

Labelling, pseudoscience, witchcraft, airborne statistics, and outright lies to steal children. A little History, retrieved from <http://wp.me/pRLPY-1k>

Bruno Bettelheim emigrated to the USA in 1939. Known as the originator of the concept of “refrigerator moms” that explained autism through the mechanism of blaming of women for their child’s condition. The theory though wasn’t entirely new; the idea that autism was caused by a lack on input and neglect by mothers had been first postulated by Leo Kanner in a 1949 paper — attributing autism to a “genuine lack of maternal warmth.”

Bruno Bettelheim though, through a series of articles throughout the 1950s and 1960s populised the theory, at a time when the incidence of autism was beginning to be diagnosed more regularly. Not everyone was willing to accept the concept that the condition was the fault of women, most notably Bernard Rimland, a psychologist with an autistic son, and founder in 1967 of the Autism Research Institute (ARI) and the Autism Society of America. He also wrote *Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior* (1964). Rimland managed to even persuade Kanner, through the quality of his research and writing, that there was a neurological explanation for autism, and Kanner in response wrote the forward to his book.

In 1967 Bruno Bettelheim published *The Empty Fortress: Infantile Autism and the Birth of the Self* which reinforced the popular belief in Western societies that autism was caused by women, defeating many of the gains that Rimland, Kanner and others had made. In *The Empty Fortress* Dr. Bettelheim detailed how three children with severe autism had been treated under his supervision at the University of Chicago’s Orthogenic School using psychoanalytic theory and milieu therapy. Children who had once exhibited bizarre antisocial behavior were, in some cases, completely cured. No one had ever achieved such success with this enigmatic disorder. Although Bettelheim’s book did have its critics, the overflow of praise from Bettelheims advocates drowned out the voices of the few detractors. As a result, Bettelheim’s thesis, that the infant’s relationship with her “refrigerator mother” caused autism, soon became the accepted explanation in popular and some professional circles.

**(Source: Bruno Bettelheim, Autism, and the Rhetoric of Scientific Authority by Katherine DeMaria Severson, James Arnt Aune and Denise Jodlowski, published in Autism and Representation, edited by Mark Osteen.)**

By the 1970s the theory of the “Refrigerator Mom” was still hugely popular amongst some corners of the medical and social work professions, though further research into autism was leading to its critics increasing in both number and accuracy in their findings. Left alone the theory would have probably passed into history, particularly after revelations about Dr. Bettelheim following his death by suicide in 1990 (see later below).

Sir Roy Meadow’s theory of MSBP, published in *The Lancet* just 10 years after in 1977 proved to be a lifeline for Bettelheim’s theory and it’s ardent and sometimes fundamentalist supporters. Although initially given little credence, MSBP, from the 1990s onwards, was employed to blame autism, or symptoms that appeared like an Autistic Spectrum Disorder-on women. In the intervening years it has become a de rigor exercise for many child protection professionals to employ a ‘standard’ MSBP allegation against a woman with an ASD child.

The strong echoes of 16th & 17th century witchcraft allegations against women permeate much of the use of MSBP – made doubly disturbing with the knowledge that before Bettelheim’s

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“refrigerator mom” theory, witchcraft and demonic possession had been routinely employed to explain autism – and indeed continue to do so today, particularly in fundamentalist communities and some non-Western cultures.

Using the concept that the mother or female carer (the MSBP theory rarely applies to male suspects) caused the child’s autism, or symptoms that ostensibly appear as an ASD, MSBP goes far further than the misogynist dreams of even the most ardent “Refrigerator Mom” Theory advocate. Rather than having to prove a failure to emotionally connect with an infant, because the woman is “emotionally frigid,” child protection professionals employing MSBP/FII have taken Bettelheim’s theory and run with it into a zone where the woman actually deliberately causes the child’s autistic spectrum disorder through deliberate intent, or has inflicted symptoms on a child that “look similar” to an ASD. Furthermore the woman is able to perform this feat using a process as yet undetermined by science or medical or criminal forensic science. Although some court-appointed experts believe that ASD-like symptoms can be inflicted deliberately on a child by a woman with MSBP, the means to actually perform this aren’t divulged. Presumably the absence of sensory and emotional input from a very early point in the infants life — i.e. “Refrigerator Mom” activities (or lack of rather) would suffice to explain how a “Munchausens Mother” would actually cause a child to be autistic or to produce a outwardly not-very-convincing approximation of an ASD.

MSBP’s close correlation with witchcraft allegations of the 16th and 17th century mentioned earlier (see David B, Allison, Dr. Virginia T. Sherr, M.M. Drymon, Dr. Lynne Wrennall) may appear fanciful, however there has to be the suspicion that in the absence of science, belief in mysticism and magic have taken hold in the secretive courts and it is being posited that the women accused of inflicting AS disorders on their young charges through malice are performing it through supernatural means.

The term MSBP was dropped following the scandals overshadowing Professor Sir Roy Meadows. Instead the term FII (Fabricated and/or Induced Illness) has served as a replacement. The loss of the Munchausen reference is probably appropriate as it became more difficult to imagine there were thousands upon thousands of simpering women seeking the love and attention from medical personnel, by either fabricating or actually inflicting an injury or condition on a child — using the child as a proxy to enable repeated visits to hospitals or clinics, even at the expense of a child having unnecessary medical procedures inflicted on it. The FII term though allows for circumstances when women don’t even come into contact with medical personnel — enabling child protection professionals, invariably with the assistance of a psychiatrist, to determine that a woman may possibly fabricate or induce an illness or injury on a child not yet born. The Fran Lyon Scandal provided a golden example of this scenario in use; with Ms. Lyon’s diagnosis of being a likely deranged woman who would injure or fabricate an injury or condition on her not-yet-born baby being garnered without her actually being examined or interviewed by the professional who made the diagnosis.

The extraordinary ease of use of MSBP/FII allegations against women is such that many professionals only have to quote “MSBP” without any further analysis or effort to try to provide therapy or assistance for a woman so accused of it. As MSBP was (and remains) in the minds of many family court judges and secretive court-appointed experts and child protection professionals, a deadly condition that can lead to a child being murdered by a woman, then a finding that a woman had caused an infants autism through MSBP, or, as in recent times might possibly cause a child to become autistic — is sufficient to have the infant or new-born baby forcibly removed and placed

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into forced adoption.

Through its employment in the secret family court system, the use of the MSBP theory had a perfect vehicle in which to thrive. For those child protection experts and professionals inclined to seeing children forcibly removed from parents, either for financial gain or to satisfy dogma (or both) then MSBP has proven to be a god-send. Even better, through the restriction of the issuing of secretive family court judgements (see Paul Rowen MP and Rt. Hon. John Hemming MP) there is little danger that the testimony of secretive family court-appointed experts would ever be challenged by opposing experts, as their testimony would never see the light of day through an Appeal Court judgement one way or the other.

The relationship between the Refrigerator Mom theory and MSBP/FII theory isn't necessarily clear-cut across the world. In the US autism support groups have banished Bettelheims theory to the scientific gutter, and it is nigh impossible to employ a false or spurious MSBP allegation against the mother of an autistic child without risking the wrath of an expensive civil action. In England, Scotland, Wales and Northern Ireland though, where the use of MSBP/FII has reached such common usage against women it is often considered as the first diagnosis rather than the last final explanation of a child's condition, enabling the employment of blame against women for autism to be thriving like never before.

Bettelheim simply expressed his conviction that autism disorders were caused by women failing in their duty to provide emotional support for their children, leaving the children bereft of communication skills and an inability to socialize. MSBP/FII though steps beyond the bounds of Bettelheim's theory with a huge leap; now instead of being simply accused of being remiss or somehow lacking in the emotional suite required by young children, women are now (and have been for over a decade) accused of being devious, vindictive schemers who deliberately inflict ASD or ASD-like conditions upon their children, and then have the temerity to demand assistance and support services for their children. In this regard MSBP/FII isn't the Refrigerator Mom theory by any other name – Bettelheims writings never suggested any deliberate intent. MSBP/FII though retains the concept that AS Disorders are caused by women, but this time with deliberate intent. As with Sir Roy Meadow, who had shredded his original research for his theory of Sudden Infant Death (SID) — closely related to his other theory of MSBP when it was being demanded for peer-review, Dr. Bettelheim also had a hidden secret.

For the next twenty-three years (following the publication of Empty Fortress) the writings of researchers, parents of autistic children, and adults with autism served to discredit Bettelheim's claim of maternal causation. However, shortly after Bettelheim, a Holocaust survivor, committed suicide in 1990, at the age of 89, the world suddenly had reason to question more than his hypothesis. Letters poured into newspapers from former students of the Orthogenic School.

Bettelheim, the staunch advocate of safe and comforting environments for children with emotional disabilities, allegedly had physically and emotionally abused the children in his care. Some of the adults that Bettelheim claimed to have "cured" of severe developmental disabilities, including autism, charged that they had entered the school with nothing more than behavioral problems. The shocking revelation that Bruno Bettelheim had neither a degree in psychology nor therapeutic training also emerged during this time. We have learned that in fact he wrote his dissertation on aesthetics, and while in Vienna was a lumber merchant.

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**(Source: Bruno Bettelheim, Autism, and the Rhetoric of Scientific Authority by Katherine DeMaria Severson, James Arnt Aune and Denise Jodlowski, published in Autism and Representation, edited by Mark Osteen.)**

When a secret court-appointed expert or social worker determines that a woman has caused a child's condition, are they actually correctly recognizing an ASD? That question is hard to answer, due to the secretive nature of the Family Court system in England and Wales, that prevents us from seeing the testimony of experts and identifying any trends to indicate that the same experts are being used time and time again, employing the same dogmatic view of women and children with ASD symptoms. The experience of Jan Loxley suggests that some professionals have genuine difficulty in recognizing AS Disorders and choose deliberately to adopt a strategy that either deprives the child of the necessary and statutory support services (for economic reasons — most notably to save expenditure) and/or to inflict 'revenge' on a pushy parent (who pursues a request for services to be granted). In the worst cases, of which there are many tens of thousands, the child is removed forcibly from the parent. For any purpose a false allegation of MSBP/FII fits the bill perfectly, distracting professionals from their duty-of-care, whilst at the same time branding a woman with the odor of madness, which in turn limits her opportunities to deal with misogynistic medical professionals.

I have worked in senior front line positions in Voluntary Sector children's provision in the UK. Nevertheless, three years ago, both of my children were (briefly) put onto the Child Protection (At Risk) Register for fear that I was causing "significant harm" to my son by asking that he be formally assessed for ADD/ADHD/Aspergers Syndrome and by taking the LEA to SEN Tribunal. The grounds were that a former GP had started a "whispering campaign" amongst health and educational professionals who did not understand Autism/Aspergers Syndrome / Dyslexia / Dyspraxia and related conditions-always preferring to suspect and blame the mother. The lasting damage of the Social Work intrusion into our lives is much greater for my daughter, who was only 5 at the time. She was previously an extremely independent young lady who, faced with the fear of being taken from me, became extremely clingy and afraid to sleep without me. I still can't easily go out on a school night as she forces herself to stay awake for my return. Her education was undermined by the intrusion, which caused enormous difficulties in relationships with her school. Low teacher expectation of the "CP kid" led to massive and totally unfair delaying her getting help with her Dyslexia.

Eventually at the age of 12 my Dyslexic son was diagnosed as high functioning Autism or Aspergers Syndrome (DAMP –Disorders of Attention, Motor control & Perception). In the wake of complex pneumonia he also developed some of the symptoms of ME/CFS. His main difficulty is that he is extremely bright-and uses his intelligence to mask his difficulties. Education professionals (led on by the whispers from the GP) had mistaken his educational difficulties for lesser intelligence. I had identified that something was wrong when he was 3 and the whispering campaign had persisted for 9 years. Misapprehensions by some personnel in the LEA still make it difficult for him to get appropriate educational help.

**(Source: The Right to Quiet Enjoyment of Family Life – by Janet Loxley-Blount)**

The use of false or spurious allegations of MSBP/FII against women for children with AS Disorders

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increased exponentially with the assistance of the New Labour Government of 1997-2002. In response to the findings of the Lord Laming enquiry into the Victoria Climbié Scandal the Government chose to reorganise child protection services through common working practices, under the guise of the Working Together to Safeguard Children” (1999). Guidelines. Upon seeing the first release of the guidelines, the National Autistic Society were aghast when they realised that the very pointers that child protection professionals were to use to identify and seek-out MSBP/FII almost perfectly matched the symptoms that an autistic child would be expected to exhibit in one form or more.

Without putting factitious or induced illness into a proper context the NAS fears that there may be an ‘epidemic’ of this type of abuse, with many parents/carers reported as abusers, when the reality is that their children have very real but undiagnosed conditions such as autism. If this guidance on factitious or induced illness has to be issued, then this rare form of abuse must be put into an appropriate context, with a list of prevalence figures for other, more common, conditions which could explain the ‘symptoms’ which are said to indicate possible abuse.

**(Source: Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities: consultation from the Department of Health-Response from the National Autistic Society)**

The response to the NAS’s meeting with the Government in 2001 – with a civil servant called Jenny Gray and the then-Health Secretary and former Home Secretary Rt. Hon. Jacqui Smith MP resulted in the report quoted above being prepared by Dr Judith Gould, Director – The Centre for Social & Communication Disorders and Judith Barnard, then Director – Policy & Public Affairs, NAS. The report was quite specific about how the proposed Government guidance could be used as a vehicle with which to accuse women of MSBP/FII, particularly those whose children had an ASD;

\* Firstly, the list in chapter two (para 2.16) which describes symptoms which may occur as a result of abuse is a list of classic pointers to autistic spectrum disorders. These symptoms are, however, presented in a very subjective way (see our light italic type, below) — underlying causes are implied, yet the people being asked to recognize these symptoms are not qualified to make these judgements. There could be many other reasons for these symptoms, all of which must be ruled out by referral to appropriate specialists before suspecting factitious or induced illness in the parent.

- o Delay in speech and language or motor development as a result of distress;
- o Development of feeding disorders as a result of unpleasant feeding interactions;
- o Dislike of close physical contact and cuddling because it recalls episodes of smothering;
- o Development of attachment disorders as a result of the mother-child relationship being over-controlled;
- o Low self-esteem as a result of not being able to understand why they have been abused in this way;
- o Having no or poor quality relationships with peers because their opportunities for social interactions are restricted;

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o Under-achievement at school because of frequent interruptions in attendance;

o Development of abnormal attitudes to their own health (for example, the development of abnormal illness behavior and even somatoform disorders) because of their abnormal experiences  
This list of symptoms is likely to become the ‘cut out and keep’ checklist for your average health practitioner from the 60-plus pages of this guidance document. In order to avoid a wrong diagnosis, a full developmental history of the child must be taken by a qualified clinical professional before the possibility of an autistic spectrum disorder can be ruled out. There are undoubtedly many other conditions which may cause one or more of these symptoms. All of these must also be ruled out through assessments by appropriate specialists.

o Secondly, awareness of autism amongst all the groups identified in this guidance is very low. Given that autism is far more prevalent than ‘factitious or induced illness’ there is an urgent need for guidance on autistic spectrum disorder to be issued by the Department. This particular guidance document places a huge weight and importance on a very rare form of child abuse, out of all proportion to its prevalence. Yet a complex and far more common condition such as autism is not taken as seriously as it needs to be.

In response to the protestations of the NAS, the New Labour government did amend the guidelines, pointing-out that autism needed to be considered by professionals instead of having them rush straight to a conclusion that a woman is “Munchausens”. Too late though, the damage had already been done; up and down the UK child protection professionals had been following guidelines to identify MSBP/FII that exactly matched those that they would find in autistic children.

Unconsciously or otherwise MSBP/FII had been allowed to ensure that women would be regarded as having inflicted the symptoms presented by their children though the somewhat witchcraft-like accusation of MSBP/FII. This political element, with a Minister of State effectively endorsing the concept that ASD symptoms married those of MSBP saw the concept of women being blamed for AS Disorders (whether genuine or not) take an exponential step beyond the Refrigerator Mom theory of AS Disorders. The consequence of the Governments guidelines was as NAS predicted; children with AS Disorders were forcibly removed from women and parents under the guise of the women being determined to be “Munchausens.”

The allegation of MSBP against a woman is a pernicious and vicious thing. With the controversy over the MMR vaccine and autism, the use of MSBP allegations against women rapidly became rife. The perceived rise in AS disorders in recent decades was answered with a corresponding rise in the use of MSBP allegations against women. A key feature of MSBP is that its advocates absolutely do not want a comprehensive world-wide or even (in the UK) national regional study performed of the condition, even to identify MSBP/FII black-spots where additional research or funding could be granted to try to understand why there is a “postcard lottery” in the use of MSBP/FII allegations against women, with some counties in England being particularly enthusiastic about its use (such as Kent).

How routinely is MSBP used? Well the Consensus document, submitted to the New Labour government, like the NAS report, drew attention to the widespread use of MSBP allegations that resulted in the forced removal of children.

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Despite the government's official view that MSBP, also known as fabricated or induced illness, occurs in only about one person in a million, up to 12,000 children a year are being taken into care for MSBP-related reasons, according to the report.

The 104-page report, drawn up by Consensus, a group of parents and professionals, says Department of Health guidelines on MSBP issued in 2002 are phrased in such a way as to trigger referrals of parents to social workers even without any evidence.

The guidelines state: "When a possible explanation for signs and symptoms is that they may be fabricated or induced by a carer, and as a consequence the child's health or development is likely to be impaired, a referral should be made to social services."

**(Source: Innocent parents accused of abuse by Daniel Foggo, The Sunday Times, April 23rd 2006)**

The Consensus report estimated that 12,000 children a year are being removed from women and parents using MSBP allegations in England and Wales. As it is expected that just one case of MSBP occurs per every million citizens (of all ages) then we would expect 65 cases a year, using the New Labour Governments own figures. That means for every year of use, current MSBP allegations consume the equivalent of 184 years of expected cases. As MSBP allegations against women have been employed actively for two decades, then over 360 years' worth of allegations have been made inside 20 years already. If we recalculate the figures and perhaps determine that MSBP occurs say ten in every million citizens, then we would expect 650 cases a year. To try and get close to the 12,000 allegations made every year we have to estimate that MSBP is prevalent in around 185 of every million citizens. That is still a long way from the agreed prevalence of schizophrenia (at around 7,000 sufferers per million) but certainly enough it could be reasonably expected, to trigger a substantial investment in research into MSBP. As MSBP allegations are made invariably against women of child-bearing age (15-44 is the normal range) then the pool of women being used for this enormous source of MSBP allegations is low — and a fair proportion of the same have to have an MSBP allegation made against them, year-after-year.

Even so, 12,000 allegations a year seems hugely excessive a figure, although the New Labour government didn't challenge the assertions in the Consensus document. There are about 1050 towns in England alone, plus 50 cities and countless villages. Even one social worker or paediatrician could manage a single MSBP allegation against a woman once-a-month. Enthusiastic supporters of MSBP/FII allegations will profess that the Syndrome is more rife than official figures suggest — although those very same supporters are absolutely against any comprehensive survey or research to ascertain where MSBP can be found and what its causes are. It should be noted though that following the review into the Sally Clark scandal, when questions over the veracity of Sir Roy Meadow's testimonies over SID's and MSBP reached a peak (and he was prevented from being used as a prosecution witness in criminal trials) a review of 5,000 children taken into care was requested.

Ultimately though it was determined that the vast majority of these cases were correct, or that it was too late to resettle the forcibly removed children. If indeed the vast majority of cases were correct then the figures for MSBP prevalence issued by the Government are obviously wrong, though once

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again there is no enthusiasm for funding research into why the discrepancy exists. (see Margaret Hodge MP)

The use of MSBP/FII allegations against women with AS Disorder children remains rife in the UK. Gagging orders until a child is 18 prevent most women from speaking-out, though in the coming decade their accounts will probably be regularly aired. It is likely that thousands, perhaps tens of thousands of children were taken into forced care or adoption, although they continue to suffer for AS Disorders, on the basis that their condition was inflicted upon them by a woman. In Scotland some effort has been made to recognize the the harm inflicted on ASD children though the Working Together guidelines that were adopted and approved by the Scottish Executive, through a consultation exercise that accepted written and oral evidence;

Although we have major concerns about the above noted government policies towards the human rights of people with autism, it is in the history of government policy as regards Munchausen's Syndrome By Proxy (MSBP) that we find most to worry us specific to children with ASD, because of the overlap in the features of MSBP contained within government guidelines with the international clinical criteria for ASD. Given the absence of research data on this `syndrome` and proper peer reviewed research, it cannot be considered to exist. Whilst we know that accusations of MSBP are disproportionately directed against parents of children with autism, and that an unknown number of autistic children have been taken into local authority `care` on the basis of such an accusation (through the Children's Panel system), we also know that this is the tip of a very large iceberg, where professionals often accuse parents of being responsible for their child's autistic behaviors or genuine medical problems, even where a diagnosis of ASD has been made. Most parents recognise that this is a defense mechanism against parents who have greater expertise in matters related to autism than the `professionals`, and is used when parents are attempting to access services that are more appropriate to the needs of their child.

**(Source: Incompetent, Abusive, or both? – Scottish Executive policy and legislation on Autistic Spectrum Disorder (ASD) – `Autism Rights` Briefing Paper April 2007)**

Dr. Paul Shattock OBE of Sunderland University's Autism Research Unit, together with Dr. Lisa Blakemore-Brown have drawn attention to the use of false MSBP/FII allegations against parents and women whose AS Disorder coincided with a recent MMR vaccine jab.

Mr Shattock said: "Accusations of Msbp are often focused on parents who believe autism has been triggered by the MMR jab. The child is ill so something has happened. But the official medical dogma says it can't be the MMR vaccine so it must be the mother.

"The guidelines social services use for Msbp describe children on the autism spectrum, so what we are seeing is a plague of these false allegations.

"Yet there is no scientific evidence whatsoever that Msbp even exists. It's a witch hunt. I believe that the secrecy surrounding Family Courts could be masking very serious miscarriages of justice." (Source: Wrongly Accused – Sunday Sun, 21st December 2002

The use of MSBP allegations against women as a means on simply saving expenditure is already well documented and accepted by a sizable majority of parents of ASD children. The Channel 4

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News anchorman Alex Thomson became a recent high-visibility “victim” of the official desire to save money, though, unusually it seems, his girlfriend wasn’t accused of MSBP/FII (though continued “awkwardness” with medical authorities invariably provokes a false allegation). The criminologist and lecturer Dr. Lynne Wrennall has also written about the use of MSBP/FII allegations as an economic tool to be wielded against women. The psychologist and recognised autism spectrum disorder expert Dr. Lisa Blakemore-Brown, although courting controversy with her opinion that one of the causes of autism can be found in the mercury-based “transport agent” of the MMR vaccine, has also expressed her concerns that MSBP allegations against women with ASD children are invariably made for economic reasons.

Behind all this though, where does Dr. Bettelheim’s theory of the “Refrigerator Mom” sit in the early 21st century? Quite healthily intact it appears. The writer and child psychologist Alice Miller, whose books invariably dictate that family life is rife with child abuse and modern mothers are the source of most of this abuse, wrote of her opinion, after observing ASD children in a therapy center, that AS Disorders are simply the consequence of having been abused (physically, sexually or emotionally).

I spent a day observing what happened to the group. I also studied close-ups of children on video. What became clearer and clearer as the day went on was that all these children had a serious history of suffering behind them. This however, was never referred-to... In my conversations with therapists and mothers, I inquired about the life stories of individual children. The facts confirmed my hunch.

No one, however, was willing to take these facts seriously

**(Source: Alice Miller – Breaking Down the Wall of Silence: The Liberating Experience of Facing Painful Truth (1991))**

It is uncertain how many child protection professionals have determined that AS Disorders are the direct result of abuse and that no other explanation will suffice.

Gender feminism, which would perhaps be expected to have opposed the seemingly remorseless rise of false allegations of MSBP against women, is strangely quiet on the subject. Indeed only a paper by ML Bergeron reveals any disquiet on the subject (in this case concerning the use of a false MSBP allegation against a lesbian mother). There are various possible explanations for this, but following the allying of the gender feminist cause with religious fundamentalism in the late 1980s and early 1990s over the Satanic Ritual Abuse Myth (see Bea Campbell (OBE)) that saw mothers and carers routinely accused of being witches and child abusers, it is likely that an environment that sees women (notably mothers) easily accused of being obscenely mad suits a desire to present families as being havens for child abuse. Women, who as mothers, are seen as being mere simpering dolts willing to continue the patriarchal traditions of marriage and family.

The use of MSBP allegations invariably step beyond any normal legal or medical standard used in the modern Western world. On frequent occasions its use will echo the “ducking stool” use of witchcraft allegations from the 16th and 17th centuries;

One particularly dubious element of the standard M.S.B.P. profile, which was published in such periodicals as the Journal of Mental Health Counseling and Archives of Disease in Childhood, was its assertion that perpetrators were “deniers” who would firmly deflect accusations of abuse. This

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placed accused mothers in an absurd bind. “The ‘perpetrator’ may genuinely be innocent and that is why she persistently and vehemently denies harming her child,” C.J. Morley, who is now a professor of pediatrics at Royal Women’s Hospital in Melbourne, Australia, wrote in 1995. “In some cases the mothers are told if they do not confess they are unlikely to have their children back. This is blackmail and may result in a false confession.”

**(Source: The Bad Mother – The New Yorker, by Margaret Talbot – published August 9th, 2004)**

The use of MSBP/FII false allegations against women with ASD (autistic spectrum disorders) has coalesced into a number of different perspectives, all of which can be summarized through diagnostic viewpoints;

1. The child has an ASD condition (autism, Aspergers Syndrome, Dyspraxia , etc.) AS Disorders are caused by “refrigerator mom’s” and the child should be removed forcibly, using the MSBP/FII stratagem, at the first opportunity and offered for adoption.
2. The child has a condition that by all appearance, seems to be an ASD condition. However for some other reason or reasons the mother is suspected of fabricating the condition (MSBP/FII) through an unknown mechanism not yet understood by science or forensic investigation. The child should be removed at the first opportunity and placed in care or forcibly adopted.
3. The child exhibits ASD-like symptoms but is suffering an Attachment Disorder. Although RAD theory details that such disorders invariably impact most on children moved from familiar surroundings (such as children in care moved repeatedly from foster parents to foster parent) it is common practice to forcibly remove such children from their families and have them enter a cycle of repeated movements until being possibly forcibly adopted into a new household.
4. The child has an ASD condition which is genuinely believed to be caused by a genetic or environmental vector. However the child should be forcibly removed from its family to preserve the costs inherent in providing services for ASD children. Having entered care the child is probably best not being forcibly adopted as the new adoption parents will also request resources for their ASD adopted child.

Two other viewpoints are invariably used in non-Western parts of the world, but both have been employed in the US and UK in the past, and there is anecdotal evidence that some professionals with fundamentalist/gender feminist perspectives have determined them to be valid and correct;

1. The child is indeed subject to an ASD but such disorders are caused by demonic possession. The child should be forcibly removed from the female parent, who is most likely the cause of the possession, at the first opportunity.
2. The child is indeed subject to an ASD but such disorders are caused by witchcraft by the woman (mother or primary carer). The child should be forcibly removed at the first opportunity from the woman to reduce the influence of the spells inflicted. In some non-Western nations this diagnosis will result in an exorcism attempt and or the murder of the female for alleged witchcraft.

An example of how some child protection professionals view those with AS Disorders is well documented with the case of the Storey family;

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## **ASPERGER SYNDROME Anti-social services**

It is hard to envisage more ignorant or unsympathetic treatment by the “caring professions” than that meted out to the Storey family of Rayleigh, Essex.

Debbie Storey, 41, has Aspergers Syndrome (AS), as do her sons Ben, 16, and Sam, 12. AS is a form of autism where sufferers often have high IQs but lack social and communication skills. This can be seen in apparently “odd” behavior.

Last year Ben and Sam were nearly taken into care because a therapist who had been visiting the Storey home decided — without being qualified to do so — that the children were being psychologically abused. Nothing could have been further from the truth. But a confidential report prepared for Essex social services concluded that Mr and Mrs Storey were “consciously or unconsciously using their children to meet their own needs.” They were summoned to a child protection conference and the boys were put on the “at risk” register for emotional abuse and neglect.

In what was subsequently found to be only one of a series of failures by the authorities, no input was sought from any expert on autism to throw more light on the condition of Mrs Storey and her sons. Lisa Blakemore-Brown, a psychologist and expert on Aspergers, was so horrified by what was happening to the family she even gate-crashed a case conference to act as a family advocate. She found the intimidation of the family “absolutely unbelievable and unacceptable”.

After a mammoth battle with Essex county council involving lawyers and various experts, Ben and Sam Storey were eventually removed from the “at risk” register last September. But the year-long ordeal took an enormous toll on everyone, especially Mrs Storey. In emails she revealed the depth of anxiety and desperation she felt throughout the period. In March last year, for example, she wrote: “They are ripping my family to pieces and there isn’t anyone who can intervene at a higher level and stop the damage this is doing to the children.

“Ben is really unwell with all the flu symptoms again that flare up when he is under immense stress....but thanks to the core group (those monitoring the children) we’re too afraid to take him to a GP who has blatant disregard for experts and is totally ignorant to the needs of a family dealing with autism.... This is spiraling out of control and I’m rapidly going with it.”

But it was not just her mental health that was suffering. According to Debbie’s mother Rosemary, Debbie had been fatigued and feeling unwell for some time but was too fearful to go to the doctor lest this was interpreted as more “attention seeking behavior” that could harm her chances of keeping the children.

She had complained of increased back pain in the middle of last year and in November was referred to the Royal Orthopedic hospital for spine and hip investigations. No cause for the pain could be found. Instead, according to Rosemary, questions were asked about whether Aspergers could have affected Debbie’s perception of pain.

Later in November the pain was so bad it was frequently causing Debbie to vomit. A GP at her

Labelling, pseudoscience, witchcraft, airborne statistics, and outright lies to steal children. A little History, retrieved from <http://wp.me/pRLPY-1k>

practice prescribed slow-release morphine to ease the pain, but another GP took her off it. At one stage she was in such pain she dialed 999 and was taken to casualty at Southend Hospital. After two painkilling injections she was sent home. But she was then readmitted to hospital by her GP when blood tests revealed worryingly low levels of haemoglobin. Again she was discharged.

It was only in March of this year that, on mother Rosemary's suggestion, Debbie was seen by the consultant who was treating her brother for a rare renal cancer. It turned out that Debbie's "perception" of pain was all too horribly real. She too was diagnosed with rare renal cancer, only hers had spread to other parts of her body.

While her husband Michael now cares for Ben and Sam, Debbie is being nursed by her parents and awaiting an operation to remove a kidney on 4 May.

Because she is so seriously ill, an advocate from Mencap has written to the respective health authorities, the Southend Hospital NHS trust and Castle Point Health Trust, to question and complain about her treatment. But Lisa Blakemore-Brown has no doubt that the labels attached in ignorance to Debbie and her family over the years mean she has not received the kind of treatment and care she needed when she needed it. "What has happened to Debbie and her family should not be ignored. We have seen over the last seven years more and more cases of parents being wrongly blamed and their real needs ignored. In this case a completely unqualified person set a rumor running that then permeated the entire health, education and social work systems, blinding the professionals. This resulted in no support for the children, no recognition of their condition — and a mother fighting for her life."

**(Source: PRIVATE EYE Issue No: 1131 29 April – 12 May 2005)**

The abuse of AS Disorder children and women with ASD children is perhaps the most unreported medical scandal of the last fifty years. The abuse of both the children and families by medical and social work professionals continues to this present day, almost unabated. The political element in the seemingly official encouragement of the use of MSBP/FII allegation against women with AS Disorder children will probably, in the years to come dominate discussions about social care policy in the UK – as more children taken forcibly from families and mothers reach the age of 18, and more women find that the secretive court gagging orders have expired; allowing them to speak freely. How society, child protection professionals, the Labour Party and numerous retired Labour Party MP's and councillors cope with the questions that will be asked of them will be fascinating to observe. A Royal Commission, or perhaps an equivalent of South Africa's post-apartheid Truth and Reconciliation Commission, with the input of the victims of the regime imposed, the experts involved and the politicians who allowed the scandal to develop and persist may suffice. For the moment though the MSBP-autism scandal remains a "work-in-progress" with women still being accused of causing autism on a daily basis in the UK.