

Harassment of Professionals Undertaking Child Protection

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Introduction

Parents or carers who abuse their children may not respect the rights of persons seeking to protect their child. The following are hazards for professionals who recognise and contribute to the management of child protection cases: emotional distress, threats to self or to family, physical attacks, complaints to employers and professional registration bodies, and adverse coverage by the media. Of far more concern are the dangers for children, in particular, the trend for professionals to under report child abuse.

All professionals in contact with children have to decide whether or not a presenting symptom or clinical sign is due to a natural disease, to accident or to abuse. This task currently depends not only on the knowledge of the professional, but perhaps as importantly on their willingness to highlight the possibility of abuse, knowing that one consequence may be adverse family responses and effects on their livelihood (Table 1). The issue is complicated when the professional is a paediatrician who may have been unwittingly contributing to the abuse, as in factitious or induced illness syndrome, by inappropriate or invasive investigations or treatments.

After the death of Victoria Climbié aged 8 years in February 2000 and the conviction of her aunt and partner for her murder in January 2001, Aine Labonte (figure 1) was starved and tortured to death in 2002 [1]. Both parents were imprisoned for manslaughter after deliberately punching, scalding and burning her. She died with 64 scars and bruises on her emaciated body. A subsequent inquiry found that health and social workers had failed to protect her partly because they were paralysed with fear of her parents and partly through poor communication. A social services department file was closed on the family because parents refused to co-operate. The family had been removed from two GPs registers; two GP home visits were undertaken under police escort. Health visitors stopped going to the family's flat after one was seriously assaulted. Professionals were confronted by the parents about their contributions to case conferences. There were multiple threats of violence to medical staff. The mother called the police 53 times in two years because of the father's violence. Health and social workers were said to be 'paralysed by fear'.

In his final report into the circumstances surrounding the death of Victoria Climbié, Lord Laming wrote, "staff who undertake the work of protecting children and supporting families on behalf of us all deserve both our understanding and our support" [2]. However, this needs to be evident. Lord Laming's inquiry team replied to one of us and to a human rights worker that it was outside their terms of reference to consider the issues

regarding the harassment of child protection workers (personal communications-available on request). Thus Lord Laming's subsequent report did not address the way in which abusers are increasingly adept at using complaints procedures and the media to attack professionals. While the report recognises that "staff doing this work need . . . persistence and courage", some senior managers and civil servants have failed to protect professionals [3].

Making It Safe to Protect Children

Survey by the British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN)

A questionnaire was sent in 2000 to all members of BASPCAN and to all participants at the BASPCAN 2000 Congress, a total of approximately 1900 professionals (personal communication, Dr Lorna Bell). There were responses from 295 professionals involved in child protection work: 31% were social workers, 25% paediatricians, 13% health visitors, 4% either police or psychologists, 2% psychiatrists and 1% nurses. Of respondents, 31% reported actual violence, 67% were threatened, 35% were formally reported for potential disciplinary action and 33% informally reported. Some examples of the specific responses are shown in Table 2. This survey also revealed that ill treatment by colleagues was a major problem: as if the nature of the work somehow leads some of those involved themselves to become abusive of colleagues (Table 3).

The authors of an unpublished report on these data entitled "Making it safe to protect children" (Lorna Bell and Jonathan Picken) stated that many professionals "expressed a sense of injustice and powerlessness, since the systems in place appeared to make it relatively easy for aggrieved parents to threaten professionals and make malicious complaints against them, but much more difficult for professionals to make complaints against violent parents or defend themselves against false accusations".

Unsurprisingly, perhaps, a number of respondents acknowledged that the experiences that they had faced were leading them, somewhat reluctantly, to consider leaving the field of child protection altogether. For example, one respondent stated "*This last 12 months have made me feel awful and I wonder for how much longer I am willing to stand up in Court to defend children given the violence, threats and intimidation I have received*". Another stated: "*This will be the last generation of doctors prepared to do child protection work. All the specialist registrars I have met have no intention of following us down this painful road*".

The authors concluded: "there is a real danger that it may be difficult to recruit new professionals into working with abused and neglected children and to retain those professionals already engaged in such work. Who then will protect vulnerable children?"

Survey by the Royal College of Paediatrics and Child Health [4]

A written questionnaire was sent to all 6072 members, of which 4776 (78.7%) responded. There were 536 respondents (13.8%) who had been subject to one or more formal complaints and these had increased in frequency from less than 20 in 1995 to over 100 in 2003. Eighty-seven complaints were made to the General Medical Council about 71 paediatricians: 41% of cases were dropped, 59% found unproven and none were upheld. Fifteen of these complaints involved one of the authors (DS). Twenty nine percent of paediatricians complained about said they were affected in terms of their willingness to become involved in child protection cases subsequently.

The time taken by the General Medical Council to deal with these complaints, often many years, can mean that referred doctors are disempowered from undertaking child protection whilst the complaints are processed [5]. This is similar to the protracted investigations that were undertaken between 1999 and 2001 in response to contemptible allegations about the authors' child protection work which were not based on any evidence produced by campaigning advocates [6]. The current high level of complaints to employers and the General medical Council, and how they have been handled, may partly explain why nationally one third of posts for designated doctors in child protection are currently unfilled [7]. In our view, employers or registration bodies should address complaints about professionals involved in child protection only if they come from the Courts or statutory agencies for child protection.

We do not know the exact combination of factors that is leading to falls in the numbers of child protection case conferences and children on 'at risk' registers, but the willingness of professionals to consider and be involved in child protection cases may be one such factor (figure 2).

Lack of Support by Managers for Professionals Undertaking Child Protection Work

Appropriately, actions are now usually taken seriously when an inebriated patient assaults a health worker in the emergency room, and management may be asked how they had minimised that risk. However, some

health and social services departments do not appear to appreciate that professionals in their employ doing child abuse work face risks that are just as dangerous, equally as predictable, but somewhat less immediately visible. Furthermore, some employers have made matters worse by the way they have mishandled the complaints about and harassment of their employees [6]. It is patently evident that professionals may be less inclined to take on work that risks a major impact on their own families, to which they have a clear duty, when society seems to fail to support them.

Professionals Who Do Not Accept The Existence or Severity Of Child Abuse

Unfortunately, a small group of professionals, including some paediatricians, do not understand child abuse. Some become experts in both family and criminal courts, working largely on behalf of accused parents. Because they become known as professionals who tend to minimise or reject abuse, they are widely sought by lawyers acting for accused parents.

This had perhaps its most serious consequences for children in a case recently before the General Medical Council [8]: "For courts to be asked to believe that bone fractures in early infancy can be caused by what a single defence expert has called "temporary brittle bone disease" risked exposing children to further injury and possible death". Subsequently this expert was found guilty of serious professional misconduct and his name was removed from the medical register [8,9], but the media showed minimal attention to this situation in which it is likely that many children had been returned to abusing parents. False positive diagnoses are inevitable and are always to be regretted. However, although the media understandably express outrage when one of these (possible) false positive cases does not get recognised for what it is when before the courts, they show absolutely no interest in the false negative cases. The voice of the alleged adult abuser is well heard, but the child remains mute and invisible if the professional does not speak on his/her behalf.

Orchestrated Campaigns

There is increasing evidence not only of the presence of these, but also of their effectiveness [10]. One of the authors (DS) reported in 1999 details of an orchestrated campaign against his child protection work [11]. This campaign entrained his clinical research work and subsequently led to his suspension for 2.5 years. Orchestrated campaigns use a variety of techniques to achieve maximum disruption to the professional's work (Table 4).

The following is a quote from a letter published in the BMJ in 2001 following a number of highly successful campaigns by those accused of abuse and their advocates [12]: "According to a widely accessed website (MAMA (Mothers against Munchausen syndrome by proxy allegations) www.msbp.com), the 18 authors of this letter have all been reported by the same small group of people, although attempts to clarify the situation with the GMC have been unsuccessful. One formal letter from a defence society merely generated (after five months' delay) a reply that the person in question was not "currently" under investigation. One of us used the Data Protection Act to obtain material held on file about him by the council and was disturbed to find that members of the council's staff and a regular complainant were on first name terms"

The Role Of The Media In Making Child Protection More Difficult

One effective way in which campaigners have achieved denigration of child protection professionals has been by arranging for a parent to complain to either the police or to a professional's registration board and then contacting the local or national media to inform them that the professional is, as a natural consequence, under investigation. A good example of this occurred in the weekly newspaper "Wales on Sunday" which on January 25th 2004 carried the following headline: "Welsh doctors in cot death probe" and then these quotations: "TWO of the most senior doctors in Wales are being investigated in connection with the Roy Meadow babies in care scandal. National campaigner Penny Mellor, who has claimed for many years that many accusations of MSBP are unfounded, says she is aware of a number of complaints which have been made to the GMC about the two doctors..... She even served a jail sentence for helping a family prevent social workers take away a child on grounds of MSBP. The GMC last night confirmed it was investigating. A spokeswoman said: "We can confirm the GMC has received information on these two doctors and we will be looking at it." Penny Mellor also initiated the procedures which lead to the suspension of the authors with extremely serious allegations, but without evidence for them. Subsequently, Mrs Mellor was sent to prison for "conspiracy to abduct a child". In his summing up at her trial, Judge Whitburn stated "what you are guilty of is orchestrating the abduction of a child for your own propaganda purposes".

The medical media have also given voice to campaigners. From 2000-2004, 5 persons contributed 455 rapid email responses to articles in the BMJ written by targeted doctors [13]. Many responded to articles that were not concerned with child protection; for example papers on humanitarian aid for poorly resourced countries. Nearly all the letters were "critical of the role of paediatricians in child protection; the language

often vitriolic, abusive and speaking of a thirst for revenge". The author wrote ironically; "there is of course no evidence that these responses are in any way coordinated" [13].

Newspaper headlines such as the following need to be strongly rebutted by the employers or insurance organisations of professionals: "Mother breaks her baby's arm in child abuse experiment" which was referring to abuse seen during covert video surveillance undertaken for probable attempted suffocation; and "Scandal of 'smothered' babies in cot death test", referring to a project involving standard lung function tests. The medical defence organisations need to re-examine their current inactive policies over libel actions.

Confirmation Of The Legal Protection For Professionals Involved In Child Protection

Parents frequently give their side of the story (sometimes regardless of contempt laws surrounding Family court actions), but professionals cannot respond because of their duty of confidentiality to the child or because they are under legal command following earlier referral to their registration bodies, or employers or both. A complaint to the Broadcasting Standards Commission after the BBC read and acted out confidential proceedings of the Family Court (namely sections of an expert witness report and statements in court respectively) was turned down. However, the BBC and others will need to be more careful about what they report in future in the light of the judgment discussed below.

In the Royal Courts of Justice, London on 19/3/2004, Mr. Justice Munby firmly addressed the confidentiality of Family Court proceedings: "A mother who claims to be the victim of a miscarriage of justice in care proceedings brought by a local authority seeks to debate her case in public. The question is whether the law permits her to do so. The issue is one of great importance, which is why I am giving this judgment in public" [14]. He summarized the relevant legal issues surrounding confidentiality and reported in Section 87 of the Judgement as follows:"Finally, there is a public interest in preserving faith with those who have given evidence to the family court in the belief that it would remain confidential". He made powerful orders concerning confidentiality, which should inhibit further breaches of this by the media.

The Actions Of Some Politicians

In the House of Commons on 24th February 2004, Mr George Osborne (Tatton, Conservative party) stated: "I am neither a doctor nor a lawyer, but all too often our legal and medical establishment gets swept along by

new-fangled theories and fads.....Munchausen syndrome by proxy is the latest in a long line of theories that has now been discredited.” (Hansard 24 February 2004).

Last year, Lord Howe, shadow spokesperson for Health in the House of Lords called Munchausen syndrome by proxy(MSBP) or factitious or induced illness syndrome (FII) *“one of the most pernicious and ill-founded theories to have gained currency in childcare and social services over the past 10 to 15 years. It is a theory without science. There is no body of peer-reviewed research to underpin MSBP or FII. It rests instead on the assertions of its inventor and on a handful of case histories..”* (Hansard 5 February 2003).

In the House of Commons 24th February 2004 Vera Baird (Redcar, Labour) stated: “It is not unkind to say that he [Sir Roy Meadow] invented Munchausen syndrome by proxy, and I do not use that word in a pejorative sense. He created it and has lived on it ever since. He was a permanent professional witness in cases where he felt that the syndrome—now highly questionable—existed, which is a difficult model. We have stretched things so far that Professor Meadow, a paediatrician, is talking about statistics in front of a court that does not question his ability to do so for one moment. It is not his field at all. The Royal Statistical Society referred to his one in 73 million figure, which has already been mentioned, as a complete error, but he was allowed to give such evidence despite the fact that he was a paediatrician and not a statistician” (Hansard 24 February 2004).

Professor Meadow attempted to correct the issue of his use of statistics in an article in the BMJ [15]. This statistic was actually taken directly from a government publication: “For a family with none of these three factors [that is, no smoking in the house, mother >26 years or parity =1, waged income], the risk of two infants dying as SIDS by chance alone will thus be one in (8,543 x 8,543) ie approximately one in 73 million. For a family with all three factors, the risk will be one in (214 x 214), ie approximately one in 46,000. Thus, for families with several known risk factors for SIDS, a second SIDS death, whilst uncommon, is 1,600 times more likely than for families with no such factors. Where additional adverse factors are present, the recurrence risk would correspondingly be greater still” [16].

A second criticism used to denigrate Professor Meadow was the so-called “Meadow’s Law”. This was not created by Roy Meadow, but by Professor Di Maio, who made the following quote in 1989: “It is the general policy of the authors to ascribe the first death in a family presenting as SIDS to SIDS. The second death by the same mother is labelled as undetermined and a more intensive investigation of the

circumstances surrounding the death are conducted. The police are usually asked to interview the family, though in a discrete fashion. A third such death in the family is felt by the authors to be homicide until proven otherwise. It is the authors' opinion that while a second SIDS death from a mother is improbable, it is possible and she should be given the benefit of the doubt. A third case, in our opinion, is not possible and is a case of homicide. The second case is labelled "undetermined" rather than SIDS to flag the case, that is, to make it stand out for future reference" [17].

Further condemnation has come from inadequate evidence base for the Appeal court judgement on Angela Cannings [18]. The Court failed to mention one of the world's leading textbooks on child protection [19], in which the following was written: "If a previous unexplained infant death, including SIDS, has occurred in a family and no further evidence of metabolic disorder is forthcoming, the unexplained death of a second infant should be classified as undetermined, as suggested by DiMaio. Should a third infant death without an obvious natural disease process occur in the same family, the cause of death should be identified as asphyxiation, and the manner of death classified as homicide". Following this judgment, a peak time television news program purporting to quote from the Appeal Court Judgement stated: "Six weeks ago in the court of appeal, Angela Cannings was finally freed by 3 judges who told her that it was clear there was no case against her. Sir Roy Meadow's evidence was described as a travesty of the truth". In fact the judgement stated: "The study itself refers to three families which had experienced three infant deaths, without any detailed analysis. We do not know whether Professor Meadow had the advantage of reading Professor Emery's *notes* about these three cases. If he did, his evidence on this point was indeed a travesty: if not, it would be unfair to criticise him for knowing less about the three families than we have discovered from Professor Carpenter's analysis of the notes themselves." [18]

Problems With Undertaking Research Into Child Abuse

The only hope for improving precision in the difficult diagnosis of abuse is to find by research better factual data that can help construct the jigsaw puzzle that so often relies on pieces of circumstantial evidence. In our attempts to report on 25 cases of abused children where bleeding from the nose and or mouth during apparent life threatening events appeared to be a marker for intentional suffocation, we asked the permission of the Chair of our local research ethics committee if we could publish an anonymised series of case reports without the individual permission of each of the parents. The reply was that "as data was being used for new purposes an application was needed." and they suggested an approach be made to the

research and development consortium for assistance “as any project will also need to be approved by the Trust”. In our view much of this defensive attitude has followed the Griffiths report on research governance [3], which has made clinical research in this country so much more difficult.

Making Child Protection More Effective - Protecting Professionals

Perhaps, as in the USA, reporting of suspected child abuse should be legally compulsory. Certainly professionals in the UK could learn from the experiences of other countries practising child protection and could be more proactive about seeking their support and suggestions.

Clearly as the above surveys have shown, managers in hospitals, social services and education departments as well as the Department of Health should provide more support to professionals practising child protection. Area Child Protection Committees and Hospital Trusts should understand the vulnerability of child protection staff to violence, threats and intimidation and develop strategies to ensure that professionals engaged in child protection work are not bullied by families and do not bully and intimidate each other. ‘Dangerous situations’ should be identified, monitored and reviewed.

Complaints from parents suspected of abuse or their advocates must be investigated in a way which includes major support for the professional involved. Extreme care must be taken over the veracity of allegations. Complaints suspected to be part of an orchestrated campaign could be referred to the police for investigation regarding possible harassment charges.

Advice from the police and legal departments may help determine whether legal action could be taken against harassment. Where libel has occurred that has denigrated the professional's standing, professional and defense organizations should consider legal action; this would help to act as a deterrent to what can be an unremitting pursuit of professionals involved in this work. Ultimately, professionals should be aware of their own vulnerability and the effect that this can have on their ability to protect children.

Certainly all experts giving advice to the court on matters concerning child protection should know the evidence base for the statements they are giving. Probably they should also be actively involved in the practice of child protection so that they understand the complex clinical issues involved. There is a need for

professionals to support each other, ideally working in teams rather than individually, and at the least obtaining second opinions, whenever a serious form of abuse is suspected.

The adversarial component of court proceedings should be removed and instead proceedings based on the working together of experts to reach a consensus on areas of agreement and disagreement and what is in the best interests of the child and other children in the family. The accumulated opinion could then be presented to either the jury or to a family judge. Family courts have already moved partway towards this approach.

The results of the ongoing review of both criminal and family court cases in the Appeal Court is important and will hopefully soon be available. Meanwhile there are encouraging signs in that within the Family Court two family's claims that their children had been taken into care following false accusations of abuse have been rejected [20]. Moreover, only 5 of the first 97 cases in the criminal court in which there had been expert medical evidence by Professor Meadow have been referred for further investigation and appeal [21]. However, the Attorney General warned that the move does not mean that these people were wrongly convicted. "The fact that a case has been referred to legal representatives of the convicted person does not amount to a positive determination that their conviction is unsafe" [22]

In another important appeal court judgment (Royal Courts of Justice London 31st July 2003) Lord Phillips, Lady Justice Hale and Lord Justice Latham rejected an appeal by parents claiming damages for psychiatric harm said to have been caused to them by the consequences of false allegations [23]. This judgment is now before the House of Lords. It means that parents who have been wrongly accused of abusing their children cannot sue health authorities, but children can take action if they are victims of negligence over investigation of abuse or in care proceedings. Lord Phillips said the court had reached the conclusion that it was no longer legitimate to rule there was no duty of care owed to a child over child abuse investigations or care proceedings. But he said the position of the parents was "very different." "We consider that there are cogent reasons of public policy for concluding that, where child care decisions are being taken, no common law duty of care should be owed to the parents." Sadly, in the worst cases (like Victoria Climbié and Aileen Labonte) the wronged party is no longer alive and able to sue those whose negligence contributed to the death.

As conflict and denouncing professional authority drives the media, measures are needed to deal with inappropriate press coverage. We suggest courts seek orders for contempt if quotes are made from family court proceedings that expose either families or the involved professionals. In addition, organisations defending and protecting doctors should now consider libel actions against sections of the media who defame doctors involved in child protection.

In parallel we should invite the editors of the major newspapers and broadcasting networks as well as the politicians to examine the facts and myths surrounding child abuse. One potentially effective way of making the community become more aware of the nature of abuse would be to show the covert video recordings showing suffocation, fracturing of limbs and emotional abuse that make up the spectrum of ill treatment practiced daily on children [24]. The fact that consent for showing such images is bound to be withheld should not be a bar to this as long as anonymity is ensured. We need to change the current mindset that child abuse is a 'stranger induced' rather than 'family based' problem.

Finally, as previously discussed in our earlier publications [25, 26], there should be greater and earlier involvement of the police child protection team in cases where there is physical danger from possible abusers. "Addressing the criminal abuse of children must be a priority, not only in England, but in the majority of countries that do not have any child protection systems and where many thousands of children like Victoria are cruelly enslaved and exploited every day. There is nothing worse for a child. We need an international response to criminal abuse namely, an effective, police led protection force".

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Conflict of interest.

The authors have provided expert opinions to the civil and criminal courts in cases of child abuse.

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Table 1. Deterrents to professionals recognising and dealing with child protection

- Lack of protection for front-line workers
- Problems with systems designed to handle the complaints of accused parents
- Paediatricians and other specialists who disbelieve the extent of child abuse
- Orchestrated campaigns by parents accused of abuse and their advocates (especially FII)
- Unbalanced media coverage supporting accused parents
- Uncritical acceptance by politicians of parental complaints

Table 2. Examples of responses by professionals involved in child protection work to the BASPCAN survey: assaults and threats from families.

- “The violent and abusive father of four children who were taken into care threatened the social worker and other professionals involved in the case (which included me) with death...I felt quite threatened as did my children”
- “The man had said that if his children were not returned to his care following the final hearing that he would visit my home and shoot me and my family”
- “In my case I was verbally threatened and my children were to the extent that police were involved”
- “The man produced a gun...This was at night and much of the time I was alone”
- “I have been attacked with scissors and a knife”
- “With colleague in interview room...client got an axe out...terrifying”
- “I have been physically assaulted in Court, threatened with assault and verbally assaulted and spat at and also been locked in the house by an angry client and not allowed to leave”
- “Attacked by father of an emotionally abused child, knocked out and kept prisoner in the house for 2 hours”
- “Three years ago I was stalked by a man after appearing as an expert witness”
- “I once received a packet/parcel of human hair in the post”
- “The person concerned was a convicted sex offender whose behaviour was indecent exposure – this was the threat he made to me”

Table 3. Examples of responses by professionals involved in child protection work to the BASPCAN survey: responses about colleagues and employers.

- “The complaints system of the NHS is wide open to abuse by malicious complainants. A number of consultant colleagues who do not understand child protection have seriously compounded the problem”
- “Refusal to compromise integrity has twice led to loss of employment. In my experience employers apply great pressure to compromise professional integrity in order to avoid controversy or media interest”
- “... the worst bullying I have experienced has been from senior paediatricians”
- “Unfortunately I have more problems from the ‘professionals’ with whom I work than the patients/parents”
- “I have at least twice had a social work manager attempt to intimidate and humiliate me in front of colleagues when I expressed clear justified reservations about critical decisions he had made”
- “I felt professionally violated by another member of a statutory agency involved in protecting children. Professional-on-professional abuse is probably very much unreported and under recognised”
- “My Trust has told me that I am causing them concern as they have just had an expensive settlement to make in regard to (an employee) who was struck off and they did not want any further trouble”

Table 4. Techniques of orchestrated campaigns against those involved in child protection work.

- Complaints to employers
- Complaints to registration bodies, eg GMC, NMC
- Disruption to other activities undertaken by the targeted doctor
 - complaints about research to
 - sponsors / donors
 - editors of journals in which papers published
 - universities
 - research ethics committees
 - complaints to organizers of meetings who have invited the professional to speak
 - complaints about charity work
 - infiltration as volunteers
 - referral to fraud squad
 - referral to charities commission
- Public meetings to denigrate the targeted doctor's work
 - outside hospitals
 - outside law courts
- Advocacy and advice to accused parents or those whose children have been taken into care on how to behave and how to make complaints**
- Allegations made to the police and to registration bodies followed by newspaper articles about the doctor being under investigation
- Letters to medical journals (especially BMJ)
- Complaints to politicians and enrollment of some of these in advocating for "falsely" accused parents.

** In a letter published on a web site used by campaigners (www.msbp.com):

"Where a parent is labeled by a paediatrician as MSBP, our advice is: Immediately enter a Complaint to the District manager of the Health Authority on the grounds that it is a wrongful diagnosis and negligence on the part of the paediatrician. Health authorities are required to enquire into the clinical judgements of paediatric consultants under the DHSS circular HC (81) 5 and to take disciplinary action against the consultant for professional incompetence or professional misconduct under DHSS circular HM(61) 112".

Figure 1. Ainlee Labonte, who was starved and tortured to death in 2002, after the case of Victoria Climbié had been highlighted, and her carers imprisoned for her death.



Figure 2. Trends in the numbers of child protection conferences (1000's, -▲-) and children on the 'at risk' register (per 10,000 children under 18years at 31st March, -●-). Figures taken from table 2B and 3A,

Department for Education and Skills (2004) Statistics of education: referrals, assessments and children and

young people on child protection registers: year ending 31 March 2003.

<http://www.dfes.gov.uk/rsgateway/DB/VOL/v000444/index.shtml> (accessed 9 June 2004).

