

Summary of the Cleveland inquiry

The report of Lord Justice Butler-Sloss on her inquiry into child abuse in Cleveland was published on 6 July (HMSO, Cm 412), together with a 21 page summary of the main events and findings (HMSO, Cm 413) and several pamphlets of guidelines from the Department of Health and Social Security and the Department of Education and Science dealing with the sexual abuse of children. During the crisis in Cleveland, which developed over a period of about five months, 125 children were diagnosed as sexually abused, of whom 98 have now been returned home. Proceedings in 27 wardship cases were dismissed. This article summarises the main findings of the report.

The events

Cleveland's social services had a good record of response to issues of child care. Its growing concern about the problem of child sexual abuse led to the appointment in June 1986 of Mrs Susan Richardson, a former social work team leader, to the new post of child abuse consultant. On 1 January 1987 Dr Marietta Higgs began working as consultant paediatrician in South Tees Health District. Dr Higgs had established an interest in child sexual abuse through previous work as a senior registrar in Newcastle and her contact with the research and teaching of the Leeds paediatrician Dr Jane Wynne, who, with Dr Christopher Hobbs, had published an article in the *Lancet* describing the sign of anal dilatation in the diagnosis of buggery in children, which they considered to be a common form of abuse.

Dr Higgs quickly established a close working relationship with Mrs Richardson. In February she started to pick up cases of suspected sexual abuse, in many of which she found anal dilatation, and her increasing certainty about the importance of this sign was reinforced by the concurrence of Dr Wynne, to whom she referred several cases for a second opinion. In March Dr Geoffrey Wyatt, a consultant paediatrician colleague, also became convinced of the value of this sign when he saw it elicited for the first time by Dr Higgs; he thereafter supported her, coming to believe with her that the identification of sexual abuse was one of a paediatrician's most important tasks.

In March and April Dr Higgs diagnosed anal abuse in several children, including two who had already been removed from their families and placed with foster parents. Eleven children who had been through this particular foster household were subsequently brought up to hospital for examination by Dr Higgs, and 10 were admitted when she found signs of anal abuse. At this time the director of social services, Mr Michael Bishop, became aware of the scale of this new development in paediatric activity and started to become personally concerned. By the end of April a rift had developed between Dr Higgs and the police, in particular with the police surgeon, Dr Alistair Irvine, who did not believe that most children diagnosed as abused by Dr Higgs had indeed been abused. He was particularly sceptical of the value of the anal dilatation sign in diagnosing buggery and received support in this from Dr Raine Roberts, a police surgeon from Manchester with particular skills in sexual assault. Mrs Richardson discounted Dr Irvine's views and firmly supported Dr Higgs, arranging the referral of increasing numbers of children with suspected abuse to her, most of whom were admitted to hospital under place of safety orders.

Matters came to a head during May and June, when unprecedented numbers of children were admitted to hospital by both Dr Higgs and Dr Wyatt with what was

an unfamiliar problem, some in clusters at weekends, some late at night. Accommodation and nursing services became overstretched, and field social workers and ward nursing staff became increasingly anxious about the diagnoses. The police issued guidelines, unknown to social services, to the effect that officers should "proceed with caution" when asked to investigate cases diagnosed by Dr Higgs and "look for substantial corroboration of her findings before proceeding." Mrs Richardson drafted a memorandum, endorsed by Mr Bishop and distributed through social services, unknown to the police, that there should be routine place of safety orders in all cases of suspected abuse, that parents' access should be suspended (as they might interfere with the child's disclosure of abuse), and that the police surgeon should be excluded from making a second examination.

During June several events occurred that led to the recognition that there was a crisis. There were two further large waves of admissions, stretching accommodation and nursing services to breaking point; interim place of safety orders started to be contested in the courts on the basis that the medical evidence was disputed; there was an angry scene on the children's ward concerning parents and Dr Wyatt, when the police had to be called; parents organised themselves into a protest group aided by a local priest and the affair began to be noticed by the media; and Dr Irvine announced in a television interview that Dr Higgs was wrong to diagnose sexual abuse in a particular case. The Northern Regional Health Authority became concerned for the first time in mid-June, and a second opinion panel was rapidly organised; but this failed to defuse the situation because by this time the media were in full cry, aided and abetted by the local member of parliament, Mr Stuart Bell, who took the part of the parents both in television interviews and in his representations to parliament and to the health minister. On 9 July the health minister announced that a statutory inquiry was to be set up. Drs Higgs and Wyatt were relieved of clinical duties from the end of July to allow them to prepare for the hearings.

Main findings

The report is at pains to present a balanced view of the events and the various pressures which led to a breakdown of communications. In many cases it goes out of its way to praise effective and sensible responses to the crisis, praises the Northern Regional Health Authority for its effective intervention from mid-June onwards, and acknowledges the dedication and commitment shown by Drs Higgs and Wyatt and by Mrs Richardson. There are, however, many criticisms reflecting both individual and corporate actions during the crisis. It was concluded that one of the most worrying features of the Cleveland crisis was the isolation and lack of support for the parents of the children concerned, whether they were abusers, possible abusers, or "ordinary people caught up in the results of a misdiagnosis."

PERSONALITIES AND AGENCIES

Dr Higgs, as a new consultant venturing into a new field, is criticised for undue reliance on physical signs alone, in particular the anal dilatation test. She was too ready to draw certain conclusions from her findings and too fixed in her belief that the children should be separated from their parents to allow "disclosure." She lacked appreciation of the forensic elements of her work and did not recognise the inadequacy of

resources in Cleveland to meet the crisis. Her relentless pursuit of her goals, which never seemed to be interrupted by a pause for thought, caused unnecessary distress to children and their families.

Dr Wyatt also did not allow for the limited state of present knowledge in what is an extremely difficult area. He arranged for the admission of many children with suspected sexual abuse without thought for the consequences and showed a lack of common sense in responding to the crisis. He made no independent inquiries about the diagnostic techniques used until a late stage. Many of the criticisms of Dr Higgs's actions apply equally to him, and it was concluded that they both share a responsibility for the crisis. No evidence was found that either doctor had attempted to screen for sexual abuse, as was widely claimed at the time.

Mrs Richardson acted on her belief that the only way to deal with suspected child abuse was to take control by means of a place of safety order. She did not consider the possibility of misdiagnosis by Dr Higgs or Dr Wyatt, and there was no evidence that she sought to exercise any restraint on the accelerating numbers of admissions of children with suspected abuse. Her commitment to the protection of children from abuse led her to disregard the need to proceed at a pace commensurate with the need to gain the trust of other agencies, particularly the police. It was concluded that she bore a significant share of the responsibility for breakdown of communications between social services and the police.

Mr Bishop is criticised for failing to make any attempt to bring social services, health services, and the police together, and in particular for failing to appreciate the serious differences between the social and medical services and the police. He uncritically supported Mrs Richardson's and Dr Higgs's actions until a late stage in the crisis. His department, under the guidance of his senior staff, failed to recognise that child sexual abuse has different characteristics from physical abuse and requires cautious intervention to allow the risks of false positive findings to be balanced against those of false negative ones.

Dr Irvine had strongly held views, reinforced by conversations with Dr Raine Roberts, who herself was not neutral on the issue, and allowed these views and an overemotional response to the situation to colour his judgment. It is considered that he must bear some of the responsibility for the poor relations between the police and social services and for the bias of some of the media coverage. Lacking confidence in Dr Higgs's diagnoses, the police themselves, instead of making efforts with social services to seek an authoritative outside medical opinion, retreated into an entrenched position and made little effort to solve the problem. There was a regrettable tendency, shared with the social services, for the interagency squabble to become increasingly personal and for the interests of the children to be submerged.

It was concluded overall that "it is unacceptable that the disagreements and failure of communication of adults should be allowed to obscure the needs of children both long term and short term in so sensitive, difficult, and important a field. The children had unhappy experiences which should not be allowed to happen again."

ASSESSMENT AND DIAGNOSIS

It was not a function of the inquiry to evaluate the accuracy of diagnostic techniques in the diagnosis of sexual abuse. The report, however, explores the issues raised by the problem of diagnosis in some 20 pages and discusses the sign of anal dilatation in some detail. It is emphasised that grounds for removing a child from home on the basis of anal dilatation alone during the Cleveland affair were found on comparatively few

occasions. The anal dilatation sign is elicited by separating the buttocks, preferably with the patient in the knee to elbow position, whereupon after several seconds the anal canal opens and allows a view of the rectum. This sign is not a new one and has been recorded in passive homosexuals. The consensus of the evidence given to the inquiry was that anal dilatation in children is abnormal and suspicious and requires further investigation but is not in itself evidence of anal abuse. It has been described in some cases of chronic constipation. There is, however, a need for more information about how often it may be found in normal children who have not been subject to abuse.

Main recommendations

The recommendations of the inquiry run to 10 pages and are succinctly expressed. It is therefore impossible to summarise them all within the confines of a short article. There may well be disagreement about which are the most important. We have chosen to include the following:

The children—The child must be treated as a person and not an object of concern. Professionals should recognise the need for adults to explain to children what is going on and not to make promises that cannot be kept. Children should not be subject to repeated examinations or confrontational "disclosure" interviews for evidential purposes. Those concerned with investigating child sexual abuse should make a conscious effort to ensure that they act at all times in the best interests of the child, which may not necessarily mean removing the child from home.

Parents should be treated with the same courtesy as the parents of any other referred child and should be informed and consulted by professionals dealing with the child when appropriate. They should be made aware of their rights. The social services should always seek to provide support for the family during the investigation.

The courts—It is recommended that the white paper on the law on child care and family services should be implemented. The clerk to the justices should have a statutory duty to keep records of all place of safety orders. A simple written explanation of the meaning and effect of a place of safety order should be provided to parents. All lawyers engaged in this type of work, at all levels, should make themselves more fully aware of the nature of child abuse and its management.

The social services, police, and medical profession—No person or agency should make a decision in isolation as to whether a child has been sexually abused. There is an overriding need to consider carefully the appropriate speed and level of any intervention planned. The medical diagnosis and any physical signs that led to it should not be the prime consideration except in straightforward cases. Responsible agencies should get together for a wider assessment of the likelihood of sexual abuse based on all available information. Specialist assessment teams should be established to provide advice in difficult cases. There is a need for more extensive training, particularly interagency training—for example, the combined training of police officers and social workers. The medical profession needs to appreciate the legal implications of work on child sexual abuse.

Abusers and the abused—Finally, there is a need to recognise and rectify the problem of the lack of help provided for adults who were abused as children and to recognise the problems of the abuser who may wish to confess his activities and receive help but is inhibited for fear of the consequences.