Drs Hobbs and Wynne comment:

Our paper sets out our own working practice evolved from study and experience in child abuse and we await the Department of Health and Social Security (DHSS) for guidelines which are not (as Dr Roberts implies) available yet. We are pleased to note that our view that children should be seen away from police stations has not been challenged. The concept of paediatric as part of multidisciplinary assessment, follow up, and treatment—including referral to psychologists and psychiatrists with whom the doctors have clear working relationships—seems to have been accepted, implying a significant change in the practice of police surgeons.

We recognise, as does Dr Roberts, that anal abuse has not been diagnosed in large numbers of cases in the past either by police surgeons or paediatricians, but would remind Dr Roberts that in the past the majority of children being seen by police surgeons were older girls in whom vaginal abuse is relatively more common. Police surgeons are already beginning to recognise more cases of anal abuse and the interest and discussions which followed the lecture given by one of us (JW) to the police surgeons' annual meeting underlined the acceptance, at least in part, by many of the police surgeons of the findings that we published in the Lancet in 1986 under the title: Buggery—a common syndrome of child abuse.

We expect that as more boys and younger children are carefully examined more cases of anal abuse will come to light. The physical signs that we have described are not new and papers written by forensic physicians have quoted similar findings. We hold by our view that reflex dilatation of the anus correlates highly with continuing abuse, disappears when children are removed into a protected environment, and is not found in diseases such as thrush, threadworms, or constipation. We would hypothesise that this is a protective reflex which serves to minimise the forced trauma of anal penetration by reflex inhibition of the normal anal sphincter spasm which every doctor recognises when he attempts to do even a gentle digital examination of the rectum. These abused children have learned that accommodation (relaxation) protects from injury and pain.

We would, however, point out that it is usual to find other signs of anal damage in the form of fissures, veins, thickened perianal skin, scars, and other symptoms and signs of abuse, so that a diagnosis is never based on this alone.

We would agree that interpretation of genital signs in girls is difficult and controversial. Cantwell's paper is nothing more than a guide but it remains to date the best piece of work available in an under-researched area of children's medicine where studies by police surgeons are even fewer than those by paediatricians. The fact that 74% of children with 'larger openings' described sexual abuse is to our minds an extremely interesting finding and not one to be dismissed because the doctor approached the questioning in a way which encouraged the children to disclose their abuse.

Dr Roberts is not clear what alternative she proposes on vaginal diameter, unless she is to include it in her forthcoming publication on her experience of the 500 children she and her colleagues saw in Manchester in 1986.

Finally we would like to take up the point that Dr Roberts makes relating to as she puts it 'the lower standard of evidence in the juvenile court'. Certainly the requirements of proof are different—beyond reasonable doubt as against balance of probability in the juvenile court—but there is little doubt that the evidence that the juvenile court hears including all the details of the child and family (with little excluded) must provide a fair better and more complete picture of the abuse that the child has suffered than evidence available to the criminal court. In criminal proceedings we are frequently told that we cannot relate what the child has told us to the court and that only physical findings can be discussed. Social history and assessments are not included. Perhaps it is these imposed legal restrictions aimed to protect the accused that have so profoundly influenced the police surgeons thinking on this subject, and also ensured that the majority of abused children do not receive justice within the present legal system.

In the current controversy, it is interesting to find some paediatricians in alliance with the powerless and the abused—that is the child—and some police surgeons in alliance with the more traditional authorities in the form of the parents and the police. The New Statesman (31 July 1987), in a well researched analysis of the issues involved in the Cleveland controversy, underlines this point well.

It is as much these differences in philosophy that prevent us moving closer to Dr Roberts' view, than merely the interpretation of the scientific material which is already available.

References