JET). Their subsequent report found that the satanic allegations had arisen because of social work beliefs and techniques similar to those employed in Cleveland.

Publication of the JET report in 1990 could have stemmed the tide, but pressure from the Nottingham social work team, led by Judith Jones, a member of the Shieldfield Review Team, resulted in the suppression of the report. In an effort to prevent a further loss of public confidence in social workers, the Government commissioned research into the phenomenon of ritual abuse allegations. But Professor Jean La Fontaine's research refuting satanic abuse did not appear until 1994, and by that time it was far too late to prevent trauma therapists from establishing themselves as national child abuse experts.

The therapeutic approach, which demanded unconditional belief towards allegations of child abuse, introduced a radical imbalance into evidence-based police practice. As a result of this influence on child abuse training, the police have moved towards a child welfare response to allegations. Evidence given to a recent Home Affairs Select Committee, which is considering police methods of "trawling" for accusations of historical abuse, reveals just how far down that road the police have travelled. To the evident surprise of Committee members, a police liaison consultant stated that he would tend to view any allegation as genuine - a position supported by DCI Gareth Tinnuche of the South Wales Police, who did not believe that the police could take any other approach⁸.

Although the national press has been united in its sympathy for the Shieldfield nurses, commentators have tempered this with warnings about familial abuse. In an *Observer* editorial (4.8.02) a misleading NSPCC figure of 1 child in

100 sexually abused by a parent was used to support a plea for more resources for social workers investigating parental abuse⁹. However, social workers who bring particular beliefs to multiple abuse cases do not miraculously

change when dealing with domestic cases. The practices and beliefs of the Shieldfield professionals should cause concern about the overall reliability of child protection work.

When serious child abuse issues arise, the response is to instigate an inquiry. But the Shieldfield allegations have already been the subject of a criminal trial, an independent inquiry, and finally a civil court inquiry into an inquiry. And it is far from clear who, if anyone, will now take on responsibility for this orchestrated fantasy. Government ministers are advised by independent child abuse experts. The soundness of the ACPC forum is dependent upon the calibre and beliefs of its constituent members. What appears to have happened over the years is that, in the interests of "working together", governing professional bodies have abandoned responsibility for monitoring how their members

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handle child abuse cases. Professionals such as Dr San Lazaro have been allowed to develop their own beliefs and positions of influence within the aegis of the local ACPC. The Shieldfield case has shown how the Newcastle ACPC provided an arena in which misguided beliefs and practices spread like a disease from one agency to another.

A glimmer of hope is that, starting with key medical professionals, action will be taken by the separate professional bodies to ensure that their members are trained not to act as advocates for children, but to conduct assessments with neutrality and competence. But this will have little effect unless it is accompanied by similar action in respect of the unregulated national voluntary agencies, local self-help groups and independent child abuse “experts” who are funded and employed by health authorities and other agencies. Mr Justice Eady’s ruling should have led to a searching review of the safety of local and national child protection and therapeutic services. However, the leading Newcastle paper, *The Journal*, has singularly failed to pursue the issues, and chosen to run a three-part investigation in support of local groups offering counselling for adult survivors and teenage abuse victims. The concluding article features an uncritical advertisement for the Barnardo’s Mosaic Unit without any reference to their involvement with the Shieldfield children. It seems probable that this is an indication of a determined resistance to any acceptance of the Shieldfield judgment. Before further resources are allocated to child protection, politicians and professional organisations should consider with care the implications of the Shieldfield libel case.

- 1 San Lazaro, C. 1995. ‘Making paediatric assessment in suspected sexual abuse a therapeutic experience’. *Archives of Disease in Childhood*. 73: 174-176.
- 2 Butler-Sloss, E. 1988. *Report of the Inquiry into Child Abuse in Cleveland, 1987* (Chapter 12). HMSO.
- 3 Bruck, M & Ceci, S.J. 1995. Amicus brief for the case of the *State of New Jersey v. Margaret Kelly Michaels* presented by a committee of concerned social scientists. *Psychology, Public Policy and Law*, 1, 272-322.
- 4 2001. *Provision of Therapy for Child Witnesses Prior to a Criminal Trial: Practice Guidance*. Home Office, CPS, Department of Health.
- 5 Webster, A, Palmer, T. & Hughes, M. 2001. ‘Children Who Have Been Sexually Abused: Therapy before Evidence’. *Journal of Clinical Psychiatry*

- 6 Palmer, T. 2001. ‘Pre-trial therapy for children who have been sexually abused’. In S. Richardson and H. Bacon (eds). *Creative Responses to Child Sexual Abuse: Challenges and Dilemmas*. Jessica Kingsley Publishers
- 7 Coleman L.& P. Clancy. 1999. *Has a Child Been Molested: The Disturbing Facts About Current Methods of Investigating Child Sexual Abuse Accusations*. Berkeley Creek Productions.
- 8 House of Commons Home Affairs Select Committee: Investigation into Past Cases of Abuse in Children’s Homes. 18.06.02.
- 9 The statistic (also found on the NSPCC’s own website) is taken from research (Cawson et al. 2000. *Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect*. NSPCC) based on a sample of 1,235 males and 1,634 females aged 18-24. The statistic relates to a category of ‘parents and carers’, but the researchers have not explained how broadly they have defined the ‘step-father’ relationship or given precise data about the inclusion of informal relationships such as live-in boyfriends and unmarried partners. As reproduced, the statistic misrepresents the findings of a study that challenged the stereotype of child sexual abuse as an incestuous relationship between a daughter and father or step-father with a figure of 0.4% (p 96). The researchers concluded that “most abuse is extra-familial” (p 103).

The following is the first of two articles on the background to the Shieldfield case, looking at the ideological battleground that took shape after Cleveland.

The Road to Shieldfield (Part 1)

by Margaret Jervis

“It sounds like Cleveland” commented perplexed media pundits in response to the Shieldfield libel victory. But there were key differences between the two scandals. In the 1987 Cleveland case parents grouped together to complain that they had been wrongly accused of sexual abuse on the basis of unsound medical evidence and fishy methods of “disclosure”. Within days the revelations caused a national scandal of broad political dimensions. Over a hundred children were returned to their families without a single criminal prosecution. A year later a judicial inquiry report¹ slammed the social worker and

paediatrician involved and the term “Cleveland” became a by-word for the dangers of welfare zealotry.

On the face of it, Shieldfield was just the opposite to Cleveland. The accusers were parents, while the accused were welfare employees. Despite the pre-trial acquittal in 1994, the media and the council backed the parents still “baying for blood” uncritically.

Four years later when the Review Team’s report was published, the media joined the scrum without a blink of an eye. The false picture painted through the media campaigns around the case and the Newcastle Review Team report added momentum to the enacting of legislation that undermines the safeguards against wrongful conviction².

But although the Review Team’s report was, at the time, lauded as a victory for abused children and their families, in fact it endorsed the very types of suspect investigation that the Cleveland inquiry had criticised.

This was no mere co-incidence. The full story of the journey from Cleveland to Shieldfield is astonishing in revealing the disproportionate influence of a handful of dedicated ideologues - and exposes the fault lines in reforms that have undermined the probity of child protection and justice.

Two professionals were central to the Cleveland case. They were social worker Sue Richardson and paediatrician Marietta Higgs. In the aftermath, both women were blocked from statutory child protection work. Richardson lost her contract with the social services department and Higgs was barred from dealing with suspected child abuse cases. Consequently they turned their energies to building up a power base in the community. As members of a growing band of professionals and activists who believed that widespread undetected sexual abuse explained a panoply of individual and societal ills, they had a small but energetic band of supporters that included members of the local community health council.

Following the publication of the Cleveland Butler Sloss report in 1988, public meetings were held which included journalist Beatrix Campbell and the disgraced professionals. Campbell had taken a stand of supporting the professionals early on in the scandal in 1987. Rallying to their cause, she had monitored the inquiry and published the first edition of her book *Unofficial Secrets* on publication of the report.

...the Review team’s report was... lauded as a victory for abused children and their families, in fact it endorsed the very types of suspect investigation that the Cleveland inquiry had criticised.

As a feminist Marxist who frequently wrote for the *Guardian*, Campbell was an influential propagandist with a large following among left-leaning welfare

professionals. Her platform throughout the Cleveland saga and beyond, was not the traditional class warfare but the new politics of gender. This became translated into a theory where men were substituted for the capitalist ruling class as the oppressors with women and children their captives. In this world vision sexual abuse was posited as a universal means of control of women and children (with boys as well as girls abused by their fathers as a method of induction into patriarchy).

This perversion of dogma was not new. It had begun in the 1970s and became closely aligned with what would come to be known as “repressed memory” theory. This methodology of abuse “disclosure” became linked with the family dysfunction model of child sexual abuse (criticised by radical feminists in the early days as being modelled on conservative patriarchal lines) that had taken root in the UK in the early 1980s at Great Ormond St Hospital, the Tavistock Clinic and the NSPCC.

Gathering together under the banner of “children’s rights”, the Cleveland activists formulated a political strategy to promote their concerns. They set out to create a cross-community alliance of professionals, voluntary workers and mothers whose children were thought to be sexually abused. Work with adult “survivor” groups and Rape Crisis centres was critical to the strategy, as was the promotion of criminal injuries compensation for past abuse.

The idea was that instead of the professionals promoting their own cause, community pressure groups would become their voice – and in so doing gain a wider media and social acceptance.

The key tenet of the campaign was the breaking down of “denial”. It was believed that abuse victims were locked into silence so that they were often unable to acknowledge it *even to themselves*. Consequently the abused child (ie the hypothetical “inner child” in either a child or adult) needed an adult professional advocate to become its voice and guide it into the external world. This was the view held by Sue Richardson, who was to become an “inner child” psychotherapist in Newcastle. In the 1991 book she edited, *Child Sexual Abuse: Whose Problem?*³, Richardson describes the theory as applied to the 161 children caught up in the Cleveland fiasco.

She states that “[a] high proportion of these children had not told of the abuse before the investigation. These children were either not old enough, or in our belief, *psychologically ready to tell an adult what happened to them.*” (italics added). Thus Richardson appears to assume that all the children jettisoned into care over two months in Cleveland were sexually abused – even though the majority eventually went home and had no further dealings with social services and no suspicion of abuse.

In 1989 the first groups were set up to support the professionals. CAUSE in Cleveland and Justice for Abused Children (JAC) both run by people who were part of a network of believers and who would promote “recovered memory claims”⁴. This resurgence co-incided with publicity about the Nottingham case, held to be an example of “satanic” or “ritual abuse”. (see JET report - ref p. 6 of this newsletter)

The cases would bind the Cleveland and Nottingham protagonists and Beatrix Campbell together. Judith Dawson established contacts with the children’s charity National Children’s Homes (NCH). The respected Methodist children’s charity was at the time restructuring its

services moving away from residential child care into therapeutic services for sexual abuse victims. In 1992, Judith Jones, as she had become, took charge of the first of these centres in Sunderland, the Kite project. Sue Richardson would later head a similar project in Glasgow.

Working through the northeast branch of the British Association for the Study and Prevention of Child Abuse Network (BASPCAN), links were established between the emerging pressure groups, voluntary organisations and the statutory services. For example, a child abuse helpline

Child Abuse Listening Line (CALL) was set up by Sharon Gray who ran the Ashington Women’s Therapy Centre. Gray also teamed up with Jane Tait at the Newcastle NCH to put together a voluntary group training resource leaflet on sexual abuse to distribute to the

statutory agencies. Gray would also begin to work as a therapist with Sue Richardson using “recovered memory” and “multiple personality disorder” theories.

One of Gray’s “recovered memory” clients was a woman called Lynne Richardson (no relation to Sue). In 1992 her child attended the nursery school where a male nursery nurse, Jason Dabbs, had been suspended following allegations of sexual abuse. At first it seemed only a small number of children were implicated. But anxiety spread and with Sharon Gray’s help, Lynne Richardson set up a parents’ pressure group, Parents Against Child Sexual Abuse (PACSA).

The children were examined by Dr Camille San Lazaro, the paediatrician who would play a central role in the Shieldfield case. Dr Lazaro, who had trained in Newcastle with Cleveland’s Dr Higgs, (who had also returned to Newcastle) took an obsessive interest in diagnosing sexual abuse and had styled herself as a “forensic paediatrician” (though curiously she claimed in the libel trial she was unable to use a colposcope to take photographs for forensic purposes). Dr Lazaro was an eccentric figure with an

The idea was that instead of the professionals promoting their own cause, community pressure groups would become their voice – and in so doing gain a wider media and social acceptance

unshakeable confidence in her own diagnostic powers in sexual abuse. Described by one observer as “a legend in her own imagination” her characteristic speculative bias can be seen in a letter she wrote to the medical journal, the *Archives of the Diseases of Childhood* in 1990. In the letter she argues that a rare skin disease, lichen sclerosis, can be caused by sexual abuse⁵. In fact signs of the disease can be confused with, but are distinct from sexual abuse damage. It was a gross misdiagnosis of the disease by Dr Higgs in Cleveland in 1987 that laid the foundations of distrust in the police⁶. Dr Higgs examined a six year old child four times over a period of four months – each time she diagnosed sexual abuse and each time a new perpetrator was indicated, including a foster carer. In the meantime, the painful skin condition itself was left untreated. It was a cautionary tale that ought to have given pause to the enthusiasts. Dr Lazaro however, was clearly of a mind to fit the square peg in a round hole by claiming – without any evidence – that the disease could be caused by sexual abuse. It is a clear indication that Dr Lazaro was determined to uphold the Richardson thesis of all the children involved in the Cleveland case being sexually abused⁷.

Outing the ‘recovered memory’ method and its inherent assumptions also threatened to decimate what remained of the satanic abuse bandwagon.

In 1991 Dr Lazaro had become a member of the Newcastle Area Child Protection Committee. This is the body responsible for interagency child protection training in the investigation of abuse. As a “forensic paediatrician” Dr Lazaro was able to wield enormous power. Dr Lazaro’s examinations, together with the networking of information through PACSA, resulted in the numbers in the Dabbs case rising to include children at a nursery he had worked in previously. Eventually over 60 children were said to have been abused. The parents, angry that abuse had been allowed to take place under the noses of the nursery staff, were mobilised by PACSA into a powerful force able to shape the course of the social services investigation. Consequently both CALL and the Newcastle branch of the NCH were given priority in providing therapeutic “disclosure services” for the children.

On 6th April 1993 Dabbs pleaded guilty to indecently assaulting nine children. It was a plea bargain. Three other charges were taken into consideration and charges against a further eight were withdrawn. Later, in an enquiry report, Peter Hunt QC declined to speculate as to whether he was guilty of the remaining charges or whether he had abused other children. However, Mr Hunt noted, with dismay, that he was not provided with the full prosecution bundle by the police but only a summary. This was written by WPC Julie Kinghorn who worked closely with Dr Lazaro and took charge of the entire police investigation interviewing both the children and Dabbs. Mr Hunt commented that the resulting videos were so poor they would have been inadmissible as evidence had the case gone to trial⁸.

Dr Lazaro and Sharon Gray’s comments about the Dabbs case reported in the local press indicate how allegations might be unwittingly but systematically inflated through suggestion. Sharon Gray told the *The Journal* in Newcastle that CALL had helped around 30 of the families affected in the Dabbs case, adding “For some, listening to their

children’s plight brought back memories of abuse which had long been buried.” While according to Beatrix Campbell, “a paediatrician” in the Dabbs case (Dr Lazaro), “vindicated the power of medical evidence, which took such a beating during the 1987 Cleveland case”. Campbell continued: “Medical signs of ‘penetrative trauma’ fortified the children’s testimony. Children had refused to speak altogether and broke their silence only when a paediatrician murmured: ‘something has hurt you up there, hasn’t it.’”

The Dabbs case would consolidate the power base of Dr Lazaro and her acolytes, setting off the train of extraordinary events which would lead to the Shieldfield prosecution and, finally, the “malicious” Review Team report.

Defending “recovered memory”

Just as the Dabbs case was emerging in Newcastle, new networks were being planned by the child protection campaigners to counter an emerging concern about false allegations of sexual abuse. Of greatest concern was the newly coined term “false memory syndrome” to describe the effects of induced belief in non-existent sexual abuse histories. In the US, a coalition of scientists, falsely accused parents and retractors in the False Memory Syndrome Foundation had begun to make a powerful impact on the media and public opinion. Outing the “recovered memory” method and its inherent assumptions also threatened to decimate what remained of the satanic abuse bandwagon. Since the days of the “satanic survivor” book *Michelle Remembers* in the early 1980s, campaigners had invariably turned to “adult survivors” as “proof” of the secret networks. With “recovered memory” theory and practice made explicit and found wanting it was as if the workings of a brilliantly executed puppet show had been exposed.

In Britain in early 1993, “recovered memory” therapy was becoming common currency among therapists with the *Courage to Heal* established as the survivor bible. But the first signs of doubt were also emerging. In January 1993, Parents Against INjustice (PAIN), the organisation that had played a key role in exposing the Cleveland and Orkneys scandals, warned that false allegations during adult “regression” therapy would become the “mental health issue” of the decade⁹.

The publication of articles about Roger Scotford’s experience of false accusation through “recovered memory” in the Daily Telegraph in March and the Independent in June 1993 opened the floodgates to a rush of complaints about similar problems. The helpline Adult Children Accusing Parents (ACAP) was set up, leading to the foundation of the BFMS as a registered charity later the same year.

With the puncturing of the “recovered memory” myth, the storm clouds gathered once again over the heads of the UK activists. At this time in March 1993, Sue Richardson attended an international child abuse conference in Padua, Italy. She was there to deliver a paper on the topic she had made her own since she was toppled from her perch in Cleveland social services: mobilising the troops in the battle against the “backlash”, as she saw it. Already the c o m m u n i t y

With “recovered memory” theory and practice made explicit and found wanting it was as if the workings of a brilliantly executed puppet show had been exposed.

approach was bearing fruit through the power of PACSA set up through her co-worker Sharon Gray in the Dabbs case.

Subsequent Shieldfield Review Team members psychologist Jacqui Saradjian and Judith Jones, were also at the conference. Saradjian would present a paper on women as abusers, while Richardson would be elected the secretary of a new group – the European Network for Backlash Research (ENBAR). The “research” was aimed at preparing strategies to counter critics of the ideologically driven child abuse methodologies that had driven Cleveland, the “satanic abuse” scares and “recovered memory”. A key collapse had also occurred through the discrediting of the McMartin daycare case in the US and through the newly emerging research of psychologists Stephen Ceci and Maggie Bruck which led to the successful appeal by Kelly Michaels in another “ritual abuse” nursery case.

In Europe, another discredited case involving young children was in Oude Pekela in Holland. The professionals involved in that case would also play key roles in ENBAR. Through conference networks, the professionals would learn that similar “daycare” cases were emerging in Europe, including Muenster in Germany and Bjugn in Norway. These allegations would finally result in acquittals, but they shared key similarities with the development of the US cases, most notably that of the involvement of child abuse professionals with a special interest and belief in widespread hidden and “ritual abuse” in mundane settings.

When the professionals returned to Newcastle, the Dabbs case exploded in the newspapers. The next day the first mother complained about Chris Lillie in the Shieldfield case. His suspension, prior to any charges, reached the newspapers prompting PACSA to offer their services. But links were already close, since one of the mothers at Shieldfield was a governor at the Dabbs school. Through the control of the child protection training programmes and influence of the voluntary groups, the views of Dr Lazaro and the Cleveland-Nottingham axis reverberated through the investigation as if in a vacuum. Despite the acquittal of Dawn Reed and Christopher Lillie, the seal on that closed world would hold for nearly a decade until the libel victory.

In the next newsletter the second article will examine the later developments and the role of government guidelines and legal reforms in shaping Shieldfield.

- 1 *Report of the Inquiry into Child Abuse in Cleveland 1987*, Cm 412, HMSO
- 2 *Youth Justice and Criminal Evidence Act 1999* s28
- 3 *Child Sexual Abuse: Whose Problem?* Venture Press, 1991.
- 4 CAUSE founder, Hilary Cashman, a librarian and member of the local community health council, stated in her book *Christianity and Child Sexual Abuse*, (SPCK, 1993) "Dorothy dealt with the trauma of her niece's rape by her father, still without remembering that she herself had been abused by him as a girl. Her body remembered before her mind - physical and psychosomatic illness were the precursor to memory, and was a long process."
- 5 'these changes may relate to a local immune response to the recurrent presence of substances like semen, or contraceptive lubricant, both in adults and in children'. (1990;65:1184).
- 6 Cleveland report op.cit.:8.8.23.
- 7 The Cleveland report did not come to a conclusion on the number of children correctly diagnosed. The claim, repeated in the media since 1989, that all or at least 90 per cent were correctly diagnosed has no scientific basis.
- 8 Given the defects in Dr Lazaro's diagnoses and panoply of suggestive influences, the safety of the Dabbs' conviction in whole or in part must now be in question since his confessions were made under the strong pressure exerted by WPC Kinghorn and the "incontrovertible" medical evidence provided by Dr Lazaro.
- 9 PAIN was a major target of the Cleveland abuse campaigners and was attacked in the Campbell Dabbs article for not 'offering' support to the parents making the accusations against Dabbs.

FOCUS ON PRACTICE

The Cost of Relying on Behavioural Indicators of Sexual Abuse

by Terence W. Campbell, Ph.D.

Mental health professionals too often assume they can identify sexually abused children (or adults sexually abused as children) by relying on behavioural indicators. In the December 2001 issue of the BFMS Newsletter, for example, an accused father described the risk assessment undertaken in his case.

It relied on behavioural patterns described as "classic symptoms". In respect of our daughter these included self-harm, alcohol abuse, mental instability and childhood delinquency. It concluded that if these are coupled with allegations, however made, they prove abuse.

In the same issue of the BFMS Newsletter, Katherine Mair's report of attending a Ritual Abuse Information Network and Support (RAINS) conference indicated:

Valerie Sinason even suggested that some unexplained physical problems occurring at the present time could be seen as evidence that earlier abuse had occurred. For example, gynaecological pain could indicate earlier sexual assault, and food allergies could be a reaction to earlier enforced cannibalism.

Excessive Reliance on Clinical Judgment

Determining whether behavioural patterns or symptoms are clinically significant relies on clinical judgment. Clinical judgment, however, too often amounts to little more than conjecture and speculation. It is necessary to ask, for example, at what point does some behaviour reach the threshold of self-harm? Will cigarette smoking suffice? Or should the degree of self-harm be more exaggerated? Similarly, at what point does excessive drinking amount to alcohol abuse? How does a mental health professional reliably assess mental instability? At what point do incidents of childhood misconduct become delinquency? How frequent and severe must gynaecological pain be to indicate a history of

childhood sexual abuse? At what point does an unpleasant reaction to some food amount to a food allergy?

There are no well-defined criteria available allowing clinicians to answer these questions in a consistent and reliable manner. Consequently, clinicians can only resort to their clinical judgment when addressing these questions. Clinical judgment, however, frequently responds to the biasing effects of “sharpening” and “levelling”. In response to their preconceived expectations, clinicians can “sharpen” – or emphasise – any evidence suggesting that someone exhibits significant self-harm, alcohol abuse, mental instability, childhood delinquency, significant gynaecological pain, or food allergies. Simultaneously, these same clinicians can “level” – or de-emphasise – any evidence suggesting that these behavioural characteristics are absent or insignificant.

Even if someone exhibits a constellation of behavioural indicators suggesting childhood sexual abuse, relying on such indicators leads to an inordinate frequency of mistaken classifications. This problem of misclassification becomes evident when considering issues of (1) base rate, (2) the logical error of affirming the consequent, and (3) levels of sensitivity and specificity.

Base Rate Issues

Relying on behavioural indicators to identify sexual abuse neglects to consider what is known as base rates. Children who have been sexually abused may exhibit a broad rate of non-specific symptoms. In fact, however, the vast majority of children who exhibit non-specific behavioural symptoms have not been sexually abused. In the terms of mathematical psychology, relying on behavioural indicators to identify sexually abused children involves using high base-rate behaviours to identify a comparatively low base rate event.

When loosely defined, non-specific behavioural symptoms such as neglecting one’s health (inviting interpretation as self-harm), incidents of excessive alcohol consumption (inviting interpretation as alcohol abuse), poor judgment (inviting interpretation as mental instability) and childhood misconduct (inviting interpretation as delinquency), are high base-rate behaviours. As

children or as adults, most people exhibit some non-specific symptoms such as these at some point in time.

Fortunately, sexual abuse is a comparatively low base-rate event. Depending on the definition of sexual abuse, only 10-20% of children are ever sexually abused. Therefore, relying on high base-rate behaviours (behavioural symptoms) to identify a low base-rate event (childhood sexual abuse) inevitably leads to a substantial frequency of false-positive classifications, mistakenly concluding that a child has been sexually abused when she has not.

Consider, for instance, the following example of mistakenly relying on high base-rate behaviours to identify a low base-rate event:

- a. Sexually abused children regularly walk, talk and drink water.
- b. This child regularly walks, talks and drinks water.
- c. Therefore this child has been sexually abused.

To belabour the obvious, these assumptions result in an inordinate number of false-positive classifications.

Logical Error of Affirming the Consequent

The following is an example of the logical error of affirming the consequent.

- a. All humans who are pregnant are female.
- b. This human is a female.
- c. This female is pregnant.

Correspondingly, then, it is also mistaken to assume the following:

- a. All sexually abused children exhibit behavioural symptoms.
- b. This child exhibits behavioural symptoms.
- c. This child has been sexually abused.

In fact, if this person is pregnant, she must be female; but if she is female, she is not necessarily pregnant. Relatedly, if this child has been sexually abused, she may exhibit behavioural symptoms; but if a child exhibits behavioural symptoms, she has not necessarily been sexually abused.

Levels of Sensitivity and Specificity

The sensitivity of any indicator (behavioural or otherwise) refers to how accurately the indicator rules-in some condition. The specificity of any indicator (behavioural or otherwise) refers to how accurately the indicator rules-out some condition. For example, consider the following indicator for identifying prostate cancer in males: Diagnose all males 50 years and older as having prostate cancer.

Because 99% of the population with prostate cancer are males 50 years and older, the sensitivity of this indicator would be approximately 99%. The obvious flaws of this diagnostic procedure only become evident when considering the male population without prostate cancer. Because only about 10% of males even develop prostate cancer, this classification procedure will misclassify the 90% of males without prostate cancer. The sensitivity of this procedure is therefore quite good (99%), but its specificity is unacceptably low (0%). In other words, this procedure can only rule-in prostate cancer. It cannot accurately rule-out prostate cancer.

Relatedly, behavioural indicators of sexual abuse can only rule-in sexual abuse. These indicators cannot rule-out sexual abuse. As a result, behavioural indicators of sexual abuse are systematically biased because of their rule-in emphasis.

Conclusions

Relying on behavioural indicators to identify a history of childhood sexual abuse defies fundamental considerations of logic and common sense. Such reliance inevitably leads to an inordinate frequency of mistaken classifications. In particular, these indicators result in a high frequency of false-positive classifications, i.e., mistakenly concluding childhood sexual abuse has occurred when, in fact, it has not.

About the author: Dr. Terence W. Campbell has served on the Professional and Scientific Advisory Board of the US False Memory Syndrome Foundation since 1993. Much of Dr. Campbell's work has been directed at the legal aspects of child abuse accusations. As a forensic expert in sexual abuse litigation, he has raised the issue of malpractice in psychotherapy. In 1992 the American Psychological

Society made Dr. Campbell a fellow, in recognition of his "distinguished contribution to scientifically-oriented psychology."

His first book – *Beware the Talking Cure: Psychotherapy May Be Hazardous to Your Mental Health* – was published by SIRS Publishing in 1994. His second book – *Smoke and Mirrors: The Devastating Effect of False Sexual Abuse Claims* – was published in Insight Books in 1998, and is now distributed by Perseus Books. Dr. Campbell's third book – *Cross-Examining Experts in the Behavioral Sciences*, co-authored with D.J. Lorandos, Ph.D., J.D. was published by the West Group in December 2001.

A professional's response to a father's personal account of risk assessment, published in the December 2001 issue.

Risk Assessment

by Kathleen Cox

Psychological and judicial opinion do not always agree but when the judge commented that he had yet to see a favourable report from the organisation conducting the risk assessment he was expressing similar sentiments to the British Psychological Society who warn that there are more false positives than negatives. In other words the errors favour caution; it is easier to play safe.

Risk assessment is not a science as the account given by the father in the December newsletter asserts and demonstrates. However it should no longer be mere prejudice disguised as "professional opinion". There is now a methodology available to get reliable, i.e. replicable results. I offer the following to any who may be involved in risk assessment in whatever capacity.

The literature on the assessment of risk refers to the most common errors being false positives, i.e. markedly over predicting dangerousness. A risk is the likelihood that an event may occur and necessarily involves uncertainty. An assessment of behavioural risk should specify the precise behaviour which is of concern, be conducted over time and include information from many sources. In assessing violence the British Psychological

Society recommend three main areas to consider; the previous history, clinical factors and factors which may inappropriately influence the assessment (Linke 1998)¹. It, too, refers to the more likely error of false positives, i.e. being over cautious.

Single predictors are ineffective but when combined statistically become increasingly effective. The HCR-20 (Webster and Eaves 1995)² assessment of dangerousness and risk considers ten historical factors (H) five clinical factors (C) and five risk factors (R) in order for the “assessor to estimate how well or how badly the individual is likely to fare in a particular set of physical or social circumstances”. The possible outcome of a risk assessment conducted in this way is that the risk is “small”, “moderate”, “considerable”, “high”, or “extremely high”. It is never possible to say there is no risk. The greatest emphasis is on history, as past performance is the best indicator of future behaviour. The HCL-20 will frequently, but not necessarily, lead to a treatment plan in order to manage the specified risk.

It is also important to contrast static and dynamic variables. The point of educational programmes is to effect change.

Those about to be assessed could ask to know the method in advance and negotiate them. Greater theoretical and methodological clarity should produce more objective assessments. Perhaps then judges would see some which were favourable to those being assessed.

Kathleen Cox is a Forensic and Clinical Psychologist with Cox Associates

- 1 Linke, S. (1998) *Assessment and management of Patients Presenting Risks to Others*. CORE Mini Guide Series No. 2, Leicester BPS
- 2 Webster, C.D. & Eaves, D. (1995) *The HCR Scheme; The Assessment of Dangerousness and Risk*. British Columbia, Simon Fraser University

Journal of Interest

A new journal which separates science from pseudoscience in the mental health field:

The Scientific Review of Mental Health Practice (see www.prometheusbooks.com)

MEMBERS FORUM

Letter from a mother

For the last twelve years we have been “victims” of false memory and it has all been a truly devastating experience. From having a very close relationship with my son I was told that he never wanted to see me again as long as I lived! Only those who have been through the experience of being falsely accused of abuse – in my own case it was called “emotional incest” – can understand the shock and the pain involved. I tried phoning but on hearing my voice the phone was put down and I wrote letters in the beginning but I now know that these had to be handed – unopened - to the therapist. I also sent cards at Christmas and birthdays and always I sent my dearest love. But to no avail. I must mention here that my son lived 6,000 miles away in the USA so I had no other means of communication. My heart was broken.

I carried on with my life and my new husband – I had remarried nine months before it all started and though our lives have been very happy together, there has always been this heartbreaking sadness and grief. I got to a point last year just before the BFMS meeting in the North, that I could no longer go on just living with hope and felt I had to let go of my son and try to put it all behind me but that’s impossible – you don’t stop loving your child whatever pain they put you through and you can’t forget them or put them out of your mind either. But I really felt I’d reached the end of the road.

In June we’d been to the theatre with friends and didn’t get home until after midnight and we listened to the answer phone to hear any messages and out of the blue my son was asking if he could visit me the following day as he was in the UK. What a shock. We couldn’t believe it. However, next day he rang again and arranged to call in the afternoon. Things were a little strained to begin with but it wasn’t long before we were chatting normally. We finally spent two long days of talk – talk – talk – serious talk and also a lot of tears on both sides but the reconciliation had begun and we now talk regularly on the phone and we have been invited to visit for a holiday in the Spring and it feels wonderful, especially as he no longer feels that he was sexually abused as a child. I have also learned that the therapist he was with for about 10 years has been struck off the

Register and can no longer practice and it is since then that the change has come about, although its taken two or three years.

So for me, all my prayers have been answered and it has made me and my husband so happy!

So far he has made no contact with his father or brother, but I think it will happen in time.

To others who are going through the experience I would say – keep hoping, keep praying, and above all, keep in touch with your children and let them know your love will always be there for them. I pray that you will all have the same happy outcome that I have had.

The BFMS have been a great source of help and comfort over the years and also talking to other parents on the phone and at meetings and I give my thanks to everyone involved.

A very happy mother

A Retractor's Letter to her Psychiatrist

Dear Psychiatrist,

Over the last six months I have re-established a relationship with my father.

I think, since leaving hospital and becoming better, I had started to have grave doubts whether my allegations of abuse by my father were more caused by mental illness than reality.

I explored that issue further and sought advice from Dr Y who lectures at University.

He gave me a lot of research material to read, and it certainly backed up my view that the “memories” could very well have been part of my illness. But it was not that that convinced me, but actually seeing and spending time with my father again. At no time did I feel uncomfortable with him around my children, and at no time did I feel uncomfortable.

The “flashbacks” and nightmares had already ceased before then. The strong conviction I had when I was ill that it had all happened, had completely disappeared. Instead, more normal childhood memories began to return that were more consistent with factual information.

I enjoy being with my Dad, and I feel absolutely dreadful for the pain I have caused my family. I do not believe now that he did sexually abuse me, and it is not easy to write to you and Dr Z and admit that, but of course it is vital that I set the record straight.

I can only promise I did not make it up. I did not say it for attention, and while ill, I one hundred percent believed it. I can't even explain it, I don't think it was implanted during therapy as in some cases of False Memory Syndrome, but I do now think it is a False Memory.

If you can help me to understand further, or want to discuss this with me, do contact me. The most important thing though is to set the record straight with you, try and make amends with my parents, and then focus very much on the future, and what life can hold for us all, because regrettably you cannot change the past.

Hope you are well, get in touch if you do want to discuss this.

From A Retractor

Prayer Group

Jean and Norman Brand continue to run a non-denominational Christian prayer group for BFMS families. Many families have found the group supportive and have managed to meet up at the Annual Meeting in London. Jean and Norman can be contacted on 01844 212813.

BFMS Family Survey We need your help

Professor Gisli Gudjonsson of the Institute of Psychiatry is to conduct a follow up Family Survey of BFMS contacts who participated in the earlier one back in 1995. He will also invite new contacts to participate. If you are interested in reading the results of the previous family survey contact BFMS.

Letters will soon be on their way to you. Please help us to make this new survey a success.

NEWS FORUM

Dutch lawsuit victory against therapist

Parents of a woman who made false accusations of incest have won damages against her therapist in the Netherlands.

Awarding the couple €19000, the court in Arnhem found that the therapist owed a duty of care not just to the client, but also to the parents.

The daughter, who had entered therapy with serious mental health problems, began to make incest allegations soon after with the result that criminal charges were brought against the parents and they spent three weeks in custody awaiting prosecution.

The Arnhem court intervened and threw out the incest allegations, at the same time ordering an investigation of the case and the therapy. Dr R. Bullen, Professor of Forensic Child and Adolescent Psychology at the Free University of Amsterdam severely criticised the therapy and this became the basis of the claim by the parents.

The court said that the therapist ought to have warned his client against the possibility of making false accusations. Instead he encouraged her to make up stories, lending uncritical support, and finally urged her to bring charges without caution.

Recording the first known successful third party lawsuit against a therapist in Europe, the court indicated that a therapist can be held responsible not just for actions towards clients, but how they might foreseeably damage others.

Mr J. Buys, of the Workgroup Fictive Memories (www.werkgroepwfh.nl) who represent victims of false allegations of abuse in the Netherlands, welcomed the judgment as a recognition of the suffering caused by therapeutic malpractice to third parties. "We have fought for such a recognition for many years," he said. "Such therapists have to be stopped."

Adapted from a translation by Adriaan Mak from Reformatorisch Dagblad, 3.3.02.

Judge slams compensation programme

An open-handed Canadian compensation scheme for alleged victims of abuse in residential schools was severely criticised in an official report.

Retired Quebec appeal court judge Fred Kaufman found that the Nova Scotia scheme costing \$61 million (*see Newsletters Vol 7, Nos 1 and 2, 2000*) was a "recipe for disaster".

Spurred by the compensation programme, around 1,300 former residents at the schools, which were mainly for young delinquents, filed claims that led to hundreds of former teachers and care workers being implicated as abusers without charges.

Kaufman traced the errors to the original judicial investigation of abuse claims in 1995. He found that a former chief justice of New Brunswick, Stuart Stratton, had presumed the truth of claims on tenuous grounds made in the wake of a conviction of a man involving a handful of victims.

"That a jurist of Mr Stratton's stature found the abuse claims to be generally reliable and accurate," Kaufman noted, "could only contribute to the perception of the public and the government that an objective detailed investigation had confirmed the existence of widespread systemic abuse."

The mounting claims triggered by the compensation programme led the provincial government justice department to set up an internal investigation. The inquiry conducted a systematic analysis of the records and claims and concluded that the vast majority of claims were unfounded. The out-of-state Kaufman inquiry was set up in response to the disquiet by the accused former employees and the claimsmakers.

The report recommended robust systems to test the reliability of abuse claims in compensation cases in fairness to those accused, genuine victims and the public who might become unduly alarmed about the extent of alleged child abuse.

Obituaries:

Professor Sydney Brandon

by Dr Janet Boakes

Emeritus Professor Sydney Brandon died on 6th December 2001 at the age of 74.

Professor Brandon qualified in medicine in 1954 and initially specialised in paediatrics. An interest in disturbed children led him to train in psychiatry with the intention of reverting to paediatrics. However he became involved in academic psychiatry and sought further training at Columbia University in the United States of America. After he returned to the UK he practised mainly as a General Psychiatrist, first in Manchester and then Leicester University, but always maintained his interest in the welfare of children and families.

His research interests included participation in the CIBA Group on Sexual Abuse in the Family, the first professional group in this country to draw attention to the problems of incest.

He served the NSPCC as Consultant to Special Units concerned with Child Abuse and sat on the National Advisory Committee. He advised local branches of the Marriage Guidance Council (*Relate*) and the National Association for the Welfare of Children in Hospital. He was associated with Childline from its inception, later becoming a Trustee.

He published on a variety of topics including sexual abuse, post-traumatic stress disorder (PTSD) and recovered memory. After he retired from active psychiatric practice in 1993 his interest in PTSD led him to Rwanda where he was heavily involved in the moves to save the children in the wake of the atrocities of that period.

He was active in the Royal College of Psychiatrists, for some years Chairman of the Training and Advisory Group on Sexual Abuse.

With such a background of involvement in childhood sexual abuse, it is a tribute to his personal integrity and his open and balanced approach, that he became an outspoken opponent

of the “recovered memory” movement. He first encountered the problem in the early 1990s (about the time the FMSF was founded) when near riots broke out in meetings of the American Psychiatric Association. He reported to the Council of the Royal College of Psychiatrists, seeking to alert British psychiatrists to the problems in America and the dangers of its migrating across to the UK. In 1995 he was invited by the Royal College to chair a working party on “Recovered Memories of Childhood Sexual Abuse” with a view to producing a College document. This led to definitive recommendation on good practice for psychiatrists and to the publication of a review paper *Recovered Memories of Childhood Sexual Abuse: implications for clinical practice* published in the British Journal of Psychiatry and widely praised outside the UK for its courageous stance.

Professor Brandon was a staunch supporter of the BFMS and spoke to the AGM in 1998. He was almost alone amongst British psychiatrists in condemning the beliefs and practices of “recovered memory” therapists and recognising that these beliefs were not confined to a maverick fringe but were common across a broad spectrum of mental health care professionals.

In his later years he was much sought after as an expert witness in cases involving “recovered memories” and the false memory syndrome. His death leaves an enormous gap.

Dr Garth Wood

Garth Wood was a psychiatrist born in 1943, who generously gave his time to help some BFMS families. He died in April 2001 and his obituary was published in The Times on 10th May.

After seven years of medical training at London University and the Royal Free Hospital he qualified in psychiatry and spent some time at Johns Hopkins University in Baltimore. For the past few years he had his consulting rooms in Harley Street. He and his wife, novelist, Pat Booth, spent considerable time in America where, although Garth did not practise, he published numerous scientific papers and it was in America that *The Myth of Neurosis* was first published.

At BFMS we first met Garth Wood at our AGM in 1998 and afterwards enjoyed his company at dinner. An article in the Daily Telegraph, on 15th April 2002, expresses how he “despised ‘false memory syndrome’ as a wrecker of lives and fought court cases for people who had been destroyed by it”. He generously offered to help some BFMS parents who sought acknowledgement and accountability from the mental health professionals working with their estranged daughters.

The article goes on to describe how he alienated his profession with the publication of *The Myth of Neurosis* in which he argued that psychotherapists have stigmatised millions of perfectly normal people by encouraging them to think they are ill, when they themselves are sometimes the dysfunctional ones. He is credited with running his Harley Street practice like a charity, refusing money for consultations and was prepared to see people at unsocial hours.

His early death was a tragedy to his family and to all who knew him and not least to the members of BFMS.

Work in Progress...

I knew it, but I didn't know it. I've always known that there is a piece of my life that I didn't have access to. It was that whole area of the half known, half remembered, that floats and has a life of its own until you track it down. I know that it was coming up in my work all the time. My work was full of violence, full of very dark imagery, and I thought, you know, why am I writing this stuff? I just kept working and reworking images. I was compelled just to get this stuff OUT. And I thought I have got to stop (writing). In the late Eighties she gave up writing and trained as a psychotherapist in New York working with abused women and children. It was during this time that the most traumatic memories of her childhood began to surface, starting with flashbacks...

Over a period of months, the images became more disturbing... she 'recalled' the first episode of her father's abuse in its entirety.

Carolyn Slaughter in *Before the Knife: Memories of an African Childhood* explaining why she waited so long to tell the “truth”.

from Daily Telegraph Magazine – 2nd March 2002

BOOKS AND REVIEWS

Partial Remorse

I Thought We'd Never Speak Again: The Road from Estrangement to Reconciliation by Laura Davis (co-author of *The Courage to Heal*)
HarperCollins. 342 pp. \$24.95.

**Reviewed by Mark Pendergrast
In the Philadelphia Inquirer, 18th June 2002**

“Maturity is part of everyone's reconciliation story”, Laura Davis writes. “It can humble us and wear our sharp edges away.” *I Thought We'd Never Speak Again* is compelling evidence that this is so. In *The Courage to Heal* (1988), which she co-authored, Davis encouraged women to “remember” supposedly repressed incest memories, and to cut off all contact with their families.

Davis had come to believe that her maternal grandfather molested her. “For ten years of my life”, she recalled, “the fact that I had been sexually abused was the principle around which I organised my existence”, and anyone who doubted her abuse memories - such as her mother - was jettisoned.

Today, Laura Davis and her mother have re-established a warm, trusting relationship. They have simply agreed to disagree about the abuse allegations. Davis is similar to many who came to believe in “recovered memories” of abuse but have begun to reconnect with their families, either retracting their allegations or resuming contact without taking anything back. Most parents have joyfully accepted their returning children and are trying to rebuild shattered relationships without demanding a discussion of the past.

I Never Thought We'd Speak Again is in many ways a wise, hopeful book. “Identifying with past injuries can be limiting”, Davis advises. Through case studies stressing the need for non-judgmental listening, we hear of reconciliation between parents and children, estranged siblings, victims and offenders, Jews and Palestinians, children of Nazis and Holocaust survivors. “When we grow large enough to embrace our own faults and to honour the flawed humanity of another human being, we open the door to connection, integration, and love”, Davis writes. “We seek to understand the mistakes we made - and that the other person made.”

But Laura Davis has come only so far. Throughout this new book, she continues to assume that real incest did occur in cases of “recovered memory”, and she urges such accusing children to hold on to their “truth”.

It would have helped if she had interviewed more parents, since too many judgmental statements from children slide by uncontested. “I made no attempt to tell both sides of the story, to be fair, or to objectively portray reality”, Davis admits. “I chose not to question the veracity of people’s stories, the accuracy of their memories.”

Why? Since these are stories of reconciliation, why not interview both sides? Why not at least acknowledge that there is some question about the accuracy of “recovered memories”, and that many were the result of suggestive modalities such as hypnosis, dream analysis, journaling, or so-called body memories?

The ultimate message of *I Thought We’d Never Speak Again* is nevertheless positive and helpful. “My hatred and bitterness are consuming me”, one child laments. “I feel disconnected from part of my history.” Many accused parents can identify with both of those statements, too. Let us hope that fractured families will reconnect, even if the process is, as Davis warns, often gradual and tentative.

Mark Pendergrast is the author of “Victims of Memory: Sex Abuse Accusations and Shattered Lives” and other books. Readers can contact him at markp@nasw.org.

Kiwi crèche case book wins award

Acclaimed New Zealand author Lynley Hood has won an award for her book on the “ritual abuse” conviction of nursery worker Peter Ellis in Christchurch, New Zealand.

A City Possessed meticulously charts the rise of the child protection mandarins and ideologues in New Zealand that led to the controversial conviction which has been the subject of repeated appeals and a Royal Commission.

Lynley Hood’s \$10,000 award of the Montana Medal for Non-Fiction was announced by Prime Minister Helen Clark on 20 July.

Dr Alison Jones, Director of the Institute for Research on Gender Research at the University of Auckland said “Her penetrating analysis...has far reaching implications – not only for our justice system, but for the way in which we see ourselves. Ms Hood is clearly interested in the truth and in careful research, rather than holding a view and sticking with it through thick and thin... a compelling read.”

Describing the seven years of researching and writing the 672-page book as a “search for answers” that felt like “the literary equivalent of crossing Antarctica”, Lynley Hood said that the research “took me far beyond the crèche case and far beyond my personal comfort zone. I found myself digging though layer upon layer of unsuspected cover-up and unimagined scandal.” Lynley Hood’s previous books include an award winning biography of writer Sylvia Ashton Warner. She also lectures widely to scientific, medical and lay audiences.

A City Possessed is a lively, well-written and strikingly honest and courageous book. UK readers will be interested in the strong parallels between the NZ experiences and those in Britain, including the import-export of self-styled “experts”, and the similarities between the Christchurch Crèche Case and Shieldfield.

A City Possessed: The Christchurch Civic Crèche Case, Longacre Press. ISBN 1877135623 price US\$45.50, from Amazon.com.

Devilish Sympathies

“Miss Sinason’s [satanic abuse] claims are so implausible that they are unlikely to win much of an audience this time. The real cause for concern is the influence on our thinking about a range of social problems: chronic fatigue, cot death, post-battlefield stress, autism. In each case it is more emotionally satisfying to identify a single cause - an undiscovered virus, chemical warfare, the MMR jab – than to accept that nasty things happen randomly, or are produced by a mixture of causes.”

From: *The people who believe that Satanists might eat your baby* by Damien Thompson
Daily Telegraph 22.3.02

Power of Suggestion

Suggestion and Suggestibility: Advances in Theory and Research, edited by Vilfredo De Pascalis, Vladimir A Gheorgiu, Peter W. Sheehan & Irving Kirsch, M.E.G., Stiftung, Konradstr. 16, D-Munich, Germany, 2000.

Review by John Young

This reviewer has long been convinced that suggestion and suggestibility make very significant contributions to human life. I therefore agree with the editors of this book that suggestional effects have great potential in many areas of life. I also agree that suggestion and suggestibility are badly neglected in research and so a lot of work needs to be done in these areas. I would add that suggestional effects can be very damaging when they are involved in such areas as moral panics, witch hunting and in the generation of false allegations of abuse. Unfortunately, the subject has been given a very low profile. I was therefore very pleased to see this addition to the literature.

The book arose as a result of The Second International Symposium on Suggestion and Suggestibility which was held in Rome about five years ago. The first such symposium was held a decade earlier so it is hoped that a third gathering will produce further studies and lead to substantial volumes on a subject which V. A. Gheorghiu, a leading expert, terms “the domain of suggestionality” [p.3]. Meanwhile, the present publication combines material presented at Rome with other original contributions.

This book will be of most interest to professionals in psychology and many of the articles are highly technical. Psychological, psychophysiological, cognitive and social psychological aspects of suggestion and suggestibility are considered along with some chapters on suggestion and hypnosis. Several chapters discuss memory issues. Lioba Werth and others consider social influence and recognition and show the conditions where social influences on memory are most likely to succeed. Peter Sheehan looks at memory distortion in hypnosis and concludes that hypnotised persons tend to be so overconfident in their reporting that the use of hypnosis in forensic settings needs to be limited. S.J. Lynn and others summarise their researches on autobiographical memories and show that accounts from early in life can be created easily by suggestive procedures. They discuss reports of child abuse and point out that there “is converging evidence

that memories of events that never happened are not uncommon, and that people can be confident in the accuracy of such illusory memories” [p.212]. They point out that pseudomemories can be produced if clients come to believe that abuse is a likely explanation for their problems. Subtle suggestions by therapists and the use of suggestive procedures may help to produce pseudomemories, an “insidious process” [p.225].

Research in this area is very important as suggestion and suggestibility are very distinctively human and affect many aspects of life. This book adds to our knowledge and we hope that further publications will contribute to our understanding and help us in our living.

John Young is a Methodist minister and an author

Recently published

Pillai, M. (2002) Allegations of Abuse: the need for responsible practice *Med.Sci.Law* Vol.42.No.2.

Consultant gynaecologist and forensic medical examiner Dr Mary Pillai conducted a survey of outcomes of 22 families who became subject to criminal or civil proceedings when a female adolescent or young adult developed a mental health problem. The resultant outcomes were mostly disastrous for the young person and the family. In every case there was no evidence supporting the allegations of abuse and substantive evidence they were false, yet this crucial information had not been sought.

Outcomes were positively correlated with the level of residual contact between the alleged victim and their family, especially the mother. However this did not hold true in cases where allegations of abuse arose in the context of an acrimonious parental relationship breakdown. Where the parents were completely excluded there were no good outcomes .

Dr Pillai identifies flaws in the child protection process through the development of a culture of support and empathy with those making allegations of abuse, while offering no robust means by which false claims can be recognised.

The author concludes that it is not clear that families and alleged “victims” will fare any better under recently revised guidance and framework.

LEGAL FORUM

Twelve year fight for justice succeeds

'Every Father's Nightmare' in the Daily Mail (1st Aug 2002) told the harrowing story of a father accused and convicted of abusing his daughter based on "recovered memory".

"John Andrews" was a senior colliery manager when accused in 1989 by one of his three daughters. At first the allegation made to the police appeared to be vindictive – she had been living with a boyfriend the family thought to be a bad influence and John had made his and his family's opinions clear in a letter to her. But under the influence of counselling arranged by the police, the allegations began to grow in extent and seriousness and she ended up making five statements stretching back to the age of five. He had the support of his wife and two other daughters and good evidence that the assaults could not have taken place but when he faced trial was shocked to see the change in his daughter: "I could not comprehend that my own flesh and blood was saying these terrible things about me" he told the Daily Mail. "I didn't recognise her as the daughter I had brought into the world. She was so convincing that I now believe that perhaps she had even persuaded herself that what she was saying was true."

The jury were swayed and he was convicted and sentenced to eight years imprisonment. Determined to prove his innocence, John researched his own case. In 1993, he sent a dossier to leading QC Anthony Scrivener who agreed to take up his case. John was released on licence back in 1996, but his determination to clear his name was undimmed. It was a long winding route back to the Court of Appeal.

Eventually his case was referred on new medical evidence by the newly constituted Criminal Cases Review Commission in 1998. Even so it took four years for his case to be heard earlier this year, when the court cleared him of the incest and indecent assault charges.

Despite the stigma of the allegations, John and his family were more than happy to proclaim his

innocence to the world – including family photographs. However, the anonymity that attaches to the complainant for life meant that he could not be named as it might identify her (even though her name has since changed).

But the BFMS can reveal that "John" contacted the BFMS when it was first formed back in 1993. His conviction in 1990 demonstrates that the mounting tide of injustice in retrospective uncorroborated abuse cases and the reliance on "recovered memory" stretches right back to the time before the mandatory corroboration warning was abolished (Criminal Justice and Public Order Act 1994) and the House of Lords ruling on "similar fact" evidence in *P* (1991) 2 AC 447.

Enhanced criminal checks

Concern about the safety of children and vulnerable adults has led to the creation of the "enhanced criminal records certificate" (ECRC) instituted through Section 115 of the Police Act 1997¹. This allows for the disclosure of information on police files in relation to prospective or current employees and volunteers and others, which is not part of a criminal record. Only people with responsibility for, or in contact with, children and vulnerable adults will be affected.

There are three categories of "enhanced" disclosure. One is the disclosure of detailed information on convictions and cautions on central police records². The second is information on police files where there are no convictions but which might be relevant to the suitability of a job applicant and in the opinion of the chief constable ought to be included³. The third is the disclosure of possibly relevant information which ought *not* to be included on the certificate "in the interests of the prevention or detection of crime"⁴.

Thus the enhanced certificate may indicate a clean criminal record, but nevertheless include the disclosure of untested allegations more damning than a certificate attesting to a habitual life of crime. Furthermore, by virtue of subsection 8 it would seem that information pertaining to an ongoing or potential investigation

can be relayed which might prejudice an employee without his or her having any knowledge as to what that information might be, or even as to its existence.

This human rights lapse is further compromised by S.117 which allows for an inaccurate certificate to be amended by application to the Home Secretary. But since “soft” information relayed under S.115(8) will not be part of the certificate, there is no provision made for redress.

With the so far chaotic Criminal Records Bureau processing the checks, the prospects for reliable running of the system seem slight. However, for people who have been subject to false allegations of abuse, the system portends a new horizon of injustice and diminution of the quality of life. For not only might it threaten their livelihood, but it also casts a shadow over a full life in the community in the capacity of voluntary work, charity trusteeship etc. In short, contrary to the Government’s declared philosophy, it embraces the politics of exclusion.

Abuse allegations that are reported to the police remain on police files even where there is no prosecution. It is partial information, which by definition is untested. The police have fallen into the habit of believing complainants unquestioningly, as betrayed by their routine use of the term “victim” even where no independent evidence of a crime exists.

However although discretionary, the right of the police to disclose prejudicial information for the purpose of the ECRC is not unfettered. Human rights issues are obviously important and likely to be tested through judicial review as the checks are implemented. However, existing case law on third party disclosure stresses the human rights context. The leading case is *R v A Local Authority in the Midlands and Police authority in the Midlands ex parte LM*⁵ where it states that disclosure of allegations will not be justified unless “there is real and cogent evidence of a pressing need for disclosure”.

The presumption of non-disclosure appears to be reversed in the wording of S.115 indicates a much lower threshold of disclosure (i.e. information that “might be relevant ought to be included”). However, in the opinion of one leading counsel consulted on a case, the balancing exercise

prescribed in *LM* remains the test of disclosure. Consequently the police must consider the grounds for belief in the allegations (taking into account contrary evidence), the interests of third parties in obtaining the information, and the degree of risk posed by the person if a disclosure is not made.

Once misleading information is released, the consequential damage maybe irreparable, and certainly any post applicant affected will have his or her work cut out to prevent statutory blacklisting and other discriminatory effects. Although in many instances disclosure will be unavoidable, it is not absolute. Much will depend on the interpretation of belief, and whether it is justified.

In the light of the judicial stress on the human rights context in *LM*, it will be interesting to see how and whether the labyrinthine implications of the ECRC legislation will be found compatible with the HRA 1998. In the meantime anybody who has been falsely accused and who is required to have an ECRC should consult specialist legal advice.

For further information and advice on suitable solicitors contact Margaret Jervis, BFMS Legal Affairs Adviser.

- 1 The legislation was extended to the protection of vulnerable adults through Regulation SI2002/46 which came into force on 1.3.02.
- 2 S.115(6)
- 3 S.115(7)
- 4 S.115(8)(c)
- 5 (2000) 1 FLR 612

CCRC focus on domestic child abuse cases

The Criminal Case Review Commission has set up a working party to analyse and refine its approach to cases of child sexual abuse. The move is in response to the disproportionate number of applications challenging uncorroborated and retrospective convictions. Applications concerning sexual offences amounted to 30 per cent of the total received from the end of March 2001-2. This is despite the fact

that sexual offences account for a small percentage of prosecuted crimes and convictions.

In its Annual Report, the Commission mentions the fact that “cases have often been decided at trial by the jury preferring the account of the complainant to that of the accused, with little corroborative evidence. The cases may be old; they may concern children; they may offer the Commission little or no opportunity to discover arguments or evidence not previously raised”.

Contrary to press reports, it is understood that family rather than institutional cases figure predominantly in the category of concern, since their number greatly outweighs the institutional convictions.

Blocked conference yields success

From Rumour to Reason is a rolling series of professional conferences in North America examining the reliability of evidence in child sexual abuse cases. In the USA the series has had a strong psycho-social bias with emphasis on suggestibility and the creation of “false memory” narratives.

However, when psychiatrist Professor Harold Merskey organised a Canadian event at the University of Western Ontario, through the Department of Psychiatry in May this year, political correctness intervened. The strong contingent of “recovered memory” supporters at the University complained that no women were on the conference platform – a fact that was chance and to do with the availability of speakers. Distinguished female academics, such as Elizabeth Loftus, have spoken at other events.

Such was the ensuing furore that the conference had to be moved from under the auspices of the Department of Psychiatry to the Faculty of Law. In the Canadian context, this change turned out to be fortuitous for it led to a strengthening of the legal component of the conference with a particular accent on the Canadian criminal law.

BFMS legal adviser, Margaret Jervis, attended the conference and was struck by the fact that what

are termed “distant event” cases in Canada, are as real a problem of wrongful conviction there as in the UK (although, in common with other commonwealth jurisdictions, there is no acceptance of the lowered “similar fact” *P* doctrine in Canada).

This context differs significantly from most states in the US. With the exception of homicide, criminal limitation laws in the US preclude long delayed late prosecutions, though discovery rules in civil cases have placed a greater weight on matters such as alleged “recovered memory”.

The impetus gained by localising the conference, together with the publicity raised by controversy, contributed to the conference success, since a number of delegates were, initially at least, actively hostile to the aims of the conference. Series organiser Kathy Begert commented that, despite the difficulties, it had been the most successful to date. From the perspective of the Legal Affairs Adviser, attending the conference emphasised the need for cross-jurisdictional focus on the circumstantial reliability of evidence with increased two-way communication between the relevant professionals on both sides of the Atlantic.

Advisory Board News

Professor Larry Weiskrantz, Emeritus Professor of Psychology at the University of Oxford, is stepping down from the chair of the BFMS Scientific and Professional Advisory Board after nine years. He is succeeded by Dr Peter Naish, who was also a founding member of the Board. Dr Naish is the Principal Psychologist at the Ministry of Defence Research Establishment, Farnborough and also at the Open University. He is an expert in experimental hypnosis and takes a special interest in education and training.

Professor Weiskrantz is to remain on the Advisory Board. The BFMS is profoundly thankful to him for his leadership and active support as chair. His distinguished authority was critical to the recognition of the BFMS, particularly in the early years, when he took up a courageous and reasoned stand against the support of the British Psychological Society for “recovered memory”.

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.

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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.

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