

Therapeutic approach to sexual abuse

Sir,

We hope that the paper of Furniss, Bingley-Miller, and Bentovim¹ on sexual abuse of children will help to promote an awareness of the problem among paediatricians in this country. We would, however, like to raise several points for further discussion.

Many women who have suffered sexual abuse as children have emphasised the terror of the experience and its repetition over a period of years,^{2,3} as indeed the data in this paper indicate. In addition, the circumstances that prevent a daughter from accusing her father of sexual abuse may persist after the fact of abuse has been publicly acknowledged. Therefore, it is essential that the child should not be expected to continue living with her abuser, or necessarily to attend, as first line therapy, family sessions where the father will be present. The prime responsibility of the caring agencies involved must be to the child, and—for reasons given in the article—it is usually more appropriate for the father to live apart from the family, than for the daughter to do so. This approach produces less disruption in the lives of the victim and her family, removes the cause of the terror to which she has been subjected, and also prevents further abuse of any of the children in the family.

Although this has the seeming effect of 'breaking up' families, in fact it is merely acknowledging the true state of affairs. By virtue of abusing his daughter, the father has already abandoned his normal parenting role, and his needs should not be allowed to jeopardise further the integrity of his child's personality. The principle aim of therapy must be to help the child regain a sense of her own worth and build new relationships without the ever threatening presence of her abuser. She does not need to learn 'to relate appropriately to men in her life'; rather she requires an opportunity to develop her own personality without reference to the requirements of men.

Our approach differs fundamentally from that proposed in the paper of Furniss *et al* because of our differing models of the psychological events being enacted. We see child sexual abuse as one aspect of child abuse in the broad sense; being a manifestation of distorted power relationships within the family. We do not see it as the natural consequence of the father's sexual dissatisfaction within his marriage. Rather, we hold that the adult abuser is betraying his responsibility by an act of violence towards his child victim. When the child is a girl and the adult a man, the act of abuse will often be 'sexualised'. The view of children as sexual objects is currently enjoying a revival, and one aspect of the paper that particularly disturbs us is that 'appropriate' erotic physical contact between adults and children can even be contemplated. This only serves to perpetuate a climate within which abuse may all too readily occur.

The father-daughter relationship is referred to in this paper as a 'pseudo-marriage', rather than as rape. This cosy view of sexual abuse denies the physical and emotional violence done to the child—and often to the mother too. The role of violence and the threat of violence in perpetuating this abuse is not dealt with at all. This

implicit denial of violence and the subtle shift of blame on to the mother and child that follows, has resulted in a programme of family therapy that must ultimately be inadequate. Only when 'incest' is seen as one part of the whole spectrum of the abuse of women and children in our society will the problem be tackled satisfactorily.

References

- ¹ Furniss T, Bingley-Miller L, Bentovim A. Therapeutic approach to sexual abuse. *Arch Dis Child* 1984;**59**:865–70.
- ² Lukianowicz N. Incest. *Br J Psychiatry* 1972;**120**:301–13.
- ³ Nelson S. *Incest – fact and myth*. Stramullion: Renfrew, 1982:13–28.

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Dr Furniss and co-workers comment:

We agree with the basic sentiment that in child sexual abuse within the family the prime responsibility must be to the child. This is paramount in our approach. We also agree that the danger of double victimisation of the abused child, who may be secondarily punished by removal from the family, should be avoided whenever possible.

We disagree with the contention that victims of child sexual abuse, be they girls or boys (20 to 25% of victims are boys), do not need to learn to relate appropriately to the men in their lives. Abusive relationships in the family may be very damaging; they are, however, also very intense. We know from both sexual and physical abuse that children often blame themselves for their abuse and subsequent family breakdown. Our clinical experience has also shown that for the child victim to gain, or regain, self confidence and self esteem it is important to hear from the abuser himself that he takes sole responsibility.

A family approach to child abuse does not mean that conjoint family therapy is the first line of treatment. It means putting the intervention in a family context as the relevant life setting for the child, where she or he needs parents and parenting figures to be trusted. After an initial family interview the main work is done in group sessions for girls and boys of different ages, giving the children the opportunity to communicate and share their experiences, and dealing with issues of self esteem, trust, and feelings of being a sexual object that arise from the abuse. Separating the girl or boy from the father alone, as has been the traditional approach, and as put forward in some feminist approaches has, in our experience, been shown to be not enough. We can sympathise with any professional who identifies with the victim and oversimplifies the problem by wanting to rescue the abused child and condemn the perpetrator. Merely to remove the perpetrator and become over protective and over identified with the victim alone may, however, be unhelpful to the abused child. We may have to learn that it is necessary to help the parents and the abuser to help the child come to terms with the abuse. We have learnt this over the past 20 years in physical abuse, and this is widely acknowledged now. We will have to learn this in our handling of child sexual abuse in the future.