Sunderland’s concluding paragraphs, which have political overtones and are largely unsupported by evidence. I find it offensive to read of ‘a subclass that can only better itself by sinking further.’ There is abundant evidence that parents, even in the most difficult circumstances, have high standards for their children and strive to achieve these. The concept of the cycle of deprivation has been vigorously challenged by those who stress that it is the structures of society, rather than individuals, which are most to blame for deprivation.

Biological factors may be important but I cannot see the relevance of lactating hamsters. Other mammals defend their young with vigour. I had considered satisfactory housing a basic human right. What ‘misuse’ of housing could justify restriction of parental rights? Thanks to AIDS, access to contraception is freer than it has ever been but this is unlikely to affect the fertility rate of biologically immature young people. On a global scale, the elimination of poverty has proved a far more effective contraceptive than the condom.

References

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Drs Sharma and Sunderland comment:
Communications after the publication of our paper on the increasing medical burden of child abuse have saddened us by confirming both the increasing suffering and also the increasing amount of medical time which is being diverted from sick children by this small minority of families. Although all demographic variables were represented, we could not refute the conclusion of others that most of the grievously maimed come from illegitimate and ill educated families. In Bradford, two thirds of proved abuse occurred in a small minority predicted to be at risk, and those receiving most attention from social workers and health visitors fared worst. We are aware of the authority which endows ‘basic human rights’ but are sufficiently aged parents to know that rights carry responsibilities. We have recently been asked by a teenage mother for help to attain two further pregnancies (in order to obtain more housing points), and, separately asked to advise a social worker who displaced a handicapped child from nursery because a stepfather had threatened to smash his baby’s skull if it wasn’t in the nursery within 24 hours. Hard cases require hard decisions. Reviewing unpleasant options caused us professional discomfort but this was nothing compared with the real pain endured by these children. It is no longer acceptable to blame ‘the structure of society’ nor is it acceptable to use our political beliefs to protect ourselves from examining received dogmas.

We are saddened that some professionals are still being sucked into the tempting option of sacrificing the child for the greater good of the family. Paediatricians alone claim primary responsibility for the child’s case—general practitioners usually serve the whole family and are under ethical restraints on disclosure; health visitors are trained to think of the whole client group/family; social workers by training and statute consider the family as the primary client. Only paediatricians consider the child’s health as paramount and all else (including the family) as secondary to this.

We trust that our representatives will note these figures and press for greater resources. New strategies are needed to control this toll of violence. Child abuse has elicited spasmodic concern in the past and yet there is limited ability in the system to meet the needs of children in trouble, which is our paramount concern.

References