the barons and their retainers works for the good of the country. When the monarchy is weak the barons tend to fight amongst themselves, the stronger ones taking power, land and resources from the weak.

The old age psychiatry barons (amongst others) are short of retainers. Their bid for status as a psychiatric specialty is like looking to the king for support. It may be their due but I wonder if the monarchy is strong enough to redress the imbalance of power?

NEIL MARGERISON

St Luke's-Woodside Hospital Muswell Hill, London

References

- ¹JOLLEY, D. J. (1988) England expects: Are we prepared? Bulletin of the Royal College of Psychiatrists, 12, 102-103.
- ²WATTIS, J. P. et al. (1981) Psychogeriatrics: a national survey of a new branch of psychiatry. British Medical Journal, 282, 1529-1533.
- ³WATTIS, J. P. & ARIE, R. (1984) Further developments in psychogeriatrics in Britain. *British Medical Journal*, 289, 778.
- ⁴JOLLEY, D. (1985) (letter). British Medical Journal, 290, 240.
- ⁵WATTIS, J. P. (1985) (letter). British Medical Journal, 291, 1281.

Return of abused children to their parents

DEAR SIRS

I was greatly concerned by some of the points made by Dr Asen in the article describing the activities of the Marlborough Family Day Unit (*Bulletin*, March 1988, 12, 88-90). He stated that Social Services frequently requested the unit to assess whether an abused child or children should be reunited or permanently separated from their family.

Whilst numerous risk factors have been identified in parents who abuse their children, much less work has been done to identify which parents will re-abuse their children once they have been returned to them. However, it is said that 10% of children die as a result of the abuse, 25% may become mentally retarded and 60% will be re-abused. Therefore, the decision to return an abused child to his or her parents must never be taken lightly, but should this be a medical or psychiatric decision?

It has been estimated that less than 10% of abusing parents have evidence of formal psychiatric disorder.² So it is reasonable to ask whether psychiatrists have anything to offer the majority of these people who are not mentally ill?

The author told us that family systems psychotherapy is the treatment strategy used at the

Marlborough Day Unit. However, further on in the article it became clear that some parents will have engaged in therapy with the knowledge that good behaviour at the unit could lead to a recommendation being made that their children should be returned to them. Surely this is not the basis on which psychotherapy should be undertaken. We were also told that "Social Services are required by us to put in concrete language ... what sort of changes they would need to see for them to be sufficiently convinced that the parents could have their children living with them". I would argue that we do not know the answer to this question, other than the obvious: not to abuse their children.

A day hospital staffed with psychiatric nurses, a visiting psychiatrist, and a social worker is hardly a 'normal' environment in which predictions can be made about how parents will behave in their own homes. Such an activity is nothing more than speculation.

Child abuse is an evocative subject and one that provokes a desire to help and protect. The decision to return an abused child to his or her parents is essentially a moral problem. I would argue that in the majority of cases psychiatrists do not have any expertise in this area and to offer a professional opinion would be unethical. It is up to the courts to make this decision and psychiatrists should not be seduced into making pseudoscientific predictions made in an artificial environment and based on little or no scientific evidence.

JOHN DUNN

The Maudsley Hospital London SE5

References

- ¹HILL, P. (1986) Child psychiatry. In: Essentials of Postgraduate Psychiatry. (eds. P. Hill, R. Murray & A. Thorley). London: Grune & Stratton.
- ²PARKE, R. D. & COLLMER, C. W. (1975) Child abuse: an interdisciplinary analysis. In: *Review of Child Development Research*, Vol. 5. (ed. E. M. Hetherington). Chicago: University of Chicago Press.

Dr Asen replies

DEAR SIRS

I would like to make the following points in response to Dr Dunn's letter.

(1) When Dr Dunn wonders whether psychiatrists have anything to offer in child abuse cases, he entirely overlooks the possibility that physically abused children may also be suffering from related psychological disorders. Almost all of the abused children referred to the Marlborough