## Correspondence

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## Child sexual abuse – looking in the wrong direction?

SIR: Greenfield et al (BJP, June 1994, 164, 831-834) explored a possible association between childhood abuse, dissociative symptoms, and outcome of first-episode psychosis. This follows studies examining possible links between abuse and adult psychiatric illness (Carmen et al, 1984; Byrer et al, 1987); borderline personality disorder (Ogata et al, 1990), eating disorders (Palmer et al, 1990) and adult mental health (Mullen et al, 1993). After so many studies, have we progressed from Sheldrick's position (1991): "There is no consensus of opinion about the short or long-term effects of child sexual abuse"?

This study shares the following weaknesses with its predecessors. The study population was small and consisted mainly of middle-class patients with affective disorders. The authors promised a prospective study, but this was a retrospective study. How reliable is the Life Events Questionnaire they adopted? Does it really "provide a valid and efficient means of assessing abuse histories"? What is child abuse? The authors failed to reveal their definition of abuse, and did not differentiate between severities of abuse experience. The distinction between physical and sexual abuse was not made when interpreting the results. How reliable are self-reports from patients currently or recently psychotically ill? How suggestible were the manic patients? With recent successful litigation against therapists in America, and growing public interest in 'false memory syndrome', the assumption that any error in self-reports of abuse "would take the form of under-reporting" is controversial.

Lawyers will make long and lucrative arguments concerning delusional memories and implanted memories when offered abuse disclosures made while receiving in-patient care for a psychotic illness. Research into this emotive area continually avoids the question of how reliable are adult's memories of childhood events. We have all had personal experience of our memory deceiving us; and as Howard & Burns (1992) correctly reminded us, "Nostalgia in healthy individuals involves a degree of memory falsification".

The 'false memory syndrome' lobby can discount most studies with this argument, and a fog will continue to obscure the issue and conceal guilty adults while academics take the research short cut of relying on adults' recollections of childhood.

Retrospective studies, based entirely on selfreports from small, usually in-patient populations, have not advanced our understanding of the longterm effects of abuse and until we have a genuinely prospective study following up the victims of childhood sexual abuse, we will not progress.

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