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Fabrication or Induction of Illness in a Child: A Critical Review of Labels and Literature using Electronic Libraries

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Abstract

This paper argues that the variance between professionals on the use of terminology to describe and define this form of child maltreatment may lead to a loss of focus on children's welfare. The author argues that the label Munchausen Syndrome by Proxy has outlived its use and recommends the adoption of a new label 'Fabrication or Induction of Illness in a Child'. The article presents a critical analysis of the titles of 410 unique library entries collated from electronic libraries to discern the prevalence of labels to denote the fabrication or induction of illness in children.

The article also reviews recent developments in the UK courts and some critical observations on the challenges to the field. The author notes with concern that there does not appear to be a preponderance of service user narratives or critical perspectives in the literature. The adoption of a more critical orientation and the acknowledgement of critical service user narratives may be a useful focus for future research.

The paper reviews the merits of electronic libraries to efficiently discern an up to date reading list on a particular theme or issue. Electronic libraries can be of particular use to research minded practitioners and as a tool to support evidence-based practice. The use of electronic libraries to facilitate the research process is affirmed, although some issues regarding accuracy and research skills are noted. Electronic libraries can be of particular use to research minded practitioners and as a tool to support practice.

Key Words: Fabrication or Induction of Illness in a Child, Child Abuse, Electronic Libraries, Labels, Service Users'

Introduction

The protection and promotion of children's welfare is of paramount importance to parents, professionals and society. Public and professional awareness of the myriad ways that children's welfare can be impacted by social contexts, disadvantage and the action of adults, has improved attitudes towards children's issues. Public and professional knowledge of Munchausen Syndrome by Proxy has progressed since the late 1970's, although as Sheridan (2002: 499) noted, it is still in its "adolescence, striving to be recognized and understood". In Great Britain and Ireland, the recent publication of two important child protection and welfare practice professional guidance documents (Department of Health *et al.*, 2002; Department of Health and Children, 1999), attempts to address Sheridan's concerns by acknowledging Munchausen Syndrome by Proxy and by attempting to provide guidance on the identification and assessment of this form of child maltreatment.

The genesis for this paper arose out of the differing use of labels in a number of near recent publications. Both the U.K. (Department of Health *et al.*, 2002) and Irish (Department of Health and Children, 1999) practice guidance documents chose to eschew the 'conventional' label of Munchausen Syndrome by Proxy. Horwath (1999) posited that the label 'Fictitious Illness by Proxy' was increasingly being used over the regular label of 'Munchausen Syndrome by Proxy' (MSBP) and in a recent article she (2003) adopts the new U.K. label. The Irish guidelines chose 'Induced Illness (Munchausen Syndrome by Proxy)' (Department of Health and Children, 1999), and the United Kingdom's supplementary guidance to *Working Together to Safeguard Children* recommended the adoption of a new label 'Fabrication or Induction of Illness in a Child' (Department of Health *et al.*, 2002). The U.K. practice guidance document *Safeguarding Children in Whom Illness is Fabricated or Induced* gives us a salutary warning that differences of opinion between professionals on the use of terminology "may result in a loss of focus on the welfare of the child" (Department of Health *et al.*, 2002: 5). Before choosing to pursue this article, the author had some prior knowledge of this field. It became apparent to the author that practitioners' new to this field of study as a result of recently published guidelines in the UK and Ireland could be quite confused by the plethora of labels used. Labels can change to reflect public and professional knowledge. For example, the 'Battered Child Syndrome' changed to

physical abuse and non-accidental injury. Munchausen Syndrome by Proxy now also has a plethora of titles used by authors, policy makers and organisations to label this abuse. Table 1 lists fourteen labels that can be found in the literature:

Table 1 – *Label and Publication Reference*

Term	*Author / Organisation*
1. "Active Illness Falsification"	(Libow, 2002)
2. "'fabrication or induction of illness in a child'(ren)"	(Department of Health *et al.*, 2002; Horwath, 2003)
3. "Factitious Disorder by Proxy"	(Albrecht, 2001; Feldman & Allen, 1996; Schreier, 2001)
4. "Factitious Illness by Proxy"	(Adshead & Bluglass, 2001; Bools, 1996; Moszkowicz & Bjornholm, 1998)
5. "Factitious Illness Syndrome"	(Bluglass, 1999)
6. "Fictitious Disorder by Proxy"	(American Psychiatric Association, 1994)
7. "Fictitious Illness By Proxy"	(Horwath, 1999)
8. "Illness Induction Syndrome"	(Gray & Bentovim, 1996)
9. "Induced Illness (Munchausen Syndrome by Proxy)" "Induced Illness"	(Department of Health and Children, 1999) Ireland
10. "Meadow's Syndrome"	(Lazoritz, 1987; Warner & Hathaway, 1984)
11. "Münchausen By Proxy"	(Ayoub *et al.*, 2002; Rand & Feldman, 2001; Schreier, 2002; Sheridan, 2002)
12. "Munchausen Syndrome By Proxy"	(Meadow, 2002; Rosenberg, 1987; Schreier, 1992; Sheridan, 2003; Thomas, 2003)
13. "Paediatric Condition Falsification"	American Professional Society on the Abuse of Children (Department of Health et al., 2002)
14. "Polle's Syndrome"	(Ackerman & Strobel, 1981; Casavant, 1995; Lerman, 1986; Meadow & Lennert, 1984)

The author became interested in how researchers and policy makers choose labels to describe this abuse. It often appears that labels are chosen by authors' with little analysis of the aetiology of the label and / or with little exposition of their rationale for their choice of label. For example, the most recent Irish guidelines on the protection and welfare of children chose 'Induced Illness (Munchausen Syndrome by Proxy)' without making reference to any of the other labels, nor is a rationale offered for the choice of the 'Induced Illness' label. In the bibliography of the Irish

guidelines, there are no discernable references relating to the Munchausen Syndrome by Proxy literature. From an Irish perspective, it is regrettable that the chosen label makes no reference to the fabrication of illnesses, which account for 42.8% of cases in a recent review of the literature (Sheridan, 2003).

This article will review the use of labels to describe this form of abuse and this piece adopts the new U.K. label 'Fabrication or Induction of Illness in a Child' (Department of Health *et al.*, 2002) in place of 'Munchausen Syndrome by Proxy'. The primary purpose for creating a library of references was to highlight the variances between professionals on the use of terminology to describe and define this form of child maltreatment, which may lead to a loss of focus on children's welfare. The ancillary function of the study was to create a library of entries located in the selected electronic libraries and to undertake an assessment of the efficacy of electronic databases in assisting the research process. The creation of the library would represent a good knowledge base of references relating to this particular field of study for future research. An analysis of the search results might also delineate useful trends. The location and procurement of a copy of every entry was beyond the resources of the author, nor was it necessary or desirable, since much of the literature is repetitive. The article will initially explore the aetiology of the Munchausen Syndrome by Proxy label, provide a short overview of the dynamics associated with 'Fabrication or Induction of Illness in a Child', review the findings of the electronic library survey and conclude with some critical observations on our current knowledge base, recent developments in the UK courts and some implications for practice.

Aetiology of Munchausen Syndrome by Proxy Label

Karl Friedrich Hieronymous von Munchausen was an 18th century mercenary who told outlandish stories of his exploits, which included a lifetime of travelling the world and a visit to the moon! He also made "... a journey through the digestive system of a whale, was dragged in his sledge for miles by a wolf that had eaten its way into the body of a horse, and raised a ship of the line from the bottom of the sea by hooking it to an inflammable air balloon" (Robb, 1978: Cover). Rudolph Erich Raspe published von Munchausen's outlandish stories in his book *The Surprising Adventures of Baron Muchausen.* These stories have been the basis of a

number of films, the most recent being *The Adventures of Baron Munchausen* directed by Terry Gilliam in 1988. In a recent box office film directed by M. Night Shyamalan in 1999 called the *Sixth Sense*, Munchausen Syndrome by Proxy was used as an integral part of the plot line.

The name of Baron von Munchausen was borrowed by Richard Asher in 1951 to describe adults who sought to be admitted to hospital with an apparent illness, accompanied by a story comprising of falsehoods, to gain medical attention. The patient is most likely to have also visited other hospitals for treatment. "Like the famous Baron von Munchausen, the persons affected have always travelled widely; and their stories, like those attributed to him, are both dramatic and untruthful. Accordingly the syndrome is respectfully dedicated to the Baron and named after him" (Asher, 1951). The *Diagnostic and Statistical Manual of Disorders IV* (American Psychiatric Association, 1994) recognises Munchausen Syndrome as a 'factitious disorder'.

Meadow suggested that the label Munchausen Syndrome by Proxy could be "applied to anyone who persistently fabricates symptoms on behalf of another, so causing that person to be regarded as ill" (1995: 4-5). Meadow (1995) has expressed some regret about his choice of the Munchausen Syndrome by Proxy label, which he ostensibly chose for journalistic reasons, to garner attention and for its similarities with Munchausen Syndrome. Despite this contrition, he further commented recently that the label MSBP has been helpful in drawing attention to "previously unrecognized ways in which young children were being seriously abused" (Meadow, 2002: 503). It could be argued that the association with such sensational material and stories has had its merits and demerits.

The use of labels to describe actions and events, can have a powerful impact on how the actions / events are constructed and in the way individuals interact with and process information. When Henry Kempe and colleagues coined the 'Battered Child Syndrome' neologism to label and describe the process that led parents to physically assault their children and babies (Corby, 2000), they must have been aware of the emotional power their label evoked with a resultant level of interest. Similarly, Richard Asher when writing about Munchausen Syndrome (1951) and

Roy Meadow (1977) when writing about MSBP, chose similarly sensational and attention grabbing labels to draw media and professional attention to 'Fabrication or Induction of Illness in a Child'.

Overview of Fabrication or Induction of Illness in a Child

MSBP is normally employed to denote the fabrication of induction of illness in a dependent other, usually children (Rosenberg, 2003), by a parent or carer. MSBP is also used to denote the fabrication or induction of illness in animals (Munro & Thrusfield, 2001), partners (Sigal *et al.*, 1986) and older persons (Ben-Chetrit & Melmed, 1998). Published case histories catalogue the myriad ways that illness can be fabricated or induced, from occluding a child's airways to induce apnoeic or cyanotic episodes (Chuang & Piccoli, 1995; Light, 1995), administering salt to feign dehydration (Chuang & Piccoli, 1995), injecting blood under the skin to feign purpura (Samuels & Southall, 1992), altering a chart to fabricate changes in blood pressure, or telling health care practitioners about non-existent illness episodes to elicit medical attention or interventions. The gender profile of the parent or carer is predominately female (Rosenberg, 1987; Sheridan, 2003). Health care contexts and professionals are closely associated with the perpetration of the abuse and are commonly unwitting instruments of the abuse (Eminson & Jureidini, 2003; Rosenberg, 1987).

Key themes common to this field of study surround the prevalence of the abuse (Davis, 1999; Rosenberg, 1987; Sheridan, 2003), identification of vulnerable children, assessment and management of MSBP cases (Department of Health *et al.*, 2002; Department of Health and Children, 1999), inter-disciplinary co-operation (Horwath, 1999), medical diagnostic criteria (Rosenberg, 2003), discourse on male professional power and gender issues (O'Hagan & Dillenburger, 1995), separating the abuse of the victim from the pathology and motivation of the perpetrator and commentaries on future research directions (Eminson & Jureidini, 2003). An analysis of such themes is outside of the scope of this article. For a comprehensive analysis of the literature and recent research, see Sheridan (2003) and *Safeguarding Children in Whom Illness is Fabricated or Induced* (Department of Health et al., 2002).

Electronic Library Survey

An analysis of the prevalence of each label in the main title of entries was undertaken to establish the usage of each label. A recently published study on the use of electronic libraries to identify entries on "decision making about institutional and home care services for older persons" (Taylor *et al.*, 2003: 423) provided some idea's on how electronic libraries could be used to identify peer reviewed journal articles, journal editorials and books reviews relating to this field of study.

Method

A list of the libraries accessed by the author through the World Wide Web can be found in Table 2. The 'Index to Theses' electronic library was included to establish whether there had been postgraduate research undertaken on this field in the UK and Ireland. 'Caredata' was selected because it is a specialist UK library for social work and because it demonstrated a high degree of relevance and precision in the Taylor *et al.* study (2003: 432). 'Science Direct', 'Medline' and the 'OCLC' libraries were selected for their relevance to the social sciences and / or to the fields of medicine and nursing. It was important to search medical and scientific libraries as previous research (Burns, 1997) indicated that considerable material pertaining to this field of study would be available from the medical and nursing professions.

Table 2 – *Electronic Libraries*

Title of Library	*Access Route*
Article First (OCLC First Search)	http://booleweb.ucc.ie
ECO (OCLC First Search)	http://booleweb.ucc.ie
MEDLINE (OCLC First Search)	http://booleweb.ucc.ie
ISI Web of Science *	http://wos.heanet.ie
Index to Theses	http://www.theses.com
Caredata (National Institute of Social Work)	http://www.elsc.org.uk
Science Direct	http://www.sciencedirect.com

* Science Citation Index Expanded (1990 to present), Social Sciences Citation Index (1990 to present) and Arts and Humanities Citation Index (1990 to present)

The search results from the seven libraries were exported to separate reference libraries in Endnote. Endnote is a software package that manages libraries of references, is searchable and has an import filter function that can import search results directly from electronic libraries. The Endnote import filters for each library were updated from http://www.endnote.com on the 12th June 2003. All seven electronic libraries were searched between the 14th - 18th June 2003.

Identification of Unique Entries

The abstracts for each entry were inspected to elucidate the relevance of the article. Relevant entries included those relating to fabrication or induction of illness in children by a parent or carer. Non-English entries, entries relating to older persons, partners and animals were excluded. Entries were included if one of the exact labels in table 1 could be found in the title and the subject matter met the Department of Health and Children (Ireland) (1999) or Department of Health (UK) (2002) guidelines. The author chose the title of the entry as the primary source to analyse for the choice of labels. The title of an entry is important as it attracts the reader's attention and gives the reader an indication of the content of the entry. The author chose to categorise entries on the basis of the title label, as there was a need to conform to some rules of selection. This rule was particularly important, as some authors used as many as four different labels between the title and abstract. A preliminary version of the research that analysed the labels used in the title and abstract was abandoned due to the liberal use of different labels in the title and abstract of the same entry. Authors / Editors may employ this strategy to increase the chances that the entry would be identified in a database search or because some authors' use labels interchangeably.

These decisions, while necessary for the research, are open to challenge and may have limited the efficacy of the research. Some entries may not have been identified if they did not have one of the 14 labels in table 1 (or variants) in its title. Another methodological problem with the research is that without reading every one of the 410 entries, it is a supposition, however reasonable, that the use of the

chosen label in the title is the authors preferred label. For example, Munchausen Syndrome by Proxy may be chosen for expediency and its recognition factor.

Results

The search terms in table 1 were pluralized and some were modified to take into account different spellings and parts of speech (e.g. induced and induction) (Taylor et al., 2003). Table 3 shows the number of entries located by each library and the number of entries selected using the identified rules.

Table 3 - *Library Search Analysis*

Library	*Entries Located by Library*	*Entries Selected from Each*	*% Selected*
Medline (OCLC)	613	250	40.78%
ISI Web of Science	436	234	53.67%
Article First (OCLC)	267	200	74.91%
Science Direct	110	34	30.91%
ECO (OCLC)	85	38	44.71%
Caredata	37	32	86.49%
Index to Theses	4	2	50%
	Totals: 1552	790	

'Caredata' had the highest degree of exactness for locating titles, followed by 'Article First' (OCLC) and 'Web of Science'. 'Caredata' identified published work in the UK that was not identified by the larger electronic libraries. Despite the fact that 'ISI Web of Science's' electronic libraries only contain entries since 1990, nearly as many entries were selected from 'ISI Web of Science' as 'Medline'. The

identification of only two entries by 'Index to Theses' may suggest that there has been little postgraduate work done in this field in the UK and Ireland.

To create a library of unique entries it was essential to remove duplicate entries. Endnote has a useful feature to locate duplicate entries in a library. Duplicate entries located by Endnote were inspected manually before deletion, to increase precision. A further additional manual inspection of the remaining entries was made and it became clear that a large number of duplicate or multiple entries remained. The reasons for the existence of the remaining duplicate or multiple entries for the same piece included:

- Incomplete article titles
- A difference in spelling and punctuation of title's between libraries
- Differences in how authors' names were spelled
- Differences between American and English spellings (e.g. Diarrhoea and Diarrhea)
- Incorrect spellings
- The inclusion of identifying information before or after the title in one library but not in another (e.g. Editorial, Reply or Special Article)
- Entries with identical titles published in a number of different locations
- Incomplete information in the library entry
- Differences in the use of roman numerals and the full spelling of numbers

The exercise to remove duplicate entries demonstrated that it is imperative to manually review results and the identification of an electronically catalogued entry does not mean that a database entry is 100% accurate. The identification of author's names incorrectly spelt and the identification of incomplete entry titles should be of particular concern to researchers and electronic library administrators. More stringent data entry and error correction procedures should be employed to reduce these errors. It may also be useful for authors' to choose the labels in their abstract carefully and avoid the interchangeable use of labels between the title and abstract.

Final Version of Database

The identification and removal of duplicate entries resulted in the number of entries reducing from the initial 790 selected entries to 410 unique entries. The results from each Endnote library were transferred to a master file. The remaining 410 entries are a fair representation of the body of published work in this field, referenced in the selected electronic libraries, available between the 14th – 18th June 2003, using the search terms in table 1. The author does not assert that the final library of 410 entries is *the* definitive list of all available published work as there may be entries relating to the field of study that do not use the chosen search terms, book databases were not searched and additional electronic libraries not searched, may have identified some additional entries. A copy of the final bibliography is available from the author. Other search strategy alternatives, such as check of reference lists in citations or reviews are not discussed.

Library Analysis

The final library contained 410 unique entries. Table 4 shows a steady increase in the number of entries every half decade since Roy Meadow's initial article (1977). Projections for 2000 – 2005 would suggest that the number of publications may increase slightly above the previous half decade (circa 178).

Table 4 - *Analysis of Entries by Year*

Year – Year	*No. of Entries*	*%*
1977 – 1979	5	1.22%
1980 – 1984	15	3.66%
1985 – 1989	38	9.27%
1990 – 1994	99	24.15%
1995 – 1999	164	40.00%
2000 – June 2003	89	21.71%
	Totals: 410	100%

'Munchausen Syndrome by Proxy', 'Munchausen by Proxy' and 'Munchausen by Proxy Syndrome' were the primary labels used in the entries titles. These three

similar labels constitute a significant majority, representing a total of 395 entries (96.34%). Other labels such as 'Induced Illness' (3), 'Fictitious Illness by Proxy' (1) and 'Fabrication and Induction of Illness in Children' (3) have been used by some author's in recent entries, but are relatively uncommon. Table 5 provides a complete breakdown of the prevalence of each label.

Table 5 - *Unique Entries by Main Term*

Munchausen Syndrome by Proxy	284	64.25%
Munchausen By Proxy	61	13.80%
Munchausen by Proxy Syndrome	50	11.31%
Factitious Disorder by Proxy	19	4.30%
Factitious Illness by Proxy	8	1.81%
Polle's Syndrome	7	1.58%
Fabricated or Induced Illness in Children	3	0.68%
Induced Illness	3	0.68%
Illness Induction Syndrome	2	0.45%
Meadow's Syndrome	2	0.45%
Fictitious Illness by Proxy	1	0.23%
Active Illness Falsification	1	0.23%
Factitious Illness Syndrome	1	0.23%
Paediatric Condition Falsification	0	0.00%
Totals: 442 *	100%	

Includes 32 entries that were equally relevant to more than one term

The recent publication of the UK guidelines (Department of Health *et al.*, 2002) may have an impact on future writings. Despite a desire on behalf of the UK guidelines to change the label to a more productive and descriptive label, the dominance of the traditional label of 'Munchausen . . .' persists. Researchers, students and practitioners that use the label 'Munchausen' in some format when searching electronic libraries, should divine a large number of 'hits'. Considering the length of time it takes to publish in a refereed journal, it is not surprising that some of the more recent newer labels are not more prevalent.

Of the entries analysed, it appears that a small number of authors' are responsible for a considerable portion of the writing. Table 6 shows that six authors had five or more entries as first author, which accounted for 13.17% of all entries. A further analysis of the same six authors by first and subsequent author shows that they account for just under one fifth (17.07%) of all entries in the library.

Table 6 - *Unique Entries by First Author (5+) and Total Entries by Author*

Name	*No of Entries as First Author Only*	*Total No. of Entries by Author*
Meadow	18	23
Schreier	15	20
Feldman, M. D.	6	10
Horwath	5	5
Ayoub	5	7
Bools	5	5
Totals:	54 (13.17% of total unique entries)	70 (17.07% of total unique entries)

Limitations

Care should be taken when interpreting and generalising from the findings. The number of articles represents the discernable number of articles using only the title found in the identified electronic libraries. It is impossible to divine from a database title and abstract whether an author believes that their chosen label is appropriate or whether it was chosen as a result of convention.

Discussion

The categorisation of a particular form of child abuse and the subsequent adoption of a label is of limited use to the practitioner trying to manage a case. Eminson and Jureidini (2003: 416) posited that the "categorization of the parent as a perpetrator

or the child as a victim of MSBP abuse provides clinicians with little further guidance as to what psychological and social management is appropriate for this particular child. The impact on the child is better described in terms of the physical and emotional harm done ...". While this is an important observation, the UK guidance warning about the loss of focus on the child as a result of differing views of professionals and authors' on the use of terminology requires some examination. The failure to agree on a standard use of a label or the adoption of one label is possibly indicative of dissatisfaction with the available choice of labels and / or variance between the usage of labels to describe, define, attract, pathologise, sensationalise, demonise and categorise this form of child abuse. Meadow (2002: 501) argues that the use of terms varies amongst professionals; some use the term MSBP to describe a particular form of abuse and others use it as a diagnostic label for the perpetrator. While it may be true that a preoccupation with the adoption of terminology may in itself add little to the debate, the variance between professions in the adoption of labels and the variance in meaning and usage of labels for professionals, serves to confuse and may obfuscate the safety and protection of a child.

Challenges

The exoneration of Sally Clark and Trupti Patel, two high profile mothers in the UK that were initially found guilty of murdering their children, but were found innocent on appeal, should raise questions for child welfare practitioners. Sir. Roy Meadow the leading author in this field of study was an expert witness in both cases. Following Trupti Patel's successful appeal, Harriet Harman, Solicitor General (UK), advised the Crown Prosecution Service that defence lawyers should be advised of the court of appeals criticisms of Sir. Roy Meadow's evidence, effectively barring him from giving future expert evidence (Boseley, 2003; Oliver, 2003). The exoneration of both mothers, should give those interested in this field of study pause for thought on the possible deficits in our current knowledge base and theoretical understanding of this form of child abuse. Rosenberg (2003: 421-422) warns us that "lack of clarity about the diagnosis or its certainty may be transported to the legal arena. This may result in misdirected legal decisions and judgements, and harmful or deadly outcomes for children". However, problems

with a few cases should not be construed as invalidating the entire construct of illness falsification and induction in children.

There appears to be a notable deficit of published material that provides a critical review of the literature. Critiques of MSBP cases appear to be the preserve of the Internet (see for example http://www.mama.com) and the press when cases are disputed. Author's publishing in refereed journals make little, if any, reference to the voices of parents, service users and dissenters on the peripheries of the field. These voices can be highly critical of MSBP research and in particular of medical professionals. Brian Morgan's words in McGill's book appear to have been prescient about the career of Sir. Roy Meadow as an expert witness - "There's light at the end of the tunnel within the next few years. I think that with the attention that has been given to Southall over some of the things he has done and Sir Roy rarely defending his work, I think it [sic. MSBP] will start to die a death" (McGill, 2002: 175). Critiques of a field of study are intrinsically important to its healthy and balanced development. In child protection cases the welfare of a child is of paramount importance. Lack of clarity, poor training, professional discord and deficits in our knowledge base may have a devastating impact on the welfare of a child, the development of a child's attachment with their primary carers and the careers of professional staff.

Conclusion

Despite the occurrence of a multiple amount of labels it appears that "Munchausen by…" retains its popularity as a label to define this from of child abuse. The author recommends the discontinuation of the Munchausen Syndrome by Proxy label in favour of the adoption of 'Fabrication or Induction of Illness in Children'. The merits of this label are its descriptive nature, it does not attempt to pathologise and is less sensational than some of the other labels. A possible demerit of the label is that some might find it prolix. It is unlikely that the dominance of 'Munchausen …' as a label will change in the short term. It is also recommended that authors' writing in this field should clearly elucidate the rationale for their choice of label and avoid the use of multiples labels when preparing electronic library entries and abstracts. Avoiding provision of multiple different key words for electronic

indexing is likely to reduce the utility of electronic searches and is probably counter-productive. However, authors' should try to be consistent with the nomenclature in the title, abstract and text.

Critiques of this field of study should not deter the assessment of children at risk and the development of our knowledge base. Increased scrutiny of professional practices by parents and the courts should be welcomed. Conflict between the primacy of parents / familial rights and the emerging and critically important discourse of children's rights, may be central to future debate. It is imperative for the healthy development of a field of study for there to be informed critical discourses to challenge and interrogate assumptions, research findings and practice guidance. Authors' and researchers' are encouraged to incorporate critical user narratives to augment their work. Communities, parents and professionals remain justifiably nervous of both failures to protect children from abuse and incorrect accusations of child abuse and of unnecessary infringements on the right of children and parents. It is our responsibility to protect and promote the welfare of children in partnership with parents, with adequate resources and a knowledge base that protects all concerned.

Electronic libraries available through the World Wide Web provide researchers, practitioners and students with a substantial reservoir of references and materials. The searching of electronic libraries requires the expansion of a researchers skills and knowledge base in addition to an awareness that a limited search of only one or two electronic libraries may not be adequate for a comprehensive survey. The ability of electronic libraries to enhance research and assist in the efficient identification of useful materials is affirmed. Electronic libraries can be particularly helpful in the efficient discernment of an up to date reference list of published research and benefit research minded practitioners'. Issues remain for those without the resources to pay for access to electronic libraries and the purchase of full text versions of articles.

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