the distant past and who are only now seeking permission to talk about it. There is also an increasing number of adults who present with a history of recent abuse or, more worrying, who present with symptoms indicative of current abuse. In those who are non-verbal or who have limited communicative skills, management decisions often have to be made on these symptoms alone without knowing who the perpetrator is. To complicate matters, many 'problem behaviours' are often, rightly or wrongly, accepted as an intrinsic part of mental handicap, e.g. enuresis, rocking, compulsive public masturbation (Brown & Craft, 1989).

At present it is difficult to know how to begin to manage such a case. There is, understandably, hesitation at calling for police involvement, but in my experience of two cases, one recent and one on-going, the police have been extremely helpful (O'Hara, 1989). How we protect an adult with mental handicap after abuse is suspected is an enormous problem, and I would very much support Dr Cooke's suggestion of an amendment to the 1983 Mental Health Act to enable guardianship to be used for such purposes.

On a slightly different point, it appears that the practice of 'sexual abuse' is the norm in large institutions for the mentally handicapped. By that, I mean that staff have often turned a blind eye to the sexual encounters of mentally handicapped residents of all abilities. To some extent, although many will have an intelligence quotient below 50 (and therefore considered incapable of giving consent), most are able to express an acceptance or rejection of sexual advances in their own limited way. This practice has not caused much of a problem until now. With the more able residents being discharged into small community homes, and a core of more dependent residents being left within the hospital, we are now in a position where ex-residents are visiting, explicitly to have sex with those remaining, outside of an actual relationship. Quite clearly our residents are being taken advantage of, and while there is often no resistance on their part, possibly because they are used to being treated in this way and enjoy the experience, not knowing any other form of affection or appreciation, professionals working in this field will need to be aware of this problem and the dilemma it poses. There should be a locally agreed policy for dealing with this problem, as well as abuse in general.

JEAN O'HARA

Department of Psychological Medicine
St Bartholomew's Hospital
London EC1A 7BE

References

BROWN, H. & CRAFT, A. (eds) (1989) *Thinking the Unthinkable: Papers on Sexual Abuse and People with Learning Difficulties*. FPA Education Unit.

COOKE, L. B. (1990) Abuse of mentally handicapped adults. *Psychiatric Bulletin*, **14**, 608–609.

O'HARA, J. (1989) Pregnancy in a severely mentally handicapped adult. *Journal of Medical Ethics*, **15**, 197–199.

DEAR SIRS

We were interested to read the paper by Dr Leila B. Cooke (*Psychiatric Bulletin*, October 1990, **14**, 608–609) concerning the possible high rate of abuse of mentally handicapped adults. Should this be proven, the abuse of mentally handicapped adults would be of serious concern to us all.

However, we feel that this situation is not currently proven. The methodology employed by Dr Cooke can be seriously faulted. She describes having circulated a questionnaire to 38 "representative" consultants in the psychiatry of mental handicap, of whom 63% returned the questionnaire. It is likely that the consultants to whom she sent the questionnaire represent a considerably biased sample. Additionally, she stated that she had received ten unsolicited questionnaires and she included these in her sample of respondents. It would seem inconceivable that such unsolicited questionnaires were unbiased.

The estimates of prevalence of abuse (and there must be uncertainty of its precise definition) range from between 0.2%–20%. An estimate with a range of a factor of 100-fold can be little more than impressionistic.

We believe that a proper study of the evidence for and true prevalence of abuse of the mentally handicapped is urgently called for. However, we do not believe that this study with its serious methodological faults should enter the canon of mental handicap psychiatry.

R. A. COLLACOTT
S. A. COOPER

Leicester Frith Hospital
LeicesterLE3 9QF

DEAR SIRS

I am pleased to have the opportunity to respond to the criticisms of my paper cited in the letter from Drs Collacott & Cooper. I would refute the suggestion that the consultants contacted were likely to be a biased sample. As stated in the paper, these consultants had been elected by their peers throughout the United Kingdom to represent them at College or regional level. In addition, they all have large clinical practices and their experience of abuse is likely to be the same as that of any other consultant working in the field of psychiatry of mental handicap.

Estimates of prevalence can only be based on information currently available. I would point out that this was a preliminary survey only, intended to highlight the problem, and not a controlled trial. I agree that further studies are urgently needed in order to elucidate this serious matter – perhaps Drs