

# LETTERS

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## Sexual abuse of children

Sir,

There is currently a great deal of concern about sexual abuse of children. One aspect of interest is the extent to which professional workers involved in the care of children have themselves been sexually abused. Professor Finkel has looked at this area in considerable detail in Canada.<sup>1,2</sup> He issued a questionnaire to a large number of professional audiences at workshops on sexual abuse and the results are shown in Table 1.

**Table 1.** Results of a questionnaire survey of professional and semi-professional audiences in Canada.

	Females	Males
Number of subjects responding	1022	360
Number (%) who had been sexually abused	570 (55.8)	95 (26.3)
Number (%) who had been overtly abused (grades 3 and 4)	253 (24.8)	46 (12.8)
Number (%) who kept overt abuse secret	112 (44.3)	27 (58.7)

I used Professor Finkel's questionnaire as part of my presentation at the Spring Meeting of the College in Edinburgh. I invited each member of the audience to complete their questionnaire anonymously and place it in a ballot box. The respondents were asked whether before the age of 16 years they had ever been molested in any way by someone at least three years older. If the answer was 'no' they responded with 0; for exposure, voyeurism or harassment they responded with 1; for casual, 'accidental' contact, rubbing or feeling 2; for sex play including oral kissing without penetration of an

orifice 3; and for attempted or actual oral, genital or rectal penetration of any kind 4. They were also asked to specify whether they had told somebody within seven days or later or whether the information was still secret; to give selected details of the perpetrator; and to rate the abuse on a pain/pleasure scale.

Of approximately 300 general practitioners at the Spring Meeting 82 responded (27%). There were 53 male respondents and 10 reported some such experience during childhood and for five of them it was overt abuse (grade 3 or 4). Among the 23 female respondents 10 had had such an experience and four had experienced overt abuse. Six respondents had not indicated their gender and of these two had experienced overt abuse. Of the respondents reporting overt sexual abuse four of the five men, all of the four women and one of the two doctors with no gender indicated had kept the information secret up to the time of the survey. In all the instances of overt abuse, except one, the perpetrator was a family member or an adult well known to the child (teachers in two cases). For the whole group the age range at which abuse started was 3-14 years but for the majority was 8-12 years. On the pain/pleasure scale abuse was usually rated as unpleasant or painful, but one female respondent indicated enjoying grade 3 abuse at the age of 11 years.

The figures from both Canada and the UK indicate that a significant number of health professionals have experienced sexual abuse in childhood. These childhood experiences may have had serious consequences for some professional workers<sup>3</sup> affecting both their personal and professional lives.

It is important that organizers of training programmes on sexual abuse of children should be aware of the probability that some of the participants will have a personal history of such abuse. It is possible that these participants may not be consciously aware of their own childhood experiences and the training

programme may bring the memory of the experience to the surface.<sup>4</sup>

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### References

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2. Finkel KC. Sexual abuse of children: an update. *Can Med Assoc J* 1987; **136**: 245-252.
3. Doyle C. Management sensitivity — an issue in child sexual abuse training. *Child Abuse Review* 1987; **1**: 8-9.
4. Spring J. *Cry hard and swim*. London: Virago Press, 1987.

## Opiate administration in acute myocardial infarction

Sir,

The majority of patients suffering a myocardial infarction at home will call their general practitioner. The main role of the practitioner is to administer a strong opiate analgesic to relieve the patient's pain and anxiety. As a clinician who administers opiates to such patients, both in the accident and emergency department and at their homes, I feel that the need for caution with regard to dosage should be emphasized.

Research has shown that 5 mg of diamorphine given intravenously will relieve pain in most patients with few side effects.<sup>1</sup> This dosage was recently recommended to practitioners in an article in *Update*.<sup>2</sup>

Earlier this year our department surveyed 93 general practitioners in the Chester area. They were asked which analgesic and what dosage they would give to a patient with a suspected myocardial infarction. Seventy-seven doctors replied. Diamorphine and a morphine/cyclizine mixture were the most commonly used agents. The intravenous route of administration was favoured.