

have little choice but to face them, especially if the ratio of patients to nurses is high.

I experienced the group process which continues after the formal sessions end and doctors go home. Feelings not resolved earlier had to be coped with throughout the evening. I lived with hostility directed my way for sustained periods and experienced the emotional cost of confrontation when it is not possible to 'escape' for hours. Consequently I found myself becoming more angry with patients than I had as a doctor and found it harder to be objective about what was going on.

I enjoyed playing various games and having informal conversations with the adolescents, getting to know them better in the process. I got closer to them and felt fonder of them than I would have in the doctor role; but I had to put more effort into maintaining the balance between a professional and more personal relationship. I was quite surprised by the stress that the less formal boundary brought and took time to adjust to it. The opportunity that nurses have to form closer relationships with patients may have therapeutic potential but the inherent stress of such closeness should not be minimised.

I learned what it was like to be on the receiving end of telephone consultations with someone outside the 'system'

which helped clarify the issues at stake. This different perspective on what is usually my role heightened my awareness of the value of the consultation process.

Conclusion

I experienced a different type of contact with patients and learned much that will be useful to me. My understanding of what nurses do has, I hope, increased and I am grateful to the nursing staff who made the experience possible. At times I felt jealous of their skill. It is relatively easy to speak of the importance of 'the complementary role' of the nurse in patient care but when the work that nurses do comes closer to what doctors do, it is hard not to feel threatened. If doctors allow themselves to be threatened, they and their teams will be the losers. Would that a nurse could be a doctor.

REFERENCES

- ¹Report of the Royal Commission on the NHS (1979). London: HMSO.
- ²O'BRIAN, C., BRUGGEN, P. & DUNNE, C. (1985) Extra meetings: a tool for decisions and therapy. *Journal of Adolescence*, 8, 255-261.

Audio-Visual Aids to Teaching

Videotape Reviews

Self Esteem and Personal Safety (UK, 1986, 55 mins)

Sexual abuse in children is a common problem. The Department of Psychological Medicine at Great Ormond Street Hospital, London, have developed a treatment approach based on six sessions of small group work with sexually abused young children. It is evident that they have considerable experience and have produced a training package to help other professionals working in this field. The package consists of a video, detailed manual and flashcards. The video begins with a brief introduction to the whole subject. The major portion of the tape is given over to clinical illustrations from sessions and these are briefly commented on. The tape shows the children progressing and the staff coping with problems such as shyness. At the end of the tape there is a discussion between the presenter (Dr E. Vizard) and Dr A. Bentovim about the project and its successes, failures and limitations. They also discuss how the group work fits in with other treatment strategies.

The videotape does not recap on information covered in the handout, and assumes the viewer has read it first. The tape and handout are successful in presenting other workers with their views and advice for setting up a similar scheme.

The package would be of value to child guidance clinics and child psychiatry departments. The tape was not designed or intended to comprehensively convey information on child sexual abuse, thus it is not really suitable for medical students.

The presenter notes that video recording is an integral part of the sessions, indeed we see the children use it for video feedback. It appears that this programme was made as a result of requests to the department: the clinical recordings were not originally made for the video programme. As a consequence, we are asked to accept the poor quality of the recording. Even allowing for the limitations imposed by the clinical situation the camerawork could have been much better. In addition, no serious thought appears to have been given to recording the presenter and the discussion at the end of the tape.

In summary, a video about an important subject which has been let down by poor technical presentation. The overall impression is very disappointing.

Production: Dr Eileen Vizard, Department of Psychological Medicine, Hospital for Sick Children, Great Ormond Street, London WC1. *Distribution:* Tavistock Publications

Ltd., Associated Book Publishers, 11 New Fetter Lane, London EC4B 4AB *Format:* VHS, Beta or U-matic (Purchase)

ANDREW MACAULAY
*St George's Hospital
London SW17*

Sexual Abuse of Children: 'The Facts'
'Investigation and procedures', 'Therapy' (UK, 1986, 30 mins each)

"We are confident that at least 10% of children have been engaged in sexual activities with adults..." opens this important trilogy of teaching videotapes on sexual abuse of children, "...and of children alive today in the UK., 1,117,000 will have been sexually abused by the age of 15".

The three half hour tapes cover: an introduction to the sexual abuse of children concentrating for the most part on the commonest offence, abuse within the family; the investigation of the suspected cases and therapy.

What we see on screen is a blend of facts, mock cases, and the opinions and experiences of a range of experts, with Michael Buchanan as anchor man linking it all together. The particular power of the tapes lies in hearing experts relate their first hand experience, which tends to overshadow the sometimes over-rehearsed quality of the mock cases. A compelling account of the problem emerges: the insidious progression of touching until boundaries are inevitably breached; the search for a person who children can tell, who will take them seriously and hear; the incompleteness of initial disclosures, often merely hints for sharp ears to pick up; and, the powerful forces of coercion within the family working against disclosure—the so called trap of secrecy that the child is often caught up in.

Again, in the later tapes on investigation and therapy it is the experts talking descriptively about their work that lodges in the memory; the necessity of action once abuse comes to light; the appalling complexity of coordinating the diverse agencies involved; the slow build-up of trust between child and investigator with practical advice like bean bag chairs for curling up in, and anatomically correct dollies for avoiding emotive words; childrens' inevitable

impulse to retract as they feel the consequences of their disclosures getting beyond their control; and, of course, the paradox of having to both punish and help the family involved.

Therapy is modestly presented, with no magical solutions. The children's sense of guilt and damaged self esteem are well described. Restoring the victim's sense of worth, helping the family members to return to appropriate roles, and working to a carefully coordinated plan between disciplines are all highlighted. And, importantly, the personal feelings of helpers working with such cases are dealt with.

The strength of these tapes is also their weakness however. Speakers do not always link together well, and sometimes what is said lacks sufficient structure so that important points get lost or jumbled together. Greater use of graphics to summarise information between discourses would have helped and given the programme better coherence. More specific reference to published information in the field would have counter-balanced the extensive use of opinions. And, step by step advice on what to do if approached by a child in confidence would also have been valuable. Oh and please, why not introduce speakers by sub-titles which state their job as well as their name?

These are relatively minor criticisms, however, since these tapes undoubtedly comprise a vivid, explicit and authoritative account of sexual abuse in children and should be viewed by all professionals coming into regular contact with children; particularly teachers, doctors, nurses, social workers, and policemen. The more people who may be in a position to help the 12 year old quoted in one of the programmes, the better:

"... and I'd hear him every night, hear his footsteps on the passage, and I'd pray, please God, not again tonight".

Production: University of Leeds. *Medical Adviser:* Presented by Dr Michael Buchanan. *Format:* VHS, Betamax, U-matic. (Purchase or preview) *Distributors:* University of Leeds, University Audio Visual Service, Leeds LS2 9JT.

NICHOLAS ROSE
*Harlow House
High Wycombe*

Marilyn Monroe Children's Fund

The Tavistock Clinic, in collaboration with Victor Gollancz, has announced the establishment of the Marilyn Monroe Children's Fund which will support projects to investigate the effects of deprivation and parental emotional problems on the development of children, and new methods of attempting to ameliorate these effects.

The Tavistock Clinic is a National Health Service out-patient clinic which provides consultations and various types of psychodynamic psychotherapy for adults,

adolescents and children and their families and offers post-graduate training to a wide range of mental health professionals.

The Tavistock Clinic Foundation has been established to fund such projects as research and development in training and innovative practice (in training and in new clinical techniques) which cannot be supported by limited NHS resources.