

## Correspondence

### *Child victims of domestic cruelty*

DEAR SIRS

Over the 4½ years of her life, Jasmine Beckford received at least 184 serious abusive injuries, with most damage caused by kicks, scratches, punches, beatings and burns whilst officially in the care of Brent Local Authority yet actually with her mother. Confirmation of the lifelong abuse by the parents was provided by evidence of at least eight sets of healing fractures and periosteal damage, also five old (mostly limb) fractures of differing ages, and pelvic and pubic bone fractures. Concurrent with Jasmine's emaciation before death were more than ten healing ulcers, some attributed to cigarette burns. Jasmine's mother had either contributed to, colluded in, or connived at many of these injuries for which Maurice Beckford was convicted.

What went wrong in Brent? At least 66 carers were involved with the welfare of Jasmine and her family, roughly categorised as follows:

	<i>District carers</i>	<i>Supervisory or legal responsibility</i>
Nurses	9	3
Doctors	9	?
Educationalists (pre-school)	7	3
Social workers	7	11
Legal Officers and Magistrates	0	10+
Others	4	3
	36	30

Lapses in professionalism, ignorance, ineptitude and even indifference were shown by certain workers at certain times, but were not rife, and in my opinion were not the major causes of returning Jasmine to her parents. Collating all quotes which indicated that a professional worker had contravened or ignored the principle "... those concerned with the care of children at risk of being abused must always put the interests of the child first" resulted in more than 17 pages of closely typed extracts, subdivisible into single errors of balance or judgement, and sustained policies which either undervalued children (except as sub-units of families) or were prepared to use children experimentally in family rehabilitation/therapy procedures.

The Inquiry Report<sup>1</sup> repeatedly illustrates the determination which Brent workers and officials followed in their policy of returning Jasmine to her parents, and their belief that social casework with them as the focus<sup>2</sup> would ensure the safety and wellbeing of Jasmine and her sister. This

contrasted with their failure to see Jasmine as a victim, as a child, as a separate person, while health workers, magistrates, lawyers, legal officers and social workers alike displayed concern and compassion towards the two adults, themselves victims of their past. The medical staff might have taken a lead in resisting the assertiveness of the dogmatists, but "... doctors are apt to see their function in strictly medical terms instead of utilising their medical skills in the wider context... that demands a broader focus of child protection".

Worse still was the failure of lawyers, court officers and magistrates even to attempt to ensure authoritative practical protective sanctions that child victims of domestic cruelty deserve from the Law. If Jasmine had suffered only 1/100 of these injuries by a strange adult the full weight of the Law and public opinion would have been behind her. Jasmine, even when in care, was perceived by nearly all concerned as being owned by her mother and her mother's partner. This ownership was the factor that undermined her protection. The concepts of family rehabilitation, and protecting the children by working through the parents, are old. They were resurrected by the British Paediatric Association and the British Association of Paediatric Surgeons in 1973, and by comparable authorities in the USA, as honourably intended recommendations that doctors should not confine their responsibilities to the physical treatment of children's injuries from domestic violence.<sup>3</sup> The BPA and BAPS terminology "(The doctor's) ultimate aim is to rehabilitate the family" was nevertheless unfortunate.<sup>4</sup> Family therapy, marital therapy and family casework are therapeutic measures which can help individuals who mostly need and live family lives. But there is no point in artificially sustaining a family unit if the children in that unit are being tortured or destroyed or having their health and wellbeing damaged. I have been particularly concerned about young children battered and rebattered at home, where there often seems a determination to circumvent the criminal law on behalf of parents. This makes the children themselves and subsequent sibs more vulnerable to further ill-usage of more subtle kinds in years to come.<sup>5</sup> Once brain-damaged by such battering the parent(s) responsible do not try to get their children back. However, if children are not badly braindamaged, and have been cared for in loving foster settings, they again become desirable and tractable and there are usually demands for them to be reunited with abusive parents. It is then much harder to protect both them and their sibs under the umbrella of the Children Act. It is not generally realised that mothers (because they are the main carers) are more often responsible for some serious types of abuse (brain damage from battering and shaking, suffocatory abuse, and killing of infants) than fathers, male cohabitantes, stepmothers, babysitters, strangers or other relatives.<sup>5</sup> This is not reflected in patterns of conviction, even when these are directly compared with medical knowledge of the culpable parent for large numbers of abusive parents.<sup>5</sup>

Jasmine is remembered because the Inquiry was public, but what about the numerous other child victims? In Brent, the Law and the Professions appeared to turn aside from reality and instead embraced accustomed formulae, bureaucratic procedures and flawed ideologies, thereby permitting great cruelty to their most helpless citizens. This will continue to happen<sup>2</sup> until children at risk in their own homes are perceived as having the same rights as the rest of us.

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#### REFERENCES

- <sup>1</sup> *A Child in Trust: The Report of the Panel of Inquiry into the circumstances surrounding the death of Jasmine Beckford-1985*. Chairman: L. Blom-Cooper. Wembley: London Borough of Brent.
- <sup>2</sup> Compare also Tyra Henry Death Inquiry (Lambeth) (1987): *Daily Telegraph*, p 2, Friday, 18 December 1987.
- <sup>3</sup> BRITISH PAEDIATRIC ASSOCIATION AND BRITISH ASSOCIATION OF PAEDIATRIC SURGEONS (1973) Introductory comment from BPA & BAPS, *British Medical Journal*, 4, 656-660.
- <sup>4</sup> OLIVER, J. E. (1976) Chapter 3 (ps 33 and 34). In *The Challenge of Child Abuse* Ed. A. W. Franklin (from Proceedings of Conference of 2-4 June 1976 sponsored by the Royal Society of Medicine) London: Academic Press and New York: Grune & Stratton.
- <sup>5</sup> — & GRAHAM, W. (1985) *Generations of Maltreated Children in NE Wiltshire*. Oxford University Unit of Clinical Epidemiology/Oxford Record Linkage Study. Oxford RHA.

### *The Council of the College and sanctions against South Africa*

DEAR SIRS

In the 1987 sessions Council endorsed what it said was the Nassau Accord of 1985, and officially adopted a resolution for sanctions against South Africa. Collegiate training and directives for 'members considering a visit to South Africa' were appended.<sup>1</sup> The original resolution was passed at the Quarterly Business Meeting on 28 January by 72 votes to 4 with about 1.3% of all members present.<sup>2</sup> Members of the College, the Governments of Britain, the Commonwealth countries, the Royal Colleges and other institutions concerned were not consulted. Apart from the agenda notices, no information was circulated, and the affair was not shown in the Annual Report, nor the minutes of the Annual General Meeting. It was kept as secret as possible.

Governments could not propose restrictions in health and medicine without violating universal principles and interfering with international agreements, and accepted arrangements between countries.

I submit that the Council's resolution is invalid, the procedure unconstitutional and, worse, the version of the Accord is different from the official text and misrepresents the intentions of the signatories.

'The objects and purposes for which this College was constituted' (and for which the Royal Charter was granted) 'were to advance the science and practice of psychiatry; to further public education therein, and to promote study and research in psychiatry'.<sup>3</sup> Proposals that are outside or in conflict with them, for example about economics, atomic power, finance, trade, would be ultra vires. The College must not engage in, or allow its services to be used for, party or foreign politics. To do so would compromise the Royal Assent. Members must observe the highest standard of professional ethics. They must not discriminate professionally against anyone on grounds of race, nationality, religion, sex, politics, or anything else, and must not do anything that would lessen their professional standards of practice.

These are implicit in the Royal Charter. Proposals for boycotts or sanctions intended to deny the College's services to any country would be unethical and in conflict with the Royal Charter. The stated aim of the resolution is to do just that, in respect of South Africans.

At the Business Meeting, with the President, Dr Bewley, in the chair, Dr D. Hollander, seconded by Dr Richman and Professor Levy, proposed 'We condemn racism everywhere, in particular the state-institutionalised racism of apartheid in South Africa with its associated gross inequities in the provision of health care, including mental health care, and we urge all members of the College to give every support to the Commonwealth Nassau Accord of October 1985, which agreed upon and commended "discouragement of all cultural and scientific events except where these contribute towards the ending of apartheid or have no possible role in promoting it"'. The proposal made it appear that the British Government as a signatory had agreed on sanctions and commended them to the College for action. The proposal might then not be ultra vires the Charter. Since Dr Bewley, as Chairman, must have read the Accord and approved the proposal, no one should suspect that it might have been altered. The official text kindly supplied to me by the British Embassy in South Africa shows that the measures were specifically *economic*, of which 'discouragement etc' was 'already adopted by some members' and 'commended to other Governments', not to the College. There can be no possible doubt that the measures were 'economic'; Hollander, Richman and Levy, with the approval of the Chairman, introduced a version with a different meaning. It was subsequently accepted and endorsed by Council.

In letters to Dr Bewley, between January and June 1985, I said that the resolution interfered with the rights of South African members, broke the Hippocratic Oath, restricted freedom to practise, influenced members to discriminate against South Africans and give professional services only on condition they were used against the Government of South Africa, infringed the Royal Charter, and misrepresented the Accord and the intentions of the British Government. The procedures were unconstitutional and discreditable, and the resolution was ultra vires the Charter. I repeatedly asked the President to withdraw the resolution and to supply all members with the unedited Accord and an explanatory memorandum. The only positive replies were