

ace contact between psychologists and putative victims (here called "survivors"). However, given the emerging scale of the problem and the available number of clinical psychologists, this seems somewhat unrealistic. (I recently visited one district where the psychology service promised to a Community Mental Health Support Group was withdrawn completely, having been overwhelmed by the demand for help!). We are not told what the "special assessment skills" are or whether they could be taught to non-psychologists.

In relation to treatment, it is suggested that psychologists "work through other staff" by being "heavily involved in their training". This would seem more realistic, but realism reaches extraordinary depths, bordering on either cynicism or narcissism, when the authors state that "The goals (my emphasis) of intervention will depend . . . to some extent, on the kind of therapy offered by the particular psychologist".

The authors also suggest that psychologists may have a role in 'supporting' those who are involved in the field of sexual abuse. In addition "we may be uniquely well placed to contribute to advice on structures and procedures which would optimise interprofessional co-operation".

As for prevention, the authors acknowledge that "there is, so far, an inadequate research base for programmes of prevention". Are psychologists substantially contributing to this research? What does it mean when the authors tell us that the BPS is "supporting" it?

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**Handbook of Clinical Assessment of Children and Adolescents, Vols I & II.** Edited by CLARICE J. KESTENBAUM and DANIEL T. WILLIAMS. New York & London: New York University Press. 1988. 1170 pp.

The appearance of a new textbook in child and adolescent psychiatry has become a rarer event than it used to be, but the publication of a new American two-volume text is bound to be of great interest. The contributors to this multi-authored textbook are entirely drawn from psychiatrists and psychologists working in the USA, indeed they mainly come from prestigious centres in and around New York. The title of the book is misleading in that there is a large section on treatment approaches, and most of the chapters deal with management as well as assessment.

As might be expected, the structure of the book is heavily yoked to the DSM-III classification. In the introduction the editors stress the change in American child psychiatry from an anecdotal, discursive approach based exclusively on a psychoanalytic model, to an approach much more strongly linked to empirical findings. This change is largely reflected in the contents, although

there are exceptions. In the 1990s, it is difficult to continue to recommend the use of the Rorschach, even as a projective test, and the discussion of the psychosexual development of the pre-pubertal child is firmly free of any constraints provided by the empirical literature.

There are, however, many excellent chapters, too numerous to mention individually. I learned most from the chapters on pre-school language assessment, pervasive developmental disorders, and drug and alcohol problems. The increasing reliance that American clinicians place on questionnaires and structured interviews in making their assessments is noteworthy. For example, in the highly technically competent account of the assessment of anxiety disorders, there is a detailed description of the scales available for use, but no mention at all of the clinical skills that can be deployed to assess the functional disability produced by anxiety states, or those that can be used to link a child's anxiety with those of other members of the family, especially the parents.

These reservations apart, this two-volume textbook contains a great deal of value. It will probably not be the first choice of textbook for psychiatric libraries or specialist child and adolescent psychiatrists, but certainly should rank high among those currently available.

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**Annual Progress in Child Psychiatry and Child Development 1989.** Edited by STELLA CHESS and MARGARET HERTZIG. New York: Brunner/Mazel. 1990. 576 pp. \$50.00.

Yes, the editors of this annual review have done it again! They have successfully highlighted trends in original research and review over the previous year, as they have been doing annually for over two decades, thus ensuring that signal contributions of immediate topicality and lasting interest are brought to our attention and are not smothered by the profusion of journals and welter of publications in this and allied disciplines.

Ten themes have been selected, reflected in 33 papers which include studies of infancy, development, gender and race, special stress and coping, temperament, depression and suicide, clinical issues (covering AIDS), and adolescent issues. There are also papers covering the special issues of day care, and historical perspectives. The selection process cannot have been easy and called for breadth of vision allied to fine judgement regarding significant advances, rather than a blind dependence on distinguished departments or eminent names. The tour de force is the section on depression and suicide, with Klerman providing a focus on secular trends, Angold summarising developmental changes in psychopathology and biological manifestations, and a review of classificatory and diagnostic issues. Pfeffer's work gives

an account of the course of suicidal behaviour and Shaffer and colleague provide a critical review of suicide prevention. Finally, Hoberman and Garfinkel address themselves to risk factors in adolescent suicide. Each of the other sections is almost as appealing, but to the psychiatric historian the real gem is the fifty year perspective by Chess of child and adolescent psychiatry, focusing on the issues that have impressed her, in association with the dramatic growth and coming of age of the speciality.

This series has never lost either its sense of direction, its freshness or its capacity for being an important source of key advances for the scientist and an update for the clinician. This rich and stimulating collection will have wide appeal which would be even wider if it were in a somewhat cheaper paperback form.

Hertzog has replaced Alexander Thomas as joint editor, but this is likely to represent continuity rather than ideological or stylistic change. As always, the book represents an old and welcome friend, this time in new clothes.

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**Children's Sexual Encounters with Adults.** By C. K. LI, D. L. WEST and T. P. WOODHOUSE. London: Duckworth. 1990. 343 pp. £39.95.

**Child Sexual Abuse in Northern Ireland.** By THE RESEARCH TEAM. Northern Ireland: Greystone Books. 1990. 188 pp. £18.00.

"SHOULD SEX BEGIN AT 12?" headlines the Daily Telegraph newspaper (14 November 1990), in a report on the recent changes introduced by the Dutch Parliament concerning the age of consent to sexual relations. How do we define child sexual abuse, measure its incidence and assess the harm which might ensue?

In *Children's Sexual Encounters with Adults*, Li *et al* have produced a detailed work on adult-child sexual interaction. West and Woodhouse report on surveys of adult men who were asked to recall any sexual encounters as boys. Although limited by poor response rates, about one in five men reported boyhood experiences with older men or women, the majority being with men. Most incidents involved approaches, propositioning or touching and usually occurred in public places. Contacts with men were usually considered as uninteresting or irritating and most boys were capable of controlling the situation. Sexual contact with women, although less common, was usually viewed as pleasurable and was rarely harmful. Homosexual men in the survey were more likely to recall childhood contacts with adult men and were more likely to find such contact welcome or even sought after. There remained, nevertheless, a small proportion of all men who viewed such encounters as definitely aversive. As is the case for girls,

boys from unhappy, broken or unsupervised homes were more vulnerable to sexual contact with adults. In contrast to women, however, far fewer men reported longer-term negative reactions.

After a detailed debate of previous work and the ethics of his own approach, Li reports in the second section of this book on the views and experiences of 20 men who admitted to sexual attraction to children. Subjects were enlisted from psychiatric clinics, a paedophile organisation and *Forum* magazine. Although himself a psychologist, Li attempts to eschew all reductionist labelling of this behaviour in order to understand the feelings and motivations of such men through a detailed consideration of their testimonials.

*Child Sexual Abuse in Northern Ireland* is a report of a large-scale agency survey during 1987 of sexual abuse in Northern Ireland. It is a densely written report which concentrates on a careful assessment of the present problem. Child abuse is defined in a broad way ranging from sexual intercourse to "talking about sexual things in an erotic way". A child is considered as someone under the age of 17 years, the age of consent in Northern Ireland. Estimated incidence of reported cases over one year was calculated at 1.2 per 1000 children. Men were most commonly the abuser and girls the abused, although the incidence among younger boys was relatively high. Important associations with both the child and the abuser are described. Although the definition of abuse used might be open to criticism it is clear, and the incidence of various levels of abuse is also reported. The report ends with a recommendation that child care centres be established in each Health and Social Services Board of the country to deal with suspected cases, train workers and form links with other agencies.

What can be made of these two rather different approaches? Li *et al* challenge the prevailing assumption that child-adult sexual interaction is always harmful and that children are not capable of consent. I must admit that I found their view rather worrying, particularly as it was partly based on the views of paedophile men who would generally be expected to regard such sexual interaction as acceptable and harmless. Nevertheless, it was refreshing to read an intellectual challenge to our current views of the morality of sexuality as it is enshrined in law. As Li concludes: "the law is only a practical arrangement for the peaceful co-existence of individuals living in a community. It does not have, and should not be endowed with, a kind of absolute moral status." This book takes an unpopular stand and makes fascinating, if somewhat disturbing, reading. The Research Team in Northern Ireland take a more rigorous epidemiological approach based on more classical assumptions about what is sexual abuse. Should sex begin at 12? As Dutch law indicates, perhaps the answer is sometimes.

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