

Conference reports

Working with the Sex Offender*

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Few crimes attract so much public concern as sex offences and the demand for strict punishment of offenders, usually lengthy imprisonment, is overwhelming. However imprisonment alone is unlikely to provide a solution to the increasing number of offences reported. This conference set out to examine the preventive and therapeutic role of all agencies dealing with offenders and their victims in the UK.

Virginia Bottomley, Minister for Health, set the scene by suggesting that the principles that should act as the cornerstone of any policy on this subject are that sexual offending is always unacceptable and inexcusable and that the experience is always damaging to the victim. Prison will be the only way to protect the public from some offenders, but there is undoubtedly a role for treatment in prison and in the community. A Prison Department working group is currently assessing which treatment methods should be actively developed and how treatments can be best delivered. The Minister's department is also interested in the effect of abuse on victims, and the National Children's Home has been commissioned to survey the nature and range of treatment in England and Wales for children who have been abused, for their families and for abusers up to the age of 20. The results will soon be available and may assist in the department's plans to promote work on the treatment of child abuse victims and abusers.

It is not possible to conclude from the Home Office statistics alone that there has been a huge rise in sex offences.

However, more offences are being reported according to Earl Ferrers, Minister of State for the Home Office. Increased reporting may be attributable to greater sensitivity by the police in their examination of victims, increasing awareness of child sexual abuse and the setting up of counselling bodies such as Childline, which 6,000 children use in any

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one year. Clear-up rates for sexual offences are relatively high, as many offenders are known to their victims. In 1988, 70% of rapes, 66% of sexual assaults and 90% of incest and gross indecency offences concerning children were cleared up. New forensic techniques such as DNA finger printing have been significant advances, and the Minister was concerned that the defendant's legal right to refuse permission for blood sampling was preventing cases from going to court where this might be the only hard evidence. The Government is considering whether the police, in certain cases, should be empowered to take blood samples without consent and they have also asked the British Medical Association and the Association of Police Surgeons if a doctor can be justified in taking a compulsory sample from an unwilling person for non-medical reasons. Earl Ferrers suggested that conviction and punishment of offenders had been assisted by improvements in court proceedings such as the abolition of the requirement that all unsworn evidence of children must be corroborated, the extension of anonymity for rape victims to the first moment of complaint and the clarification of sentencing guidelines for rape and incest.

Dartmoor prison has had a 'Vulnerable Prisoner Unit' in operation for one year which houses 150 sex offenders on Rule 43. Mr John May, Governor of the prison, stated that the increase in numbers had allowed staff to reevaluate their approach to these prisoners. They are now kept in improved physical conditions and there is a greater emphasis on evaluating and reducing dangerousness. With these aims in mind, a group therapy training course for prison officers has been started. Mr May stated that these changes were part of a shift in opinion which is taking place in the entire prison service.

The clinical assessment of sex-offenders was addressed by Ray Wyre of the Gracewell Clinic. Certain assumptions about the offender may be made; the behaviour is addictive, it is not a one-off, it is deliberate but the offender will frequently emphasise that it is not and he will reinterpret the behaviour to excuse and justify. Along with the cycle of behaviour

from fantasy to offence, one must recognise other needs that are met by the offence. There may be a wide variety of other cognitive processes and triggers going on and these need to be identified. These and other issues are tackled in a one year programme at the clinic which is conducted in two-week blocks of intensive group therapy.

Treatment of abused children and their families was described by Dr Judith Trowell of the Tavistock Clinic. The understanding of resilience factors is important; some children and adults are much less traumatised than others. Factors which are important include previous good parenting, basic trust between the child and another adult, inner strength and telling children that the abuse was not their fault. A choice of worker should be offered, by gender and race. After helping the family to cope with the immediate crisis phase, the therapists will need to help them obtain good legal advice and counsel and prepare victims for court. The next phase of treatment will need to focus on the distress, confusion and shame experienced by the victim, and later, perhaps

after a pause, help may be required in dealing with intimate relationships.

Following the afternoon group discussions, the meeting reconvened to hear summaries of their findings and to clarify a list of points for action. It was stressed that there should be a government inter-departmental pooling of resources which should be devoted to research, training, raising awareness and treatment. Consistent treatment of sex-offenders, both in and out of prison should become a priority and radical alternatives to prison sentences should be examined. Rule 43 was criticised as a poorly coordinated crisis management device which was polarising the attitudes of prison staff and inmates. These comments were made all the more resonant in the wake of the Strangeways Prison riots, which took place soon after the conference. The need to develop properly funded research and training programmes was seen as a priority, demanding immediate action. Further consideration also needs to be given to the plight of those who are reluctant to report assaults, and to elderly victims of sexual offences.

World Ministerial Drugs Summit*

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I attended this meeting, jointly organised by the United Nations and the United Kingdom, as an observer for the College. The additional title of the Summit was "to reduce the demand for drugs and to combat the cocaine threat", and these twin themes ran through the three days of the meeting.

For many years a sharp distinction has been drawn between 'consumer' countries, those developed countries with significant numbers of problem drug users, and the developing 'producer' countries from where the drugs originate. Both have tended to blame the other: the 'producer' countries blaming the 'consumer' countries for increasing the demand for drugs which distorts their often precarious economies, and the 'consumer' countries blaming the producers for flooding them with drugs and thereby increasing drug taking among young people. Two factors are beginning to change these attitudes. Firstly, the manifest failure of the 'war on drugs', the attempts to stem the supply of illegal drugs; secondly, the 'producer' countries are now experiencing significant drug dependence problems of their own, often on a widespread scale. Thus there is now a community of interest in looking at ways of reducing the demand for drugs, and not just trying to limit supply.

*Held in London, 9-11 April 1990.

In one of the most interesting sessions there were contrasting presentations from the Netherlands and the USA. Eddy Englesman, the Head of the Drugs Branch of the Dutch Ministry of Health, is a long time advocate of the policy of 'normalisation' which encourages the integration of drug takers into ordinary society. Dr Herb Kleber presented the contrasting American view. Dr Kleber works in the US Office of National Drugs Control Policy and he explained how the drugs war was being taken to the hearts and minds of the American people; far from normalising drug misuse, the US strategy is aimed at the opposite effect; in Kleber's phrase "drug use should now be considered denormal (sic)". The term "user accountability" is increasingly being employed and Kleber outlined the view that drug misusers should be accountable not just for their behaviour, but that they should be aware of the wider consequences of their behaviour. The impression given overall was that the US is taking demand reduction seriously, and putting efforts into a range of school, workplace and community based projects.

In a session on treatment and rehabilitation, there were presentations from Thailand, Hong Kong and Stockholm. It was reassuring to see the common features in these very different countries' approaches