Reflections on Victoria Climbié and Sally Clark: Two Cases, Two Verdicts, Same Problem

I have often wondered why the 50+ child abuse enquiry reports published in the last 30 years are so easily forgotten, their lessons often ignored. One probable reason is that they are so excruciatingly painful! Not just in the physical sense, though. They are also implicit records of the most damaging forms of emotional and psychological abuse. When Lord Laming (2003: 1.10), for example, tells us that Victoria Climbié was ‘transformed from a healthy, lively and happy little girl into a wretched and broken wreck of a human being’, what he’s saying in effect is that she was physically tortured and emotionally and psychologically abused over a long period of time. It is inconceivable that the perpetrators who systematically tortured and battered her were also affectionately attending to her emotional and psychological needs. You cannot torture or batter a 6–7-year-old girl over many weeks and months without emotionally and psychologically abusing her.

The earliest indicators

The emotional and psychological abuse of Victoria began long before she arrived in England. No one really knows why Marie-Therese Kouao decided to approach Victoria’s parents in Nigeria with the offer of taking her to England for a ‘proper’ education. She had approached another couple before that, who approved but then changed their mind, but whatever she told Victoria’s parents, we know that Kouao’s subsequent actions ensured that Victoria’s educational and social life came to an abrupt end as soon as she stepped off the plane at Heathrow. They had spent five months in France after leaving Nigeria. There is nothing in the testimonies of people who knew Kouao, were related to her, worked with her, or provided services for her, to suggest that she ever really wanted to promote Victoria’s interests or welfare. On the contrary, those testimonies provide the clearest indicators that Victoria was to be a tool by which Kouao would promote her own interests.
Such exploitation and corruption are core components of certain types of psychological abuse.

Children’s perceptual antennae are normally acutely sensitive. Very soon after leaving her family and her village, Victoria must have sensed a darker side to her great-aunt. In preparation for whatever her ultimate objectives were, Kouao did something emotionally and psychologically significant as soon as the trip had been approved and she had the child under her control: she changed Victoria’s name to Anna. This was the first known indicator of a possible exploitation of the child for Kouao’s own purposes. It was an attack on her identity, that sense of self so emotionally and psychologically comforting in an environment that was new, strange and threatening to her. Victoria could not have understood why she had to change her name but she must have quickly discovered how burdensome and confusing it would become. She must have endured a lot of stress in sustaining this change, because (as we now know) Kouao was capable of terrible violence against her, even before she arrived in Britain.

The intensifying attack upon Victoria’s moral development

The report tells us that the French authorities were after Kouao for falsely claiming welfare benefits over many years, and we quickly learn that Victoria will be exploited for the same objective in England: getting accommodation, housing benefit, welfare handouts and so on. Countless times in the report, professionals notice Kouao’s fashionable and meticulous appearance, and Victoria looking like ‘an advert for Action Aid’. This is not Kouao simply sustaining the sham but, rather, where her crueler nature coincided with her wider objective. This too represents a major step in the destruction of Victoria’s own identity: not only is she forced to be someone called Anna, and to suppress every honest, natural and childish impulse, but she is also to be an unkempt, smelly, Anna, who seldom washes, and never changes her clothes (because Kouao ensures she doesn’t have any clothes). The ultimate restriction is in communication: Victoria’s language is French; she is not only in a foreign land knowing no one other than her gaoler, but unable to communicate with anyone else. She will learn English only to the extent that it suits Kouao’s purposes, that is, to say precisely what she wants her to say at key moments in their all-too-brief meetings with professionals. And she will never have the opportunity to join a school, where basic English speaking would have been quickly acquired (posing all sorts of risks for Kouao).

Victoria must have rapidly learned that Kouao was a liar. In England, almost immediately, she would see and begin to understand that much of the lying would revolve around herself. When Kouao viciously attacked her,
Victoria would know (and come to expect) lies to be told about the injuries. Her inability to speak English greatly facilitated Kouao’s lying, but as time passed she would have acquired a smattering of words that not only would tell her Kouao was lying, but also that she herself could have accidentally exposed her. She was therefore often forbidden to speak, or made to tell the same lie. For example, the first noticed injury was a fresh scar on her cheek. Kouao explained to the distant relative who noticed it that it had been caused by Victoria falling on an escalator. Victoria almost certainly knew what was being said. This moral corruption of the child would intensify over many months and represents a major component of the psychological abuse overall. As we later see, it reached its climax when she was made to allege and then retract sexual abuse allegations.

**The physical assaults intensify**

Six months after leaving Nigeria, Victoria is in an even stranger, colder country than France (at least there she understood the language). She is discouraged or prevented from making crucial contact with her peers through education or after-school activities, and has already been subject to numerous beatings from the person she knows has total control over her. There are various indicators of what Victoria was experiencing physically, emotionally and psychologically at this point. Her chronic bed-wetting has begun, and numerous witnesses to the enquiry give descriptive accounts of her looking ‘small’, ‘frail’, and as though she’s ‘losing weight’. One witness enquired of another as to why Kouao beat Victoria ‘every night’. We don’t know, but it’s reasonable to assume that if Victoria mentioned home, or openly fretted for her parents, or panicked in the growing realization that she may never see them again and might remain with this increasingly violent adult for ever, all of this was likely to provoke Kouao as it would have raised for her the spectre of exposure, and whatever retribution Victoria’s family and/or the authorities may have sought.

**Respite**

There is a brief respite for Victoria: Kouao is desperate for work and gets a job in a hospital. Victoria is looked after by Priscilla Cameron. Ms Cameron notices how easily Victoria settles in, how relaxed and content she becomes, except that, each time Kouao arrives to fetch her, she immediately withdraws into herself again, stands staring looking at the floor (as though she dare not look into Kouao’s eyes) and vigorously rubs her hands together (an indicator of fear and anxiety). Ms Cameron is alarmed by the cold, unfriendly tone by which Kouao communicates with Victoria. On one occasion, she is jolted by Kouao’s
outburst: ‘wicked girl!’, she yells at Victoria, merely for moving some objects in the living room. Later, Victoria arrives with cuts to her finger. Kouao tells Ms Cameron that the child had been playing with razor blades and Victoria has to verify it. When Kouao and Victoria return to the Camerons’ home to collect her belongings, Victoria refuses to speak to Ms Cameron (obviously under threat from Kouao).

A living hell for the little Satan

Events move rapidly downhill when Kouao and Victoria moved into Manning’s bedsit in July 1999. Little is said about this new location in the report, but its size is fundamental to understanding the intensification of the emotional and psychological abuse of Victoria. Now she is trapped for long periods within the tiny confines of the bedsit, in close, claustrophobic proximity with two adults who will daily treat her with unspeakable cruelty and who will cultivate a joint loathing of her. The attack on her identity and morality intensifies too: she is increasingly compelled to feel and live this other person’s identity, someone called Anna, who often has to lie to professionals and friends at Kouao’s bidding; who is frequently exposed and humiliated in public as ‘a wicked girl’; who not only has to appear filthy and smelly, but actually learns how to be filthy and smelly, constantly wetting herself, dumped daily in a bath for a bed, sleeping in her urine and faeces, bound and gagged in a plastic bag so that the urine and faeces doesn’t mess the bath, and ultimately, regarded by Kouao as ‘my little Satan’, possessed of evil spirits. Manning said to the police after her death, ‘you could beat her and she wouldn’t cry; she’d take the beatings like anything’ (Laming 2003: 1.3). This is precisely the same chilling word-for-word observation made by the father of another child, Sukina, in another forgotten report (Bridge Child Care Consultancy Services 1991) after he had beaten her to death.

Hospitalization

When Victoria is hospitalized (twice within ten days), no one realizes the significance of her cumulative behaviours: (a) her initial withdrawnness; (b) her ‘extreme distress’ when Ms Cameron has to leave her there; (c) her bedwetting; (d) her obvious fear of Kouao and Manning when they visit her; (e) her standing to attention; (f) Kouao’s haranguing of her in the ward; (g) Victoria wetting herself while Kouao harangues her. One paediatrician did think of the possibility of emotional abuse, and asked a French-speaking nurse to befriend the child but nobody apparently realized that this possibility could only be properly investigated by establishing a good rapport with the child and her
'mother', and probing in depth with both of them. Even if the effort to assess properly had produced no results at all in terms of Victoria’s responses, and persistent lying from Kouao (as it would undoubtedly have done), that in itself, combined with the child’s predictably abnormal interactions with Kouao, would have been additional vital indicators of the extremity of inhibition or fear under which she was living. All the professionals remained preoccupied with the question of physical abuse and, after a diagnosis of scabies had been made, the most significant professionals became fixated on the matter of personal hygiene and their own safety.

In the joint social worker–police officer approaches to Victoria, we again see the lack of awareness of an ‘emotional’ or ‘psychological’ dimension in Victoria’s life; no inquisitiveness as to whether significant observations made by some nursing staff may suggest emotional or psychological abuse by her ‘carers’; or emotional or psychological malfunctioning in her behaviour. The briefest contact is made with the child on the hospital ward, and they both decide it’s ‘appropriate’ for her to return to Kouao. When the social worker visits her at home two weeks later, she says ‘hello’ to Victoria but does nothing to engage with her, in either speech or play. She observes nothing ‘that would indicate a child being deliberately harmed. There was no evidence of soiling. I did not smell bleach. I did not smell urine. There was no evidence at all’ (Laming 2003: 6.372).

During this visit, Victoria (obviously in response to the hidden cue that Kouao or Manning gave her) suddenly got up and ‘ran to Kouao’s side as if being called to attention’. She pointed her finger at the social worker and said: ‘You do not respect me, you do not respect my mother, why can you not find us a home?’ The social worker is not entirely fooled by this utterance: ‘I did not expect that from a seven year old child.’ It is only years later, at the enquiry, that the worker ‘candidly acknowledges that she was “totally set up” ’ (para. 6.369). Kouao and Manning must have worked hard on the child. We can only guess how much threat, fear and brutality she endured in getting her words perfect for that dramatic role.

The diversionary preoccupation with sexual abuse

On 1 November 1999 Kouao rang social services. Her voice was hysterical and she alleged that Manning had sexually abused Victoria on three occasions. Significantly, this is only a few days after Kouao learned that her housing application had been turned down and that the council only accommodated children if they were at risk of significant harm. The social worker discusses this with her manager, who advises her to invite Kouao to the office that same morning. Surprisingly, the alleged perpetrator Manning arrives with Kouao and Victoria, and the social worker is shocked to peer through the office window
and see Kouao and Manning behave perfectly normally. The social worker is instructed to ask Manning to leave.

During the interview with Kouao and Victoria, the worker carefully records what she hears, detailing dates and times, giving graphic descriptions of what Manning had allegedly done (inexplicably, the child can now not only speak ‘good’ English, but can perfectly mime the sexual abuse actions of the alleged perpetrator). The police are contacted, a strategy meeting is called and alternative emergency accommodation for Victoria and Kouao is sought. Victoria, however, on cue from Kouao, retracts her allegation the next day.

The interrogation and preparation Victoria underwent in order to make an allegation against Manning can only be imagined. But the sudden undoing of the end result, that is, making her retract and confess to being a ‘silly girl’ takes place before our very eyes. It happens like this: on 2 November the senior practitioner observes Kouao’s ‘bullying manner’ of the child as they wait in the reception area. At an entirely separate time later, she records that Kouao ‘appeared to be coaxing Victoria and telling her something, which she insisted she needed to tell her. Her manner was bullying and not very sensitive.’ The social worker responsible for Victoria ‘is not surprised’ when she learns of the retraction, because she regards the allegations as ‘very bizarre’. She is quoted as saying that she believes that Victoria’s answers (to questions posed by Kouao) were totally rehearsed. In other words, staff, although not aware of it at the time (nor could they be), were actually witnessing Kouao corrupting the child, intentionally placing her initially in the invidious role of Manning’s accuser, making her the instrument through which Manning may be exposed, humiliated, interrogated, and threatened with imprisonment, then manipulating (and most probably threatening) Victoria to retract the allegation.

This was not merely about ‘coaching’ or ‘priming’ a child to allege sexual abuse and then to retract the allegation. More importantly, it was a blatant act of emotional and psychological abuse. In stark contrast, the sexual abuse allegation, despite the staff’s increasing conviction that it was a sham, and despite the child’s retraction, is pursued relentlessly, and a strategy meeting takes place on 5 November, for which the senior practitioner is prepared with more than three pages of contemporaneous notes on her 10–15 minute meeting with Kouao.

Laming (2003) is not impressed by the response to a sexual abuse allegation: he regards it as a knee-jerk reaction, lacking preparation, direction and purpose. This is rather uncharitable to the workers for two reasons. First, they did at least respond! Laming has throughout his report castigated so many professionals for their ‘do-nothing’ mentality; he should have at least acknowledged ‘action’. They may not have acted appropriately or competently, or fully in accordance with their procedures, but they did act. They also refused to be intimidated by Kouao’s reaction to hearing that Victoria’s retraction would make no difference, that the allegation had set in motion statutory and
administrative processes that had to run their course. It is one of the rare occasions when Kouao was effectively confronted by practitioners.

Second, Laming devoted an enormously disproportionate amount of space to this particular episode about an alleged sexual abuse, which the workers (almost certainly correctly) perceived as a sham. He concludes with no less than ten substantive points of scathing criticism. Laming is apparently unaware of the fact that in order to instigate a sham allegation of sexual abuse, Kouao and Manning perpetrated real abuse, emotional and psychological. One worker actually comes close to this realization, when she said she believed that ‘using the child to make up stories of sexual abuse was in itself harmful’ (6.393).

**Organization and team context**

Victoria was admitted to North Middlesex Hospital on 24 July 1999 and became, for a little over 24 hours, the responsibility of Enfield Social Services hospital-based social work team. In addition to an organizational chaos (a common feature in child abuse enquiry reports) Laming also encounters deep divisions and distrust between the medical and social care staff at the hospital. There is a long history of increasing division and separation between medical and care staff, culminating in a managerial decision that social workers need no longer attend the weekly ‘psychosocial’ meetings during which all children admitted were discussed. Such meetings were designated ‘an intrinsic and important part of a social worker’s role’ (2003: 8.21) The impetus for this decision came from the social workers themselves. They felt devalued and deskilled by doctors when they attended; they felt their opinions were not always heard, and that there was limited time allocated to their feedback on whichever child was discussed.

**Social work’s destructive self-image**

The social worker to whom Victoria’s case was allocated deliberately avoided contacting and questioning the child or establishing a relationship with her, on the spurious grounds that she did not want to risk contaminating the evidence (of suspected abuse). Laming is incredulous, and justifiably asks what precisely then is the purpose of hospital social work, and how can a child be assessed without being interviewed! Senior management in Enfield concoct an unconvincing response. They tell Laming that Victoria said nothing of importance to the medical staff who were looking after her, so ‘there was little likelihood’, should (the social worker) have attempted to speak to her, ‘of discovering anything of forensic significance’ (2003: 8.100, emphasis added).

This response actually vindicates the hospital social workers’ sense of
being deskilled and devalued, not by the medical staff, but rather by social
work management itself. Front-line social workers are long used to insults and
condemnations, but there is surely nothing as condemnatory and insulting as
their bosses stating publicly in effect that social workers were unlikely to do
any better in interviewing allegedly abused children (which many of them are
trained to do) than nurses and doctors (who have no such training).

The fixation with physical abuse

The word ‘forensic’ is revealing. It refers to forensic evidence of physical abuse.
Enfield’s social work management, in preparation for their defence before the
inquiry, were fixated on physical abuse. So too was their social worker to
whom the case had been allocated and who had been asked by a ward nurse on
27 July 1999 what action she intended to take. She replied, according to
her own note, that she ‘intended to take no action until there was a clear
diagnosis of non accidental injury’ (Laming 2003: 10.83). This retrospective
fixation on physical abuse to the exclusion of anything else is understandable,
considering what ultimately happened to Victoria. But while she was alive,
there was neither clarity nor consensus about the precise nature of physical
abuse being perpetrated against her. There was increasingly, however, a shared
suspicion that Victoria may be subject to other forms of abuse, based on very
accurate observations. In addition to what had already been observed, nurses
and doctors noted that Kouao and Manning visited the ward late at night, and
wakened Victoria. They did not speak gently or lovingly to her; on the con-
trary, Kouao frequently pointed her finger at her (most likely reminding her of
the cost of any ‘betrayal’. It’s not difficult to imagine the nightmarish feelings
endured by the child falling asleep in the comfort and security of a hospital
ward, then being wakened to stare petrified into the eyes of the two people
who were systematically torturing her). Staff also noted that Victoria wet
herself when Kouao visited, and always ‘seemed on edge’ and to ‘jump to
attention’. A paediatrician strongly suspected ‘emotional abuse’ and asked for
a psychiatric assessment. The psychiatrist rightly refused because no back-
ground information was available, and no initial assessment had been carried
out by social services.

Laming’s report: a missed opportunity

The inquiry report on Victoria Climbié is the severest condemnation and
exposure of many childcare workers and agencies. But like all previous reports,
it is in itself a mirror image of a specific limitation within those individuals and
agencies, which it fails to recognize. No person reading the lengthy section
devoted to Victoria herself could fail to realize that as well as being tortured and battered to death, she endured an emotional and psychological hell. If that had been made explicit and explained throughout the report, and specific recommendations made about training frontline staff on how to identify and assess emotional and psychological abuse (there are umpteen references and recommendations on the necessity of training for everything else!) it would have been a more worthy testimony to the nature and extent of Victoria’s suffering, and a more valuable contribution towards childcare and child protection training in general.

Sally Clark

Sally Clark was released from prison in February 2003, within a few weeks of Lord Laming’s report on Victoria Climbié. She had been incarcerated for more than three years, convicted of murdering her children, one aged 12 weeks and the other, 8 weeks. When I first read about Sally Clark, at the time that she was convicted, and her name was splashed over the tabloid press with lurid headlines such as ‘Drunken, Power-crazed Solicitor Murders Her Babes!’ and ‘Her Infants Stood in the Way of her Craving for Status and Power’, I was perplexed. I could not find in the media coverage any background information, about her parents and upbringing, education and work record, her childcaring and so on that would have made her ‘crime’ explicable or probable. Any such puzzlement of course, provoked the comment, ‘oh it’s only because she is middle class, a solicitor, well off, lots of friends in the legal profession!’ that her conviction is being questioned. I became more curious about the case. I wrote to Sally and made contact with her legal team. I told them about my longstanding interest in the subjects of emotional and psychological abuse and emotional and psychological development, which I thought were relevant to what I’d read about the case. They welcomed my enquiry, and sent me court transcripts of evidence, and much more relevant evidence from childcare professionals who had known her intimately during the short periods of her two sons’ lives. I studied all this evidence, and like thousands of others, increasingly felt that this mother was the victim of a miscarriage of justice. I wrote a 6000-word report, requested by her legal team, detailing the reasons that I believed she did not murder her children. Her legal team requested that they be permitted to submit my report to the Criminal Cases Review Commission (CCRC) then re-examining her case. I need to stress that my report, whatever comfort Sally and her team may have derived from it, made no contribution whatsoever towards her eventual release, which was a direct result of the discovery that one principal medical witness for the prosecution had not disclosed vital evidence, and another had misled a jury with dubious statistics.
Preoccupied with the physical, ignoring the emotional and psychological

The emotional and psychological life of either infant, Harry or Christopher, was never mentioned in the lengthy transcripts of Sally Clark’s appeal hearing. Nor was it ever a source of interest or curiosity in the countless articles and discussions about the case in press, radio and television, and in legal and childcare journals. Yet for me, this was the vital question in determining the possibility or inclination of either parent to murder their children: what was the quality of emotional and psychological care being provided by the parents, and in particular, the primary care giver, Sally Clark? How did the children develop emotionally and psychologically during their all-too-short lives?

We have seen how so many professionals involved in the Victoria Climbié case were preoccupied with the question of whether or not Victoria had been physically abused, and unaware and incurious of whether or not she was being emotionally or psychologically abused. A similar process occurred during Sally Clark’s trial: eminent doctors testified and countertestified on the physical causes of death but no one was interested in the children’s quality of emotional and psychological life. You wouldn’t of course expect a judge and jury and expert medical witnesses in a murder trial to be concerned about anything other than the physical causes of the deaths, except that in this and in many similar trials, there was so much dissension among the medical witnesses about those causes. But there was no dissension at all among those professionals who witnessed on a daily basis the quality of emotional and psychological care she was providing for her children. The trouble was that not only was the court uninterested, but the judge prohibited their evidence from being heard.

Those who had observed Sally and her children closely were her community midwife, her health visitor, and the nanny/family helper taken on by the Clarks after the death of their first son. She was also in contact with an organization that supports mothers of cot-death babies (CONI). Inexplicably, the health visitor, who had made comprehensive and detailed notes on all her contacts with Sally and Christopher, was denied access to those very same notes as was Sally Clark’s own defence team.

I’ve had access to the written testimonies of these three professionals. Here is an edited version of what I wrote in my submission about the contribution of each of them.

The nanny and family helper

The nanny’s qualification (an Applied Social Studies BA, majoring in Child Psychology) would have enabled her to observe the relationship between a
mother and infant with a good deal more accuracy and perceptual rigour than most lay persons. The reason for this is that her degree is practice orientated and her observational skills on the subject of her choice within that degree – child psychology – would have been tested as part of her degree program. Her observations of Sally Clark and Harry are therefore highly significant. It is also important to realize that the duration and intensity of her opportunity to observe is unique among professionals, that is, from 10.00 am to 6.00 pm for approximately seven weeks. She states that during this period she never saw any signs that made her concerned or worried about her (Sally Clark) as a mother to Harry, and that she showed nothing but love and gentleness towards him.

The Community Midwife

The Community Midwife had the opportunity to observe Sally long before and after Christopher’s death. She, too, never saw any behaviour on the part of mother or child(ren) that caused her concern. She said that it was clear to her that Sally Clark loved her children and had bonded with them. Her report also refers to a spontaneity and a lack of stress in Sally’s responses to her children (a consistent theme in all three reports dealing with Sally and her children). The responses she saw were always positive. (In Sally Clark’s story (Batt 2004) there is a telling passage detailing the midwife’s response on hearing of the death of the second child Harry: the midwife tries to reassure the distraught mother how loving and caring she always knew her to be.)

Health Visitor

The Health Visitor actually refers to the detailed mother–child observations she made on each visit, similar to those observations mentioned above in respect of the Community Midwife and the nanny. For some unspecified (legal) reason, both the Health Visitor and Ms Clark’s legal team were denied access to the Health Visitor’s detailed recordings of her observations of Sally and her child Christopher. However, she confidently recalls that Christopher was a happy, smiling, well-cared-for baby and that a strong bond of love had formed between him and his mother.

CONI (Care of Next Infant Organization)

In addition to the monitoring provided by the statutory agencies, and the observations and support of the nanny, Sally Clark made contact of her own volition with the organization CONI, specifically set up to support parents who had lost an infant through cot death or other as yet unexplained condition. The professionals who provide the services for this organization are
inclined to make contact with such parents *without notice*. CONI expressed no general concerns whatsoever about Sally, nor specific concerns about her care of her second child, Harry.

### A cruel irony

These potentially key witnesses and their written testimonies do not of course prove that Sally Clark didn’t harm her children. But they expose a cruel irony in this case: they are highly experienced, and/or professionally qualified, childcare professionals who collectively had witnessed mother and/or child(ren) countless times, (a) while she carried them in the womb; (b) during their short lives; (c) after their deaths; and (d) even into her third pregnancy when she was on trial, and all three professionally believed she had never harmed her children. The chief prosecution witness Roy Meadows, however, who had never met Sally and had never seen her in the presence of her children, was of the opinion that they had died unnatural deaths (i.e. that they had been murdered), and with the help of a ludicrous statistic persuaded a jury likewise. Meadows (1985) has always stressed how crucial it is for the parent to be interviewed by professionals in cases of unexplained deaths of infants and indeed he emphasized the same during Sally’s appeal hearing. He believed it was vitally important in enabling the professional to make an assessment. Yet he made a deeply flawed assessment without ever having seen or met either Mr or Mrs Clark.

### The antithesis of comprehensive assessment

In April 2000 an associate of Meadows, David Southall, Professor of Paediatrics at the University Hospital of North Staffordshire, watched a Channel 4 documentary on Sally’s case, in which her husband gave a detailed account of how he found one of his children before death. Southall, who knew nothing about the case, had never discussed the case with anyone, had never met Sally or her husband or her children, had never seen the results of any tests pertaining to the case, any records or X-rays, nevertheless decided on the basis of the documentary that Stephen Clarke had murdered his two children, and that he was a danger to their last remaining child. He immediately made his claim known to the police, and offered to ‘write a report’. Mr Clarke was then subjected to another rigorous child abuse investigation, and very nearly lost their remaining child. Southall was later found guilty of serious professional misconduct and banned from child protection work for three years (Jenkins 2004).
Sally Clark: a lesson still to be learnt

These devastating experiences of innocent parents indicate the extent and nature of the challenge facing police, judiciary, paediatrics, and all child protection services, in ensuring a fully comprehensive, holistic assessment of children regarded at risk, or who have died without explanation. In my submission to Sally Clark’s legal team, I wrote:

In the light of (unresolved) dispute between medical experts about the causes of death (of Harry and Christopher), the testimony of childcare professionals about their quality of life is surely vital. There are no conflicts nor even significant contrasts in the childcare professionals’ observations of the children’s quality of life, nor about the nature of the relationship between mother and children. The former (i.e. quality of life) is determined principally by the latter, i.e. the nature of the relationship (Bowlby, 1953, 1969). There is no indication in any of their detailed statements that the relationship was anything other than a loving one.

Conclusion

There are two formidable obstacles to childcare professionals learning more about emotional and psychological development, and emotional and psychological abuse, highlighted by the cases of Victoria Climbié and Sally Clark. First, the widespread ignorance of and disinterest towards the subjects within child protection systems, demonstrated by (a) the Climbié and all previous child abuse enquiry reports (DHSS 1982; DoH 1991; Reder et al. 1993), and (b) the appeal court judge in Sally’s case banning the professionals best qualified to speak on the emotional care she provided from doing so. A reverse situation pertained in the Climbié case. Unlike Sally Clark, who welcomed all professional contacts and support, Victoria’s abusers actively sought to ensure that she would not be seen, and certainly not seen repetitively by the same professionals. For example, Kouao used the same old tactic so familiar to sceptical child protection workers: she took Victoria to two different hospitals for two different incidents of abuse. Had the child experienced the ‘luxury’ of education in England (being seen in school every day) no doubt teachers with the slightest modicum of child development knowledge would have probably realized, as their French counterparts did, that there was something seriously wrong with the child.

Second, the two cases are identical in their fixation on physical health to the virtually total exclusion of emotional and psychological health. I have
previously stated that if a child is being repeatedly physically abused, that child is almost certainly being emotionally and psychologically abused (O’Hagan 1993, 1995) Similarly, if new-born infants are the recipients of prolonged, consistently high-quality emotional care, they are also, almost certainly, the recipients of high-quality physical care from that same carer. This is not to deny the reality that devoted loving parents can and do, for a number of reasons (e.g. mental illness, sudden crises etc.), suddenly turn on the child they love, but that merely vindicates Professor Meadows’ long-held conviction of the importance of knowing the parent. The medical and social care professionals who knew Sally Clark best of all were ignored.

The tragedies and sufferings inflicted on Sally Clark, Trupti Patel, Donna Anthony and Angela Canning could possibly have been different, if judges, juries, police, crown prosecution and, above all else, eminent expert medical witnesses had the merest interest in or knowledge of emotional and psychological development, and were curious enough to want to explore the quality of emotional and psychological care provided for the children whose deaths they wrongly, catastrophically decided were the result of murder.