with the intense transference issues which need to be contained by a clear boundary separating them from the normal working environment. This is particularly important as some staff who wish to work in this way may have also suffered as victims of abuse themselves.

Inexperienced staff and students should be advised not to enquire about abuse or ask known victims about details of their experience. Although they may be approached by patients making tentative attempts at disclosure, the general rule must be that inexperienced individuals should not invite discussion of a sensitive subject such as sexual abuse unless they are being supervised and trained to deal with it.

Involvement in the treatment of victims or perpetrators of sexual abuse should be optional. Psychiatric professionals who, for whatever reason, do not wish to engage in it must be allowed to opt out. Staff who have been victims of sexual abuse themselves are urged to seek professional advice and help before becoming involved in the treatment of victims or perpetrators of abuse.

For those who wish to undertake this type of work supervision must be mandatory to ensure that the process can be survived by both professional and client.

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Audit in practice

A child sexual abuse clinic

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It is only in the very recent past that health care professionals have accepted the reality of child sexual abuse (CSA), and it has only been classified as a separate category in *Index Medicus* since 1987. Since then, the literature has expanded enormously and various treatment strategies have developed.

As part of this development, the Charles Burns clinic, a regional child psychiatry unit in Birmingham, established a child sexual abuse (CSA) project in 1986, in response to the increasing number of referrals of children who had been sexually abused.

This specific project was established both with the aim of applying specialist skills in a new area, and also as a way of regulating the number of cases seen in the clinic with competing demands on the service. It also serves to support professionals in a difficult area of work. Subsequent developments such as the juvenile sexual offenders service (JSO), and professional consultation services to other agencies were determined to some extent by the referrers. A limited service for sexually abused children is offered by all district based child psychiatry services in the region. We are as yet unsure of the factors which result in referral to our service, apart from our JSO service, which is unique in the region.

Regional centres such as the Charles Burns clinic are often seen within the local professional community as having particular expertise in dealing with existing problems which are unusually complex, as well as developing new treatment programmes for problems which are being newly presented to professional agencies such as child sexual abuse in the mid-1980s. Experienced live supervision may also influence referral rates and patterns.

Our referral criteria include the following:

(a) investigative work must have been already done
(b) the child must be in a safe environment
(c) social services must remain involved where necessary
(d) the referrer must, as far as is possible, give us a clear remit for undertaking a particular kind of work
(e) there must be one index child under the age of 18 years (although much work is done with the relevant adults as well).

Referrals to the project come from various parts of the West Midlands, and more recently from other regions as well. Referrals include requests for assessments, reports to the courts, and for therapy.

Core honorary and training members of the project are professionals from various settings, and including child and adolescent psychiatrists, a forensic psychiatrist, a community paediatrician, and a family therapist. There are also staff in training, from different professional backgrounds. This project operates on one regular session per week, during which four families can be seen using two interview suites. A further session is used to run weekly groups for sexually abused girls and also for juvenile sex offenders.

The district population of those under the age of 18 years served is 102,300 (53% male). The regional population of under 18s is 1.2 million (52% male). The ethnic minority population forms 7% of the population. At present, the social services are unable to give a breakdown of their CSA referrals in terms of ethnicity because of the complexities in defining ethnicity as opposed to race and cultural background.

Business meetings are held once a fortnight for all members of the project, to discuss referrals, and allocate cases. Most cases are seen by a team, using live supervision through video/audit facilities, although there are a few exceptions.

The theoretical model used in the clinic is systemic therapy as originally described by the Milan team, with further developments described by Burnham & Harris (1988). The majority of the children are seen with relatives and all are seen with a significant figure such as a foster parent or case worker.

The benefits of psychiatric audit in general have been well documented (Hatton & Renvoize, 1991). To date there has been no published audit of work carried out in specialist clinics dealing with children who have been sexually abused.

The study

A case-note survey was carried out on all new referrals received over one year (1 January 1991–31 December 1991), and information regarding demographic data, referral source and reasons for referral, attendance at first and subsequent appointments, total number of appointments offered, and discharge status was obtained.

Findings

Thirty-eight new referrals were received over the period studied of whom 29 attended. Nine either failed to attend the clinic or informed us that they did not wish to attend. During the same period, 203 follow-up appointments were sent, of which 38% either failed to attend or cancelled.

Of the new referrals, 41% were females (age range 2–17 years, mean 11.4 years). The majority of the sample studied were white (85%), with two children being of Asian origin, and one child being of mixed Asian and Caucasian race.

Fifty-eight per cent of the children lived within Birmingham, the remainder coming from other areas of the West Midlands.

The majority of the referrers were social workers (70%), and other referrers included general practitioners (GP) (11%), educational psychologists (8%), and community paediatricians (5%). There were also joint referrals made in some cases (e.g. community paediatrician and GP).

All the referrals requested therapy, with 23% of the sample requiring court work.

The average time interval between the referral being received and the first appointment was 10.6 weeks (range 2–25 weeks), with the majority of the children attending the first appointment (74%). Of the 26% who did not attend the first appointment, approximately 55% attended subsequent appointments.

The mean number of appointments offered for each child was 4.4 over the period of the study (range 1–17), but only 38% of the sample attended all the appointments that were offered. Four children did not attend any appointments.

Forty-seven per cent of the sample were discharged from the clinic due to non-attendance, with 20% discharged by the therapist or at the request of the parents. Three children were referred to group therapy, and four were still attending the clinic at the time of the survey.

Comment

The higher proportion of boys in our sample is very different from the findings of Howard *et al* (1991). In their South African study carried out in a primary care setting, 96% of the referrals were girls and 35% of the children were under the age of five. Only 8% of our sample were aged five or less. The sexual abuse reported in the South African study was more gross in nature, which may explain why it presented at an earlier age. Many of our children presented with less physically damaging forms of abuse without any presenting physical signs or symptoms. Hence the child did not present until old enough to describe the events. The higher proportion of boys may reflect selective referral to the JSO service, the majority of offenders being male, or uncertainty of how to assess and treat male victims.

The number of children who originated from ethnic minority groups was low, and in particular there were no children of Afro-Caribbean origin, in contrast to the distribution of ethnic minority groups within the region. The reasons for this are unclear. It is in keeping with Stern *et al*'s (1990) findings that Bangladeshi children were under-represented in an Inner London borough child psychiatric clinic. Newth & Corbett found that while the prevalence of behaviour problems in Indian children in Birmingham was the same as the indigenous white population, referral rates to clinics were lower. They suggest language difficulties, desire to keep problems within the family, and lack of social support for mothers in such families as possible reasons (Newth & Corbett, 1992, personal communication). This was the finding of Messant (1992) in East End London, where 33% of school age children are of Bangladeshi origin, but constitute only 12% of those referred to the local child psychiatry department.

The non-attendance rate for first appointment (26%) compares with 13% in a district based child psychiatric clinic assessed over a similar period (El Sharief, 1992, personal communication). One contributory factor for non-attendance may have been the time interval between receipt of referral and date of first appointment. The long delay before the first appointment was in some cases a result of gathering further information from referrers, and in other cases because several meetings with the involved professionals occurred before the child was seen in the clinic.

We consider this study to be the first phase of the audit process. The changes we are introducing as a result of this audit include amendments to the case-note system to facilitate continuing audit and obligatory contact with the social worker involved when a child fails to attend. The second stage of our audit to evaluate outcome of clinic attendances is currently being planned.

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