

**GENERAL MEDICAL COUNCIL**

**PROFESSIONAL CONDUCT COMMITTEE**

Wednesday 3 September 2003

44 Hallam Street, London W1

Chairman – Professor Peter Richards

Panel Members:

Dr Nihal Gunasekera  
Mr Neville Harrison  
Mrs Muktesh Kakar  
Dr Charles Winstanley

Legal Assessor: Mr Douglas Readings

Case of:

**EASTGATE, John William**

(DAY THREE – AM PROCEEDINGS)

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MISS JOANNA GLYNN QC, and MR A HURST, instructed by Messrs Withers,  
solicitors, appeared on behalf of the Complainant.

MR JAMES TURNER, of counsel, instructed by Messrs RadcliffesLeBrasseur,  
solicitors, appeared on behalf of Dr Eastgate, who was present.

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(Transcript of the shorthand notes of T. A. Reed & Co  
Tel No: 01992 465900)

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PROFESSOR HARRY ZEITLIN, Continued  
Cross-examined by MR TURNER, Continued

A

THE CHAIRMAN: Good morning. There is just one point of housekeeping. I said on Monday that we would finish at four today. 4.15 would be perfectly all right.

Mr Turner?

B

MR TURNER: (To the witness) Professor Zeitlin, we finished yesterday afternoon and I was starting to go through the background file notes relating to Miss A in the context of how seriously Dr Eastgate was entitled to take the matter when he discovered the allegations she was making about Professor X. That is the context of my questions at the moment. Would you turn, please, to the bundle with the file notes in it, tab 2, page 6. You accept, do you, that these file notes would not have been prepared with a view to them forming evidence in any sort of proceedings?

C

A They would not have been prepared with a view to giving evidence in any proceedings. Once you have a suspicion that there might be abuse all the directions are to indicate that you should take your information in such a way that it could be, if necessary.

D

Q But the stage we are at on page 6, there is no reason to suspect abuse at that stage, is there, from what appears on those notes?

A From what appears on those notes, not that I could see.

Q In relation to 6 July we see there is mention of a lengthy session with the young lady.

E

“[Miss A] still feeling suicidal but safer in hospital. [Miss A] quite miserable and withdrawn – feels things always happen to her – that there must be something that makes them happen. Feeling that she talks to people and somehow or other things go wrong.”

Then there is a mention of B and the headmistress, both of whom have, as it were, disappeared out of her life. Correct?

F

A By different means, yes.

Q Then the rather cryptic remark:

“There was somebody else but she couldn’t tell me.”

A I see that.

G

Q So, as it appears there, a complete mystery as to what she is getting at there?

A Well, it is exactly what it says there. There was somebody else, we do not know what or why, and she could not tell. It is a complete mystery. We just do not know what that refers to. There is something more that she wishes to tell about somebody else or that she might want to tell.

H

Q If you were the clinician dealing with Miss A, is that something that you would have wanted to follow up?

A A Yes, in the sense that having raised it, it would appear to be important to the girl, and yes, I would want to follow that up.

Q She is a young lady, as we have heard, who was not communicative. One really had to struggle to get any sort of information from her? You have seen the evidence from parents, from school, from other doctors, that deals with that, have you?

B A It does not strike me, from what I have seen, that this would be really very different to other teenagers in the degree of communication. She is not an easy girl. She does talk. There are sessions. Dr Eastgate has worked hard to get to know her better and my reading of the notes is she becomes more communicative – not dramatically different to other teenagers.

Q You say “not dramatically different from other teenagers.” That is the impression you got?

C A The impression I get is that this is a girl who will talk under some circumstances, but is cautious about talking about a variety of things. It does not strike me, if you work with difficult children, as being particularly notable that she is more reticent than others, and of course we have the fact that she has written quite lengthy things at various points. I take the point that she is not a child who sits down and talks readily and quite openly about everything.

D Q The clinician in the therapeutic setting would be, amongst other things, trying to find what was at the heart of her disturbed behaviour?

A Would be trying to find whether there was something at the heart of her disturbed behaviour, as I pointed out with depressed children, because at this point it is an exploration of the underlying factors of her depression. That is my understanding of where things are at this point.

E Q Because if there is an actual concrete reason for it, then that matter can be addressed, possibly in some way or another?

A Yes.

Q That is the importance of trying to find if there is a reason for her state of mind?

A Yes. I think I gave that in evidence yesterday.

F Q Then we Committee to 9 July. We have the notes of that on page 7. We see, starting from the top:

“Again [Miss A] very withdrawn, not talking.”

G The doctor talks to her about previous discussions where she had been saying there are people who had let her down, so he is trying to pursue that to see if there is anything there that is at the heart of the problems. Perfectly proper?

A Yes. As I pointed out, at this point I have not made any comment. I am actually not out particularly to criticise Dr Eastgate and I am certainly not picking up and saying that everything that was done was wrong. I think I had pointed out where, and at what point I was concerned, in my evidence so far.

H Q To what extent is your analysis of Miss A’s character influenced by your meeting with her some years down the line?

A A In terms of my impression of her character then, largely by the data I have from the records.

Q Of course, it is a bit difficult, is it not, to shut out what you know of her at present, from having met her, when you are doing an analysis of trying to put yourself in the position of the doctor in 1996 who is actually dealing with her on a face to face basis, who is there at the coal face, as it were?

B A No, I do not think so. I said yesterday that my task is to make a critical analysis of the data and I think that I should be aware that this young woman, at this age, may be different. Now, it is helpful to meet with her, but what I have quoted in all my reports is not the result of my recent interviews with her. I hope that that was quite evident in my reports.

C Q Going back to the note, so the doctor then starts to explore again and take it from the people who she specifically mentioned – B and the teacher. He reminds her that she said that there were more people, and we have seen the reference where she had said that before.

A Yes.

D Q The doctor notes that she was withdrawn and quite watery-eyed at that stage. If that is right, it would give some indication that there was perhaps something troubling her?

A This is a troubled girl and has been for some months. She was admitted following what appeared to be an overdose. She is a troubled girl, yes. There are things troubling her. I do not know how that compares, but at that particular point, yes, I think it would be quite reasonable to consider those as significant factors that might want to encourage her to continue.

E Q So the doctor probes that rather further?

A Yes.

Q But she is withdrawn, she is reticent about answering questions. So it is reasonable, in those circumstances, certainly in the therapeutic context, for the doctor to ask some not entirely open questions? A completely open question would be: "Tell me more" and just leave it completely open to her to tell him what she chose, would it not?

F A Yes. You have made the distinction between therapeutic interviews and investigative interviews, but this is now becoming investigative; that is, to try and find out what was underlying it. Now, we ---

Q But investigating in the therapeutic context. I am sorry, I interrupted you.

G A Well, you are making a distinction there. Distinctions have been made but the importance of conducting inquiries in that context is... It is something which has been stated fairly clearly in a variety of contexts.

Q Professor, every therapeutic session is investigatory in that one is investigating what the cause of the problem is, but that does not mean you treat it in the same way as a child abuse investigation, does it?

H A No, you are putting a generality there. The nature of leading a youngster is no different, irrespective of the context. To try and point to a youngster to introduce

A questions which might indicate the answer is not appropriate either in a therapeutic setting.

Q But it can become appropriate sometimes, even in a formal interview conducted after a Child Support Team has become involved, even when there is the formal interviewing under the *Memorandum of Good Practice* following a formal commencement of an investigation. It can, in certain circumstances, be necessary, can it not?

B

A That is the opinion that you are giving. It is certainly not the opinion which I gave. We have talked about the difference between facilitation and disclosure and the difference in nature between facilitative questioning and questioning which is designed to elicit abuse which is present. You have given a document which is an extraction from the Cleveland Report. That is discussed in fairly great detail there.

C

Q For example, the *Memorandum of Good Practice*, which is designed for people conducting formal interviews once there is an allegation of child abuse and one is trying to get the full interview for evidential purposes, has a section headed:

“But interviewers should avoid leading questions exception when strictly necessary.”

D

Sometimes it can become necessary to ask leading questions. One starts with questions which are as open as possible and, as I say, a completely open question would be: “Tell me what happened?” or “Tell me the story?” and leave it entirely to the person being spoken to volunteer anything. But if that does not produce any result, one has to begin to ask rather more closed questions, such as giving alternatives?

E

A Such as giving alternatives that are open. We have discussed the differences between the initial part – I have already given in evidence that you begin to look at the narrowing down, a male or female, but it is still open.

Q What must be avoided is the question of the entirely leading sort, such as, “He touched you, did he not?” – that sort of thing?

A Yes, I would say that would be entirely leading and that is a direction.

F

Q That is really an invitation to provide that information. You are providing the interviewee with the information that you want them to give, are you not? That is the danger of that sort of question?

A Yes, I would agree.

G

Q There is a wide spectrum of different types of question that can be asked between the completely open, “Tell me what you want to”, down to the, “He touched you, did he not?” There are all sorts of different types of approach that can be used and tried in between those two extremes?

A I am making the distinction – I actually do not disagree with that, but I am making a distinction between those questions which might indicate to the child the nature of the answer. As I pointed out yesterday, there is a gradual shift – it becomes more and more specific – until we get to a point at which it narrows down the answer. There is an extremely limited range of answers that can be given as you get down to

H

the issues about somebody in London.

A

Q Can we look at Dr Jones' book, page 16. Six lines down there is a sentence that begins, "We are therefore", and what Dr Jones is doing is addressing certain situations that can arise when there is a need to discover information from a child but the child remains silent, uncommunicative or will not provide information about the topic – correct?

A Yes.

B

Q He says:

"We are therefore left with a problem of what to do when clinical circumstances imply the need to discover but the child is silent. To go no further in questioning means to return the child to possible danger. While this is difficult for clinicians and the police it may be better to accept that not all children will talk than to use leading questions only to realise later that the veracity of the information gathered is difficult to assess. Occasionally leading questions are necessary but only after open-ended questions have revealed no information. In this latter circumstance it is the potential for harm to the child should abuse not be disclosed that should guide the decision as to whether to use leading questions. Less suggestible forms of leading questions are available and can be shown to reduce potential distortion compared with more strongly worded leading questions."

C

D

Then Dr Jones gives some examples of the different gradations, as it were, of leading questions. Do you agree with what is said there?

A Well, you have to put this in context. The actual section starts off:

E

"All experimental studies have underlined the harm that can be done by leading techniques in the questioning of children."

What he goes on to say is that it may be that you want to give some more specific questions to the child that can facilitate the child continuing. Most of the discussion about leading questions actually deals with facilitation as a second stage once there is a revelation by the child of some sort. That is what most of the facilitation discussions refer to. At this particular point my understanding is that there is concern but there is not, so far, an indication that she has been abused. What this says is that in this latter circumstance it is the potential for harm to the child should abuse not be disclosed. That is my understanding, that it was not the circumstance that you actually put to me, that at this point the investigation is for an underlying cause of depression, and there is something else.

F

G

Q We are not at this stage that we have got to here engaged in the doctor perceiving this as a sexual abuse inquiry on the notes?

A On the notes it appears not to be.

Q So the doctor is simply trying to get to the bottom of what this business is about people letting her down, who has let her down, how has she been let down?

A Yes.

H

A Q So questions about dangers of leading questions in sex abuse inquiries still do not arise at this point if the notes are accurate?

A The bit you have asked me to read about leading questions is in a paragraph about the dangers of leading questions. You have raised it that it is in the context of a sex abuse inquiry. The section we are looking at is in the dangers of leading questions and it talks about the balance of whether to use some leading questions against the dangers of not revealing abuse. That is what this is about.

B

Q The whole book is about the context of sex abuse inquiries.

A Yes, that is right, but that is what the section that we are looking at is about.

Q It is about sexual abuse inquiries, is it not?

A That is right, yes. What we are talking about is whether, in these circumstances, there was already an indication of abuse that would lead to give reason to suppose that there was a danger if you could not facilitate the child to go further. That is my understanding of what this is about.

C

Q Let us take it in stages. We are still on the notes. We have not got to a stage where there is concern about sexual abuse. It is still an inquiry, a therapeutic inquiry, to try to discover what the problem so that the problem can be addressed in a therapeutic manner to help the girl?

D

A Yes.

Q She is withdrawn, reticent, so the doctor asks her, "How many other people?" That is a perfectly acceptable question in those circumstances, is it not, if it was asked in that way?

A I have already indicated that it is my opinion that there is a gradual change and that what is in the second paragraph might be considered as reasonable and open-ended if you are not considering the possibility of abuse. It is the progressive change as you go down through this that I am concerned about until you get to ---

E

Q If you would just bear with me I would like to go through it progressively so we can see where the problem you say arises.

F

THE LEGAL ASSESSOR: Mr Turner, may I be forgiven for interrupting again. You cut off the witness before he had finished his answer.

MR TURNER: I keep doing it, I am sorry.

(To the witness): Was there something else you wanted to add?

A It was just that I have already given my opinion about the nature of this interview.

G

Q You will appreciate that I am coming at it from a different perspective from Miss Glynn, so I want to probe with you a little more about it, so I need to break it down into the constituent parts. The doctor asks, "How many people", an acceptable question, she says, "One". That is not a leading question anyway. He asks, "Adult or child?" That is a perfectly appropriate question. It gives a choice?

A I have already given my opinion. I do not have reason to change my opinion on that.

H

- A Q After a lot of hesitation Miss A says, "Adult". "Male or female?" Again, it has got to be one or the other, a perfectly reasonable choice given?  
A I have given my opinion on that already.
- B Q So the doctor is going through it in stages trying to get the information out of her. Again, a lot of hesitation before she says, "Male", in a whisper. "Was it family?" So the doctor, given her hesitation, has got to try to ascertain where this male fits into her life. "Is it a teacher, is it a friend, is it family, what is it?" So he is taking certain groups to see if the person comes within that group, the person who has let her down in some way. "No, it was not family". "Was it somebody she had known for a long time" – it is a bit like 20 questions, is it not, "No, it was not." "Was it somebody in T? Was it somebody at her previous school?" "No." "Was it somebody at her present school?" "No." "Was it somebody in London?" Silence. So one can perhaps read into silence a "yes" there. Would you agree?  
C A No. A silence is a silence. This is the problem, when you start to read something into things. You have a silence, could it lead him to consider whether it is possible now that he has come to an area which is of concern? Yes, that is possible, but the danger is of starting to read things into it. That is my concern as we go further.
- D Q Again, still not involved in a sex abuse inquiry, it is still someone who has let her down?  
A One of the changes that is beginning to take place in this interview is the use of the term "it". "Was 'it'?" We start off by talking about "it" being somebody letting her down, which is a general view of an attitude or a relationship. "It" becomes in due course something else, "it" on a number of occasions, as we will see as you get down the page. So there is beginning to be a change in the perception here.
- E Q The form that such an inquiry takes in the sort of situation we have here is very much a matter for the professional judgment of the individual who is on the spot, who sees how the girl is reacting, who knows her. It is much more difficult to do that as an academic exercise going through it years after, is it not?  
A Yes, it is much easier to look at things retrospectively with the benefit of hindsight and with the benefit of the sequence of events. What training is about is to be able to handle events like this.
- F Q It is very easy, I suggest, to look back and say, "Ideally, if I had had time to think about it more I should have said, 'Well, was it the South-East rather than London?' and given her even more choice?"  
A I think that is quite spurious.
- G Q One can be a little bit too nit-picking about it, I suggest.  
A I am trying to point out, I am actually not nit-picking on that part of the interview. I am talking about the steady progression of the interview until it gets to a point where there is a much more focused and specific question.
- H Q What the doctor is doing is the process of elimination really, is it not? That is how this reads?  
A Well, up to that point, yes, that could be.

- A Q So if, as the doctor guesses from the silence, not an unreasonable stance, I suggest, that it was someone in London, and if it was not family and it was not school, who else would the young lady have been coming into contact with in London? He then goes on to probe as to whether it is medical. So not a completely open question but certainly not a wholly leading question?
- A I think that it is wholly leading, as he already knows that there are two medical people involved – that is very limited – and for whom the youngster has already expressed an antipathy.
- B Q This is, I emphasise again, the therapeutic environment trying to get to the bottom of her problems so that she can be treated?
- A You have put this to me a number of times and I think I have answered it to the best of my ability.
- C Q It is in that context that the name of Professor X emerges, and you have criticised that questioning that led to that?
- A I am saying that by this point it has become much more specific. There is a change as you go through this interview to going from the generalities to what might be acceptable as more closed questioning or moderated questioning to a point at which there is a very limited number of answers. At the same time there is a change in “it”, whether “it” happened. That is quite a specific difference. It is quite difficult to say “it” happening is an indication of being let down.
- D Q Sorry, we have not got to any “it” happening yet, have we?
- A You referred to when the name of the consultant concerned is raised and we are before that.
- E Q We are still identifying the person who has let her down, are we not?
- A I am terribly sorry, I misunderstood. I thought you had got to the point at which you have said the name of the particular doctor had been raised. If you go up a few lines ---
- Q I see, yes.
- A --- “I wondered perhaps if it was somebody medical and I asked whether ‘it’ happened once or on a number of occasions”. That is a different ---
- F Q The “it” being the letting down?
- A Well, this has changed in character. “It” is an event, or it appears to be moving to an event.
- G Q It is known generally by this stage that Miss A has a dislike for the Professor, is it not? That has already been recorded?
- A Yes, yes, and I have already pointed that out.
- Q So one would expect the doctor to be aware of that?
- A I would indeed.
- Q So he is moving on to ask her what the problem is with Professor X?
- A Well, he does not say that. I have to say that it is a combination of factors.
- H I have already put that at this point there is a change in the nature of this interview.

A I still say you have to put it in the context of what then happened, and I have already pointed out that it may be that the morning session was in the context of a non-directed session in which concerns were raised. I have already pointed this out, that that in itself, even though there is a change in the character, it becomes more focused but then other things happen.

B Q So the doctor goes on to probe with her not precisely what the problem was but when she started to feel uncomfortable in her dealings with Professor X?

A Well, she has not said that at this point.

C Q She gives more information about that, if the note is correct. It is being made clear there that she has been accompanied, as one could guess in any event, when she has been to see Professor X as she was only nine at the time. So, even if she had not said that, one would assume that she had been accompanied by an adult when she had gone, would one not?

A Yes. I am not quite sure that that is in dispute. I am not quite sure what the question to me is.

D Q This goes to the question of whether or not Dr Eastgate should have subsequently asked questions of the parents to see if they were there and had seen anything. One can probably assume, can one not, that, first of all ---

THE LEGAL ASSESSOR: Mr Turner, is this is a question?

MR TURNER: Yes. "One can probably assume, can one not" is a question.

THE LEGAL ASSESSOR: Could you focus this a little. I am afraid I was beginning to lose the thread of it.

E MR TURNER: One can assume, can one not – I am sorry, I have lost my thread.

THE LEGAL ASSESSOR: It is my fault, please go back and start again.

MR TURNER: One can assume, can one not, that if a nine year old girl goes to see a consultant she will be accompanied by an adult?

F A In this context, when you say you can assume, it is highly probable that she would be, but then this issue is raised. The second time she went with the maternal grandmother – declined to comment further about what happened.

G Q Just thinking ahead for the moment, and one can also assume that if a nine year old girl has gone to see a consultant with a parent, if the parent had seen anything improper happening the parent would have said something about it?

A Yes.

Q One can assume that there has been an adult there and the adult has not seen anything improper. One does not need to actually go and ask the adult that. It is obvious?

H A No. You are mixing two things together. The issue would have been as to whether the adult could have seen what took place – there is a diagram on the desk here. What he is now moving towards is whether something happened. We are no

A longer talking about whether she felt let down, we are talking about whether something happened.

Q Of course you appreciate ----

A We are talking about whether the child was chaperoned in some way during the session. We have now got to a point where it has been queried as to whether something happened, whether "it" happened, and the question that you are saying, that I am afraid you cannot assume, is whether or not in this context it would have been possible for the chaperone to have seen whether anything happened.

Q You appreciate from our tab 6, the letter sent on Dr Eastgate's behalf, that it is his case that he did at one stage investigate that with Miss A, but you say there is nothing in the note to confirm that?

A No. Investigating with Miss A, I was asked about this yesterday. The reason for having a chaperone is as to whether there is an adult who can see what happens. Yes, it is quite reasonable to ask Miss A, but we noted that the Committee's first reaction here was, on the first day when the mother was giving evidence, to clarify the circumstances under which this was taking place. What I am saying is that it would have been a reasonable thing to do. I presume this is where the questions are that you do not need to ask the parents – the person present. No, I am afraid I do not agree with that.

Q You can assume that the person present has not seen anything. You rightly say that you go on to ask yourself next, is there a situation where it could have happened that there was some impropriety and the parents would not have been able to see it, so you ask about the lay-out of the room?

A Well, not necessary the lay-out, but the circumstances.

Q If what is being said on Dr Eastgate's behalf in that letter of 24 May is right that is exactly what he did?

A Sorry, can I ---

Q Tab 6, page 2, the middle paragraph on that page?

A If, after the concerns were raised, the doctor had gone to the people who were accompanying the child and said, "Look, I have a concern, could you help me understand the circumstances, what the child's reactions were, what were the circumstances in the room, whether anything could have taken place", and if that has taken place then, yes, but my understanding is that that did not take place. If I have a look I can tell you. Sorry, where am I looking?

Q I will ask you to look at tab 6, page 2, the middle paragraph. Assuming there would an adult there, assuming reasonably, I suggest, that the adult cannot have seen any impropriety, otherwise the adult would have done something about it, Dr Eastgate needs to investigate how this could have happened if any credibility is to be attached to it all if the accompanying adult did not see anything?

A It is quite reasonable to get the child to clarify. That is quite reasonable, I am not criticising that. It is not reasonable then to proceed in the way – "not reasonable", I think it is not good practice then to proceed in something which has potentially such serious consequences without at least making the checks on the person who was present for the reason that you have a chaperone present. Clarify it with the child,

- A yes, I have no quarrel with that, enabling the child to try and clarify what the circumstances were. You cannot then assume that it is perfectly reasonable to dispense with clarifying the circumstances from the chaperone. That is why the chaperone is present.
- B Q So you say it should go further than simply clarifying with the child and asking such questions you had of the child to satisfy yourself that what the child says is credible. You then go further and must make inquiries of the adult who was present?  
A It is not a matter of going further.
- C Q That is what you are saying, is it not?  
A I am saying that the next step would appropriately be to try and clarify with the people who are present in the room at the time the circumstances and the reaction of the child.
- Q Yes?  
A Yes.
- D Q The issue between us is whether that was properly a task for the doctor who was seeing the girl in a therapeutic context or whether that was properly a task to be done by someone else following a strategy meeting of the child protection team. Whether the doctor should be the investigator of that or whether, if it was going to be done, it should be allocated at a strategy meeting?  
A That is one of the factors on which we are differing. There is a combination of factors here – and I have to repeat, I am not here to attack Dr Eastgate – but when you look, you see there is a combination of factors, and that there was an action next. By the 11<sup>th</sup> it is discussed openly on the ward about the abuse by a senior medic. It is in the nursing notes. There is an assumption that this has taken place. There is an opinion being given to the child. There is a sequence of events here which add up to a circumstance where I would press on this particular point might have been – there may not have been – but might have been avoidable if a step had been taken with regard to this point simply to ask the questions of the chaperone that the Committee did when this was raised.
- E Q You say that a trigger note made by a nurse of some sort – not purporting to be a full note – is something that suggests it was taken as read on the ward that there had been abuse?  
A By the 11<sup>th</sup>.... Can I ask you to bear with me just one second? It is on the 11<sup>th</sup>. I cannot read the first one. It says, “Came at this was concerning her discussion with Dr Eastgate re the abuse from a medic.” This is on the 11<sup>th</sup>.
- G Q If one had added the word in this note “... re the alleged abuse from a medic”, would that have satisfied you?  
A Well, it is not present.
- Q But if it had been, would that have satisfied you?  
A Well, it would have been more appropriate if they were talking about it as an allegation, but it is one of the factors in the constellation. It is already being discussed as though it had happened.
- H

A

Q Professor, all that ---

A And it continues.

Q All that note, I suggest, is doing is recording the fact that there had been a discussion with Dr Eastgate re abuse from a medic. That is precisely what had happened. There had been a discussion regarding abuse from a medic. That is what Miss A had been saying to Dr Eastgate.

B

A This is what I am trying to put to you; that we have got to a point at which this interview becomes more focused. It focuses to the questions about a doctor. It then continues to talk about "it" happening to the child. There is an opinion transmitted to the child, "I was worried whether he may have done it to other children as well," and two days later we are talking about "the abuse". It does not say "the alleged abuse".

C

Q But if we can just stick with that note of the 11<sup>th</sup>, it records the fact. There had been a discussion with Dr Eastgate re abuse from a medic. As a matter of fact, that is accurate. There had been a discussion with Dr Eastgate regarding abuse by a medic. That is precisely what Miss A had alleged.

A No, she had not.

D

Q She had alleged that he had stroked her breasts?

A Yes.

Q That would be abuse if it had happened, so she was alleging something that an adult would describe as abuse whether she described it as abuse or not.

A But that is not the point. She says, "I did not know that it was anything wrong." The idea that what happened was abusive has been introduced to this girl. It then is present on the ward notes. They do not talk about alleged abuse and in fact if you go to Dr Eastgate's own notes ... You might say the nurses might not realise that one should be talking about the alleged abuse, but it says, "Still thinking about the abuse". There is no question here of it at this point being considered as an allegation that might be incorrect. In fact much later on the validity of the allegation is considered. I am talking about the file note at the bottom of page 8 on the 11<sup>th</sup> at 9.30 a.m. "Still thinking about the abuse."

E

F

Q Let us just, if we may, go back to the 9<sup>th</sup> because we had not quite finished that session.

A I am only referring to the fact that the question that was being asked as to ---

Q I am not complaining.

A There is no indication that this was discussed as an allegation. It is discussed as "the abuse". There is no point at which I see it referred to as an allegation which would be in doubt.

G

Q What was being recorded in these notes is what Miss A had discussed with the doctor. She had discussed with him conduct that an adult would describe as abuse. That is all these notes are doing – recording what she discussed with him, or what she said.

H

A It is commendable that these notes are present and put this in this way, but I am pointing out that one of the key issues here is at this point there should have

A been, as Dr Eastgate himself said, word by word recording. We might not have been in this position if it was present.

Q Yes. I suspect Dr Eastgate, with the benefit of hindsight, would agree with you that he wished he had put word for word recording, but I suggest ---

A I am not --- I am sorry.

B Q Sorry. Do you want to add something?

A I am not suggesting – there is nothing to suggest – that Dr Eastgate has at any point acted with malice or intent to cause harm or to cause distress. If you are saying that this may well be an error and an oversight in a series of steps – and I have to put the series of steps present – then I do not necessarily disagree with you.

Q I am grateful for that.

C A I am putting that there are a series and a combination of factors here which lead to the very serious error.

THE CHAIRMAN: I wonder whether, Mr Turner, we should move on from this point. I am sure the Committee can see there are two sides.

MR TURNER: Yes, I think that is right.

D

THE CHAIRMAN: There are two sides to this argument. They have heard both and they will consider both very fairly.

MR TURNER: Thank you, sir.

(To the witness) Professor, let me move on from those notes because we have, as the Chairman rightly says, been through them. We have already been through the question of whether it was appropriate to involve the parents at that stage or whether it was appropriate to wait and see what the social services co-ordinator thought. We have entered a debate on that matter. It is appropriate for Dr Eastgate to discuss the matter with other members of his team at the hospital, is it not, before taking any step?

E

A Yes.

F

Q And it is clear from those nursing notes that there had been some discussion of it prior to 12 July?

A Yes, I would agree.

Q And it is apparent from the documentation also that on 12 July there was a communication with Mr Evans, the joint co-ordinator of the child protection team?

A Yes. On the 12<sup>th</sup>.

G

Q Then we see immediately afterwards someone calling back and leaving a message saying that a strategy meeting had been set up and could Dr Eastgate provide a venue for it?

A Yes.

H

Q And the purpose of such a strategy meeting would be to decide what to do next?

- A A Yes.
- Q If anything.
- A Yes. Yes, I agree.
- B Q Whether social services should involve themselves, whether the police should involve themselves. Whether there should be inquiry made of the parents and if so by whom and in what way ---?
- A No.
- Q Whether inquiry should be made of the professor.
- A I actually do not agree with that.
- C Q You do not?
- A I agree at that point about the nature of the involvement of the parents from that point onwards. The decision to involve the parents after those initial interviews should have been a clinical matter by the clinician.
- Q Indeed, you go so far ---
- A This is a 13-year old child about whom concerns have been raised. It would be appropriate for the senior clinician concerned irrespective of what was going to take place two or three days later at the strategy meeting to discuss this with the parents. Quite right, at the strategy meeting later, if there was going to be one, to then decide the nature and extent of the involvement of the parents, but that does not remove the clinician's need as an imperative to have taken this to the parents who had parental responsibility at that point.
- D Q If it be the case that the view taken on 12 July by the senior social worker who Dr Eastgate discussed it with was that the parents should not be told about the detail until after the strategy meeting, would you say Dr Eastgate was still wrong in not involving the parents?
- E A Yes.
- Q Because, of course, he did involve them on 12 July but not to the extent of giving them full details.
- F A I have asked for clarity on a factual basis. My understanding is that this was reported prior to.... If you like, the confidentiality with regard to the child was broken prior to any discussion with her parents. Now, that may be wrong and, on a factual basis, if there was discussion by Dr Eastgate with the parents before he took any further action, then I would be relieved to hear it.
- G Q Let me make clear what Dr Eastgate's case is. I do not think there is any dispute about that.
- A Can I ask for the factual basis, because it is my view it is quite important. I do not know if there was any communication with the parents prior to Dr Eastgate taking any action.
- H Q Dr Eastgate's case is that prior to telling the parents anything about this he spoke to other members of staff within his team and he spoke to Mr Evans, the joint co-ordinator, that he (Dr Eastgate) did not actually refer the matter to the child

A protection team but that following his discussion with Mr Evans, Mr Evans took the decision to refer it. So in so far as there is a formal referral, it is Mr Evans, but it resulted from Dr Eastgate's discussion. Once the decision had been taken to refer the matter to the child protection team and to hold a strategy meeting on the 16<sup>th</sup>, the parents were told, because Mrs A was at the hospital that afternoon and we have heard that she saw Dr Eastgate, who told her that there had been an allegation although the details were not gone into, and she was told there was to be a strategy meeting but she was told no details about that matter at that stage.

A I follow that.

Q That is the factual ---

A I certainly think it is better than learning after the police had been informed. It is still my view that as a clinician Dr Eastgate should have first discussed this with the parents who had parental responsibility. I am relieved that this proceeded at least in that the parents were involved before an outside agency was involved.

Q Indeed, we have heard evidence from the mother, at the meeting she had with Dr Eastgate on the 12<sup>th</sup>, that the child herself had been making it clear that she did not want Dr Eastgate to tell any more to the parents at that stage?

A Yes.

D Q What would be Dr Eastgate's duties to the child at that stage as far as you concerned?

A Once the matter becomes referred to an outside agency, of course all issues of confidentiality become overruled because that confidentiality has been broken. So it is still the responsibility of the doctor to have discussed the issues and the concerns. This is not something which, if you like, is a fact about the child, influencing the child only which is going to have no consequences and in which one says, "I can offer you confidentiality". This is something which, once it is reported, potentially has very serious consequences. Therefore I think if the decision is likely to be made – is likely to be made – to report this to an outside agency, that should have been discussed and in fact should have been discussed with the parents. You have given me an abstract from the Cleveland Report which for various reasons I know reasonably well. In paragraph 12.65, the bottom line is, "The professional ...".

F Q I have lost my copy.

A I can read it to you. The sentence reads:

"The professional has an obligation to alert the family to the extent of this potential sharing of information."

G That is the sentence which is in there, and I do not think anybody has actually gone against that particularly – unless there is a serious risk to the child from doing so. There was no indication that there was. But it is to alert "the family to the extent of this potential sharing of information".

Q So the family here were alerted to the fact that there had been a reference, but only after Mr Evans had made the reference following his discussions with Dr Eastgate?

H

A A But Dr Eastgate is a senior clinician in these circumstances, and those steps... That is already an action. If he is saying, "It was already Mr Evans's decision," he must be aware that if he is not taking responsibility for putting a hold on that, therefore he has taken steps which mean that there could be an inevitable sharing of information before he has alerted the parents to this.

B Q But Dr Eastgate had done precisely what is recommended in the DHSS guidelines that we looked at yesterday in the literature bundle, tab 3 at page 10. He had a suspicion. It is clear he had a suspicion, the cause of a suspicion.

A Sorry? Tab 3?

Q Tab 3, page 10, paragraph 9. It is headed, "Initial Response and Strategy Discussion" – what should the doctor do when he suspects, and the word is "suspect". Here, there was ample ground for suspicion on the part of Dr Eastgate, was there not?

C A If we are at this particular point ... It depends which point we are at because at some point you have been saying to me that these interviews have given ample indication that there was a possibility of abuse, and in others that it was not indicated at the same time.

D Q I am suggesting that what the girl had told him in the context of the background where it was known that the girl for some reason disliked Professor X, where it was known that the girl had disturbed behaviour, where it was known that she was not eating properly – all factors that would have been entirely consistent with her allegation – would certainly given rise to a suspicion at the very least?

A The girl has not made an allegation. She has made statements that could be consistent with an allegation.

Q But enough to raise a suspicion, I suggest?

E A Yes.

Q So:

"Once any doctor suspects that child sexual abuse may have occurred, prompt discussion in confidence with a colleague in the same or another discipline ...".

F Mr Evans, a colleague in another discipline.

A When he discussed it in this manner, he is aware – or at least my understanding is – that it was taken out of his hands to control the sequence of sharing information.

Q "Telephone" –

G A Before that happened, he should have done exactly what this says – alert the family to the extent of this potential sharing of information.

Q "Telephone discussion at this stage"

– we are looking at the initial response –

H "with a professional, who is working in child abuse"

A

– which Mr Evans clearly was –

“is likely to be most helpful in considering the differential diagnosis and planning the next step to explore the situation, and decide what needs to be done to protect the child.”

B

Now, I pause there to say, of course it was not really protection of this child that was in issue here, was it?

A We have discussed this ---

Q We have discussed this.

A --- at length yesterday.

C

Q It was protection of other children that was the issue.

A I have given my answer as far as I can to this particular point. Let me be quite clear. I am not saying that everything that Dr Eastgate did was wrong – far from it. In fact, if you have seen my report – I gather the Committee has not – I actually say in it that most of what Dr Eastgate did was unexceptional. Certainly with regard to many of the heads of complaint I have not said that it would be normal practice. I am certainly also not saying that everything that happened on this was wrong. I am saying that there was a specific sequence of events.

D

Q We all appreciate I want to discuss with you the things that you say were wrong?

A Yes, that is right. But you picked up some things where I might well be saying I am keeping (inaudible) challenged.

E

Q Would you look, please, at page 8 of that same guidance and paragraph 8.2. Perhaps we can start at the earlier page, page 7. “Grounds for suspicion”.

A You pointed me to paragraph 8.2 and it does refer to the informal discussions and there is a distinction between formal discussion and formal procedures.

Q We will come to that in a moment, if we may. Let us start with 8.1:

F

“Disclosure from child

Once an allegation or disclosure, of actual or suspected abuse is made to a doctor, the onus is on that doctor to take further action.”

Correct?

A Yes. I would point out the onus is on “that” doctor.

G

Q

“It is important to take what the child says very seriously, and to spend time listening to what the child has to say. Some children may be in danger if they return home ... and urgent discussion will be needed with professionals working in local child abuse services.”

H

A That is not the situation here but, of course, the fear is that if the allegations the child are making, or if what the child says is true, then other children are at risk. The sooner that is negated, the better?

A I have already answered several times that I think that whether you hold this long enough to have a discussion with the parents, is at the end of the day for the Council to consider. We are talking about something which occurred some time before, where there may be doubt as to whether this was an allegation. It is still my advice, rightly or wrongly ---

B

Q Then we come to the point –

A --- that it would have been correct to wait until they had a discussion and asked at least the simple questions that were asked here of the person who was present at the time.

C

Q Then we come to 8.2, which is primarily where the information or allegations come from others:

“These may be parents, relatives, neighbours, health visitors, teachers or social workers. A deliberate decision should be taken about future action. It is important for doctors to understand the procedures of other agencies so that the full investigatory process is not triggered off prematurely. Informal discussion will be needed with a colleague or colleagues experienced in the subject, and this can often be conducted by telephone.”

D

That on his case is precisely what Dr Eastgate did – had informal discussions with Mr Evans, a colleague who was well versed in child protection matters – not going to the police, but discussing with Mr Evans and a view being taken as a result of those discussions that a referral was appropriate.

E

A Could Dr Eastgate at that particular point have said “Hold on, I must speak with the parents?” I am not sure whether that would have been feasible. I have a relevance, because it refers to the paragraph you just asked about. If Dr Eastgate in that informal discussion had been able to say “Hold on, this is still an informal discussion. I do not want” – this is what he would say – “understand the procedures of other agencies” – so if he had been able to know at that point he could have said “Hold on, I must discuss this with the parents”, then that would have been his decision to do so. If he was by that point, having discussed it with a colleague, this was no longer an informal discussion, but had to be that Mr Evans then proceeded, then either he did not understand the nature of that or he should have taken this action before discussing it. But you are quite right, it says quite clearly here that the doctor needs:

F

“... to understand the procedures of other agencies, so that the full investigatory process is not triggered off prematurely.”

G

That is what this is all about.

Q So hence the discussion with Mr Evans, but having discussed it with someone else, decided “Yes, it is appropriate to look at it more carefully by the sensitive procedures that one hopes the child protection team will adopt”. That is the whole ethos of these teams that were set up after Cleveland.

H

A A We can go around, but I will quote from Cleveland, because I do not think that this has been significantly altered.

“The professional has an obligation to alert the family to the extent of the potential for sharing information.”

B I do not know whether it is being put to me that once it was discussed with the other members of the team there, it would not have been possible for Dr Eastgate to do that.

Q What Dr Eastgate did then do is presumably tell the mother what was happening?

A At that point – well, is that before the procedures had been taken into having it reported?

C Q It was very, very shortly after.

A How can I put it? How long is a piece of string? It was after.

Q Of course the children to be protected by all this are not Miss A and her parents, but other children. That was Dr Eastgate’s primary concern at that stage: if there was to be an investigation, it was not to protect Miss A. Any damage done to her had already been done, if there had been any abuse; it was to ensure that other children were not subject to the risk of that abuse.

D A I need to point out that I have answered that ---

Q Does that alter the position about telling the parents before the formal referral?

E A I said that I think as to whether that degree of urgency really was merited under these circumstances, with reason to have doubt as to whether this was an allegation, with the nature of the allegation, if it was, with the timing that had occurred, whether there was really the indication to overrule and to act with sufficient speed, that it would not have been possible to discuss that with the parents prior to taking action which would trigger the sharing of information.

Q So your counsel of perfection, I suggest, is that Dr Eastgate, when Mr Evans said “I think this ought to be referred and considered more carefully by the team” – Dr Eastgate should have said “Wait. Don’t make the referral yet. Give me a chance to talk to the parents and we can refer it tomorrow”.

F A If you are equating principles of good practice with perfection I cannot agree with you.

Q Sorry – I thought that was what you were saying should have happened.

G A No. You used the words “counsel of perfection”. I am saying that principles of good practice would have been, once there was a suspicion, to have shared those suspicions with the parents, and ---

Q So that is what you say Dr Eastgate ---

H A --- if there was going to be an alerting of other agencies or a sharing of information with other agencies, knowing the procedures that you pointed out to me, understanding the full investigatory process is not triggered off prematurely, that he should have as good practice discussed this with the parents. We are talking about this particular point. I would still add that this particular point, when taken with the

A other factors which are present – when you take this, together with the other factors, but nonetheless addressing this particular point, I am not talking about the counsel of perfection, I am talking about what would have been good practice.

Q So you are saying that is what Dr Eastgate should have done; he should have said, “Well, I hear your views, Mr Evans, but will you please desist for a few hours”, or half a day, whatever, “until I’ve had a chance to talk to the parents”?

B A Can I ask what Mr Evans’ reasons were for avoiding the discussions with the parents.

Q We can ask Mr Evans that in due course, but ---

A That may be the case, but do we know that there were specific reasons, and whether any particular reasons were given to him?

C Q I am not going to answer that question.

A What I am putting is that this was supposed to be an informal discussion.

Q Of course the parents were informed well before the strategy meeting actually took place. The strategy meeting did not take place until Tuesday 16<sup>th</sup>.

A Yes.

D Q So some four days after the parents were actually told it was going to happen.

A Yes – but I am going to quote again:

“... so that the full investigatory process is not triggered off prematurely”,

and the other one that says:

E “... the obligation to alert the family to the extent of the potential for sharing information”.

I have to say that the sequence of events is such, on this particular point with regard to the overall picture, I am afraid I still say that it was the duty of the clinician to have discussed this with the parents.

F THE CHAIRMAN: We have once again to suggest that the two sides are clear, and we will consider them.

MR TURNER: Yes.

(To the witness) You, I think, have suggested that it might even have been appropriate for Dr Eastgate to make enquiries of Professor X before doing anything else?

G A I have done so under similar circumstances. It is not – again I do not think the Committee are in possession of my advice on that.

Q You know they are not.

A Well, what I actually said was it might be questionable as to whether Dr Eastgate might enquire of the doctor concerned the circumstances – not to attest or to clarify proof or evidence, but just to clarify the circumstances – and I put the words

H

A that it would be questionable as to whether one would do that. I have certainly done so in similar circumstances.

Q What you actually said was that it would be arguable whether Dr Eastgate should have done that.

B A I do not think I can distinguish between the semantics of ‘questionable’ or ‘arguable’. What I am saying is I am not putting that forward as something which I say in the same way as – I mean, you appear to be equating it with whether he should have spoken to the parents who were present, who had parental responsibility, to whether he should have discussed it with the doctor concerned.

Q It is really just how far ---

C A I am saying those are not equated, and it was certainly very clear, I think, in my report, that I take a very different view about the imperative of doing either of those.

Q So it is a question of just how far the duties of investigation extend of the therapist/ clinician in these circumstances?

D A I do not think that that in any way is quantifiable against the imperative to have gone to the parents and said “I have a concern”. There is no other comparable situation with the fact that the parents had parental responsibility for this girl, who was 13 at the time.

Q What about the girl’s own wishes, if she did not want the parents involved?

E A It would have been necessary to have had very clear reasons for that. All the guidelines indicate that one should not – that one should communicate with parents at least the concerns, maybe not the content, but at least the concerns, before taking action. This is a child, there is parental responsibility. Indeed, I am sure you are aware of the law that a child of this age cannot even refuse treatment that is recommended by the parents.

Q We run into all sorts ---

F A Unless there are grounds. All the indications are that unless there are grounds to suppose that discussing with the parents would put the child in danger, then it should be discussed with the parents. I do not think there was any indication that discussing this with the parents at that point would have put the child in danger. I do in my reports point out that that might have been different if the concerns which later arose had already been considered, and that is that there was a potential that there were other abusers. But my understanding is that you would want me to take it at any case at that point in time.

G Q Can I go back to one point that I should have put to you in relation to the questioning of the girl, and I omitted to. Can I invite your attention to your most recent report, at paragraph 39. Having analysed in your report the notes of the session of 9 July, you say:

“This appears to have been the introduction to Miss A of the whole issue of abuse”.

H Correct?

A A Yes.

Q You then go on to say:

“There is insufficient evidence to identify a significant probability of abuse. It is my opinion that the idea of abuse had been introduced to Miss A prior to any spontaneous indication from her.”

B So that is your firm opinion, is it?

A That is the opinion I have given there, and on the opinion which I have, I hold to that opinion.

Q It does not allow of any alternative possibilities?

C A If there is other information then there are other possibilities, but I am not in possession of any information other than that the girl had said things in a particular context in an examination of her which could raise the indication of abuse. She does not raise the possibility of abuse; she says she was surprised to hear that it was wrong. It is then said to her in the same day that it sounded wrong, and that it might happen to other children. It is very different to the issue about whether she had been – and then very shortly afterwards both in Dr Eastgate’s own statements and in the ward statements there is reference to “the abuse”. The same note in the nursing notes says that “she understands that other children must be protected”.

Q When you venture that opinion you are speaking of the notion of abuse as something that is wrong, rather than suggesting that Dr Eastgate had introduced to her the idea that Professor X had stroked her breasts?

E A No. Yes. I am referring to this being – I mean, that is actually very much central to the point, because the issue about – in fact you are aware also, in at least – the compilation report which is here is actually quite difficult, because it was compiled in order to save the Committee work from looking through – I am sorry, shall I try and speak up a little bit? It was compiled from a number of reports which I have written, which are for myself – this was put together taking abstracts from that. A lot centred on whether during an examination for the development of puberty – I will quote from one of the other reports if you would like, because that is the opinions which I had given – but whether during an examination for puberty the action which had taken place in an examination of breasts would have been abusive or not, and whether when the child commented – we do not even know if the child actually said – there is no verbatim account – “He stroked my breasts”. We do not know what actually was said. But if she said that, we still do not know whether that is a misinterpretation of an appropriate examination, or whether it was an abusive action.

G I have said in my report that it may well have been – not may well have been – it is possible at that point that it could have been abuse. With hindsight, we have all the indications that that was then dismissed. But at that point it is not an allegation of abuse; it would be, if taken literally as is stated there, it is an allegation of an action which could be abusive. It would have been very important not to transmit any emotional response to the child as to whether it was right or wrong.

H

A Q Would you accept that it is extremely unusual for disclosures of alleged sex abuse to arise for the first time in an in-patient therapeutic setting of the sort that was being run by Dr Eastgate?

A Yes, it is, actually.

Q Because normally such allegation would have been made before the patient was admitted, and that might be the reason why the patient was there.

B A It is more – there is research evidence which I think probably post-dated this. I cannot remember – there is a very interesting document in 1991 called *Lessons Learned from Research*, and I have not quoted it because it is not a document I would necessarily expect everybody to have read. But subsequent research does indicate that so-called disclosure interviews are problematic in as much as most disclosures have been made previously.

C Q Yes.

A So I would agree with that.

Q So putting yourself in Dr Eastgate's shoes, this would have been an unusual situation for him, such a matter arising in the context in which it did?

A Yes, I think it would be an unusual circumstance.

D Q It would not be a run-of-the-mill situation as far as management decisions were concerned?

A If you are talking about the disclosure of abuse during a session like this, yes, I would agree with you. If you are referring to events occurring during a session with a child in hospital which might indicate the possibility of abuse, I think there are many circumstances which could arise which would be consistent with that.

E I certainly have experience of this. I would be surprised if many psychiatrists have not sat – because you rightly point out, the very fact that there was suicidality and deliberate self-harm, and the possibility of an eating disorder, already raises a question. So, no, I honestly do not think that one can say that this was something which could be totally unexpected. It may have been to Dr Eastgate, and it may have been that he had difficulty in handling that, and that is for the Committee to decide.

F Q May I refer you, please, to paragraph 80 of your report that we were just looking at. You say there:

“Dr Eastgate made an assumption of abuse when there was only mild or possibly moderate reasons to consider abuse.”

How do you carry out those gradations of mild, moderate, or presumably something above even that?

G A The definition in *Diagnosis of Sexual Abuse: Guidance for Doctors* 1988 says:

“*Serious suspicion ... should be aroused when a child makes a clear, unambiguous, verbal allegation of abuse.*”

I do not think that applies to these circumstances.

H

A Q How do you define a moderate or a mild possibility? Where does one draw the boundaries?

A I actually point to mild or possibly moderate, because I think the boundary is more difficult under these circumstances.

Q So what do you do if there is a moderate reason to consider abuse? Do you take some different form of action than if there is a serious reason to consider abuse?

B A It is not a question of further action, or of different action. We have discussed at length whether under these circumstances there was an imperative to protect the child. The nature of the abuse, if it had been abuse, would have been as to whether touching the breast was stroking for purposes of sexual gratification, or whether it was a misinterpretation of a physical examination for puberty. We are talking about a child who was in a protected environment. We have discussed the whole issue about whether that would indicate a need to act very quickly to protect other children. We have discussed that. Again, I think that would be for the Committee. What 'mild' goes to here, it shows a behavioural or emotional disturbance for which no other cause is present. That would fit to what I think was being investigated, that was what was happening within the context of the child being in hospital.

*"Makes a suicide attempt for which no obvious cause is detected".*

D Those are under the heading of "Mild". Under "Moderate" I have quoted here:

*"... should be aroused when a child ... makes a verbal allegation of abuse, but in ambiguous terms ...".*

E It could be argued that this was actually an allegation of abuse in ambiguous terms, hence in my report I say "mild, possibly moderate". I am not sure if it is essential to be more precise in categorising it, except to say in these circumstances there did not appear to be evidence for emergency or for a crisis that required action of sufficient speed that was taking place here. Nor do I think that there was evidence that would indicate that abuse had taken place, and I am bearing in mind that within 48 hours there is reference to "the abuse" not to "the alleged abuse." So in terms of why I refer to mild or moderate, I would agree entirely that one could possibly put it in here. It was not, as far as I can see, serious abuse sufficient to either assume that it was most probable that it had taken place or that would require urgent action.

F Q Can we just turn to the Cleveland Report, please?

THE CHAIRMAN: I wonder whether this might be a good point to take a break.

G MR TURNER: It is an entirely new topic, sir.

THE CHAIRMAN: Yes, and it would give Professor Zeitlin a pause, and the rest of us. Shall we continue at quarter past eleven?

(The Committee adjourned for a short time)

H THE CHAIRMAN: Mr Turner?

A MR TURNER: (To the witness) The Cleveland extracts, if you please, Professor Zeitlin. What I have done is I have simply copied chapter 12, which is, I think, the area that you were most concerned in at Cleveland. Is that right?

A It would be difficult for me to remember. If need be, though, I have a copy of the full report here, if you require. I have to say why it is difficult to remember is because I was involved through quite a lot, for a long period of time, and I also saw the drafts of this report, so I am afraid I cannot remember which particular bits I was specifically involved with.

B Q I have copied the whole of the conclusions and recommendations at the end of the report. What I have not copied is a great mass of information about the particular problems in Cleveland and how they had arisen and the analysis of those. I have copied the parts of more general application.

C Chapter 12 is "Listening to the Child". I want to just highlight a few of the passages in there. Paragraph 12.1:

D "An essential part of the investigation of an allegation or a complaint of sexual abuse will be an interview with the child if he or she is old enough to say what did or did not happen to them. The child telling of abuse was often referred to as 'in disclosure' and assisting the child to talk of it as 'disclosure work'. The use and potential abuse of 'disclosure work' was the subject of a considerable amount of evidence to the Inquiry. Dr David Jones defined 'disclosure' as:- 'a clinically useful concept to describe the process by which a child who has been sexually abused within the family gradually comes to inform the outside world of his/her plight'. He defined 'disclosure work' as:- 'the process by which professionals attempt to encourage or hasten the natural process of disclosure by a sexually abused child.'"

E Paragraph 12.2:

"The young child may speak innocently of behaviour which an adult recognised as abuse..."

F That is possibly the situation here, is it not? The description, if the notes be right, that Miss A gave of what she said Professor X had done, whether or not she recognised it as abuse, an adult would?

A Yes. Well, in this particular circumstance an adult might recognise that the statements could potentially indicate abuse. There is nothing that I have seen in her statements which indicate abuse to an adult. There is an important distinction. For example, about this time there was a very specific issue that if a child were to demonstrate clear knowledge of the mechanics of intercourse, that had a high probability of indicating some form of inappropriate sexual behaviour. But there is nothing that I have seen so far, if we are considering up to the point of the 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, that one would say would indicate abuse. But certainly I would say that there were reasonable grounds to consider the possibility of abuse.

G Q Then, going on a little way further in that paragraph:

H

A “Dr Zeitlin [which was you] told us that:- ‘There is evidence that material produced spontaneously without prompting is undoubtedly the most reliable form of statements that children make, and often these have been made before disclosure interviews to various people’. However, as a step in the inter-disciplinary investigation of sexual abuse there needs to be the formal process of interviewing the child.”

B By say “the most reliable form of statement that a child can make” you were not suggesting that material produced in any other way should be ignored, were you?

A I do not think I have said that at any point at all.

Q You regard it as important that there be a formal process put in place rather than people going off willy-nilly, acting proactively, without careful thought and discussion?

C A I would certainly hold to that, but I do not think the last sentence there is attributed to me actually, nor is the first.

Q Just the passing quotation?

A Yes, but I do not disagree that there should be a formal system of systematic inquiry at some point in the investigation of abuse, and that was the whole import of Cleveland, that it was followed by much more systematic look and appraisal.

D

Q In paragraph 12.4:

“What should an adult do when a child speaks of abuse? According to Dr Bentovim”,

who was also giving evidence to the inquiry,

E

“until a few years ago, it was the practice for professionals to disbelieve the child”.

Dr Bentovim was critical of that, but then it was being suggested by others that the process of believing the child had swung too far the other way. Would that be an accurate summary?

F

A I think it is an accurate summary of what was said there. Whether or not it is correct, because at one point the judiciary was accused of not believing that abuse took place, that is certainly what it says there. Whether it is an accurate reflection of the situation before, we could debate. I do not think it is relevant.

Q Then, just before paragraph 12.6 at the bottom of the page, it is recorded:

G

“Dr Bentovim said:- ‘It is safer to say take it seriously. I am glad you reminded me of the phrase we used in the CIBA Foundation booklet: entitled to belief: entitled to be taken seriously is certainly the spirit.”

Then the Inquiry authors set out, at 12.6, the importance of taking seriously what children say, even if, on the face of it, it may seem clearly a fantasy, because what seems to be a fantasy may, on further investigation, not be fantasy.

H

A A I would totally agree that one should take what a child says, but particularly if you think that it could be associated with abuse, that one should take it seriously. I have no dispute with that at all.

Q I am just going to be selective here. Obviously everyone has the opportunity to read at leisure the whole of it. Then on the next page, at paragraph 12.10, under the heading "The Interview with the child":

B "When the possibility of sexual abuse is raised the formal interview with a child of sufficient age and understanding is a necessary step in the investigation...".

"Formal interview". That is what has come to be called subsequently a "memorandum interview", is it not?

C A Yes.

Q And it is called a memorandum interview because it is one that should be carried out in accordance with the *Memorandum of Good Practice* that was subsequently published?

A Yes.

D Q The memorandum interview would take place after a Child Protection Team has become involved?

A Yes.

Q Going on in paragraph 12.10 the authors of the report say:

E "Different types of interview must be distinguished and the purposes for which the interview is being held must be clear."

A Yes.

Q Part of the problem in this case is that there was no clarity, perhaps, as to the purpose of the interviews. Is that what you say?

F A No, I think the purpose of the interview was quite clear, but because you are referring to this particular point, if you go to paragraph 12.24 ---

Q 12.24?

A Yes, the last two sentences say:

G "It is extremely important that interviews are carried out in a very open way and that is the attitude which the interviewer conveys to the child, which is open-minded and that is the way in which he should conduct the interview".

This is quoting Dr Bentovim.

"This is equally essential when a child unexpectedly speaks of abuse during therapy."

H

A Q Let me make it clear, I do not think anyone is disputing that, that the more spontaneous any disclosure is, the more reliable it is likely to be?

A Yes, I would go along with that, yes. But that is not what that is saying. That is saying that the approach and attitude is equally essential when a child unexpectedly speaks of abuse during therapy. You are saying, well, there is quite a different issue about whether it is a therapy or an investigative interview, but the notes here which you are quoting, which you are asking me to examine, actually refer to this. That is, the manner and attitude is equally essential.

Q Part of the problem we have here is the manner in which the initial disclosure took place. Certainly I take your point that once there has been an initial disclosure, one should, so far as possible, ask any further questions in a way that will produce the most reliable answers.

C A I can only point out that we have discussed that this was not a disclosure. The child has not made a specific statement that was unequivocally abuse. The child made statements that could be interpreted as abuse. One needs to be careful about... In fact, on 22<sup>nd</sup> of that month there is reference in the notes to Dr Eastgate continuing disclosure work.

Q Reference where? Is that the nursing notes?

D A The nursing notes, yes. But the point is that at this point... I will stop there for the moment.

Q So you would criticise the nurse's use of the word "disclosure"?

A No, I am not criticising.

Q It is a shorthand that should not be used any more?

E A What I am saying is that it appears to me – and obviously it is for the Committee to consider whether my view is right or wrong or to make their own judgement on this – that there is in this a move from a more passive listening to the issue about whether abuse had occurred, and much more specific questioning in line with that. There has not been a specific statement by the child that has, in this context, a high probability of abuse.

F Q Let me make it clear that the challenge that has been put to you on behalf of Dr Eastgate is not one of fundamental principle, but rather more of emphasis.

A I can, I am afraid, put all sorts of meanings to that. I am not sure I can understand the point.

G Q I am not going to pursue it. Let us just go back to paragraph 12.10, because this is something that was mirrored in that post-Cleveland case we looked at yesterday, decided by Lady Justice Butler-Sloss, and here she is saying the same thing in the Cleveland Report.

“Different types of interview must be distinguished and the purposes for which the interview is being held must be clear.”

H A Yes. My understanding is that this refers to an interview with a child that is specifically to explore the question of abuse and the circumstances of abuse once

A there has been a reasonable disclosure of abuse. That is my understanding, that that must be clear and must be specified.

Q Although is it not a problem that even after there has been mention by the child, to avoid the word “disclosure”, even though there has been mention by a child of abuse, it will still be necessary to carry on therapeutic work with that child?

B A Yes, but perhaps I am not making myself clear enough. That is mention of abuse. We do not know whether the child at that point... It is not clear whether the child’s statements were abuse. We know very well with hindsight – and I am not quoting this as an explanation – that was not the case. What I am saying is at that point in time there was a statement from the child which might indicate abuse. This is not the same as a disclosure of abuse and it is hazardous in looking at these things to equate the two.

C THE CHAIRMAN: I think we are in grave danger, Mr Turner, of going over the same issue, and I do not think it assists the Committee.

MR TURNER: (To the witness) Paragraph 12.11, a similar point, confusion about the purpose of the interviews. Paragraph 12.12:

D “In most circumstances the initial formal interview will be conducted by a police officer and/or a social worker, but it might be a number of other people. Although the major part of the evidence presented to the Inquiry was from child psychiatrists, for many reasons including practical ones they are not likely to be interviewing more than a small number of children suspected of being abused, and seldom, if ever, at an initial interview”,

E and, as you have said, it is rather unusual for things to come out to a psychiatrist who is seeing a child for other reasons?

A Yes.

Q Then:

“The purpose of the formal interview”,

F so what is being spoken of there is the interview that takes place once something has been said by the child to cause the team to be assembled to decide to progress further,

“should be, we suggest, to listen to and to hear what the child has to say. In all but those children with disturbed behaviour or mental disorder or where the psychiatric team has special expertise, will subsequent interviews, if any, be carried out by child psychiatrists or psychologists...”.

G Paragraph 12.13:

“From all the evidence provided to the Inquiry there is no reason whatsoever to conclude that the police officer, often a policewoman, and the social worker are other than entirely suitable professionals to interview such children, provided they have the appropriate training and communication skills.”

H

A I highlight that passage because of the concerns you expressed yesterday of what might happen once the police get involved?

A I did not think I referred in any way to the interviewing skills of police at all. There is a concern about that, but those have arisen since this whole episode.

B Q What you referred to yesterday was the danger that, once a strategy meeting has been set up, whatever the social workers and the doctors might want to happen, the police might go their own sweet way?

A Yes, and that is referred to, as I have already said, in this same document, in those two sentences. That is, that the doctor should be aware of the procedures of other organisations and it also states that it is important to alert the parents. Yes, I have referred to that.

C Q What Lady Justice Butler-Sloss is saying there is one must have confidence in the other professionals, including the police and the social workers, and the whole spirit of the teams that are set up post-Cleveland is to co-operate, to work together, not for one group of professionals to go their own way?

D A (After a pause) I am sorry, what I was looking for in fact... There is reference to this here, if I can find it. Not to go their own sweet way? I am sorry, what I am looking for is that it does refer to the need, and not in competition with teamwork, for each professional to make their own decisions. Do you want me to try and find that, or will you ---?

E Q No, I take it that it is there, if you recall it, but if you spot it as we flip through then please draw attention to it. Paragraph 12.18 onwards I invite everyone to read in due course, on the disclosure work and Great Ormond Street Clinic, the history of the work that was done there, some of which we have already seen in the Mr Justice Latey decision, which is actually referred to.

THE CHAIRMAN: I can reassure you, Mr Turner, that the Committee have read this paper overnight. You gave it to us.

F MR TURNER: I am grateful. (To the witness) Then paragraph 12.25, "Helping the Child to Tell". I am certainly not going to go through all of this in any detail. There are just one or two more points I want to draw attention to here. The judgement of Mr Justice Latey that we looked at is referred to. Paragraph 12.25, "Helping the Child to Tell."

A I would refer in passing – we have skipped over this extremely important point – to the last sentence in the first paragraph of 12.24:

"This is equally essential when a child unexpectedly speaks of abuse during therapy."

G Q You have drawn our attention to that already.

A I want to make sure that is there because what is said has to be taken in context together.

H Q You have drawn our attention to that already, I think. Paragraph 12.25:

- A “The concept of helping the child to tell is recognised to have its uses in certain circumstances. When embarking upon it for diagnostic purposes, it is important to remember at least three possible situations”.
- Then, at 12.29 onwards, there is reference to concern about interviewers going hell for leather to try to get disclosure and examples given of practices, particularly in the United States, of interviewers lying, threatening and fabricating in order to get disclosures, they having come to the interview with pre-conceptions.
- B A Yes. That is the next sentence, but the sentence above says:
- “He warned that one should recognise the power of the interviewer compared with the child, and commented that those who interview seem to ignore their own behaviour.”
- C That is referring, very importantly, to the power of the interviewer in terms of influencing the child. It goes on to use the terms “lie, threaten and fabricate”, and I do not for one moment – I have not seen any indication that that was either the action here or the intention of Dr Eastgate. That is not what I am talking about at all.
- Q No.
- A But I am talking about, in various respects, the power of the interviewer to influence the view and perception of the child, as I gave in evidence.
- D Q What is being discussed there are the extremes?
- A It does go on to discuss the extremes. He warned that one should recognise the power of the interviewer. I do not think that that is focused towards extremes.
- Q At paragraph 12.36 on page 208 there is discussion of the disclosure that takes place in a therapeutic context and Dr Jones describes the situation there as fraught with difficulty if one is attempting to encourage disclosure while also providing therapeutic treatment.
- E A Yes, there is a conflict.
- Q Is that part of the problem here as you perceive it?
- A Sorry, I am pausing because the question is actually quite complex. As to whether it is part of the problem is a complex question. I can see that it is relevant to the considerations that one should make about evaluating what happened. However, my information, from what I have here, is that it seems fairly clear that the interview, certainly on the afternoon of the 9<sup>th</sup>, and the information subsequently, is in the light of this being considered a disclosure of abuse. Indeed, I would say that is even corroborated in the notes. I was looking at the 12<sup>th</sup>:
- F
- G “[Miss A] saw Dr Eastgate again today. In the meeting they discussed [Miss A’s] disclosure of abuse by an eminent medic and how Dr E had had a duty to report this to the police and social services”.
- This is on the 12<sup>th</sup>.
- H “[Miss A] has also been told [has been told] that mum needs to know the bare minimum.”

A It is not that this is now equivocal as to what is taking place. It seems to be fairly clear that the nature of this is very much in that light. I have to say that in giving the opinion that I have, I would not make the advice that I have given other than extremely seriously and have looked very carefully at all of these points together.

B Q Paragraph 12.39, the last one in chapter 12:

“Other than to endorse the importance of distinguishing between diagnosis or evaluation and therapy, we did not think it appropriate to consider the therapeutic element of disclosure work.”

A I am sorry ---

C Q 12.39. Then the conclusions and recommendations which start at page 243, again everyone has read them, so I am only going to highlight one or two. In paragraph 2 the reasons for the crisis that had led to the Inquiry were complex...

A I am sorry, I was just looking at the paragraph before. I am sorry, I have lost where you are. Could you just tell me again where we are?

D Q Page 243, the conclusions and recommendations. Paragraph 2:

“The reasons for the crisis are complex. In essence they included:

- lack of a proper understanding by the main agencies of each others functions in relation to child sexual abuse”,

and I suggest importantly:

E “ - a lack of communication between the agencies ...”.

F So what is emphasised as an important need is that there should be full communication between the agencies. Then at page 244, paragraph 15, the Inquiry highlights the difficult balancing jobs that professionals have in balancing the conflicting interests of not being over-enthusiastic in relation to suspicion of child abuse, but bearing in mind their responsibility to protect children. It is a difficult balance sometimes, is it not?

A I think it always requires careful judgement.

Q In paragraph 16, again in the middle:

G “It is a delicate and difficult line to tread between taking action too soon and not taking it soon enough.”

A It does go on to say:

“Social Services whilst putting the needs of the child first must respect the rights of the parents ...”

H

A Q Yes. Social services, of course, when they get involved, must respect the rights of parents, but social services' involvement is a decision whether to initiate care proceedings or not?

A Yes, one is making this "either/or". I have no quarrel with that, once involved. I would still go back to the sentence in the same document which says that the professional, not the team, has an obligation to alert the family to the extent of this potential sharing of information. These are not incompatible statements. One refers to steps which will be given when there is an initial concern, what might happen afterwards, the concerns and the duties of the clinician up to the point at which they take a step to share information in a way that might then be set into action or process.

B Q Let us just try to put that in context because what is being specifically referred to there is social services and the need for social services to respect the right of parents. One of the concerns had been that social services were getting involved and taking children away from their parents, getting emergency protection orders, removing children from their parents without working with the parents before taking those sort of decisions. That is the problem that is being addressed there, is it not?

C A That was the problem – that was one of the problems that was extant and resulted in the precipitation of the whole action. That sentence does not specify that circumstance.

D Q Then page 245, the second paragraph in paragraph 19:

“How society acknowledges the existence of, recognises and then handles child sexual abuse poses difficult and complex problems.”

You agree with that, presumably?

E A Yes.

Q Then the recommendations, paragraph 2 under the heading “Children”:

“We recommend that professionals recognise the need for adults to explain to children what is going on. Children are entitled to a proper explanation appropriate to their age”.

F Linked to age one would say intellectual development, presumably, as well. Would you agree?

A Yes.

Q It is not simply age, it is far more important?

A It is more appropriate to say “developmental status” there.

G Q Yes:

“Professionals should always listen carefully to what the child has to say and take seriously what is said.”.

A I do not disagree with that in the slightest.

H

A Q Could I ask you to look, finally, at page 248, paragraph 8, “Inter-Agency Co-Operation”?

A By the way, can I, before you go to there, refer to paragraph 3(b):

B “Parents should be informed and where appropriate consulted at each stage of the investigation by the professional dealing with the child, whether medical, police or social worker. Parents are entitled to know what is going on and to be helped to understand the steps that are being taken.”

Q “At each stage of the investigation”, I suggest that is referring to once it is decided to conduct an investigation the parents are entitled to be kept informed, not as to whether to make an initial referral to a child protection team?

C A If the issue is as to whether there is a directive that before referral you should consult with parents unless there is a reason to do otherwise, I will have stick to, I think, that all the guidelines say that you should keep the parents informed and be in contact with them. If you are talking specifically about the investigation from the point at which it is referred, and if that is what one reads into that, I do not see that as incompatible with my statements about involvement of the parents before referral.

D Q Turn to page 248, please. These, at paragraph 8, are the recommendations for the setting up of the child protection teams, essentially, so one needs to look at that carefully. In particular:

“(iii) arrangements for collaboration between services must not inhibit prompt action by an professional or agency where this is demanded by the best interests of the child.”

E One can add, “the interests of other children” – correct?

A I have responded to that as much as I can.

Q Then:

“(iv) practical issues need to be recognised and resolved at local level in careful discussion between the respective agencies.”

F So no guidelines are being laid down about these matters which the Inquiry recognises need to be addressed.

“For example:

- what the level of suspicion of physical or sexual abuse should be before the Police are informed that an offence appears to have been committed ...”

G So that is one of the problems that is left open by the Inquiry, what level of suspicion is enough to actually involve the police as police?

A Yes.

Q Secondly, left open by the Inquiry:

H

A “- when and what parents are told when doctors see signs that may be indicative of sexual abuse ...”

That is not consistent with your assertion that parents must always be involved right from the outset, is it?

A Are you saying it is not consistent with the sentence a few pages before:

B “The professional has an obligation to alert the family to the extent of the potential for sharing information.”

Are you saying it is not internally consistent?

C Q I have suggested that that passage that you have just quoted relates to the time when it is decided to conduct a formal investigation, not to any period prior to that, and that the period prior to that is covered by the part I have just referred to on page 248. It is an open issue as to when and what parents are told at the outset by any doctor, and it is a matter for individual professional judgment?

A I have to give advice that the – it will obviously be for the Committee to decide what they read into that statement:

D “The professional has an obligation to alert the family to the extent of the potential for sharing information.”

and also the sentence which I have referred to before about the need for the doctor to have an understanding of other procedures. I think it will be for the Committee to decide whether that refers to it. My advice is that all the indications are that there should be full and careful consultation unless there is a reason to do otherwise from the start.

E Q At page 251:

“(iii) All agencies, Police Social Services, NSPCC, and Health ...”

– so that includes doctors –

F “... should refer cases to the Inter-Agency Team when they are presented with or become suspicious of the possibility of sexual abuse having occurred on the basis of physical or behavioural signs alone or where there is uncertainty as to whether or not abuse has occurred.”

A Yes.

G Q Then:

“(vi) If there is a suspicion of child sexual abuse in the mind of the professional, the danger of false identification ought not to be forgotten.”

A point that you have made.

H “Therefore when a suspicion arises the professional may elect to:

A

- take no further action;
- hold a watching brief;

– see how things pan out –

B

“- make further informal inquiries ...”

There is reference to a flow-chart that is annexed.

“The level of concern may reach a point within the guidance agreed with other agencies ...”

C

– so local guidance –

“... where it is the duty of all professionals to inform others or refer to the Specialist Assessment Team.”

That, I suggest, is precisely what Dr Eastgate did in this case. Then the task of the team is described in (vii). To decide whether to take any further action and, if so, what is, I suggest, a summary of that.

D

A Yes.

Q *Working Together* was the national document promulgated after the Cleveland Inquiry had reported?

A Sorry, have we finished with this document?

E

Q Unless there is something you want to add?

A There is not any huge weight on this, but it is what doctors should do, and on page 252, paragraph 3, at the top:

“The medical profession needs to appreciate the legal implications of and their responsibility for evidential requirements of their work.”

F

- which is, I have to say, in the same document relevant.

Q Following the Cleveland Report the national guidance that was given is set out in *Working Together*, which we have got in the literature bundle at tab 4. Although the Committee have looked at that, I want to highlight some areas other than those that have already been highlighted. I will refer primarily to the page numbers in the small boxes at the foot of the page. Could you go to page 2, first of all, paragraph 1.9:

G

“Area Child Protection Committee

The protection of children requires a close working relationship between social services departments, the police service, medical practitioners, community health workers, schools, voluntary agencies and others. Co-operation at the individual case level needs to be supported by joint agency and management policies for child protection.”

H

- A So emphasis, as the Cleveland Report had directed, on co-operation, working together, as the title to the paper shows?
- A I have no argument with that.
- Q “Legal framework”, the next sub-heading. Paragraph 1.11, second sentence:
- B “In working together for the protection of children, however ...”
- that is other agencies besides local authorities –
- “... need to understand that they are not only carrying out their own agency’s functions but are also making, individually and collectively, a vital contribution to advising and assisting the local authority in the discharge of its child protection and child care duties.”
- C
- A I am sorry, I cannot actually see where that is. I am not disputing it.
- Q Page 2.
- A Page 2, paragraph 1.10?
- D
- Q Paragraph 1.11. The important part that I draw to your attention is:
- “Therefore it is essential that Area Child Protection Committee procedures provide a mechanism whereby, wherever one agency becomes concerned ...”
- So there is the word “concern” there:
- E “... that a child be at risk, it shares its information with other agencies. Other agencies may have information which could clarify the situation; there should be frequent sharing of concerns. If there is a need for formal procedures, these should be implemented at the earliest possible stage ...”
- So sharing concerns and a decision then taken about whether formal procedures are necessary. That is the recommendation, is it not?
- F
- A Again, I do not have any argument with that, but it does depend ... If I may use the example that I used yesterday of vulvovaginitis. Vulvovaginitis occurs in 25 per cent of sexually abused girls. It occurs in 10 per cent of the general population. Therefore, it is two and a half times more common. I have to say this was subject, as I said yesterday, to an issue in a court. It was assumed at one point, and you have, in fact, indicated to me some Family Law Reports where this was an issue, that therefore that meant that a child with vulvovaginitis probably was abused. If one looks very carefully at that, in fact it means, if you do the statistics and assume a 10 per cent rate of abuse, about 23 per cent of children with vulvovaginitis will have been abused. If you were to say that it would be reasonable to consider that abuse could have occurred, therefore there should be a suspicion of abuse, if a child has vulvovaginitis, for an as yet unidentified cause. Therefore, you should share that with every agency. I have to point out that that would be ludicrous. It is necessary to take certain steps to clarify the circumstances. That is not in any way contrary to the need to work
- G
- H together. I do not know if that example is clear enough as to why I put this. There

A was pressure in Westminster, as it happens, that every child who has made a suicidal attempt should be referred to child protection.

Q Page 5, part 2 of the guidance, "Are Child Protection Committees". There is emphasis again in paragraphs 2.1 and 2.2 of the importance of inter-disciplinary and inter-agency work.

B A I actually have no disagreement with the need for inter-disciplinary and inter-agency work.

Q Then at page 6, paragraph 2.8, the requirement for area child protection committees to produce local procedural handbooks, and we will come in a moment to the Wiltshire handbook that was produced in response to that. Could you go to page 11, paragraph 3.10, there is mention of child protection conferences. Just for the avoidance of doubt a child protection conference is something rather different from a strategy meeting by a child protection team, is it not?

C A The interpretation of that varies. A strategy meeting, as I understand it, is an informal meeting at which the professionals involved can consider, in the light of the view of others, the next best step. It does not commit any of the professionals to having to proceed along lines. For what it is worth, in Westminster we had a huge problem in enabling a police officer to be freed from the obligation to move forward, but we did, that you could hear from a police officer what the steps would be if you did X, Y or Z. That is in the light of the comments before, that you should understand the procedures of other people. That did not then oblige the professional who was currently in charge of the case to take any step other than within their judgment.

Q So the stages are suspicion, followed by inter-agency co-operation and a strategy meeting, as a result of which a local authority may initiate care proceedings. If they initiate care proceedings then there will be a case conference. Have I understood it correctly?

E A No.

Q What happens then?

A The steps would ---

F THE CHAIRMAN: I wonder if we need to know those steps. We are clear about the very first steps.

MR TURNER: The first two steps are the important ones.

THE CHAIRMAN: They are the only things that come into these charges.

G MR TURNER: I think you are right, sir, that case conference is a different stage. That is sufficient. Then on page 12, paragraph 3.11:

"Ethical and statutory codes concerned with confidentiality and data protection are not intended to prevent the exchange of information between different professional staff who have a responsibility for ensuring the protection of children."

H

- A So confidentiality should not inhibit these procedures. Then we have got set out there – we have looked at it already – at 3.12 the GMC guidance and the important phrase in there is, “If a doctor has reason for believing”. We have gone over that already.
- A You also are aware, and I gather the Committee are not, that I have in my various reports identified the concerns about the interpretation of the use of the word “belief”.
- B Q Your interpretation of the use of the word “belief”?
- A Well, obviously, if I have written it, it must be my interpretation.
- Q The unvarnished words that are used in the GMC guidance are “if the doctor has reason for believing”?
- A Well, may I ask in that case what is inferred by that?
- C Q I think we will have to leave the Committee to consider that, but we have seen use elsewhere of the word “suspicion”, have we not?
- A I would, for clarity, say that you may have identified as present a factor which is associated, which has a positive association with abuse. You may consider at what point your concerns rise sufficiently to indicate that abuse is the most likely or predominant reason, not proof, that is at least much more highly likely than otherwise.
- D Q Page 17, if you would please, paragraph 4.18. The sub-heading above that, which does not come out very clearly, should read: “Health Services”.
- A I am sorry?
- Q Paragraph 4.18. The sub-heading above that is actually “Health Services,” although it has not come out in the photocopying process. Again, it emphasises the importance of those working in the health services to co-operate with other professionals. Page 18, paragraph 4.24: again there should be a subheading above that which reads, “All Hospital Staff”, which has not come out in the photocopying process. Again, that emphasises the need to develop good working relationships between hospital staff and other agencies.
- E A I am not disputing the need for inter-agency work at all.
- Q I am just trying to highlight the importance that is attached to that in the guidance.
- F A I entirely agree that it is important. I chaired the Westminster Inter-Agency Committee. It is important. I agree with you entirely.
- Q Page 20, paragraph 4.31 and 4.32, actually come under the heading “General Practitioner,” but I suggest similar sense must apply to the hospital consultant. Again, there is the need to work closely with others, and 4.32:
- G “It is essential that whenever a general practitioner becomes suspicious (witness’s emphasis) that a child may be at risk of, or is the subject of abuse of whatever nature, the information is shared with the statutory services responsible for child protection...”.
- H So “suspicion” is again the word that is used, so one does not have to go to your complex directions of what philosophically amounts to a belief?

A A No. I do not think they are complex at all. I have pointed out, and I can only repeat, that if you move, as is discussed in these documents, from the position of a belief that if there is reason to suspect, therefore it has occurred - which was one of the problems that arose to produce the Cleveland and other inquiries subsequently - to a position in which you should be ready to consider the possibility of abuse when any factor is present that has an association with abuse, then you have to start considering what action you should take when that is present. That is a normal diagnostic procedure; that is exactly what we do in any aspect of medicine in a diagnostic procedure. We actually set up a series of hypotheses that could explain the phenomena. We then look for evidence for corroboration of one, and when that moves ahead, we begin to act more to explore that. It is not something that is particularly startling, but if you equate a suspicion with the presence of any factor which has a positive association with abuse or when there is the possibility of abuse, that becomes chaotic in its interpretation.

C Q Page 25, if you would, please, paragraph 5.6. This is dealing with how the authorities should work together.

D “Working together requires its own skills and staff need to be competent in the ways of effective communication, co-ordination and co-operation. The process of working together combines the skills and expertise of a number of professionals. This group will include social worker, health visitor, child health doctor, general practitioner, police officer, and NSPCC. These disciplines are particularly involved in the process of gathering relevant information and carrying forward the work with a child and family. Sometimes other ... will have a ... role to play.”

E Then, at the bottom of that page, paragraph 5.10, there is a subheading which actually reads, “Stages of Work in Individual Case”.

“To be effective, co-operation between agencies providing protection to children must be underpinned by a shared agreement about the handling of individual cases. These stages can be identified in the following simple broad terms:

- F
- (i) referral and recognition;
  - (ii) immediate protection and planning the investigation;
  - (iii) investigation and initial assessment;”

And then on the next stage there are the further stages. 5.11.1 ---

A I am not sure if there is a question in there?

G Q No, there is not. 5.11.1:

“The starting point of the process ---”.

H THE LEGAL ASSESSOR: Mr Turner, the doctor has just made a point that had been troubling me a little; that some of the questions you have been putting to him have really been little more than referring the Committee to a passage in the report which, of course, you will be able to do in due course in submissions.

A

MR TURNER: With respect, sir, I have done exactly what Miss Glynn did in her case. She used the Professor as a cipher for introducing a selection of passages from the report. I am seeking to do the same, which will, I hope, helpfully give the Professor the opportunity to comment and add anything to that which he thinks will help the Committee. I appreciate the time concerns and I am trying to take it as quickly as I can, but it is going to be necessary at some stage to identify these points. Now seemed to be as good as any.

B

THE LEGAL ASSESSOR: Try to put it in a question form, if you can contrive to do so.

MR TURNER: I certainly will, but I repeat again, I am simply doing what Miss Glynn was permitted to do without complaint.

C

THE CHAIRMAN: It does seem to the Chairman that if these points are not controversial, and the importance of co-operation has been very clearly to both sides, there is a limit to how long we need to go on repeating it.

MR TURNER: Yes. The trouble is, they are not all agreed. For example, the word “suspicion” is not agreed.

D

THE CHAIRMAN: Maybe we should concentrate on the things which are not agreed.

MR TURNER: Certainly, sir. I will then go to page 27, paragraph 5.11.1, “Referral”:

E

“The starting point of the process is that any person who has knowledge of or a suspicion ... should refer their concern...”.

And then importantly – and I do emphasise this, Professor at the end of 5.11.1:

“It is important in all these cases that the public and professionals are free to refer to the child protection agencies without fear that this will lead to unco-ordinated and/or premature action.”

F

So the professional who involves other professionals ought to be confident that there will not be premature action?

A I am not quite sure what your question is again.

G

Q I am suggesting that it cannot be regarded as an inappropriately over-enthusiastic step to simply refer to other professionals against the background of that guidance?

A I am certainly not saying that it is wrong to have a system of inter-professional collaboration. I am certainly not saying that. It is my understanding that there is some confusion about once Dr Eastgate had discussed this with colleagues as to whether he was still in control of any further actions or steps, and this is referred to in the other documents that we talked about. I do not know whether it is being suggested that he was or was not, but overall I am still giving the advice that inter-agency co-operation and collaboration I have no quarrel with. I am not sure if that is

H

A relevant to the specific concerns which I have expressed when I have examined, which are to do first of all with the manner of the investigation, and secondly the steps which should be taken as a professional prior to making any further steps for simple clarification, or the conferring with parents or, indeed, the transmission to the child of an opinion. I am not sure how those relate to inter-professional collaboration.

B Q This point arises in relation to the allegation, in effect, that the referral was premature. A suspicion should trigger it and one should be confident that the joint professional will not act in a precipitate manner but will assist in formulating a plan as to what, if anything, to do. As point 5.11.5 makes clear, in some cases the course of action decided upon will not be any formal investigation.

C A I can only continue to advise that I had understood you to say that once, in fact, Dr Eastgate had discussed it with Mr Evans it was no longer his decision to refer. I am saying, I have no problem that once there is reason for concern, and you must be aware of my advice about the other allegations that were subsequently made, I am not disputing that once it comes to a point at which there should be multi-agency discussion, I am still staying that there is reason for concern about the steps which took place up to there. I do not see any indication that says that discussion with the parents should be delayed until after there has been a referral to other agencies.

D Q Just two more points on this, Professor.

MISS GLYNN: Sir, before that continues, so that I do not have to come back to this later, and further time is wasted, in relation to that last passage at page 27, a part of it that is highly relevant the Committee may think was not read out, namely the tense that is deployed in that first sentence.

E “The starting point of the process is that any person who has knowledge of, or a suspicion that is suffering significant harm, or is at risk of significant harm, should refer their concern...”.

The same applies to the point which was made earlier on, paragraph 4.3.2. It may be that if Professor Zeitlin is going to be asked questions about this, he should have the passage read to him in its full entirety, including the tense being used.

F MR TURNER: Certainly. The child who is at risk are the other children who might be seeing Professor X?

A You put that now to me a great many times.

G Q I am simply dealing with my friend’s point that this is all irrelevant to the present situation because the alleged abuse was in the past and there is no risk to Miss A. Page 28, paragraph 5.13.1 comes under the sub-heading “Strategy Discussion” and that explains what was involved there.

A Sorry – 5.12.13?

Q Paragraph 5.13.1. That explains the strategy meeting and, finally ---

A Can I just go back up the page a little bit to paragraph 5.12.2?

H Q I am sorry, to which?

A 5.12.2.

A

Q Yes.

A It is the last sentence.

“The urgency of the situation should not detract from every effort being made to ensure that those with parental responsibility are given appropriate opportunity to participate throughout the process ...”.

B

Q That is in relation to obtaining court order, if you look at the introduction to that paragraph, Professor.

A Yes.

Q Page ---

A It does not detract from the meaning of that sentence.

C

Q Page 36, please, paragraph 5.22.1. That comes under the sub-heading “Extra Familial Abuse”. This is the last passage in this that I want to highlight with you.

A Which paragraph?

D

Q Paragraph 5.22.1. That emphasises the importance of protection of children other than the individual child who may have said something to trigger the concern, does it not?

A Sir, I am not sure of what the relevance of that paragraph is.

Q It is rather relevant to this situation, where Dr Eastgate’s concern is said to be protecting other children who might potentially be at risk.

A I mis-read as to whether that refers to other children.

E

Q

“Consideration will need to be given to the protection of other children who may continue to have contact with the alleged abuser.”

THE LEGAL ASSESSOR: Just for the sake of clarity, Mr Turner, what is the heading just above 5.22.1?

F

MR TURNER: “Extra-Familial Abuse”.

THE WITNESS: I am sorry – it is under 5.22.2.

MR TURNER: Yes.

G

A I see – the last sentence. I have referred to that and again, I do not say that that is not a factor for consideration. The point that I have made is that the Committee, as I have said before, will need to consider whether at that point there was such an imperative to act in that way as not to take the other steps which I have indicated should have been done. So I do not disagree that there is a need, if somebody is.... I have a feeling that it may have been very close to that in date. It may have influenced what took place. But there was another circumstance that was very public, in which a senior medical person had actually been involved in pornography.

H

A THE CHAIRMAN: You have dealt with the point.

MR TURNER: The local guidance that was set up, and I am not going to go into this in any detail at all because we have already looked at it, was the Wiltshire protocol, as it were. The Committee only have part 5 of it, but I suggest there are some other parts that may be relevant. We have copies that can be distributed and I will distribute them if necessary later. There is an introductory page, which is headed, "How to refer child protection concerns," which reads:

"Any person who has knowledge, concern or suspicion that a child or young person ---"

C THE LEGAL ASSESSOR: Mr Turner, I would be very unhappy really about you putting a document in which he has not actually seen.

MR TURNER: I understood he had seen ---

THE WITNESS: I do have them. I am just looking to find the document.

D MR TURNER: --- the whole of the Wiltshire document.

THE WITNESS: I do have it. I was just looking to see – I cannot remember which ----

MR TURNER: You only have part 5 of it. I am referring to an introductory part that has not been copied in the literature bundle, but certainly if that can be shown. We do have copies for everyone if needs be, because part 5 is the only part that ---

E THE CHAIRMAN: I hope need will not be. I will not give reasons yet but I might in a moment.

MR TURNER: I only have one more matter to put after this to the Professor, sir. If you look through you will find the fourth page is headed, "How to refer child protection concerns".

F A Is that a heading?

Q Yes. It may be the third page. It is a document dated in the bottom right hand corner February 1996.

A "How to refer concerns". Yes.

G Q And what is said under that heading is:

\*"Any person who has knowledge, concern or suspicion that a child or young person is being abused, or is at risk of abuse, has a duty to refer their concerns to one or more of the agencies with statutory powers to investigate and intervene."

(\* This document was not available for checking)

H

- A Is that right?  
A It may be right, but it is on a different page, quite clearly. Which page is it on? What you referred to, "How to refer concerns," is in fact that index.
- Q I am sorry? Are you looking at a page which then has some addressed for the various agency offices?  
A Is it the fourth page?
- B Q Perhaps Mr Sadler could make sure you have it.  
A Before the document is an index. It does read, "How to refer concerns". (Document handed to the witness) Oh, right – sorry. I do not have that at the top there.
- C Q I will read it again:  
"Any person who has knowledge, concern or suspicion that a child or young person is being abused, or is at risk of abuse, has a duty to refer their concerns to one or more of the agencies with statutory powers to investigate and intervene."
- D Could you look, please, in the first tab, then.  
THE CHAIRMAN: Mr Turner, we are dealing with this particular doctor in his situation, are we not?  
MR TURNER: We are, and of course this doctor is in Wiltshire and this is the specific guidance.
- E THE CHAIRMAN: But nobody has suggested that he does not have a duty, and the GMC's requirements have been referred to, but it has been a matter of ---  
MR TURNER: Sir, one needs to then see that ---
- F THE CHAIRMAN: --- of his professional judgment in the circumstances at the time which have been very clearly set out. It is a matter for the Committee to come to a view on the extent to which he has appropriately used his judgment. I think that is what it is about and what the responsibility to members of the public may be and, indeed, if they are totally uncritical, there is going to be a problem in the light of what the expert has said to us, does not seem to me to be entirely relevant. I hope I am not out of place.
- G MR TURNER: I see I am being much too long-winded, and I am probably doing my client more harm than good if I do that ---  
THE CHAIRMAN: I think that might be.
- H MR TURNER: I will therefore move to my last point. (To the witness) Professor, you have expressed in your oral evidence and in the report that we have made mention of certain firm opinions, have you not? For example, you have expressed the

A opinion in paragraph 39 of your report that I have read out to you that it was Dr Eastgate ---  
A Sorry, can you just bear with me while I find it?

Q Yes.  
A This is the composite report?

B Q Yes.  
A And I have already pointed out that I do need to see it because this was not prepared. This is a compilation from ...

Q Just look at it.  
A I am sure you are aware that my reports actually constitute that, and this is a compilation. Sorry, paragraph?

C Q Paragraph 39.  
A Yes.

Q So you express the opinion in effect that it is Dr Eastgate who has introduced to Miss A the whole issue of abuse.  
A Yes. I thought I had already given ---

D Q Yes, you have.  
A --- evidence on this.

Q That is an introduction to my question. It would be quicker if you just answered my question rather than saying you have answered it already. In reaching that conclusion, that the notion of abuse has come from Dr Eastgate, do you say that you left out of account entirely anything that Miss A may have said to you in much more recent times as to her present perception of the situation?  
A Sorry? You will have to explain. Do you mean whether in saying that, I was influenced by the recent interview that I had when this girl was an adult?

Q Yes, I do. She is now an adult ---  
A Yes, I was entirely uninfluenced by that.

F Q How do you know that?  
A Because I have evaluated that on the information, and I am only referring to the information, which I had from the records.

Q Because you probed that area with her in some considerable detail, did you not, the question of how ---  
A No.

G Q --- affected she had been by questioning, whether she felt under pressure?  
A I can actually go back to look at the interview. No, I did not put her under tremendous pressure. We got to the point ---

H

A Q No, no, I am not saying you put her under pressure. You probed with her the question as to whether, for example, she had felt under pressure because of Dr Eastgate's questioning.

A Yes, but I can only say to the Committee – I will be quite clear – I would have preferred if in fact there had not been a problem, and that is certainly my view, but I think I have a duty to make a critical analysis. My analysis of that data is based – my opinion given is based on the notes which I have, largely produced by  
B Dr Eastgate. It is problematic because there are not, when in my view there should have been, more detailed word-by-word notes, and by the fact that by the 12<sup>th</sup> there is reference to abuse. There is no record that I can see that is unequivocally the girl saying "This was done to me, and it was abuse", or by the fact – and that "he abused me" – by the fact that the girl describes an event which is equivocal in terms of abuse; by this being then conveyed as an opinion that it sounded wrong; that there was a need to protect other children; and by the fact that within 48 hours in the records at  
C that time it was being referred to both by Dr Eastgate and by the ward staff as "the abuse"; and ---

Q Professor ---

A --- that in the nursing notes it begins to refer then that "[Miss A] understood the need to protect other children". I find it difficult to escape from the view that when you start saying to a child on that sort of information that "there is a need to protect other children", there is a clear implication to that child. It is not in any way –  
D and I can only say I am under oath – it is not in any way based on anything that the girl said to me now.

Q That may be so, but the trouble is, as you have suggested the trouble is with Dr Eastgate's report, we do not know. We do not know the extent to which, subconsciously at least, your opinions and interpretations of this material may have been influenced by what the girl said to you.

E A I can only specify the criteria that I have used, and put that before the Committee. I have specified those criteria. In fact on those criteria that is exactly what I am saying, and I am putting to the Committee that – how can I put it? – it is not necessary to refer to what the girl said to me now.

Q Yes; it was entirely unnecessary for you even to speak to the girl about this, and indeed I suggest it was inappropriate in the context of what you were addressing.

F A I think that if I had not spoken to her you might be saying to me "Well, how do you know what the girl's view is? She might well have said 'Yes, it all happened', or not". I can only say to you that I have specified the criteria that I have used. When you say you do not know, then all I can say, I give again in oral evidence the criteria that I have used, so I think you do know.

G Q So if she had said "I didn't feel under any pressure from Dr Eastgate", you would have put that in the balance in his favour?

A No, I ---

Q But if she had said "I did feel under pressure", that is something that I suggest subconsciously could be taken into account when interpreting material that might otherwise be interpreted in a different way.

H

A A I would have to think about what on earth it meant, but I am specifying the criteria that I used. Whether those are valid criteria I think is for the Committee to decide, but all I can say is when you say you do not know what criteria I have used, is I have specified those criteria. I am not specifying any criteria at all from the interview that I had with her. I am not sure what else I can say, other than to point out that yes, you do know what criteria I have used.

B MR TURNER: Nothing else at all, because I am going to sit down, at long last. Thank you very much, Professor, and I am sorry to have taken so long.

THE CHAIRMAN: Miss Glynn?

MISS GLYNN: Sir, I shall be extremely short, because no doubt the Committee feel that most of the issues have been crystallised by now.

C

Re-examined by MISS GLYNN

Q I have about four matters, Professor Zeitlin, that I wish to deal briefly with, if you will bear with me. You have given clear evidence on a number of occasions now about your views on the subject matter of heads of charge 3 and 4, which cover events on 9 July, morning and afternoon, and indeed head of charge 6, which is the referral head of charge. You were asked questions about the subject matter of heads of charge 3 and 4 in some detail. I think one of the points that was being suggested to you is that there may have been some sort of conditional interpretation when one turns to the notes of 9 July, in which the doctor may have said “Well, if that happened, it sounds wrong”. Is there any evidence in any of the papers that the doctor seems to have been saying “If that happened, it sounds wrong”?

E A The specific point – I have not seen that, but again, I have to point out that in that respect the Committee have the same papers which have been presented to me for this hearing, and are equally able to myself – possibly more so – to identify whether that has been stated.

Q Your evidence is that the view of the interviewer has been conveyed to the child, and that by the 11<sup>th</sup> the words “the abuse” are being used.

F A An opinion which is clearly – I will not say emotional, but it carries an emotional content – it indicates that something wrong has been done, and that there is a risk to other children, and that my advice is that that was not appropriate and not good practice at that time; but unfortunately – and I really do mean unfortunately – it appears then to have been carried on, so that there was an aura around the girl which continued into the ward ethos. There is an assumption of “the abuse”.

G Q What you have not given evidence about so far, and I would like to ask you about this, please, is in the light of that opinion that you have given, there has been evidence from Mrs A in this hearing about a meeting on 12 July at which she was told by Dr Eastgate that he, or somebody, had contacted the police and social services, and that he was “98 per cent certain it was criminal”. What do you say about that, in the light of the evidence you have given about the interviewing techniques on the 9<sup>th</sup>?

H A I am aware of those statements. I of course did not hear the totality – I arrived half-way through hearing that evidence. If in fact her perception is confirmed that what had taken place was almost certainly abuse, then one would – I have to put the

A other way round – it would have been clearer if the arguments and the indications for why that was given as being “almost certainly” were present. They are not present. At that particular point my understanding is that there was a factor present which could indicate abuse. We have had quite considerable discussion about what constitutes the sort of a suspicion which would merit referral, but that would be contrary to the information which I have otherwise, and that is that they were a factor which could be associated, but was far from indicating that there was abuse. At that point then an opinion had been transmitted both to the girl and then to the girl’s mother.

Q I was going to ask you about the fact that the girl at the time was allegedly sitting on the floor in the same room as this conversation was taking place. What do you say about the appropriateness of that?

C A That is why I referred to the girl and the mother. That is my understanding. It is also, I should say, in the nursing notes, in terms of the intention – if I can refer to it here, if I can find it reasonably quickly. On the 12<sup>th</sup> it says that:

“In the meeting they discussed [Miss A’s] disclosure of abuse by an eminent medic and how Dr E had a duty to report this to the police and social services”.

D So the view that this was solely coming from Mr Evans – the picture is consistent of the view that there was a high probability of abuse. Actually I need to point out that I am actually not doubting Dr Eastgate’s sincerity.

Q I think you pointed that out.

A Yes; I am not doubting that, or that it was malicious, but nonetheless ...

E Q If I could go back, please, to head of charge 6 and the referral. Looking at the situation on 9 July, by the evening of 9 July Miss A had supposedly mentioned stroking of the breasts.

A Yes.

Q Was there anything indicated to you in any of the material that you have looked at that would have prevented Dr Eastgate from contacting the parents on the evening of 9 July?

F A Well, I have actually referred to this in my evidence so far.

Q I wonder if you could just say whether you have ever seen anything in any of the notes indicating any reason why he should not have contacted the parents on the evening of 9 July?

G A I have not seen anything that would indicate that. The issue that has been raised with me as to whether there was a degree of urgency to protect other children, apart from that, I have not seen anything else that would have prevented the parents from having had this discussed with them, and I have already pointed out that I would anticipate that that could – might not have, but could – have produced some clarity that would have assisted in the probability of abuse.

H Q 10 July – we have the note of 10 July. Is there anything then suggesting a reason as to why the parents should not be contacted on 10 July?

A A I have not seen anything to indicate that.

Q Anything on 11 July to indicate why the parents could not be contacted?

A Again, there may have been, but I have no information that would indicate that. That is quite an important point, because that is the day at which the abuse appears, the term “the abuse”.

B Q Yes, the first mention of the words “the abuse”, yes. And no indication in any of the documentation that there was an attempt to contact the parents, is that right?

A I have not seen any, but again I have to say the Committee can examine the documents just as clearly as I can.

C Q You have been asked a great number of questions about index of suspicion, and so on, and I am not going to ask you any further questions about that. Could I simply ask you, in relation to the head of charge 6, one very brief question with reference to Cleveland. Could I ask you to take up the Cleveland report extract.

A Yes.

Q Page 251. You will see that this is part of the recommendations, and we have looked at it very briefly already. At vi:

D “If there is a suspicion of child sexual abuse in the mind of the professional, the danger of false identification ought not to be forgotten. Therefore when a suspicion arises the professional may elect to: ...” –

And there are several options there.

E “The level of concern may reach a point within the guidance agreed with other agencies ... where it is the duty of all professionals to inform others or refer to the Specialist Assessment Team.”

Could I ask you for your professional opinion to assist this Committee as to whether or not in the circumstances of this case the level of concern had reached a point at which there should have been a referral?

F A If you go up one line there are three hyphens, and it says:

“- make further informal inquiries ([I] on the flowchart).”

Q Yes.

A It has been my advice and my opinion that there was reason to consider the possibility of abuse; there were reasonable steps by informal enquiry that could easily have been taken.

G Q You were asked questions about the fact that unexpected disclosure of sexual abuse is quite unusual in the context of therapeutic interviews, and you agreed with that proposition.

A Yes.

H Q Yes. Well – the first reference to abuse during therapeutic intervention – more recent research – my memory is that the research that has been indicating that is much

A more recent. If you want me to think about the timing of it, I am afraid I do literature searches most nights of the week, but there is reasonable evidence, and the clinical experience is that there is usually reference to abuse prior, or something that would indicate abuse prior ---

B Q I think we have agreed that it is quite unusual. I think you agreed that it is unusual for completely unexpected allegations of sexual abuse to arise during therapeutic interviews.

A Yes.

C Q If we take it that there was no suspicion of sexual abuse before the morning of 9 July, and we look at what happened on 9 July, could I ask you, even if Dr Eastgate was taken by surprise on the morning of 9 July, what would you expect a trained consultant psychiatrist – adolescent/child psychiatrist – to have done by the afternoon of 9 July?

A I have already given this in evidence, and that is the two steps which one would expect.

Q Yes?

A One would be to keep very detailed notes.

D Q Yes?

A The other would have been to have set up the opportunity to discuss the concerns with the parents. It is not true to say that there was no reason to consider abuse, because of course the circumstances which we have discussed so far of the possible eating disorder, the unexplained deliberate self-harm, could quite reasonably have given Dr Eastgate reason to consider the possibility that there was abuse present.

E Q Was there in your view anything to prevent him contacting other senior clinicians, perhaps more experienced clinicians, to obtain their advice – other psychiatrists specialising in this field?

A I have no idea. I was not present with him.

Q Is that something that may be done in circumstances where a consultant may feel a little unsure as to what to do?

F A That is in the various guidelines, that it would be expected that the person would consult with professionals; but, as pointed out, there has been a move over the years from saying that this should be somebody within the profession to somebody with experience in another profession. That is not the issue that I am stating as being a reason to be concerned. I think these days it would be considered reasonable to discuss with another professional who was experienced in the area of abuse when you had a discussion.

G MISS GLYNN: Thank you very much, Professor Zeitlin.

H THE CHAIRMAN: Your evidence has been examined in great detail, Professor Zeitlin, but nevertheless members of the Committee may have questions for you. If they have I will introduce them to you. I see no questions. That, then, concludes your evidence, and the Committee is grateful to you for being so clear and so patient in giving it. Thank you.

A

(The witness withdrew)

MISS GLYNN: Sir, that also concludes the complainant's case.

B

THE CHAIRMAN: We will, I think, take a break now, but there is a housekeeping matter and then I have two questions for counsel. The Report of the Inquiry into Child Abuse in Cleveland 1987 is, I think, D5. I am not sure whether I said that last night or not.

MR TURNER: I certainly have it marked.

C

THE CHAIRMAN: Thank you very much. With respect, I would like to invite both counsel to consider two issues which have been raised in discussion informally by the Committee. The first is to consider that repetitive examination and cross-examination, and even prolonged detailed analysis of small points, may not necessarily assist the Committee, who have broad issues to determine.

D

Secondly, I would like to invite you both to confer over lunch on the anticipated time scale for the remainder of the hearing. The Committee, of course, has no idea which witnesses are going to be called, because we are not told, but it would be helpful, as a matter of good housekeeping, to have some feel for what lies ahead. Thank you.

We will reconvene at quarter to two.

E

MR TURNER: Sir, I wonder if I could help by giving advance notice that I intend to make an application under rule 27(e) and in that context I am going to be referring, and invite the Legal Assessor to give you guidance, in relation to a case called *Silver v. The General Medical Council*, a decision of the Privy Council. I am sure your Assessor and, indeed, some of the Committee may be very familiar with that. I have copies of it and it may be helpful if they were made available now. (Same handed)

F

THE CHAIRMAN: It would be helpful to make sure that all members of the Committee have seen it. I have seen it myself from the past. They could look at it over lunch.

We will reconvene at quarter to two.

(Luncheon Adjournment)

G

H