

## Reviews

### *Personal views*

## **The police should take the lead on protecting children from criminal abuse**

Lord Laming's report on the life and death of Victoria Climbié is invaluable. If implemented, his recommendations will greatly help children at risk of ill treatment in families where parents are stressed, lonely, unsupported, depressed, or living in poverty. However, where criminal abuse occurs similar tragedies may continue.

Our national and international experience of child protection led us to suggest that ill treatment be reclassified by the motive of the perpetrator and the degree of harm inflicted (*Archives of Disease in Childhood* 2003;88:101-7)[[Abstract/Free Full Text](#)]. Parents who, for example, place burning cigarettes on their child, poison, sexually abuse, suffocate, or subject their child to prolonged physical abuse (as with Victoria Climbié) are committing criminal abuse for personal gain. We consider that the police, rather than social workers, should take responsibility for protecting these children.

### **It is less easy to intimidate police officers**

Most perpetrators, knowing they are committing crimes, deceive and intimidate social and health workers who are trained to work *with families*. These professionals usually do this competently and with compassion when families are "in need." But what if a family is impossible to work with safely? Lord Laming considers that "it is neither practical nor desirable to try to separate the support services for children and families from that of the service designed to investigate and protect children from deliberate harm." We agree, but only at referral, where there should be more use of strategy meetings, in which professionals can freely disclose and share information away from the family. If criminal abuse is likely, then the police must lead and be responsible for the child protection process.

We suggest that special inter-agency taskforces on criminal abuse are established and run by experienced and adequately resourced police units. While these taskforces would involve the most senior and experienced of staff from all agencies (including police surgeons and lawyers), it is the police who are trained in the forensic aspects of gathering evidence, including covert video or audio surveillance as used in other serious crimes. They will best ensure that, as Lord Laming expects, "the standard of investigation into criminal offences against children" will be "as rigorous as the investigation of similar crimes against adults."

It is less easy to intimidate police officers and their families, as they have an effective system of protection. The police are likely to be more cynical of statements made by abusers. They are used to dealing with the inevitable complaints that arise from suspects and are not inhibited by rules concerning confidentiality that can so interfere with evidence gathering (and information sharing between agencies).

While we agree with Lord Laming "that staff who undertake the work of protecting children and supporting families on behalf of us all deserve both our understanding and our support," this needs to be evident. There is already a major shortage of social workers in poor areas, and paediatricians,

who are often the first to identify a potentially abused child, are becoming less willing to initiate proceedings. Lord Laming's report does not address the way in which abusers are increasingly adept at using complaints procedures and the media to attack professionals. The report recognises that "staff doing this work need . . . persistence and courage," but senior managers' and civil servants' failure to protect professionals in order to appease parents and the public will continue to deter frontline workers from demonstrating this.

There is no mention of protecting professionals from attacks by the media. On the one hand, and often with only one side of the story, the media parade parents who claim to have been falsely accused. On the other, they heavily criticise frontline workers who make mistakes and they generally fail to consider why these mistakes may have occurred (usually as a result of impossible workloads and threats from the abuser). Professionals are usually unable to defend themselves because of confidentiality issues.

Although the report recognises the importance of family doctors, it does not address their difficulties in attending two to four hour case conferences, or confidentiality issues when providing information about family members other than the child. It calls on the government to issue guidance on the Data Protection and Human Rights Acts, and common law rules on confidentiality. But it is more important that professional bodies provide support over this issue.

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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