Challenging Inadequate Assessments and the 'Discourse of Disbelief'

Dr Rainer Hermann Kurz (UK)

C.Psychol

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‘Only the death penalty is more drastic than removing a child from its parents forever’

(James Munby, President of the Family Division, according to BBC Panorama 13th January 2014)
Background

1 PhD:

2 Book Chapters (& 100+ conference papers):

3 Roles:
- Occupational Psychologist at Assessment Consultancies since 1990
- Member of the BPS Committee on Test Standards (CTS) since 2012
- Science & Practice Convener of BPS DOP since 2016

4 Years Abuse Case Investigation

5 Posters each at the European Psychiatry Congress in Munich (2014), Madrid (2016) and Florence (2017) + 2 at Conference of the European Association of Psychosomatic Medicine (EAPM) 2015 in Nuremberg

https://www.researchgate.net/profile/Rainer_Kurz2
I Personality Assessment & Forensic Psychology

II Case Study A: WAIS and MCMI in ’Child Smuggling’ Case

III Case Study B: ‘Histrionic’ GMC Fitness to Practice Concern

IV Case Study C: ‘Exposing Child Abuse = Borderline Diagnosis’?

V Case Study D: ‘Extreme Abuse Survivor’

IV Health & Care Profession Council (HCPC) Persecutions
10 Aspects of Personality (DeYoung, Quilty & Peterson, 2007)

Big 5 Personality Factors (e.g. Norman, 1963; Digman, 1990; Barrick & Mount, 1991)

Alpha & Beta Higher-order Factors (Digman, 1997)

General Factor of Competency (Kurz, 2005) and Personality (Musek, 2007)


Horney (1950):

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<tr>
<th>Moving away</th>
<th>Moving against</th>
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<td>Excitable</td>
<td>Skeptical</td>
<td>Cautious</td>
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<td>Borderline</td>
<td>Paranoid</td>
<td>Avoidant</td>
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<td>Moodiness</td>
<td>Suspicious</td>
<td>Social inhibition</td>
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<td>Unpredictable actions</td>
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<tr>
<td>Diligent</td>
<td>Dutiful</td>
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<tr>
<td>Obsessive-Compulsive</td>
<td>Dutiful</td>
<td>Obsessive-Compulsive</td>
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Note: "From DSM-IV-TR"
Great STORM Topography based on r matrix (N=308) of NEO Big 5 Domain & 7 Personality Questionnaire Great 8 Scores

Kurz (2013) EAWOP Munster

Slide source: Kurz (2016), SIOP Symposium Discussant ‘Exploring the Psychometric Properties of Personality Derailment Scales’
Professor Peter Kindermann

A revolutionary new perspective on the way we explain human behaviour and define mental health

This controversial new book describes how human behaviour - thoughts, emotions, actions and mental health - can be largely explained if we understand how people make sense of their world and how that framework of understanding has been learned. In this ground-breaking work, Peter Kinderman presents a simple, but radical new model of mental well-being.

Published in the wake of the controversial Diagnostic and Statistical Manual of Mental Disorders, the author challenges notions such as 'mental illness' and 'abnormal psychology' as old-fashioned, demeaning and invalid, and argues that diagnoses such as 'depression' and 'schizophrenia' are unhelpful.

Kinderman believes that one consequence of our current obsession with a medical approach to human well-being and distress is that human problems are too often merely diagnosed and treated, rather than understood. Written by an expert in his field, and accessible to all those interested in and affected by mental health issues, The New Laws of Psychology will change the way we define mental illness forever.

A new report condemns the shoddy standards of psychologists' reports in our family courts.

A study by Professor Jane Ireland, a forensic psychologist, for the Family Justice Council examined 126 psychological reports trawled at random from family court documents. It found that two thirds of them were “poor” or “very poor” in quality.

‘Another woman was found by a psychologist to be “a competent mother” – so the social workers went to a second witness, who found the same. They then commissioned a third, who at last came up with what they wanted: that the mother had, again, “a borderline personality disorder”. On that basis, her three children were sent for adoption.’

McDowall (2015): Bad Apples, Bad Barrels, Bad Cases

Biases That May Affect Forensic Experts

Forensic assessment tasks present a tall order. Otto (2013) vividly outlined the difficulties faced by forensic clinicians (emphasis in original):

To (in a limited amount of time, using assessment techniques of limited validity, and with a limited amount of information—some of which is provided by persons with an investment in the examiner forming a particular opinion) come to an accurate assessment about the past, current, and/or future emotional, behavioral, and/or cognitive functioning of an examinee as it relates to some issue before the legal decision maker (while ensuring that how one has been involved in the case does not affect one’s decisions).


‘Evaluators perceived themselves as less vulnerable to bias than their colleagues, consistent with the phenomenon called the “bias blind spot“. Recurring situations that posed challenges for forensic clinicians included disliking or feeling sympathy for the defendant, disgust or anger toward the offense, limited cultural competency, pre-existing values, colleagues’ influences, and protecting referral streams.’

Useful information

At last a BREAKTHROUGH!! Read the following article in the "LAW GAZETTE". You can now hit those "SS" people through their pockets! The more times you go to court the harder they will find it to pay for it all! Fight like a tiger and never give up and like countless other mothers (some of whom I have advised) You can WIN and get your children back!

Do not be fooled into cooperating with the "SS" when you are given their promises or those of your legal aid lawyers that if you go along with the "SS" everything will be alright! It WON'T!! All they want from assessments and psycho charlatans is more evidence to win their case so do not give it to them! The "SS" are not police who must be obeyed but they ARE your ENEMIES as long as their stated intention is to take your children into care or for adoption. When your enemy runs out of ammunition you should never send them a fresh case of bullets for them to fire at you!! Only agree to assessments and psychos if ordered to do so by a judge; otherwise refuse unless your children are returned to live with you first! Any other assessment or psychiatric examination cannot be normal or natural.

Lastly never get "conned" into putting your kids into voluntary care because more often than not despite what the law gazette says you may never see them again IF YOU ARE IN THAT SITUATION USE THE LAST PARA OF THE GAZETTE AS PROOF THAT THEY MUST BE RETURNED TO YOU WHEN YOU ASK! And the best of luck to you!
All 15FQ+ scale values on the Neuroticism vs. Emotional Stability factor of the Big 5 Personality Model are in the ‘Average’ range.

Somatoform Dissociation

- Putnam, F. (1989). Diagnosis and Treatment of Multiple Personality Disorder (Foundations of Modern Psychiatry)
- Herman, J. (1993). Trauma and Recovery. (C-PTSD)
- Nijenhuis, Spinhoven, Van Dyck, Van der Hart, & Vanderlinden (1996) SDQ20 Somatoform Dissociation Questionnaire:
  - Q11: ‘I cannot see for a while (as if I am blind)'
  - Q12: ‘I cannot hear for a while (as if I am deaf)'

Only the small secrets need to be protected. The big ones are kept secret by public incredulity. (Marshall McCluhan)

Source: Kurz (2015). Politics and the Psychology of Abuse and Cover-up
hi there i hope you can read this email and reply.

i have **been told after an iq test that i am a gifted crossover person** and should try to research this. i am not living in the area i took the test in so am not able to get all the help i wanted from the people in the know. cant find this phrase anywhere but i am certainly diagnosed with a learning dissability perhaps similar to an attention deficit **child too** so can you help me find the information i can read at my leasure please! **it is aural delay i experience, by months and years. i go totally deaf you see!** even if its about gifts in the verbal (very very high) and perception parts of the iq lot. dont speak the lingo very well you see.

i have moved to ___________________________ now so i hope this is not too far. any information would be helpfull you know. can get a copy of the letter written to my doctor soon and this may give me a little more info.

ok, thanks from <___________>, 25 years old.

Dear <___________>,
Thank you for getting in touch with us. The term we use for ‘crossover’ is **twice exceptional** and you will probably find lots of information about this if you google the term. I am sending you some of our factsheets that you may find useful, however, most of them relate to children.

All the best, <Advisor>, Education Consultant
National Association for Gifted Children
Tel: 0845 450 0295
Fax: 0870 770 3219
www.nagcbritain.org.uk

Child neglect (at end of case 100% cleared)

Mental Health Issues (‘Delusional’):

– Schizophrenic
– Schizoid
– Paranoid

Method
In-depth Psychometric Assessment

Informal testing for guidance & development:
  Work personality questionnaire
  Abstract reasoning test

Witnessing of interview with Clinical Psychologist

Recovery of IQ reports at age 7, 23 & 25

Commissioning of assessments (5 specialists)

Professional concerns about misdiagnosis

## WISC Results (aged 7)

### General Level of Intellectual Functioning

**WISC-R** (Wechsler Intelligence Scale for Children - Revised)

Full Scale I.Q. = 128

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Score</th>
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<tbody>
<tr>
<td>Information</td>
<td>15</td>
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<tr>
<td>Similarities</td>
<td>13</td>
</tr>
<tr>
<td>Arithmetic</td>
<td>14</td>
</tr>
<tr>
<td>Vocabulary</td>
<td>17</td>
</tr>
<tr>
<td>Comprehension</td>
<td>16</td>
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<tr>
<td>Digit Span</td>
<td>10</td>
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<tr>
<td><strong>Average Score</strong></td>
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</table>

### WAIS III (aged 23)

**General Level of Intellectual Functioning**

**WAIS** (Wechsler Adult Intelligence Scale)

The following standard scores relate to performance to that of adults of similar age and have an average value of 100. Scores of 69 and below are very low; scores 70-79 are low; 80-89 are below average; 90-109 are average; 110-119 are above average; 120-129 are high; and 130 and above are very high.

### Verbal Comprehension: 126
- **Vocabulary:** 19
- **Similarities:** 13
- **Information:** 12
- **Comprehension:** 12

### Perceptual Organisation: 93
- **Picture Completion:** 8
- **Block Design:** 14
- **Matrix Reasoning:** 5
- **Picture Arrangement:** 9

### Working Memory: 84
- **Arithmetic:** 6
- **Digit Span:** 6
- **Letter Number Sequence:** 10

### Processing Speed: 76
- **Symbol Search:** 5

### Index Scores

<table>
<thead>
<tr>
<th>Index Scores</th>
<th>Sums of Scaled Scores</th>
<th>IQ/Index Scores</th>
<th>Percentiles</th>
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<tr>
<td>Verbal Comprehension</td>
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<td>103</td>
<td>68</td>
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<tr>
<td>Perceptual Organisation</td>
<td>93</td>
<td>111</td>
<td>78</td>
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<tr>
<td>Working Memory</td>
<td>64</td>
<td>107</td>
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<td>Processing Speed</td>
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<td>75</td>
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<tr>
<td>Full I.Q</td>
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<td>118</td>
<td>88</td>
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<tr>
<td>Verbal I.Q</td>
<td>25</td>
<td>90</td>
<td>85</td>
</tr>
<tr>
<td>Performance I.Q</td>
<td>21</td>
<td>103</td>
<td>89</td>
</tr>
</tbody>
</table>

### Percentiles

- Verbal Comprehension: 96
- Perceptual Organisation: 32
- Working Memory: 14
- Processing Speed: 5
- Full I.Q: See Text
- Verbal I.Q: 68
- Performance I.Q: 23
## Profile of case

<table>
<thead>
<tr>
<th>Underlying Abilities (Wide Ranging Intelligence Test - WRAT)</th>
<th>Verbal</th>
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<tbody>
<tr>
<td><strong>Non-verbal</strong> – WRIT Matrices (Abstract Reasoning)</td>
<td></td>
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<tr>
<td><strong>Non-verbal</strong> – WRIT Diamonds (Spatial Reasoning - Verbally mediated)</td>
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</table>

### Performance

- Spadafore
- Listening Comprehension
- SWR Writing Speed
- Maths Spelling
- Spadafore Silent Reading Compreh.

### Cognitive* skills (CTOPP)

- Phono-memory & Working Memory
- Rapid Naming
- Phono Awareness

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Tests Used: WRIT, WRAT, CTOPP*, WRAMAL 2, DASH
MCMI Failings


‘The most judicious course of action is to consider the Millon et al. (1997) study to be fatally flawed. It is noteworthy that none of the three alternatives justifies the use of the MCMI-III in forensic cases. In closing, we reaffirm the conclusions of Rogers et al. (1999): “The MCMI-III does not appear to reach Daubert’s threshold for scientific validity with respect to criterion-related or construct validity” (p. 438). Despite Dyer and McCann’s (2000) spirited defense, fundamental issues regarding validation (construct, criterion-related, and content), forensic applications, and unacceptable error rate argue against the use of its Axis II interpretations as scientific evidence.

**CAPSULE SUMMARY**

MCMI-III reports are normed on patients who were in the early phases of assessment or psychotherapy for emotional discomfort or social difficulties. Respondents who do not fit this normative population or who have inappropriately taken the MCMI-III for nonclinical purposes may have inaccurate reports.


Dr Lorandos cross-examines hapless Psychiatrist - accusing him of ‘misinforming and misdirecting the proceedings’ - finding MCMI-III ‘markedly deficient on Construct and Criterion-related validity evidence’ quoting Rogers et al. (1999).
MCMI-III

- **Base Rate cut-offs:**
  - 60 Median
  - 75 Significance
  - 85 Prominence

- ‘General Factor of Demoralisation’ (MMPI2) low as indicated by the orange vertical line

- Low scores on Schizoid, Depressive, Histrionic, Borderline, Anxiety, Somatoform, Thought Disorder

- Abuse Survivor

- Stalking

- Crime Report

- Misdiagnosis

Most healthy adults appear ‘Narcissistic’

‘Intergenerational abuse’ & ‘stalking’ victims appear ‘Paranoid’ & ‘Delusional’
Fitness to Practice Concern

Concerning Psychiatrist Dr

Submitted by

Complaint Reference Number: E1-1426901124

Original Submission Date: 25/05/2016

III Case Study B
GMC Concern

A. Dishonesty

A1. Dr claimed that I ‘had an anxious manner and remained unsmiling throughout the interview’ (page 14) during the assessment session on 9th January 2016 – the audio recording and transcript where more than 20 occasions of smiling, laughing or giggling are highlighted in green proof that this is a lie.

A2. Similarly she claimed in the original assessment that I did NOT have a Borderline Personality Disorder but then contradicted herself in the report.

A3. She claimed that changing frequency of therapy from twice to once per week was evidence for ‘impulsivity’ when she actually made the suggestion several times as highlighted in grey in the interview.

B. Unreasonableness – Dr makes the absurd claim that submitting appeals to regain custody of my children is evidence for a ‘disorder’ – this contravenes common sense and legal provisions (see Appendix B, point 16) and must be challenged as otherwise becomes part of ‘case law’.

C. Gross Professional Incompetence - Dr failed to properly gather and provide valid evidence for ‘Borderline Personality Disorder’ and ‘Histrionic Personality Disorder’ which are contradicted by everyday evidence and psychometric personality test results. Salient content is highlighted in yellow with particularly important content underlined. Utterances that appear inappropriate are highlighted in red font.

https://psychassessmentblog.wordpress.com/2016/08/22/psychiatrist-gmc-fitness-to-practice-concern/
**Case Study B**

‘Histrionic’?

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**NEO Personality Inventory – 3 | Self-report**

**UK Working Population - T Score (50+10z)**

<table>
<thead>
<tr>
<th>Raw Value</th>
<th>Normed Value</th>
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<tr>
<td>63</td>
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<td>97</td>
<td>47</td>
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<td>110</td>
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<td>116</td>
<td>51</td>
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<td>125</td>
<td>54</td>
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</table>

**Domain Scores**

- N Neuroticism
- E Extraversion
- O Openness to Experience
- A Agreeableness
- C Conscientiousness
As shown in the Lumina Mandala (Appendix D) I am a down-to-earth and outcome focussed individual. Both are highly desirable attributes that are priced at the work place.

I am less Extraverted than others making it highly unlikely that I suffer from a ‘Histrionic Personality Disorder’.

I am not ‘inspiration driven’ either which would underpin ‘excitement seeking’ which I have been accused off.
11 July 2016

Dear Ms,

Thank you for taking the time to contact the General Medical Council with your concerns. We have carefully considered your concerns and we are sorry to hear of your experience, however we have decided that we will not be taking the matter any further at this time. We are sorry if this is not the outcome that you were hoping for.

About our role

Our role is to ensure that doctors who are registered to practise medicine in the UK are safe to do so. We only take action where we believe we may need to restrict or remove a doctor’s registration to protect patients or the reputation of the medical profession.

The reasons for our decision

Based on the information you have provided, we are unable to identify any concerns that would require us to take any action in relation to the events that you have described. Your complaint relates to a medical report written for court proceedings, and although we recognise that you are unhappy with the report the GMC have no power to change the conclusions Dr __________ has reached as it falls outside of our remit.

When considering your concerns we have sought the advice of a medically qualified member of staff and they agree that the issues raised do not appear to call into question Dr __________’s fitness to practise. The doctor clearly indicated her areas of expertise, what it was that she had been asked to answer and the source of the information that she had used.

The psychiatric assessment was undertaken in a very competent manner, verbatim was collected and noted in the report, proper history was collected and any given diagnosis was explained. Whilst we understand that you disagree with the opinion that was reached by the expert, from the information before us there is no indication that the clinical care provided was deficient.

Our decision is in no way meant to undermine your concerns and we are sorry that we have been unable to assist you further.
9 August 2016

Dear Ms

Thank you for your email to my colleague, _________. I am responding to you in my role as Complaints and Correspondence officer. I have looked carefully at both your correspondence and the information on our system regarding your complaint. I appreciate how much of an impact the events you have described have had I can see from your letter that this is a matter you feel strongly about. I am sorry that you feel our handling of your concerns has not reached the high levels you are right to expect of us and we did not correctly consider the issues you raised. I hope I can address these points and clarify the reasons for our decision not to open an investigation into Dr __________’s fitness to practise.

Our role as a medical regulator is to make sure that doctors who are on the medical register and licensed to practice medicine, are safe to do so. When complaints are brought to us, we must consider whether they raise fitness to practise concerns about the doctors which would require us to open an investigation and potentially restrict or remove their registration. Our role is not to punish doctors and generally an isolated incident is less likely to point to an ongoing risk to current or future patients than where there has been a pattern of poor performance.

The GMC is not a general complaints handling body, and we do not investigate all complaints about doctors even if it appears that there may be issues that should be addressed. Many complaints about doctors, even if they are proved, would not warrant the exercise of our powers to prevent or restrict the doctor from working. Even when someone believes that the doctor’s actions have not met the standards set out in our guidance, this does not necessarily mean that we need to open an investigation into the doctor’s fitness to practise. The decision by our Assistant Registrar (a senior decision maker) was that the concerns you raised did not meet the GMC’s threshold for an investigation to be opened. The GMC issues guidance to the medical profession which sets out the standards they should strive to practise and abide by, however not all breached of that guidance will justify restrictive action on a doctor’s registration.

You have stated that you believe Dr __________’s actions boarder on criminality; we have no power or authority to take action regarding the law, and we advise anyone with such concerns to contact their local police force. If the police find further issues which may show that the doctor’s fitness to practise is currently impaired, they will make the necessary referrals to us. I apologise that we have not addressed each of your points in detail, however if a complaint is determined to have not met our threshold to open a full investigation we do not consider each issue in the depth you may have been hoping for.

I know you will be disappointed that we have not taken your concerns further and I appreciate how frustrating it can be when these matters have had an effect on your life. I know you may disagree, but we do not believe that the issues you have brought to us suggest that we need to take action on Dr __________’s registration and limit the work she can do. We are therefore not able to take your complaint further at this time.

I hope you find this helpful and I would like to thank you again for writing to us.
8 November 2016

Dear _____ _____,

I'm naturally not satisfied with your conclusion to my complaint submission. After reading the GMC website a few times, I believe that you have not taken appropriate steps to investigate the seriousness of my complaint in order to protect the safety of the public etc etc. It was neither my request for you to CHANGE the conclusions of Dr __________.

Please could you now provide me with the details of all personnel involved in rejecting my submission. I will be submitting a complaint about the handling of my submission to the GMC CEO.

I will be posting a letter to the Head of GMC pointing out that your response does not at all address the points that I'm deeply concerned about.

   1. DISHONESTY
   2. UNREASONABLENESS
   3. INCOMPETENCE

IN MY OPINION all these border on CRIMINALITY and if the GMC refuses to investigate such cases, it is clearly shielding its doctors putting the public at risk.

I look forward to you reply.
9 November 2016

Dear Ms,

Thank you for your email. We are sorry that you are unhappy with our decision to close your complaint.

...A decision to open an investigation can only be made if the concerns raised are so serious that the doctor’s fitness to practise medicine is called into question to such an extent that action may be required to stop or restrict the way in which they can work to protect future patient safety...

Although we have a legal duty to consider all allegations that are presented to us and whether it is appropriate to open an investigation. As we are not a complaints handling body, we are not legally obliged to address every single allegation made about every doctor within our response. All concerns about registered doctors received into the GMC are carefully considered by a GMC decision maker (Assistant Registrar.) We also have a number of medically qualified colleagues (Medical Case Examiners) who we can refer to for advice on clinical matters. Both the Assistant Registrar and the Medical Case Examiner have thoroughly assessed the information that you provided to us and all of the concerns you have raised, they have not identified any fitness to practise concerns regarding a doctor that would require us to open a GMC investigation. I can confirm that all Medical Case Examiners hold a primary medical qualification and have or still do practise as doctors. We are confident that they have the expertise required to advise on matters such as the ones you have brought to us. The role of the medical case examiners is to advise the GMC on medical matters, they are not public facing and therefore their identity is not required to be disclosed. Decisions made by the Assistant Registrars are made on behalf of the GMC by applying our legal threshold and following our decision making processes and guidance. As such this is not a personal decision. Additionally the decision reasoning of the Assistant Registrar along with any input from a Medical Case Examiner is communicated to you in your closure letter; this explains why they have determined that your complaint does not require GMC action. This being considered there would be nothing further that the Assistant Registrar or Medical Case Examiner would be able to usefully add to you. We are unable to disclose to you the name of the Medical Case Examiner who provided advice on your enquiry, or the Assistant Registrar who made the decision.

...A decision to close a complaint may be reviewed under our Rule 12 Review Process if there is reason to believe the original decision may be ‘materially flawed’. This is wide enough to cover cases in which we have made an error in our administrative handling of a case, as well as cases in which there has been an error of judgement or reasoning on behalf of the decision-maker. Or is there is new evidence or information received which had it been available at the time of the determination may have led to a different decision. A review will then only be commenced if it is judged necessary either for the protection of the public, prevention of injustice to the practitioner, or otherwise in the public interest. If you are able to provide us, in writing, your reasons for requesting that our decision be reviewed under this criteria then please do send this to addressed to me using the contact details at the bottom of this email and your request will be referred to our review team for consideration.

If you would like to complain about the GMC handling of your complaint (aside from the decision itself) then please feel free to put your complaint in writing to our Complaints Team using the email address below. FPDComplaintsCorresp@gmc-uk.org
Mother of boy (8) relays disclosures indicative of possible emotional, physical and sexual abuse at weekend contact with father to SS

1\textsuperscript{st} and 2\textsuperscript{nd} Psychiatrist find mother coping well

SS ‘shop around’ for tame 3\textsuperscript{rd} Psychiatrist (same as in GMC Complaint): ‘Borderline Personality Disorder’ diagnosis

Judge orders ‘residential treatment’ (!) of Business Owner (!) mother

4\textsuperscript{th}, 5\textsuperscript{th}, 6\textsuperscript{th} & 7\textsuperscript{th} Psychiatrist refuse to take her as ‘nothing wrong’

SS commission tame 8\textsuperscript{th} Psychiatrist: ‘Overvalued Sexual Abuse Beliefs’

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Mon 16/05/2016 20:27

<Son>- he was so rough to me
throws me on to the ground
hurt my back
he laughed
took my photos while I was crying
my back still hurts mummy
got sore throat (he has sore throat most
of the time )
he keep taking my photos don't like it
mummy
he was keep pushing me, hurting me
he was angry with me
I was scared
Don't feel safe there mummy
Don't want to go there anymore
He keeps coming in to bath
Don't want to have bath
Don’t like washing myself anymore

What he told me today regarding things
happened in his dad's house weekend
just gone .

Mon 20/06/2016 20:52

just saw this
his right under arm
father hit him with gun
E says his dad wouldn't stop
he asked him to stop

E says dad shouted at him saying
if you tell him I will hit you more
with this gun

if u don't say nothing to police,
mum, ss will get u 25 match
attacks (cards he collects
footballer thing)

Mon 20/06/2016 21:50

it was Saturday

shouts at him Sunday he will
shoot him more with gun all over
his body if he speaks again
1) I went to go visit my mums in the evening as it was a Monday and ____ had been physically injured by <father> so she was obviously distressed. When I got there I decided to talk to him just himself and I as my mum was in the kitchen. ____ then showed me the bruises up his spine because he looked in pain to even move up on the sofa. When i asked what had happened ____ told me that his dad picked him up from a big height and chucked him flat on his back on the floor. He also told me that <father> found the fact ____ was crying and telling him to stop amusing.

2) A second occasion was yet again when ____ came back with physical marks upon his body. When I asked what had happened he told me that his father was chucking ice at him and laughing and yet again finding it amusing that he was causing his son physical pain. ____ stressed to me that it wasn't a joke and that he was in pain and told him to stop. He then went further to tell me his dad actually took photos of him distressed and crying which is nothing other than disturbing.

3) On many other occasions ____ has told me numerous times that his private area was always sore after a weekend at his dads. When I asked if it was ever sore any other time he responded 'no, only after being with my dad'.

4) ____ also always comes back after every weekend extremely skinny and refuses to take a bath. He told me his dad always sends him to bed with no dinner if ____ does the smallest thing such as to 'knock' something. He also refuses to have a bath I can expect because he wishes to hide the physical marks created by his father and also because his esteem is always so low upon returning.
Case Study C
Details

Public needs to hear our story, how social failed to protect my son, they turned their eyes away from any of our serious concerns regarding his abuse all the evidence, signs ignored.

Despite my concerns child been kept handed over to his abuser!

When I used to report answer from ss was ‘but child only tells you’. I have been disbelieved they failed to protect my son instead hand him over to his abuser.

Even they didn't listen child's wish; child often said ; I am scared of my dad, he hurts me if I tell anyone , does mean things to my bum & pipi, sends me to bed with no food in the afternoon .... if I keep secrets he says he will give me money, 25 match attacks but he never does.

He says promise won't do it anymore but he still comes to my bed and sticks his pipi in my bum hurts mummy.

I tell him it hurts he says of course not.
He says it is just a game.
Makes me suck his pipi.
Makes me touch his pipi.
Tells me I am a girl (messing my son's mind up)

Child got to point had enough started to open up to others my boyfriend, his sister, family friend.

Each time child opened up ss said, you were in the room again. Been ignored not believed.

They fail to protect my son from his abuser; been criticised for taking my son to A&E for bleeding bottom ...

Child started to come from dad's house with bruises ... telling me dad says he will hurt him if he speak out

ss ignored. Child been hurt, came back with more physical damage each time when he did speak out been ignored. Child said dad washes me (don't like it mummy).

Dad takes my naked photos (asked for dad's phone, i-pad, computer check - I have been ignored)

Coming back with sore pipi (when A&E doctor asked he said my dad sucks it).

Told A&E doctor dad says if you speak out will stick my finger...

ss said mum was in the room ignored so far

Only once my son was examined - that was 10 days after him coming back with bleeding bottom. This was 2 years ago. That was already too late. All the other examination by looking from outside each time when child did speak out ss ignored, said mother was in the room.

My child told me his dad started to put his pipi in his bum. Told this to ss. I have been ignored. Almost each contact he came back with bruises and bleeding bottom. Child said dad rough to me, hurts me; been ignored sa handed my son back to his abuser. How come still this boy been handed over to his abuser?

It is unrealistic BEYOND MY UNDERSTANDING. ss kept accusing me by saying that I got mental health problem while been put through 8 mental examination almost they were keep trying until they get the result they want (third one privately done by court order says mother has borderline personality disorder rest says mother has NO mental health issues). When did it become a mental illness being a protective mother trying to protect her child from abuse by standing up for truth & justice?

To weeks ago after police interview I have been forced to hand my son over been treated unfairly. ss wouldn't let me take my child been forced by ss and police to organise my friend to pick my son up. I have been told by senior social worker they had no right to do that without my consent by senior social worker lady. It was a sudden shock to my son. He was very unhappy not going home with mum .....again last week after court my son picked up by dad instead of me I wasn't allowed to have night with my son. My son didn't know nothing what was going on that afternoon. My son taken away from me without no prep, no goodbye ! Another sudden shock to child. All this emotional damage not healthy for child.

My son always said his wishes -him wanting to stay with mum and not wanting to have over night contact yet again and again ignored !!!

Last court it was almost week ago, ss served me papers day before in those papers says supervised contact order for both parents - child to go to foster care asap; We we went in to court next day after 40 minutes in court ss changes their mind says child should move to aunty, father can take child to holiday 2 weeks unsupervised ..... All this is INSANE!!! Father is known to police. He has a long list of convictions and drug & alcohol addiction ..last time been arrested for possession of knife and cannabis.
Bright Side (HPI), Dark Side (HDS) and Inside (MVPI) Profiles of an ‘Extreme Abuse Survivor’

https://lonehorseblog.wordpress.com/2017/09/24/body-centric-healing-of-extreme-trauma/
https://twitter.com/Lone_Horse
Press Release - 7.6.16

Professor Ireland says “I welcome the decision of the HCPC Panel. It has dismissed the case against me. In respect of all bar one of the allegations, it found that there was no case for me to answer and that I did not therefore have to give any response to them. In respect of the one remaining allegation, after hearing my evidence, the Panel decided that the allegation was not well founded and dismissed the entire case. “I have always been and remain deeply committed to high quality and raising standards in the profession.”