

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 Kempe¹ and the Giarretto'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.

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REFERENCES

- ¹KEMPE, R. S. & KEMPE, C. H. (1978) *Child Abuse*. Fontana/Open Books.
²GIARETTO, 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

surprise to hear in the middle of February that Graham Bright, MP had prepared a Private Member's Bill 'To Regulate the Practice and Profession of Psychotherapy and Related Disciplines in the United Kingdom'. In addition, and from all accounts independently, it appears that Dr Vaughan, the Minister for Health, has been in touch with Professor Pond regarding the same issue. Following this activity, not only has a joint meeting between the College and the Department of Health and Social Security been arranged, but the Sieghart Working Party who produced a report on the subject in 1978 is being reconvened. Despite bland reassurance from supporters of the proposed legislation that there will be ample time for discussion, there are indications that this is not so, and that things are proceeding with an almost indecent haste. For example, the time of the February meeting of the Psychotherapy Specialist Section Executive Committee was changed at the last minute, so that the matter could be discussed urgently! In this climate it is timely to remind ourselves of the arguments against statutory registration, so that College members may be fully aware of the implications of a new law which at present they are seen to be supporting.

It can be argued that Statutory Registration is both unnecessary and harmful. Unnecessary because there is no evidence that the public are complaining more against psychotherapists who would not be recognized by the proposed legislation than those who would certainly be approved. I am involved in the assessment of over 100 new patients each year, the majority suffering from neurotic or personality problems. In supervision, I hear details of another 100 similar patients. Several of these patients have seen 'fringe psychotherapists', only one complained 'the man appeared useless so I left after the second session'. On the other hand four patients made complaints against psychoanalytic psychotherapists. They had been in treatment for periods ranging from 5 to 10 years, for discrete problems which are known to respond to short-term, directive, structured techniques. In two cases the problems were phobic, in one obsessive-compulsive and the last was a case of sexual dysfunction. Their difficulties were summed up by one patient who said 'After six years I knew I wasn't getting better and I could not afford the fees to continue going to see my therapist three times a week. But he had such a hold over me that I could not bring myself to tell him that I wanted to stop'. All these therapists would be approved by the proposed legislation. Indeed, their rigid adherence to one type of psychotherapy, and their resistance to newer and well researched methods, would be increased.

While there is now good evidence that psychotherapeutic

techniques can produce positive as well as negative effects, there is no evidence to suggest that long, intensive programmes of the type that are likely to appeal to a 'Council for Psychotherapy' produce therapists who are more effective in terms of therapeutic outcome than those trained by other methods.

The proposed legislation is unnecessary, since most psychotherapists are already members of professional bodies which have their own code of ethics. The English public is discerning and has a healthy respect for professionally trained groups such as doctors, nurses and psychologists. Those attracted by advertisements in weekly magazines are unlikely to be deterred, and may even be attracted, by the idea that the therapist is operating 'outside the legal establishment'.

So, even if there is abuse, this legislation is not likely to prevent it. Neither will it do anything to raise training standards, broaden outlook and prevent abuse or malpractice within the system. Indeed, it is likely to have a harmful effect for two reasons. First, it will inhibit the growth of new therapies. The legislation will make it difficult if not impossible for new schools to establish themselves and will lead to further isolation and ossification of existing schools. Psychotherapy in this country has developed rapidly over the past 10 years and this is partially due to the fact that it has been able to flourish in a 'free enterprise zone'. Therapists from all theoretical schools have been stimulated to look critically at their own ideas and become familiar with the work of others. The proposed legislation will set this into reverse. Second, leading psychotherapists are at present at least as interested in the common ground between various approaches as they are in the differences. The proposed legislation and the inevitable ensuing battle as to who should be included in the recognized body will lead to dissention and a return to a preoccupation with the need to discredit other schools of psychotherapy in order to justify one's own.

During discussion with a colleague who supports the legislation, he made the remark 'I support it because we will be better off'. That sums it up. This legislation has little to do with protecting the patients; it is much more concerned with protecting the therapists by setting up a closed shop.

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[The Bill, described as 'a Bill to create a Council for Psychotherapy, with power to maintain a register of practitioners and to enforce a code of ethics', was introduced in the Commons on 15 April. A brief speech against the Bill was made by Mr S. Thorne, but the Bill was unopposed on a Division and was given a First Reading—Eds.]