

The Treatment of Crime in Denmark

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DENMARK'S centuries-old history of democratic self-determination and the emergence of a strongly developed social conscience are reflected in the country's constructive, humanitarian yet realistic attitude to the treatment of its criminal offenders. From conventional measures concerned only with retributive punitiveness and the aims of prevention and deterrence, penological policies have effected a continuing transition towards provisions where penal sentences can be related also to the individual mental and social needs of the offender.

This has proved to be quite compatible with society's need to defend itself; Danish realism in fact requires that the security measures in the maximum security prisons are more strict than in Britain, and although corporal punishment is never used, the

punishments awarded for offences against prison discipline are more severe. Yet, as is positively expressed in the Royal Order of May, 1947, the chief purpose of imprisonment is considered to be the social readjustment of the prisoner, and except for the deprivation of liberty it is not considered necessary to inflict any further hardship on him. The aim in fact is to create conditions inside prisons which correspond as far as possible to conditions in the outside world, returning to this being the aim of penal treatment.

The Danish penal system is based on the Criminal Code of 15th April, 1930, which came into effect on 1st January, 1933. This act *abolished capital and corporal punishment*, modified and simplified sentences of imprisonment, introduced youth prisons for young offenders, and provided for special

forms of detention for professional and habitual offenders and for alcoholics, and special measures for mentally abnormal offenders. Before this Act, all prisoners were committed to the three major closed state prisons, at Vridsloselille near Copenhagen, Nyborg in Funen, and Horsens in Jutland—but since 1947 there have been in Denmark 13 major penal institutions and 16 local gaols. In the summer of 1961 the total population in Danish prisons was some 3,200, including 45 women. This can be compared with Scotland, which is only slightly greater in area and in population than Denmark, and where the average daily prison population in 1961 was almost exactly 3,000, including 107 women.

In addition to the ordinary sentences of simple detention and imprisonment, Danish courts may apply the special measures of preventive detention—an indeterminate sentence now rarely used, sentence to detention in a penal work camp (Statens Arbejdshus)—for recidivists, and for mentally abnormal offenders the indeterminate sentence of psychopathic detention or the fixed sentence of psychopathic imprisonment. In Danish courts, evidence regarding mental abnormality from psychiatrists is obtained at the direct request of the court and not by the defence or the prosecution. In Copenhagen, psychiatric assessment of offenders is carried out at the Forensic Psychiatry Clinic,

which with a staff of six psychiatrists and numerous auxiliary workers, not only provides psychiatric reports for the courts, in some 400 cases per year, but also has facilities for the out-patient treatment of offenders placed on probation with a condition of such treatment. Throughout Denmark in recent years, 15 to 18 per cent of offenders receiving sentences greater than a fine have been submitted to mental examination. Danish courts may in addition refer to the Medico-Legal Council, a specially appointed body of senior experts in law, forensic medicine and forensic psychiatry, whose function it is to ensure that adequate investigation of a case has been carried out and that the correct conclusions have been drawn from the medical and other evidence. In Danish legal procedure, forensic psychiatrists determine whether the accused is mentally ill or not, and responsibility is determined by the Court.

The state prison at Vridsloselille is a maximum security cellular prison, with a staff of over 200 for some 300 prisoners. The bright surroundings and the relaxed and friendly atmosphere are immediately impressive, there being good-humoured permissive relationships between senior and junior staff and between staff and prisoners with little evidence of militaristic formality. With regard to privileges, employment and leisure entertainment, the progressive system has been abandoned, as in all Danish

prisons, with the introduction of increasing day-time association. Danish prisoners work a full productive 42 hour week, and this allows earnings, often on a piece-work basis, of up to 50kr. (about 50s. 0d.) per week. As such earnings are sufficient to meet the needs of the prisoner, the "tobacco baron" or his Danish equivalent is rarely an evident problem. For three hours each evening, there is an extensive educational programme carried out by some 20 teachers and instructors. Each day there are two half-hour periods of unrestricted free exercise in the prison grounds. Visiting by near relatives is permitted once per week, this taking place in the prisoner's cell, lasting up to two hours, and being quite unsupervised.

The cells are equipped with wash-basins and as staffing adequately allows for the prisoner to be unlocked to attend to personal needs, there is no necessity for the mephitic chamber-pot, which is standard equipment in most European prisons. All the cells are fitted with a loud-speaker from a centrally operated radio system installed in 1955, affording a choice of two programmes from noon to 1 p.m. and from 5 to 10 p.m. In the cells of some of the long-term prisoners are tasteful curtains and rugs, hi-fi record players, writing desks, libraries of books, framed pictures on the walls, budgerigars, and numerous pot plants, all

provided from the prisoner's earnings or brought in by his visitors.

Herstedvester Detention Centre is perhaps the best known of Danish penal institutions, being the psychiatric prison, opened in 1935 and developed and directed by the world-famous forensic psychiatrist, Dr. G. K. Stürup, for the treatment of those offenders receiving, under the new Criminal Code, the indeterminate sentence of psychopathic detention. In 1961 there were some 160 detainees, and approximately two staff to every three inmates, with five psychiatrists, four teachers, two clinical psychologists, three female mental nurses, six social workers, a large secretarial staff, and over 80 uniformed personnel all of whom have had three months training in a mental hospital. Admissions average 60 per year, the length of stay ranging from one year to over five in more serious cases. Release is followed by parole lasting up to five years, supervision and continued treatment being carried out by the institution staff. The institution is designed to function as a therapeutic community in which every item of the routine forms part of treatment with every member of staff and every detainee participating. The daily programme is a full one; after a full productive working day, there are two hours of educational classes, hobbies and other recreational activities. There is some individual psychotherapy but more use is made of therapeutic

discussion groups, with some psychodrama. All the facilities of the modern mental hospital are available, with increasing use of modern drugs, and occasionally of electric convulsion treatment. Surgical procedures are much less widely used than is often thought, leucotomy now being uncommon and voluntary castration for sexual offences being less than ten cases per year. From diagnostic assessment on reception until release, the programme and progress of each detainee are considered at the frequent group conferences and daily and weekly meetings, attended by both professional and uniformed staff. The success of such treatment is indicated by the fact that the reconviction rate for most types of offenders is significantly lower than for similar offenders committed to the state prisons, notwithstanding the fact that this psychiatric prison admits the most seriously disturbed and dangerously anti-social criminals.

The second special psychiatric prison in Denmark is at Horsens, which takes both psychopathic detainees and psychopathic prisoners with a fixed sentence. The buildings are ancient, dating from 1853, and although the exterior is grim and bleak, it is interesting to note how internal reconstruction has successfully converted the tiers of cell galleries in the old prison halls into separate floors, partitioned into small units of 16 cells with

communal day-rooms and dining rooms, decorated and furnished in attractive colours and contemporary style, with ubiquitous use of pot plants. For about 300 inmates there is a staff of over 200, directed by the Chief Psychiatrist, Dr. Jan Sachs, and six assistant psychiatrists. Psychiatric treatment is given to all inmates and, as opposed to Herstedvester, is mainly individual therapy, each psychiatrist having about 50 cases. After-care is carried out by the staff and the six female social workers. The full programme of work and treatment is integrated by daily staff discussions in each sub-unit between the psychiatric and uniformed staff. Notwithstanding the ancient grim buildings the atmosphere throughout is impressively friendly and relaxed.

The penal work camp at Sonder Omne was started when, after the Criminal Code of 1930, the State bought over 2,000 acres of unproductive heath-land in the centre of Jutland. Here the establishment of the work camp and the conversion of this barren land into a very fertile, productive modern comprehensive farm, has since been the basis of the rehabilitation programme for recidivists. The capacity is for over 300 prisoners and in 1961 there were about 180, in 80 of whom crimes were associated with alcohol. About 50 persons are received each year. The average age has gradually come down to 32 years, though some of

the habitual recidivists are old men, often inadequate vagrants, for whom the camp has become an intermittent home. The Staff number 130, and the officers participate actively in the work. For each prisoner a full programme of work training and education is planned as therapeutic social rehabilitation. There is considerable individual contact with the prisoners and much of the after-care is done by social workers. The criterion of the success of such occupational treatment for chronic recidivists is the realistic one of lengthening of intervals between successive re-convictions. Sonder Omne when considered as an autonomous economic unit under its skilled farm manager, one of Denmark's leading agriculturalists, makes by its productive work programme a considerable annual financial profit.

For alcoholics, there is a special work camp on one of the small islands off the coast of Jutland. Following release from penal work camp sentence, special conditions of parole for alcoholics can be total abstinence from intoxicants or the requirement that the parolee regularly take under medical supervision, anti-alcoholic drug treatment.

In Denmark almost one half of the prisoners serving sentences of over four months are committed to open institutions. It must be stated, however, that this wide use of open prisons came about more by accident than by design. In 1945,

after the German occupation, there was insufficient accommodation in closed prisons for the greatly increased prison population and as there was no time to build new prisons, open camps were taken over as penal institutions. Although there was considerable public apprehension at first, it was found that with recidivists and with young offenders open conditions proved in practice to be suitable for places of detention. There are now six open institutions in Denmark, in addition to three open youth prisons and other small open pre-release units. The state prison at Kragsskovhede, in the North of Jutland, was built as an open prison to accommodate 400 prisoners, but now houses some 200 recidivists with sentences ranging from four months to five years. Most people now favour smaller units, however, with a capacity of about 60, in which the staff can get to know each other and the prisoners much better. Such opportunities for closer relationships between staff and prisoners, the effect of open air life on physical health, and the avoidance of "institutionalisation," appear to be the main advantages of open conditions. As a deterrent to crime the open prison has not been found to be less effective.

At the open agricultural prison at Norre Snede, in Jutland, for offenders under 30 years of age, training is by productive work on the modern efficient farm estate and by the educational programme,

which in Denmark is a compulsory part of the penal treatment of all offenders under 30. To minimise absconding, human relationships must replace bars, and this institution appears to function very much as a therapeutic community with a staff of 50 for about 70 prisoners, and considerable use of group discussions with the prisoners integrated by frequent staff conferences. A reconviction rate of 35 per cent indicates a relatively high success rate.

In Denmark at present the concern of penologists is not with the merits of open institutions as opposed to closed ones, as the latter will always be required, *but with how to treat suitable offenders without deprivation of liberty and within their own environment.*

The staffing of penal institutions in Denmark differs from that of Britain in that all senior staff are recruited from outside the prison service, and have university qualifications, usually a degree in law but in some cases in education or psychology. The surroundings and conditions in which the prison officer works are pleasant, and recruitment of the relatively large numbers of staff in Danish prisons appears to present no problems. In most countries penal reformers have emphasised primarily a need to improve the lot of the prisoner. In Denmark improvement in the working conditions and training of the basic prison officer has probably made a more natural

contribution to improvements in the situation of the prisoner.

The after-care of discharged prisoners in Denmark was started by voluntary workers in Copenhagen in 1843, after the inspiration of Elizabeth Fry's visit to the city in 1841. By 1951, there were very many voluntary after-care associations, but in that year all such societies united to form the Danish Welfare Society, which continues to function as an autonomous voluntary organisation.

The Society is entrusted with the after-care of discharged prisoners, the supervision of parolees having remission of sentence, and the investigation and supervision of offenders on probation. For, in 1961, an average of some 4,300 cases under supervision, the Society employs 40 full-time workers and about 800 supervised voluntary part-time workers. A condition of after-care or probation can be residence at special hostels, such as the Brøndbyhus in Copenhagen, where young men are offered, together with psychiatric treatment, help in settling in steady employment and in developing self-confidence in social activities.

Since there is virtually no unemployment in Denmark and as all the Trade Unions readily accept discharged prisoners and recognise their vocational training in prisons, there is no problem about finding employment after release from prison. This situation is regarded by many as a major

factor in the decline of crime in Denmark. Rehabilitation is further supported by social measures to cover defaulted payments of Trade Union subscriptions and of Income Tax, the latter being an annual payment and not a "Pay-as-you-earn" scheme.

In Denmark the minimum age of criminal responsibility is 15 years, and the criminal courts have no jurisdiction over a child under 15. In general, young delinquents are considered, not in terms of criminality but of emotional instability, behaviour disorder or psycho-social maladjustment, and provisions are determined with regard not to punishment but to training, treatment and rehabilitation. All decisions regarding child welfare provisions are made by the local Child Welfare Committee, which is responsible to the Directorate of Child and Youth Welfare. The Committee consists of five to seven members appointed from local people, and by law must include both men and women. For major decisions, such as the removal of a child from home, a local Judge must be present at the Committee, which is quite informal. In cases of anti-social behaviour, advice from a child psychiatric clinic is usually required. Minor difficulties can be met by the appointment of a supervising guardian. For more serious problems, institutional treatment may be required. For children under 14, there are reception and observation homes, homes for backward children,

treatment homes for neurotic children and school homes for children with behaviour difficulties, such as persistent truanting. For young people over 14, there are separate homes for boys and girls, including observation homes for short-term stay, and youth homes for longer treatment and training. These include apprentice homes for boys, domestic training homes for girls, and special homes for backward children. Children and young persons may be brought before a Child Welfare Committee and placed under its care up to the age of 18, and such care can continue to 21. Although the jurisdiction of criminal courts begins from 15 years, by a special provision of the Act of 1930, the public prosecutor may in the case of an offender between 15 and 18 withdraw prosecution or waive punishment if the offender is brought under the care of a Child Welfare Committee; this in fact occurs in 97 per cent of such cases.

An interesting feature of youth prisons and of penal work camps is the so-called "Visiting Arrangement." This provides for discharged prisoners or parolees who have met temporary difficulties, such as unemployment or homelessness, to take up their residence in the institution again on a voluntary basis until work and satisfactory lodgings have been provided. *This may prove to be the beginning of a valuable parallel with the evolution in Europe of the functions of the mental hospital.* Whilst these at

first were in fact closed prisons where the insane were compulsorily incarcerated, they have evolved into therapeutic communities to which admission can be quite voluntary and informal. The time may well come when the provisions of a country for the treatment of its criminals may be available to them voluntarily and informally during times of personal difficulty that would otherwise be conducive to criminal activities.

Whilst there are inevitably many factors which influence the incidence of crime in any country, the value of any system for the corrective management of the criminal must to a considerable extent be reflected in the trends of criminal statistics. In Denmark since the immediate post-war period there has been a slight gradual diminution in the total prison population, paralleling the gradual fall in the total number of criminal convictions. Over the same period the total adolescent delinquency rate has also shown a slight decrease and adolescent delinquency in Denmark has in no way presented the same serious problem as in most other European countries. The probable major reason for this is the satisfactory integration under the central administration of the Department of Child and Youth Welfare of all the services available for the ascertainment and treatment of the maladjusted young person.

In general, the Danish Criminal Code gives considerable flexibility

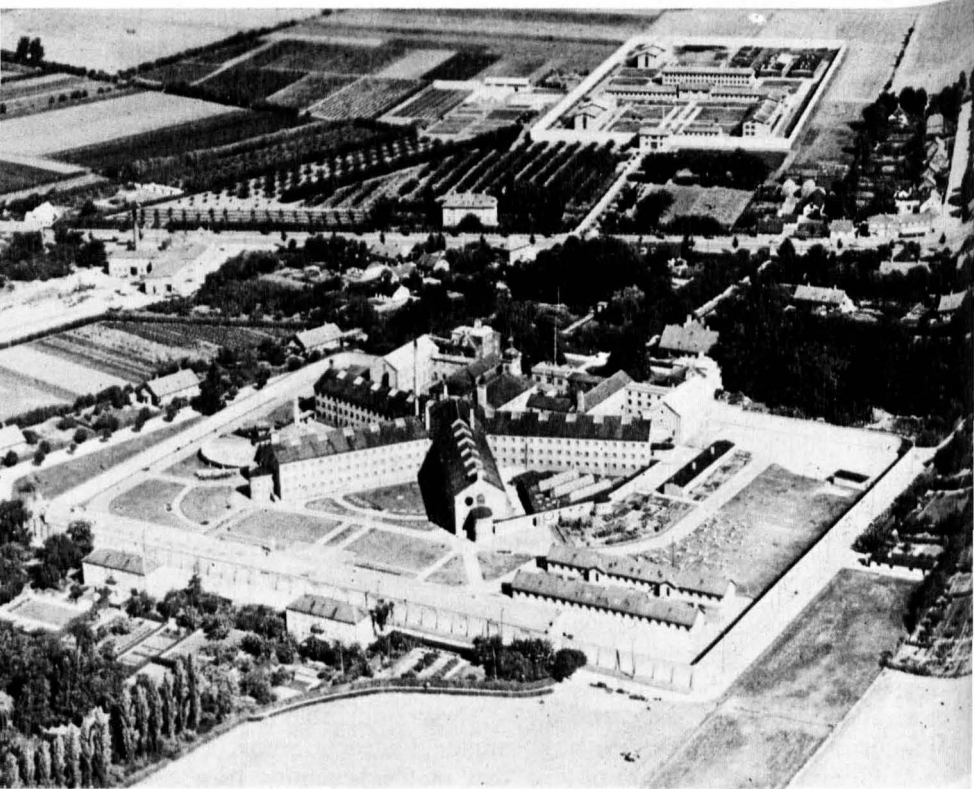
for dealing with the many types of criminal offender. The Act of 1930 and the provisions which resulted from it, were designed to meet some of the problems with which we are now faced in other countries. There appears to be much in Denmark's penal and social provisions that could profitably be considered for adaptation and use elsewhere.

In such provisions and in the practice and attitudes of Danish prison personnel, one is impressed by the emphasis on policies to promote the treatment and rehabilitation of offenders rather than on punitive, preventive and deterrent measures. At the same time strict measures for the maximum security of the closed prisons safeguard society's need to protect itself. How this is related to treatment at Horsens Prison, is openly discussed with each prisoner, namely that society considers his secure detention necessary, his offences being an intolerable misuse of his former freedom. Nonetheless, the offender is encouraged to feel that in prison he is welcome and acceptable and that the staff are concerned in trying to help him and not just to make him suffer.

The considerable use of indeterminate sentences seems logical in that at the beginning of a course of treatment it is not always possible to predict how long it will take for the individual to respond to this. The special provisions for alcoholics appear also to be

realistically practical, as mental hospital treatment usually has insufficient security and sanctions, whilst the ordinary prison has inadequate treatment facilities. The fact that after-care in many Danish institutions, in particular in the psychiatric and youth prisons, is carried out by the staff and social workers from these institutions, seems most advantageous in

offering to the offender the support of a continuing relationship bridging his prison sentence and his readjustment on release. To a visitor to Denmark, however, what perhaps is most impressive is that Danish society appears to show relatively little aggression towards the criminal and it may be a reflection of this that in Denmark there is little aggressive crime.



Two adjacent maximum security prisons. In the foreground, Vridsløselille State Prison, near Copenhagen, built in 1859 on Haviland's Pennsylvania system, but now undergoing radical internal reconstruction. In back-ground, Herstedvester Detention Centre for mentally abnormal offenders, opened in 1935. The high walls surrounding both are floodlit and patrolled by armed guards at night.