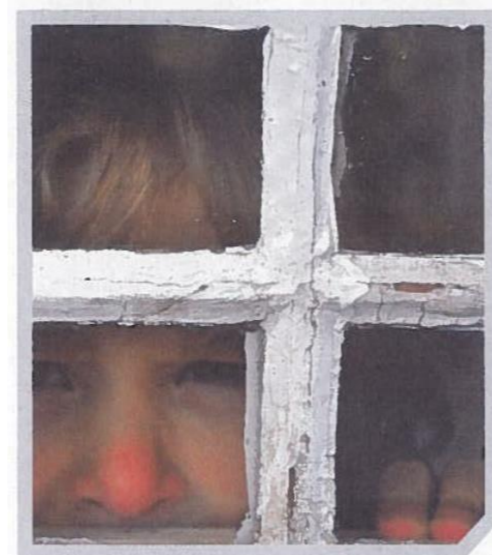


# Paranoid Personality Disorder or Organised Child Sexual Abuse? The Role of Psychologists and Psychiatrists in Family Courts

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Psychologists need to be sceptical of the sceptics

Adapted from Kurz (2015). A discourse of disbelief?  
Reader's Letter in The Psychologist, 12, BPS: Leicester.

## **Paranoid Personality Disorder or Organised Child Sexual Abuse? The Role of Psychologists and Psychiatrists in Family Courts**

**Dr. Rainer Hermann Kurz**

This presentation is concerned with the quality of psychological and psychiatric assessments in Family Court settings. Ireland (2012) found that 2/3 of psychological assessments trawled from UK Family Courts were 'poor' or 'very poor'. New guidance about court appointed experts was issued by the British Psychological Society and the President of the Family Court. However, concerns remain as in the secrecy of the family court there is no transparency and virtual no recourse as HCPC and GMC watchdogs require prior permission of the judge for report release and refuse to get involved in matters of 'professional judgement'.

A case study is presented where poor assessment standards were seemingly 'weaponised' by an organised child sexual abuse group.

A mother had asked the father of her daughter to leave their flat due to controlling and coercive behaviours but encouraged monthly contact day visits. The girl had various disabilities that were salient to the case. The mother organised seven therapy sessions for her pre-teen daughter who had become uncomfortable at school and developed an aversion to having a bath. The mother and the girl found themselves victims of 'gaslighting' burglary where objects were placed, slightly moved, or removed. Subsequently, the father made a series of four threatening phone calls trying to coerce the child to report to Children Services that her mother was neglecting her, but the child refused. A few months later the girl started to disclose about sexual abuse by a man (including in bathtubs) while on contact visits to her father.

A mental health professional flouted the DSM-5 definition criteria for Paranoid Personality Disorder and used 'disputed facts'. Mother and daughter as a consequence were separated for 5 years.

## Evaluating Expert Witness Psychological Reports: Exploring Quality

### ***‘Dubious ‘experts’ are paid to tear families apart***

*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.’*

## A discourse of disbelief?

US clinical psychologist Dr Ellen Lacter (who runs the website [endritualabuse.org](http://endritualabuse.org)) warns mental health professionals not to dismiss reports of persecution and unusual beliefs, since 'some abusers program bizarre beliefs (e.g. alien abduction) in victims to make them feel non-credible and appear insane' (Lacter & Lehmann, 2008). It is therefore disconcerting that Professor Christopher French ('Close encounters of the psychological kind', October 2015) does not mention the possibility that neglect, abuse and torture by primary carers in the first five years of a child's life can comprehensively account for the 'findings' he proffers.

Survivors of extreme abuse are bound to struggle with the DRM (Deese-Roediger-McDermott) 'false memory' procedure that French mentions, and naturally report more dissociative symptoms. The Somatoform Dissociations Questionnaire (SDQ) features items such as 'I cannot see for a while (as if I am blind)' and 'I cannot hear for a while (as if I am deaf)' (Van der Hart et al., 2006). Mental health professionals need to get to grips with such disclosures and recognise them as indicators of likely neglect and/or abuse by primary carers in early childhood.

Then consider memory amnesia, one of the five key indicators of dissociative identity disorder (formerly known as multiple personality disorder). This can manifest itself in 'lost time', biographical memory wipe-out and everyday memory problems. The MMPI2 'faking bad' scale may be elevated when those with dissociative symptoms truthfully report memory issues. Clients may express worry about everyday memory issues, and poorer performance on memory task would logically follow. Dorahy et al.



Psychologists need to be sceptical of the sceptics

(2014) comprehensively debunk a lot of the 'false memory' claims that abound – helping to claw back the territory originally marked out by Pierre Janet's pioneering work on trauma a century ago.

Beliefs of having experienced alien contact without being actually able to remember details fit the various extreme child abuse scenarios described in Miller (2012), where children are tortured to 'breaking-point' and start splitting off alters who carry sensory memories that are not consciously processed and may be gradually released years later when the brain considers it safe(er) to do so. 'Missing time' experiences are typical when it comes to torture by extreme abuse groups. And taking Professor French's favoured explanation of sleep paralysis, a plausible causal account of this phenomenon suggests a dissociative process that is closely linked to past cultural and personal experiences such as sexual abuse (see [tinyurl.com/qzkmvaq](http://tinyurl.com/qzkmvaq)).  
Poor practices by over-zealous

therapists can potentially induce 'false memories'. However, in their Extreme Abuse Survey Becker et al. (2008) found that more than half of the individuals responding had specific abuse memories before commencing therapy. Proponents of the 'Discourse of Disbelief' tend to ignore evidence that does not fit their worldview, and dismiss out of hand any disclosures of extreme abuse (see <https://uk.linkedin.com/pub/rainer-kurz/0/b14/4a0>).

As a volunteer advocate for sexual abuse victims I have been bearing witness to disclosures of extreme abuse, toddler rapes, missing babies and violent deaths. I firmly believe that practising psychologists need to be sceptical of the sceptics and help unveil (rather than obfuscate) the truth about extreme abuse groups and their cancerous impact on society.

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Science & Practice Convener of the BPS  
Division of Occupational Psychology  
Member of the BPS Committee on Test  
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## Article Role of psychologists as expert witnesses in family court proceedings

Rainer Hermann Kurz

### Introduction

AS A TEENAGER I wanted to contribute to a better world considering clinical psychology studies. Instead I embarked on an occupational psychology career spanning over 25 years at leading assessment consultancies. At age 30 I vowed to make a difference in the mental health field in my fifties, and shortly afterwards embraced Buddhism. Since stumbling across an 'unbelievable' case in May 2012 I learned a lot about psychology, psychiatry and society leading me to write this article that attracted a poignant comment from a fellow psychologist: 'I believe that Rainer's article is a highly topical reminder of some of the disturbing history associated with child abuse and of the existence of indifference/biases in current practice. It is also pertinent for inclusion at this time considering recent court cases.'

'Only the death penalty is more drastic than removing a child from its parents forever'. This phrase, partly reported by Green (2014), was presented in a *Panorama* program 'I want my baby back' on 13 January 2014, to paraphrase what the President of the Family Court Sir James Munby said in a November 2013 speech. In the UK each month more than 1000 children are separated forever from their birth parents against their will in a Family Court process that veteran campaigner Ian Joseph calls 'Forced Adoption' (see [www.forcedadoption.com](http://www.forcedadoption.com)). Most of these parents are loving and law abiding.

Psychological assessment reports routinely inform such ultra-high stakes court decisions that are for biological parents more traumatic and life changing than losing a child to an accident or illness as they grieve the loss of their child who is 'bundled off' into the unknown never to be seen again (unless they search out birth parents when reaching adolescence or adulthood).

Forensic psychology Professor Jane Ireland (2012) found that two-thirds of psychological assessment reports sampled from Family Court cases were 'poor' or 'very poor' in a ground-breaking research study commissioned by the government-funded Family Justice Council in the light of her 2008 publication on the topic.

Rather than producing heated discussion and a plethora of follow-up research an

# UK Organised Child Sexual Abuse

## UK child abuse inquiry

This article is more than 3 years old

### Nottinghamshire children in care abused for decades - report

About 350 people told child abuse inquiry of alleged incidents from the 1960s to 90s

**Nazia Parveen** *North of England correspondent*

@NParveenG

Wed 31 Jul 2019 15.08 BST



The child abuse inquiry chair, Alexis Jay, said the city and county councils failed to question the extent of sexual abuse. Photograph: Dave Higgins/PA

Hundreds of children in council care in Nottinghamshire were exposed to sexual abuse by predatory foster carers and residential care staff for decades due to repeated failures to learn from mistakes, an inquiry has found.

### Broxtowe

In October 1987 children were removed from their families in Nottingham, and in February 1989 a [Broxtowe](#) family was charged with multigenerational child sexual abuse and neglect.

[https://en.wikipedia.org/wiki/List\\_of\\_satanic\\_ritual\\_abuse\\_allegations](https://en.wikipedia.org/wiki/List_of_satanic_ritual_abuse_allegations)

### Wikipedia Blacklisted Four Important Websites

By Dr. Lacter / In Fighting for Survivors / July 27, 2009 / 26 Min read

On July 18, 2009, at about 9:30pm Pacific time, Wikipedia blacklisted the following important websites on ritual abuse: abusearticles.wordpress.com extreme-abuse-survey.net ritualabuse.us endritualabuse.org My website is endritualabuse.org I have attempted to get information from Wikipedia on why my website was blacklisted and to get it de-blacklisted. I have been stonewalled on both counts...

<https://endritualabuse.org/?s=wikipedia>

<https://www.theguardian.com/uk-news/2019/jul/31/nottinghamshire-children-in-care-abused-for-decades-report#:~:text=Hundreds%20of%20children%20in%20council,mistakes%2C%20an%20inquiry%20has%20found.>

## “Recovered Memories. The Report of the Working Party of The British Psychological Society” (1995)

- Covers full spectrum from complex trauma through to false memories
- Mentions Dissociative Disorders (formerly Multiple Personality Disorder)
- UK Psychologists: Bernice Andrews, John Morton, Debra A. Bekerian, Chris R. Brewin, Graham M. Davies, Phil Morton
- In line with Trauma literature
- Not on BPS website – request from BPS Office or [ichinendaimoku@gmail.com](mailto:ichinendaimoku@gmail.com)

Article in The Psychologist May 1995 (pp. 209-214):

<https://thepsychologist.bps.org.uk/volume-8/edition-5>

Across 1083 survey respondents (overall responsive rate: 27%) 13% of respondents worked with clients reporting SRA and believed them (15% had clients reporting SRA)

# Recovered Memories BPS Report 1995

## Recovered Memories

*The report of the Working Party of  
The British Psychological Society*

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## Executive summary

The working party was charged with reporting on the scientific evidence relevant to the current debate concerning Recovered Memories of Trauma and with commenting on the issues surrounding this topic. We have reviewed the scientific literature, carried out a survey of relevant members of The British Psychological Society, and scrutinised the records of the British False Memory Society. On this basis we came to the following conclusions:

- Complete or partial memory loss is a frequently reported consequence of experiencing certain kinds of psychological traumas including childhood sexual abuse. These memories are sometimes fully or partially recovered after a gap of many years.
- Memories may be recovered within or independent of therapy. Memory recovery is reported by highly experienced and well qualified therapists who are well aware of the dangers of inappropriate suggestion and interpretation.
- In general, the clarity and detail of event memories depends on a number of factors, including the age at which the event occurred. Although clear memories are likely to be broadly accurate, they may contain significant errors. It seems likely that recovered memories have the same properties.
- Sustained pressure or persuasion by an authority figure could lead to the retrieval or elaboration of 'memories' of events that never actually happened. The possibility of therapists creating in their clients false memories of having been sexually abused in childhood warrants careful consideration, and guidelines for therapists are suggested here to minimize the risk of this happening. There is no reliable evidence at present that this is a widespread phenomenon in the UK.
- In a recent review of the literature on recovered memories, Lindsay and Read commented that "the ground for debate has shifted from the question of the possibility of therapy-induced false beliefs to the question of the prevalence of therapy-induced false beliefs". We agree with this comment but add to it that the ground for debate has also shifted from the question of the possibility of recovery of memory from total amnesia to the question of the prevalence of recovery of memory from total amnesia.

# The recovery of memories in clinical practice:

## Experiences and beliefs of British Psychological Society practitioners

**Bernice Andrews,  
John Morton,  
Debra A. Bekerian,  
Chris R. Brewin,  
Graham M. Davies  
and Phil Mollon.**

*The authors were members of the Society's Working Party on Recovered Memories. In February the Society published the Working Party's report. Here the results of the survey, which formed a part of the report, are published in full.*

**T**HE issue of whether it is possible to recover previously forgotten memories of childhood trauma, particularly sexual trauma has recently been hotly debated. Much of the debate has taken place in the public arena. People who claim to have recovered traumatic memories, and some therapists and trauma researchers who have observed the phenomenon in their own clients and subjects, have reported their belief in the general accuracy of the memories. On the other hand, those who have been accused of perpetrating such long-forgotten abuses, and some researchers investigating issues of suggestibility in memory, have reached the opposite conclusion, namely that so-called recovered memories are likely to be false on two counts. They point first to the unlikely or bizarre nature and content of some memories and second to questionable techniques used by some therapists such as suggestion and hypnotic regression. Thus on one side are those concerned about the possible harmful effects on parents of being falsely accused of abuse by their children. On the other are those concerned about the possible harmful effects of not being believed on people who have actually been abused in childhood.

Psychologists have taken the whole issue very seriously. The British and Australian Psychological Societies and the American Psychological Association have all set up working parties to consider the scientific and practical implications. In the academic literature the entire contents of a recent issue of two journals, *Consciousness and Cognition*, and *Applied Cognitive Psychology*, have been given over to the topic. Therapists, trauma researchers, and cognitive psy-

chologists interested in autobiographical memory have all been involved and the general consensus has been that more research in this area is urgently needed. As part of the investigations of The British Psychological Society Working Party on Recovered Memories we wanted to know how these issues were perceived and dealt with by Society members in clinical practice. This article reports findings from our large-scale survey of Society mental health practitioners, including clinical, counselling and health psychologists and members of the Psychotherapy Section. They answered questions about their experiences, practices and beliefs concerning memory recovery.

### Existing research

The research to date on memory recovery of early traumatic events includes two surveys of therapists and four studies of survivors of child abuse. One survey of around 860 hypnotherapists and family therapists attending conferences and workshops in the United States was mainly concerned with beliefs about hypnosis (Yapko, 1994). The other investigated 145 US and 57 UK psychologists' practices and experiences as well as more general beliefs concerning memory recovery of sexual abuse in childhood (Poole, Lindsay, Memon & Bull, in press). Both surveys found a high proportion of respondents endorsing the belief that recovered memories can be false, however neither survey asked the complementary question concerning beliefs about the essential accuracy of such memories in general. In Poole *et al.*'s study the British respondents (who were all Chartered Clinical Psychologists) were less likely than their US counterparts to use hypnosis

**Survey "Recovered Memories"**  
Questionnaires sent out: 4005 (Division of Clinical Psychology – DCP, Division of Counselling Psychology – DCoP, the Special Group in Health Psychology – SGHP, Psychotherapy Section – PS)  
Questionnaires returned: 1083 (overall responsive rate: 27%)  
Items: 19 questions

Therapeutic Approach (Respondents could indicate more than 1)				
Psychodynamic	41%			
Cognitive-Behavioural	59%			
Systems	19%			
Client-centred/humanistic	38%			
Feminist	16%			
Therapeutic Practice				
Focus on early experiences	6% rarely	51% sometimes	43% usually	
Use of hypnotic regression	10%			
Clients in target group (over 18, non-psychotic) In past year:				
Number seen	46% <20	18% 20-40	36% >40	
Respondents with clients reporting child sexual abuse (CSA)	8% none	70% 1-10	22% >10	
Experience of Respondents with Clients Recovering Memories				
In past year				
% with clients recovering CSA memories from total amnesia				
In therapy with respondent	23%			
In therapy with another	19%			
Prior to any therapy	31%			
% with clients recovering other traumatic memories from total amnesia				
In therapy with respondent	28%			
In previous years				
% with clients recovering any traumatic memory from total amnesia				
In therapy with respondent	45%			
Respondents' Beliefs About Recovered Memories				
Belief in essential accuracy of recovered memories	3% never	53% sometimes	38% usually	6% always
Belief in possibility of false memories	67% yes		33% no	
False memories ever in own practice	85% never	11% sometimes	4% more than once	
Respondents' Beliefs about Satanic Ritual Abuse				
Belief in essential accuracy of reports of SRA	3% never	54% sometimes	38% usually	5% always
Ever worked with clients reporting SRA and believed them (15 per cent had clients reporting SRA)	13%			

Table 2. Responses to questionnaire items



# Ideologically Motivated Crimes

**TABLE 3.2. Ideologically motivated crimes. Ritual abuse (all surveys)**

Item	EAS		P-EAS		C-EAS	
	N	%	N	%	N	%
Receiving physical abuse from perpetrators	1,093	88	216	97	90	82
Sexual abuse by multiple perpetrators	1,090	82	217	95	91	77
Forced drugging	1,077	73	221	88	88	70
Witnessing murder by perpetrators	1,057	56	218	77	96	43
Forced to participate in animal mutilations/killings	1,059	55	218	78	92	59
Pornography (child)	1,059	55	220	82	83	53
Forced participation in murder by perpetrators	1,040	48	220	70	90	42
Prostitution (child)	1,045	48	218	77	79	25
Forced impregnation	1,041	40	220	71	82	33
Survivor's own child murdered by his/her perpetrators	1,021	26	217	55	82	18

Extreme Abuse Survey:

- EAS - Adult Survivors
- P-EAS - Professionals
- C-EAS - Children

Becker, T., Karriker, W., Overkamp, B. & Rutz, C. (2008). The extreme abuse surveys: preliminary findings regarding dissociative identity disorder. In Sachs, A. & Galton, G. (Eds.): Forensic aspects of dissociative identity disorder. Karnac Books: London.

# Discourse of Disbelief – Invited Focal Article (2016)

*Applied Cognitive Psychology, Appl. Cognit. Psychol.* (2016)

Published online in Wiley Online Library (wileyonlinelibrary.com) DOI: 10.1002/acp.3220

## **Creating Memories for False Autobiographical Events in Childhood: A Systematic Review**

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<sup>1</sup>*University College London, London, UK*

<sup>2</sup>*Royal Holloway, University of London, London, UK*

*Summary: Using a framework that distinguishes autobiographical belief, recollective experience, and confidence in memory, we review three major paradigms used to suggest false childhood events to adults: imagination inflation, false feedback and memory implantation. Imagination inflation and false feedback studies increase the belief that a suggested event occurred by a small amount such that events are still thought unlikely to have happened. In memory implantation studies, some recollective experience for the suggested events is induced on average in 47% of participants, but only in 15% are these experiences likely to be rated as full memories. We conclude that susceptibility to false memories of childhood events appears more limited than has been suggested. The data emphasise the complex judgements involved in distinguishing real from imaginary recollections and caution against accepting investigator-based ratings as necessarily corresponding to participants' self-reports. Recommendations are made for presenting the results of these studies in courtroom settings. Copyright © 2016 John Wiley & Sons, Ltd.*

<https://onlinelibrary.wiley.com/doi/full/10.1002/acp.3220>

# Discourse of Disbelief – Rejoinder Focal Article (2016)

Rejoinder

## False Memories and Free Speech: Is Scientific Debate Being Suppressed?

Bernice Andrews , Chris R. Brewin

First published: 14 October 2016 [Full publication history](#)

DOI: 10.1002/acp.3285 [View/save citation](#)

Cited by (CrossRef): 0 articles  Check for updates  Citation tools 



### Summary

Commentators have raised important points, including the relative contribution of false beliefs versus false memories and the issue of how findings in the laboratory can be generalized to the real world, which we have addressed here. However, some of the commentaries misrepresent what we said, make criticisms that are unfounded, or imply that our article should not have been published in Applied Cognitive Psychology. We relate these responses to a more general literature on the suppression of unwanted scientific findings and suggest that the study of false memory would be better served by more openness to alternative perspectives.



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## Abusers gaining custody in family courts: A case series of over turned decisions

Joyanna Silberg and Stephanie Dallam

The Leadership Council on Child Abuse & Interpersonal Violence, Baltimore, MD, USA

### ABSTRACT

This article presents findings and recommendations based on an in-depth examination of records from 27 custody cases from across the United States. The goal of this case series was to determine why family courts may place children with a parent that the child alleges abused them rather than with the nonoffending parent. We focused on “turned around cases” involving allegations of child abuse that were at first viewed as false and later judged to be valid. The average time a child spent in the court ordered custody of an abusive parent was 3.2 years. In all cases we uncovered the father was the abusive parent and the mother sought to protect their child. Results revealed that initially courts were highly suspicious of mothers’ motives for being concerned with abuse. These mothers were often treated poorly and two-thirds of the mothers were pathologized by the court for advocating for the safety of their children. Judges who initially ordered children into custody or visitation with abusive parents relied mainly on reports by custody evaluators and guardians *ad litem* who mistakenly accused mothers of attempting to alienate their children from the father or having coached the child to falsely report abuse. As a result, 59% of perpetrators were given sole custody and the rest were given joint custody or unsupervised visitation. After failing to be protected in the first custody determination, 88% of children reported new incidents of abuse. The abuse often became increasingly severe and the children’s mental and physical health frequently deteriorated. The main reason that cases turned around was because protective parents were able to present compelling evidence of the abuse and back the evidence up with reports by mental health professionals who had specific expertise in child abuse rather than merely custody assessment.

### ARTICLE HISTORY

Received 21 November 2018  
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### KEYWORDS

Adolescents; alienation in child custody cases; child custody; children; sexual abuse

**Table 2.** Judge’s rationale for not protecting at Time 1.

	N	% of total <sup>a</sup>
Pathology of the PP <sup>a</sup>	18	67
Parental alienation	10	37
Mother and child viewed as enmeshed	2	7
Brainwashing or coaching	9	33
Obsessive	1	4
PP not credible but no pathology noted	3	11
Accepts opinion of professional or GAL who does not believe child was abused	18	67
Mental health professional	12	44
GAL	8	30
Insufficient evidence of abuse	10	37
Recantation of child	1	4
Equality of problems on both sides	4	15
Perpetrator provides more stable home	4	15
Other (e.g., perpetrator more likely to comply with court orders, more “friendly” parent)	3	11

Note. PP = protective parent; GAL = guardian ad litem. <sup>a</sup>In most cases judges offered more than one rationale.

**Table 3.** Main reasons why case turned around based at Time 2.

	N	%
Reports from professionals	17	63
Child’s mental health is deteriorating	8	30
Persuasiveness of child’s disclosure	6	22
Child’s continued refusal to visit	6	22
Appeal	5	19
Perpetrator arrested or about to be arrested	4	15
Rejection of PAS	3	11
Compelling medical evidence of abuse	3	11
GAL recommendation	3	11
Testimony of neutral witnesses	2	7
Perpetrator’s bad behavior in court	1	4
Other (e.g., settlement, mediation, emancipation of minor, relinquishment)	4	15

Note. GAL = guardian ad litem; PAS = Parental Alienation Syndrome.

## Sequence of Events

- At birth – various disabilities
- Before age 3 – mother asks father to leave
- At age 4 – many injuries in nursery
- At age 5 – behaviour change notice in medical records
- At age 5 to 10 – bullying and insufficient safeguarding at schools
- From age 10 to 12 – education outside mainstream schooling
- From age 5 to 12 – many sensitive entries in medical records
- At age 11 mother pays for therapy sessions regarding difficulty with ‘having a bath’
- At age 12 disclosures indicative of organised child sexual abuse (including in a bath)
- Mother reports disclosures to police
- Police get Children Services involved
- Children Services make contact with father even before talking to the mother
- ...
- Child taken into care until turning 18

## Gaming of Family Court?

- Father 'befriends' school (and Children Services?) staff
- Father sends child to perform in odd 'kinky sex' shows
- Father asks associate 'D' to sexually abuse child from age 11 to 12 in odd ways
- In the mother's home 'gaslighting' is happening (suggesting multiple burglaries):
  - Forks are going missing
  - Black plastic spider on floor
  - Blue napkin on floor
  - Pictures moved ever-so-slightly
  - Back of TV cables unplugged
- Father asks associate 'D' to take child to GP to claim neglect by the mother
- Father makes phone calls at four consecutive nights asking child to fill in forms etc.
- Father 'stalks' mother and child
- Child starts to disclose about organised child sexual abuse
- Mother informs police with 7-page write-up plus many updates
- Within weeks the Council's Children Services department accuse mother of 'neglect'



Court  
Appointed  
Experts

1. Mental Health Professional: claims enmeshment; poor psychometric assessment
2. Mental Health Professional: claims child has ASD instead of (Complex) PTSD
3. Mental Health Professional: claims mother has PPD

# DSM Paranoid Personality Disorder

## Diagnostic Criteria for 301.0 Paranoid Personality Disorder

- A. A pervasive distrust and suspiciousness of others such that the motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
1. Suspects, **without sufficient basis**, that others are exploiting, harming or deceiving him or her
  2. Is preoccupied **with unjustified doubts** about the loyalty or trustworthiness of friends or associates
  3. Is reluctant to confide in others because of **unwarranted fear** that the information will be used maliciously against him or her
  4. Reads hidden demeaning or threatening meanings into **benign remarks or events**
  5. Persistently bears grudges (i.e. is unforgiving of insults, injuries, or slights)
  6. Perceives attacks on his or her character or reputation **that are not apparent to others** and is quick to react angrily or to counterattack
  7. Has recurrent suspicions, **without justification**, regarding fidelity of spouse or sexual partner
- A. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder with psychotic features, or another psychotic disorder and is not due to the direct physiological effects of a general medical condition.

**Note:** If criteria are met prior to the onset of schizophrenia, add “premorbid”, e.g. “Paranoid Personality Disorder (Premorbid).”





AUTISM	AUTISM & ADHD	ADHD	ADHD & PTSD	PTSD	AUTISM & PTSD	AUTISM, ADHD & PTSD
<ul style="list-style-type: none"> <li>• Difficulty reading allistic social cues intuitively</li> <li>• Special Interests</li> <li>• Strict adherence to routines</li> <li>• Concrete and literal thinking</li> <li>• Verbal stims</li> <li>• Detail oriented</li> <li>• Attention to patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Constellation thinking</li> <li>• Hyperfixation</li> <li>• Task switching difficulties</li> <li>• ND communication patterns (info-dumping, connecting over shared interests)</li> <li>• Time blindness,</li> <li>• Motor and vocal tics</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty reading social cues due to focus and attention issues</li> <li>• Inhibition difficulties</li> <li>• Craving novelty and new experiences</li> <li>• Difficulty with interrupting others</li> <li>• Procrastination issues</li> <li>• Finishing others sentences</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty regulating attention and focus</li> <li>• Impulsivity</li> <li>• Difficulty concentrating</li> <li>• Difficulty unwinding or relaxing</li> <li>• Checking out through social media</li> <li>• Jumping to conclusions</li> <li>• Rejection sensitivity dysphoria</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty reading social cues due to hypo-arousal</li> <li>• Flashbacks and nightmares</li> <li>• Negative view of self/others</li> <li>• Hyper and hypo vigilance</li> <li>• Emotional numbing</li> <li>• Avoidance and isolation</li> <li>• Identity fragmentation</li> <li>• Dissociative amnesia</li> </ul>	<ul style="list-style-type: none"> <li>• Craves familiar routine</li> <li>• Slower processing speed</li> <li>• Repetitive self-injury/ self-soothing</li> <li>• Hypersensitivity to sounds /smells</li> <li>• Masking symptoms in public</li> </ul>	<ul style="list-style-type: none"> <li>• Eye contact difficulty</li> <li>• Stimming</li> <li>• Increased victimization risk</li> <li>• Impulse control difficulties</li> <li>• Sensory issues</li> <li>• Interoception difficulties</li> <li>• Higher rates of substance abuse/suicidality/depression/anxiety</li> <li>• Executive function issues</li> </ul>

# Metropolitan Police Child Protection 2016 Report

## 5.2. Child protection

The Met had been well aware of the inadequate service they were providing on child protection since a 2016 HMICFRS (then called HMIC) inspection.<sup>76</sup> In that year's annual State of Policing report, the Chief Inspector of HMICFRS, Sir Tom Winsor described this report as:

The most severely critical that HMIC has published about any force, on any subject, ever...There is no place in civilised society for the police to neglect their duty towards children in this way, and it is deeply troubling that it has

<sup>76</sup> [HMIC, November 2016. National Child Protection Inspections: The Metropolitan Police Service](#)

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been happening to such a significant extent in the largest force in the country.<sup>77</sup>

Due to the severity of the report, the then Home Secretary commissioned HMICFRS to provide quarterly reports into the Met's progress in 2017.<sup>78</sup> They were inspected again in 2018 and in 2021.<sup>79</sup>

### Key findings from the 2016 HMIC report:

The Met is the first force that HMIC had inspected which had no single chief officer with responsibility and accountability for all child protection matters across the force, resulting in an 'indefensible absence of strategic oversight of this very important issue.'

There was limited force-wide oversight of how well the Met understood or responded to demands and outcomes in relation to child protection.

Almost three-quarters of child protection case files examined (278 out of 374) demonstrated policing practice that either needed improvement or was inadequate.

Staff who respond to and investigate challenging and often distressing cases need to be competent, trained and supported. This was not consistently the case in the Met. Training and supervision were poor.

The lack of connection across IT systems, databases and spreadsheets meant information on victims, offenders and risks was isolated in pockets across the force, in contrast with the free movement of both victims and offenders around the capital.

Significant gaps in information led to missed opportunities to act quickly to protect children and prevent offending. Urgent remedial action was necessary.

Borough officers were often unaware of the registered sex offenders in their areas.

### 2017 quarterly follow ups:

HMIC published updates throughout the year.

# Metropolitan Police Child Protection 2023 Report

## 5.4. Who's in charge of Public Protection?

There has been a longstanding lack of strategic grip of the issue.

*"Public Protection has almost been that thing everyone knows is there, carries really high risk and is important – there are loads of difficult and high-risk issues in it like rape and child abuse. It's all the stuff we know we absolutely need to get right – but it's not the headline grabber that robbery and counter-terrorism are. And it's not something the public wants to see in full detail. This is not just about the police pandering to public perception – that's not what it should be. But Public Protection has been the poor sibling or cousin for a significant length of time."*

There is a sense in which senior officers over long periods have become desensitised to these concerns, or have decided not to listen.

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*"People in Public Protection have been saying 'it's really busy here', 'we're carrying a lot of risk' for a long time. [But] it becomes background noise, elevator music. People ignore it."*

### 2021 report findings:

The most recent report finds improvement. But five years after the initial damning report, similar problems persist. The inspectorate now identified better oversight and 'a feeling of change'. Senior safeguarding leads showed focus and oversight in improving child protection across London. But there had not been 'sustained improvements in all areas of work or decision making'.

Changes made immediately after the 2016 inspection had not led to consistent improvements. This problem was compounded when the introduction of the new BCU model led to 'dips in performance'.

Despite earlier recommendations, concerns remained about how the force managed registered sex offenders, used the child abuse image database, and examined digital devices. The report identified online abuse and exploitation investigations as 'an acute concern'.

There were cases where investigators delayed alerting children's social care to the fact that children were living in a house with someone who was potentially uploading images of child abuse, because they did not want safeguarding interventions to jeopardise the investigation. This potentially leaves children at risk.

Concerns remained about workloads and capability.

Information sharing was seen as an administrative process rather than an important way of protecting children.

Some officers and staff still did not have the right experience, and hadn't had specialist child abuse investigation training.

# TRAUMA & MEMORY (2021)

EDITED BY  
VALERIE SINASON  
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## TRAUMA AND MEMORY The Science and the Silenced



*Trauma and Memory* will assist mental health experts and professionals, as well as the interested public, in understanding the scientific issues around trauma memory, and how this differs from other areas of memory.

This book provides accounts of the damage caused to psychology and survivors internationally by false memory groups and ideas. It is unequivocally passionate about the truth of trauma memory and exposing the damaging disinformation that can seep into the field. Contributors to this book include leading professionals from the field of criminology, law, psychology and psychotherapy in the UK and USA, along with survivor-professionals who understand only too well the damage such disinformation can cause.

This book is a valuable resource for mental health professionals of all disciplines including those involved with relevant law and public health policy. It will also help survivors and survivor-professionals in gaining insight into the forces resisting disclosure.

**Valerie Sinason, PhD**, is a widely published Writer and Psychoanalyst. She has pioneered disability and trauma-informed therapy for over 30 years, is President of the Institute of Psychotherapy and Disability, Founder and Patron of the Clinic for Dissociative Studies and on the Board of the ISSTD.

**Ashley Conway, PhD, AFBPsS**, is a Counselling Psychologist. He has worked in a wide range of fields of trauma, ranging through severe critical incidents to long term abuse, and has published widely in these areas. He is currently the Chair of the Clinic for Dissociative Studies in London, UK.

# Legal aspects of memory: a report issued by the Psychology and Law Sections of the British Academy

Alan Baddeley, Chris R. Brewin, Graham M. Davies,  
Michael D. Kopelman and Hector L. MacQueen

## Abstract

We describe the commissioning, publication, and contents of a report on legal aspects of memory. The report was the result of a unique collaboration between the Psychology and Law ‘Sections’ of the British Academy that brought together the contributions of memory and legal experts from both inside and outside the Academy. The report briefly summarises psychological research on memory and is designed to be of practical value to busy legal and criminal justice professionals. Topics covered include memory concepts, memory development including childhood amnesia, interviewing witnesses, the effects of suggestion and misinformation, the effects of trauma on recall, adult memory for childhood events, factors affecting eyewitness identification, conditions such as psychiatric and neurological disorders that may impair memory, issues in the memory of suspects such as deception and reported amnesia, and the role of the expert witness in court.

## Keywords

Amnesia, crime, forensic interviews, suggestion, eyewitness testimony, expert witnesses.