# Changing the response of professionals to child abuse

EILEEN MUNRO

*SUMMARY*

*Britain has developed a child protection system that relies on good interprofessional communication. However, some doctors are questioning the benefits to the child of triggering a child abuse referral. The system has become disproportionately skewed towards investigation and risk assessment, leaving few resources for meeting the needs of children, or helping parents provide better care. The Department of Health (DoH) is proposing a policy to redress the balance; creating a more cooperative and less adversarial relationship with parents, and paying more attention to assessing family needs and long-term family functioning. This paper examines the history of the current system and argues that, while the proposed changes are desirable, it needs to be acknowledged that they may reduce the accuracy of risk assessments. Professionals, therefore, need the backing of the general public to implement such a fundamental shift in emphasis.*

*Keywords: child abuse; interprofessional relations; public policy*

## Introduction

BRITAIN has developed a complex, multi-professional system, with the praiseworthy aim of protecting children from abuse and minimizing death, injury, and suffering. But good intentions do not guarantee good results. There is mounting concern that the system itself is causing damage and suffering to the children it should be protecting. General practitioners (GPs) play a key role because they often see evidence of abuse. Sharing their knowledge with other professionals is important for accurate risk assessment so, in this context, doctors are permitted to break the principle of patient confidentiality: in child protection cases, the overriding principle is to secure the best interests of the child.[1] However, deciding what is in the best interests of the child is far from easy, and some GPs have expressed disquiet about the repercussions of invoking the formal procedures.[2] One doctor, reporting on a case of sexual abuse where he had made a referral to the Social Services Department, wondered whether referral had, in the long term, been the right action because of the impact the investigation had on the child and the family. The focus of the police and social workers had been on investigation and prosecution, with little attention paid to the emotional needs of the child and family: It was apparent to me that the victim was at risk of being abused again – by the investigation'.[2]

GPs' concerns about how we are dealing with cases of child abuse are endorsed by a recent set of research studies funded by the DoH.[3] These demonstrate widespread, unintended but undesired effects of the way the system is operating. This paper examines these findings and the DoH's subsequent proposals, to shift the focus in child protection work from an over-emphasis on investigation and prosecution to a broader response to the family's needs. Moving from a punitive to a more therapeutic approach to abusive families would bring us into line with many of our European neighbours. However, it is important to understand the forces that influenced the development of the British system, and it will be argued that the solution to the current problems is not wholly in the hands of professionals. The general public's attitude to child abuse has had a powerful influence on the shape of the current system, and any fundamental change requires public acceptance and endorsement.

The positive finding from recent research is that the child protection system appears to be helping many children at high risk of abuse. Gibbons, Conroy and Bell's study of 1,888 new referrals rated families on known risk factors, and concluded that few high risk families were being overlooked and most low risk families were being screened out, without reaching the stage of a case conference or being placed on the child protection register.[4] Pritchard cites further evidence that the system is protecting the seriously at risk. Children's homicide rates in England and Wales have fallen by 61% between 1973 and 1988; a far greater decrease, both in actual and proportional calculations, than in any other European country.[5,6]

However, the research has also produced disturbing findings. *The Children Act 1989* sets out three main areas of responsibilities for child welfare services: to investigate and protect children considered at risk of abuse, to support families to help them meet children's needs (this includes children with disabilities), and to provide alternative care for those who cannot be looked after by their birth family. Several large-scale studies have shown that services have become skewed towards investigation of suspicions of abuse, to the detriment of all other aspects of child welfare work.[7,8,9] Only a small proportion of those investigations identified a child in need of protection. Fifteen per cent of the children are placed on the child protection register; 4% are removed from their families, most (70%) for only a brief period. For the vast majority of families: 'child protection practice consists of an investigation followed by a letter of apology'.[9]

The high rate of investigative work has many costs. First, as the Audit Commission noted, it absorbs such a large part of available resources that there is little left to offer help or services to families caught up in the system.[10] Social workers – whether from lack of time or expertise – fail, in most cases, either to help the child overcome the harmful effects of abuse or to help the parents improve their level of child care. Once identified as at high risk, removal from home seems the most effective method of protection.[11] Families with less acute problems and children with disabilities are all receiving inadequate levels of help.[10]

Child abuse investigations have a high emotional cost to families: 'all the studies confirm the sense of shock, fear, and anger felt at the point of confrontation, and the lingering bitter aftertaste'.[3] Moreover, the concern with detecting abuse means that social work assessments are skewed towards estimating risk, rather than a broader assessment of the families' needs.[4] Hence, although most of the families investigated are multiply disadvantaged, 'they receive no services as the result of professionals' interest in their lives'.[3]

Gibbons, Conroy and Bell compare the system to a small-

E Munro, PhD, MSc, CQSW, lecturer in social policy, Department of Social Policy and Administration, London School of Economics and Political Science.

Submitted: 19 September 1997; accepted: 21 January 1998.

meshed net, that is ensnaring large numbers of minnows as well as the few fish it is intended to catch, while the cost of operating the net seriously reduces the resources available for other areas of work with children and families.

The DoH is doing much to publicize these important findings and is proposing that the balance of work should be altered, so that less adversarial relationships with parents are created and more attention is given to family support. It suggests that much early work in response to referrals could be viewed as an enquiry to establish whether a child is in need of support services, rather than an investigation to ascertain risk of abuse. In a more balanced service for vulnerable children:

> 'There would be efforts to work alongside families rather than disempower them, to raise their self-esteem rather than reproach families, to promote family relationships where children have their needs met, rather than leave untreated families with an unsatisfactory parenting style. The focus would be on the overall needs of children rather than a narrow concentration on the alleged incident.[3]

Such a change in emphasis would allay many of the concerns doctors have expressed about the damaging effect of investigations. Indeed, most professionals would welcome a return to the preventive and supportive culture of child care services that was dominant in the 1950s and 1960s. However, such a pervasive change in the system can be hard to effect. By examining the way the current system has developed, it is possible to identify ways in which this change of policy may run into difficulties.

Child abuse is not a new phenomenon, but has achieved prominence as a matter of social concern in recent decades. Widespread public recognition of its existence was triggered, in the 1960s, by doctors using X-rays as hard evidence of the severity and chronicity of the physical abuse some children suffered at the hands of their parents. Kempe, an American paediatrician, was particularly influential in convincing fellow professionals and society that child abuse was a significant problem.[12] It was seen predominantly in a medical framework at this stage. In Britain, public attention was even more strongly caught, however, by a series of tragic deaths of young children, such as Maria Colwell and Jasmine Beckford, who had been known to officials but whose danger had not been recognized. The ensuing public inquiries all highlighted the importance of thorough investigations and good interprofessional communication, to ensure the highest standard of risk assessment.[13,14]

The public inquiries and attendant media interest have had a profound influence on the development of the child protection system and society's expectations of professionals.[15,16] The inquiries themselves displayed a realistic view of the difficulties of identifying all children at high risk. Of the 45 reports published between 1973 and 1994, 26% concluded that the death had not been predictable and found no fault with the professionals' practice.[17] However, the critical reports received much wider media coverage, creating an impression that whenever a child dies from parental abuse, some professional must be to blame. Consequently, the system developed with the main priority being to avoid missing a high risk case, not only because of the obvious disaster for the child, but also because of the personal cost to any professional involved in a case where a child dies.

Since risk assessment in child protection is a highly fallible process, efforts to avoid false negatives led to an increase in false positives – innocent families being wrongly assessed as risky. This in turn provoked public criticism, most notably in the huge outcry over events in Cleveland and Orkney, where professionals appeared to intervene and remove children too readily.

Professionals were given the message that accuracy was essential and, in response, have increased the rigour of their investigations and raised the standard of evidence on which they base their judgements of risk. The effect has been to shift child abuse from a socio-medical framework to a socio-legal one, where the emphasis is on finding evidence that will be acceptable in a criminal court instead of using the previous principle of 'the balance of probability'. The police, having been only a peripheral profession that attended just a few case conferences, are now central in most cases and work closely with social workers on the investigation and decision-making. Farmer and Owen's research amply illustrates the effect this has had on professional practice. Police now take a lead role in collecting information, which affects the style of interviewing; priority is given to obtaining a conviction, and the welfare needs of the child and parents, including the perpetrator, take second place.[11] Despite the dominance of the police investigation, successful prosecutions for abuse are relatively rare. Creighton reports prosecution rates of 17% of investigated cases for sexual abuse, and 9% for physical abuse.[18]

In the light of this history, how feasible is it to adopt the DoH's proposals for change, to redress the balance so that greater weight is given to assessing the family's needs and providing help?

In the current economic climate there is no question of greater funds being made available for the extra areas of work recommended. Social Services Departments have to find resources for preventive and supportive services from their existing budget, and can only release money by reducing expenditure on child abuse investigations. This is recommended under the label of adopting a 'lighter touch' – of screening out families at an earlier stage so that fewer incur the expense of a full investigation and case conference. The problem is that, with our existing knowledge, screening out the lower risk families is a highly fallible task that will inevitably lead to errors in some cases. The current level of investigation results from the recommendations of a series of public inquiries, and is motivated by a fear of missing the rare instance where a referral that initially looks fairly minor turns out, on further scrutiny, to be a high risk case.

Improving the relationship with the family and making the investigative experience less traumatic is highly desirable but may lead to professionals acquiring a narrower and less reliable set of information on which to assess risk. The present state of affairs has arisen because of the perceived need to gather a wide range of evidence, to check evidence from parents in case they are lying, and to collect it in a way that will be acceptable in criminal proceedings. These requirements make interviews more traumatic for parents.

These difficulties suggest that following the DoH's new policy would lead to a higher error rate and this, in turn, may make it difficult to implement. While professionals feel under public pressure to minimize errors at all costs, and face vilification if involved in a case where a mistake is made, they will be understandably reluctant to change their practice.

In one sense, the DoH's proposals are practicable because they are adopted in several European countries. Britain is exceptional in taking such a legalistic and punitive approach to child abuse. Most of our neighbours adopt a therapeutic stance and encourage families to ask for help in a supportive and non-punitive system. In the Netherlands, prosecutions for child abuse are so rare that statistics are no longer kept.[19] Better risk assessments may arise from breaking patient or client confidentiality and sharing information about abuse, but this has to be weighed against the possible damage done to the professional's relationship with the family, and the willingness of the abuser to come forward and ask for help. Some countries value the relationship more. In France,

social workers have the right to keep information secret. In Germany, hospital doctors are not allowed to report cases of abuse that they treat. Abuse is seen more as a symptom of family dysfunction that needs therapy, rather than as a crime that deserves punishment. When a child dies in these countries, there is less public outrage that the system has failed to protect.[20]

This, perhaps, is the crux of the matter. In Britain, the public and the media react so strongly to tragic deaths or innocent families being caught up in investigations that they have shaped a system that focuses on risk assessment to the detriment of the child and family's needs. While it may be relatively easy to persuade the relevant professions of the need for change, changing public expectations of what can be achieved in this difficult area of work seems to be an essential step in enabling doctors, social workers and police to move away from the current system, where the goal of preventing death is so highly valued that children and parents are inadvertently subjected to severe suffering and inadequate help.

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### Address for correspondence

Dr Eileen Munro, Lecturer in Social Policy, Department of Social Policy and Administration, London School of Economics and Political Science, Houghton Street, London WC2A 2AE.