Correspondence

Child sexual abuse

DEAR SIR,

There are likely to be many concerns expressed over the recent memorandum issued by DHSS (LASSL (84)) on child abuse central register systems. The one likely to provoke most discussion is the inclusion of severe emotional abuse among the conditions to be registered. We would, however, like to draw attention to what we consider to be an omission: the exclusion of sexual abuse as a registrable category.

In our view the Department's reluctance to take a strong, clear line on the handling of child sexual abuse will merely compound the existing confusion among professions, and permit continuing organizational inactivity in this field. When collecting the data for the paper we presented, together with Pat Beezley Mrazek, at the joint Paediatric Association/Royal College of Psychiatrists meeting in March 1980, we found clear disagreement among Area Review Committees about whether a child who had experienced attempted or actual intercourse, or other inappropriate genital contact with an adult should be included on child abuse registers or not. Some committees would only consider including such a child where the perpetrator was a close relative. There was also confusion about whether the procedures applicable to physical abuse should be applied to sexual abuse or not, and we found that very few of the sexually abused children reported to us in the same piece of research had actually been placed on an existing register. Our contacts with a variety of practitioners who have been or are involved in dealing with such cases suggest that they are preoccupied by and bewildered by case management issues, quite apart from uncertainty about how to offer treatment.

In addition, punitive attitudes are prevailing which deter professionals from recognizing cases, since police involvement and prosecution for incest or indecent assault is likely, and perpetrators or victims do not come forward for help. Even in identified cases, where prosecution of the perpetrator has taken place with concurrent treatment being offered to the rest of the family, disintegration rather than rehabilitation of the family unit is likely, either through the father being sent to jail or placement of the child victim outside the family, which often smacks of double victimization of the child.

We are therefore disappointed that the Department decided not to include child sexual abuse as a separate category, since there is no mechanism for collecting data outside criminal statistics, which are misleading. Although it has been argued that defining child sexual abuse is difficult, we feel it is possible to provide a satisfactory operational definition and typology of child sexual abuse thanks to the pioneering work of American colleagues such as Kempe[1] and the Giaretto's.[2]

Whilst we appreciate that some aspects of child sexual abuse, such as the abused child with genital injuries, will be covered by the criteria for registration in paragraph 2.2, we believe that other aspects will not. For example, it is doubtful whether the transmission of venereal disease, gonococcal infection, etc., to a child through inappropriate sexual activity or contact could be regarded as a physical injury. Also, a good deal of sexual abuse or misuse does not result in physical injury and yet may be emotionally damaging to a child. Although one could argue that if sexual abuse is emotionally damaging cases would be covered by paragraph 2.2 (C), it may prove difficult, or well nigh impossible, to find the necessary immediate evidence of emotional abuse, behaviour disturbance or rejection, which nevertheless may manifest itself at a later stage.

We regard the first step in providing constructive treatment plans in the field of sexual abuse is increased recognition of the problem. We realize that the DHSS is naturally concerned to implement Government policy and may well feel that the recognition of an additional problem will make for increased expenditure. However, if increased recognition is accompanied by treatment programmes that shorten periods spent in care or custody by victims and perpetrators, not only will individuals be helped but overall monetary savings will be made.

MARGARET LYNCH
Guy's Hospital
London SE1 9RT

ARNON BENTOVIM
Hospital for Sick Children
London WC1N 3JH

REFERENCES

[1]KEMPE, R. S. & KEMPE, C. H. (1978) *Child Abuse*. Fontana/Open Books.

[2]GIARETTO, H. (1977) Humanistic treatment of father-daughter incest. *Child Abuse and Neglect*, **1**, 411-26.

The case against the statutory registration of psychotherapists

DEAR SIR

At the Annual Meeting of the College last year, the statutory registration of psychotherapists was discussed at a special session. Well over 150 members attended this debate and many came away with the impression that statutory registration was a dead duck. Clearly, many of those present had very serious reservations about its value and its intent, and the representative from the Department of Health indicated that the Government was very unlikely to push for legislation. Against this background it came as a complete

https://doi.org/10.1192/S0140078900011524 Published online by Cambridge University Press