

**F.A.C.T.**

KNOWLEDGE AND  
UNDERSTANDING

BRIEFING

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Information for supporters, politicians and the media – articles highlighting the flawed investigation methods and beliefs of the child protection agencies.

## Messages from the Shieldfield Nursery Case

*This article, by Tania Hunter, is from the British False Memory Society's Newsletter, (Vol. 10, No. 1 – October 2002), We are grateful to BFMS for allowing us to publish it. The article, by no means dated, reveals matters in the case which have not been made known to a wider public audience, particularly regarding Dr San Lazaro and Barnardo's, whose President is Cherie Blair. It shows just how important it is to lobby for regulation and radical reform of the child abuse investigation methods, which have been and are being used in Care Home cases.*

Press coverage of the Shieldfield libel judgement has naturally focussed on the experiences of Dawn Read 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 judgement, 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 personal tragedy. The trial judgement 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 judgement 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 judgement which the 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 and forensic examinations, but for her therapeutic approach to diagnoses<sup>(1)</sup>. This therapeutic influence, which has gained 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.

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 Carol 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 that has never taken place. Had this level of misdiagnoses 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 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 Bentovin and his Great Ormond Street Hospital colleagues<sup>(2)</sup>.

Based on this incomplete understanding, and without the benefit of later research into children's suggestibility<sup>(3)</sup>, the Butler-Sloss Cleveland 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 the 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 judgement 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 (CPS), Home Office and Department of Health<sup>(4)</sup>. 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 campaigned 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, now Barnardo's Principal Policy and Practice Officer<sup>(5)</sup>. 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"*<sup>(6)</sup>.

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 on 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 enactments. But when a child does not confirm in a police interview, a report made by an adult on a 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 abuser<sup>(7)</sup>.

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 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 breakdown 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 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 the 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 approach<sup>(8)</sup>.

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 one child in 100 sexually abused by a parent was used to support a plea for more resources for social workers investigating parental abuse<sup>(9)</sup>. 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 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 judgement. Before further resources are allocated to child protection, politicians and professional organisations should consider with care the implications of the Shieldfield libel case.

## References

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- (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)

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