

Child Sexual Abuse and Cleveland: Lessons to be Learned

Chris Goddard

INTRODUCTION:

Kieran O'Hagan is an established social work practitioner and writer, currently employed as Principal Case Worker in Leeds, England. Kieran has numerous publications to his credit including *Crises Intervention in Social Services* (O'Hagan, 1986) and *Working with Child Sexual Abuse* (O'Hagan, 1989).

Kieran visited Australia recently to run a series of workshops and I took the opportunity to interview him. The interview is published in two parts, and will be concluded in the next edition of *Children Australia*.

C. G. Kieran, thank you for agreeing to be interviewed by *Children Australia*. Your first book, *Crises Intervention in Social Services*, I valued for a number of reasons. Firstly, your keen analysis of crisis, and the broad view you took of the wide range of people and events that both contribute to the 'creation' of a crisis, and will be affected by a crisis. Do you believe that social workers too often define crisis by what is difficult for them rather than what is dangerous for the client and his or her family?

K. O'H. Yes, I do. It is an interesting question and there are a number of things I would like to say in response. Very often social workers will perceive particular features of crisis situations as being dangerous in themselves that are not in fact so. There will be certain features, certain incidents in crises, that they will perceive as far, far more dangerous than they really are. The reason for that is, it is really a lack of awareness within themselves as to why they are being affected by those particular features and are placing more importance in them than is really necessary.

We have to distinguish between features that are genuinely dangerous, and so many other aspects which appear to be dangerous, which are perceived to be dangerous when they are not.

A common example is noise and apparent aggression in individuals, individuals who may be verbally abusive and who move about a lot in interview. These people do not usually put the aggression into practice. Features like that are not normally dangerous. In actual fact, I would say they

are a form of ventilation which actually minimise the danger, and yet many social workers, not used to and not trained to cope with a lot of noise, a lot of mobility, a lot of verbal abuse, may perceive them to be dangerous.

C. G. Another reason why I valued your book on crisis intervention was your openness about your own feelings when involved in social work. You talk, for example, about the urge to run away from potentially hostile situations, and of feeling totally inadequate. Why do you think so many social work texts ignore these feelings?

K. O'H. Well I can't be absolutely certain of the reason, I can only guess, but I've got to say, regrettably, that it seems to me that a lot of writers don't have the front line experience, or haven't had it for sufficient periods, that would give them an awareness of the minute detail of crises and the impact of each minute detail of crises on them personally. So they miss a great deal, and their approaches to crisis tend to be theoretical and intellectual rather than practical. These minutiae of crisis are vitally important. I wouldn't want to undermine in any way having the right intellectual and theoretical approach. I argue consistently, and have done so for many, many years, the need for a good intellectual approach, the absolute necessity for a good theoretical underpinning in crisis intervention.

C. G. The Cleveland affair was a crisis of major, catastrophic proportions. Many workers in Australia remain somewhat confused about what actually happened in Cleveland. For the benefit of our readers, can you briefly outline the events as you saw them?

K. O'H. The emphasis here must be the fact that this is my own interpretation, and many people might have a different interpretation and see the events from an entirely different standpoint. It seems to me that there are very obvious historical causes and historical aspects which have to be mentioned.

The first point that I make usually, in talking about Cleveland, is that it is unfortunate that Cleveland has been isolated in the way that it has, and labelled to the

extent that everybody thinks that what happened in Cleveland was highly exceptional and that it wasn't happening anywhere else. That is a serious misperception because Cleveland was, in fact, symptomatic of what was happening throughout England as a whole, in virtually every social services department. The reason why it was happening on a nationwide scale was because it was symptomatic of a crusade against child sexual abuse. A very edifying crusade, a very necessary crusade, but a crusade that got completely out of hand.

As to what exactly happened in Cleveland, the first thing that happened was that professionals in many of the agencies got over-enthusiastic, over-zealous about diagnosing child sexual abuse, alleging that child sexual abuse had taken place, and pinpointing individuals whom they held responsible for child sexual abuse. The Cleveland Report itself (*Report of the Inquiry into Child Abuse in Cleveland, 1987*) refers to what happened to 165 children in Cleveland between January and July, 1987. 165 children were diagnosed to be sexually abused, the majority of them were removed from home, and the vast majority were eventually returned home because the inquiry report itself could find no evidence at all that the children had been sexually abused.

But basically it's symptomatic of a nationwide crusade which got out of hand, which became very intolerant, which became very, very insensitive, and, I have to say, also perpetrated enormous abuse against children, against mothers in particular and against a whole community.

C. G. In your view, what were the major factors that contributed to the Cleveland affair?

K. O'H. Numerous factors. The crusade itself, that I've referred to, generated convictions amongst individuals, significant, influential individuals, and those convictions were heavily flawed. They confused, for example, the exposure of child sexual abuse with goodness itself and with effective strategies for combatting child sexual abuse. They believed to expose it was good. Well, we normally believe that to expose any kind of evil is good but what was missing was, the problem was, the absence of any resources

to actually deal with the consequences of the exposure. There weren't the resources and there wasn't the commitment to actually provide adequate alternatives for children. Now, I'm speaking generally, I'm speaking about England generally, but it also applies to Cleveland as well. There isn't any point whatsoever in believing that half a million children are being sexually abused and trying to expose that unless you face up to the reality of the resources implications in making that exposure. So whereas it was relatively easy to expose the fact that many, many children were being sexually abused, the resources issue was an entirely different act. That led to enormous problems in Cleveland, in particular.

Resources very quickly were overburdened. There wasn't any further fostering whatsoever available, children were being left in hospitals – they weren't sick – but they were in wards for sick children. The thing that was wrong with them was that they had allegedly been sexually abused, and for most of them, of course, that proved to be not the case.

But central to the crusade, the nationwide crusade, and Cleveland in particular, were a group of highly influential, strong-minded, stong-willed individuals who believed what they were doing was right, who believed that the exposure of child sexual abuse had to take place at all costs, and they were able to influence, to dominate their professions. I think special attention should be paid to the fact that paediatricians, in particular, in Cleveland assumed a significance way, way out of proportion to the reality of what they could really do for children.

One of the sorriest, one of the saddest, one of the most regrettable factors in Cleveland, was that social services, and social workers in particular, actually surrendered all responsibility that they had for child sexual abuse work and handed it over to the paediatricians.

There are two other factors that I believe made essential contributions to what happened in Cleveland. One was a total lack of an ethical framework, an ethical code for dealing with child sexual abuse. The professionals deluded themselves that they were working within a particular ethical code. The 'ethical code' amounted to nothing more than numerous platitudes, pious platitudes, which sounded very, very good but which were actually limiting to the point of irrelevance. Ethics in child sexual abuse has to mean something far more profound, far more comprehensive and that is a major factor in the Cleveland affair.

The second point was the lack of experience and awareness of the impacts of certain interventions aimed at trying to rescue children. On the one hand, professionals felt very committed to rescuing and protecting children from being sexually abused but they had no awareness

whatsoever of the impact, the damaging, the long-term damaging consequences of their interventions for the emotional, psychological, social and educational life of the child. That is the great tragedy of Cleveland. Children allegedly sexually abused ended up being far, far more abused in each of those respects.

C. G. What lessons need to be learned in order to avoid such a tragedy occurring again?

K. O'H. I think the first lesson to learn is the danger of high-minded crusades which very, very easily get off the ground if certain individuals who are committed, influential, are determined to launch a crusade. Usually these crusades, as it was in England, are for very good causes but nevertheless crusades, almost by their very nature, are intolerant, and insensitive. They sweep away all in their path.

A small personal note on this, Chris, is that I have been writing for the journals for fifteen years, and I believe that I write reasonably well, and I have never had any problem whatsoever in getting work published. When I became aware, and I became aware quite quickly, of what was happening in Cleveland and throughout the country, I attempted to write about it. I wrote one article saying in effect: 'Look, this is going wrong, badly wrong, damage is being done'. I tried writing another four articles. I have five articles back home in my files that I sent to the journals. I just could not get them published, such were the prevailing minds of the crusade, such was the strength of the conviction that people were doing the right thing. They did not want to listen to anything that was saying: 'Look we are going astray, we are ending up doing far more damage'. It wasn't time, it wasn't time, so that was just one manifestation of the intolerance, the insensitivity because what I did write was eventually accepted when Cleveland became the subject of an inquiry.

So the first lesson is to be very aware, and to be sceptical, of crusades particularly in complicated, complex fields like child sexual abuse.

The second thing is that it has to be said that it is very easy for individuals who are given significant responsibility to abuse that responsibility and power vested in them. It is quite obvious that many of the individuals central to Cleveland did actually assume enormous power and were allowed to do so. There are some painful examples throughout the Cleveland report of this abuse of power, this gross insensitivity to people with whom they might be working, to people for whom they might be responsible. We have to be very conscious of this. It can happen very easily, dependent on the strength of the individuals above, dependent on the weakness of the the individuals below. An example of that was the memo that the

Director of Social Service, the highest position you can acquire in Social Services, produced. He was led to produce a memo, a memo that is unbelievable, it is just unbelievable that such a memo could be written. The memo said that in any case of child sexual abuse where the medical evidence supports the allegation of child sexual abuse, the child should be removed, irrespective of the nature of the abuse, irrespective of who is doing the abuse. That is a good example both of the abuse of power and of the weakness of people in very powerful positions, people being led into disastrous edicts like that.

A further lesson is one that I referred to in the previous question. Child sexual abuse above all requires a comprehensive meaningful ethical framework and ethical code incorporating numerous ethical principles, which will guide social workers through every phase of the work. Every phase of child sexual abuse work, the referral phase, the investigation phase, the intervention phase, the case conference phase, post-case conference, the social worker will be faced with enormous ethical dilemmas. Those dilemmas are not overcome by simple statements, pious platitudes, they need a comprehensive detailed ethical code.

There is also the lesson of the need for skills and techniques. These are more important for different phases of the work, different tasks of the work. One of the points that I have drawn attention to in the Cleveland affair is the inability, or certainly the extreme reluctance, of social workers to engage perpetrators. That is a feature of social work in England as a whole. Trainers, managers, team leaders, supervisors have to face this inherent problem head on. They have got to be addressing the question of why social workers are reluctant to face perpetrators, who are usually male, who are the ones who usually inflict the damage on the children. That is a painful lesson for all of us.

C. G. A major factor in the Cleveland affair appears to have been the use, the controversial use, of a test for reflex anal dilatation. The role of doctors in child sexual abuse appears to be far less clear than in child physical abuse. How much did this contribute to the problem of Cleveland, and how much was this caused by a perceived need for clear physical signs and a new medical breakthrough?

K. O'H. I think this was an important part of the problem. I made the point earlier about social workers surrendering their own vital contributions. Part of that contribution is an assessment of the social, educational, emotional, psychological life of the family. All of that, was subsumed, surrendered, and the dominant factor became the paediatric examination, and, in particular the examination to assess reflex anal dilatation. That had to be a very unhealthy development when assessments and decisions about the

long-term welfare of the children were made around such a narrowly-focused examination, whether or not the child was being sexually abused in that way.

So, one of the trends leading up to Cleveland was for paediatricians to become more and more influential and powerful in case conferences, in particular, and again that was a nation-wide development.

When I went to Leeds, case conferences were dominated by paediatric opinion. There was very little attention paid to the emotional life of the child, the cognitive life of the child, the psychological life of the child, the social and educational life of the child. I had a hell of a job myself in insisting at the case conferences that comprehensive assessment was made, irrespective of the nature of the sexual abuse being alleged. Even if there was absolute proof of sexual abuse I wanted to know myself and I wanted case conference participants to be asking about all these other aspects of the child's development. It became easier when I chaired most of the case conferences.

I am glad you asked about the status and ambition implications of making a medical breakthrough in diagnosis, because it was quite obvious that this was a topic of great interest not just within the medical profession but amongst the public at large. The media was writing ceaselessly about child sexual abuse, ceaselessly testing out the opinions of significant paediatricians. I have no doubt about the paediatricians convictions about stopping child sexual abuse, about exposing it, about trying to protect children, but nevertheless I think they must have also had an eye on the impact they were having both within the medical profession and upon public opinion as a whole and upon the media, too.

(This interview will be concluded in the next issue of Children Australia.)

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