

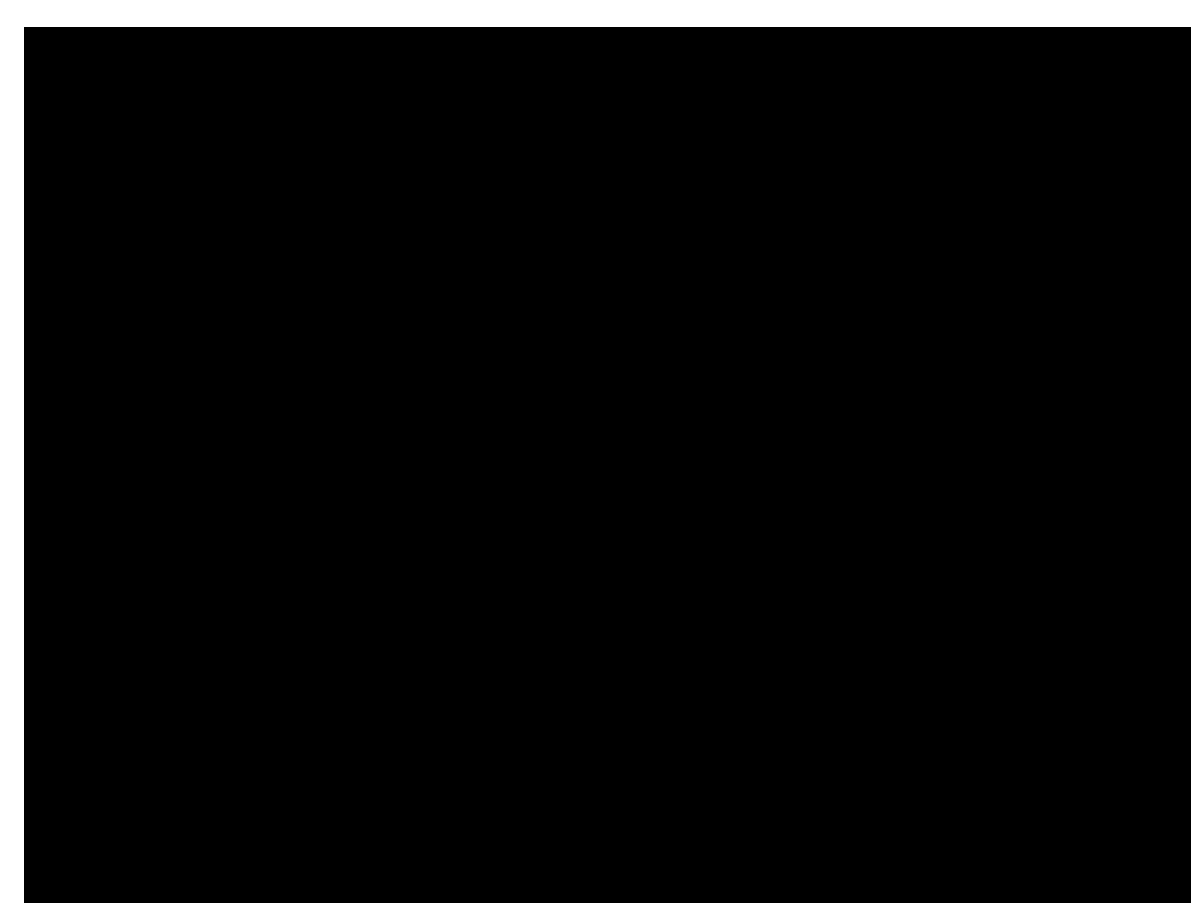
Thirty five pence

PSJ

No. 50 New Series

prison.
service
journal





PSJ

prison service journal

No 50 New Series April 1983

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The editorial board wishes to make it clear that the views expressed by contributors are their own and do not reflect the official views or policies of the Prison Department.

Comment

This issue of the Journal contains a major article from Herschel Prins in which he looks at the concept, measurement and management of "dangerousness". It is an extremely valuable contribution, particularly in its advice on the handling of "dangerous" offenders and on the need for staff to be aware of their own attitudes and behaviour.

The article makes clear that there is no objective definition of "dangerousness"—that the prediction of danger remains a matter of opinion. Herschel Prins shows how judgement has to be made about offenders already in custody, not least when decisions have to be made about release, including release on parole or some other form of licence.

Judgements of "dangerousness" have also been made by the courts, explicitly or implicitly, in sentencing offenders to custody in the first place. Late in 1981, the debate about "dangerousness" was extended by the publication of the report by a working party set up by the Howard League for Penal Reform. *Dangerousness and Criminal Justice*, by Jean Floud and Warren Young, was published by Heinemann (London). The report looks at many of the issues also raised by Herschel Prins' article and recommends a form of preventive custody for extremely "dangerous" (mostly violent) offenders. The Advisory Council on the Penal System had proposed previously that legislation was needed to reduce maximum penalties and to provide a discretionary sentence for the minority of exceptional "dangerous" offenders. Amongst other, more practical issues, this raises the question of whether preventive punishment can be justified: whether people judged to be "dangerous" should be confined for what they *might* do as well as for offences they have already committed.

Readers may wish to take up the arguments of Ms Floud and others in a "special number" of the *British Journal of Criminology* (volume 22, number 3) which was published in July 1982 and devoted to the issue of "dangerousness".

The issue continues with some consideration of differing treatment approaches from the therapeutic unit at Holloway to the 'social skills' approach. There is also work on the identification of an ever-growing problem—solvent abuse.

As always with writing this piece I am conscious that what appears topical at the time of writing may not do so

in three or four months' time when the issue is published. Nonetheless we shall continue to aim to comment on matters of interest that are attracting media attention. Presently the resignation of John McCarthy has brought renewed public attention for two issues particularly because it has freed him to comment openly on his views and feelings. Firstly it has brought to the fore yet again the problems of overcrowding and the very poor physical conditions that persist in the majority of the local prisons and it may well be that the original letter to 'The Times' and the coining of the phrase 'penal dustbin' has been enormously important in the process of getting the magnitude of the problem and some of the possible solutions fixed in the public mind. The resignation has further aided this process and the significance of it should not be underrated. The battle to increase resource allocation or reduce the size of the population or a combination of both strategies can only be successfully pursued if public awareness can be kept at a high level. Secondly in his public statements since leaving the service he has continued to highlight the juxtaposition of Headquarters and establishments and the differences in approach that seem to produce the constant feeling within establishments that the Headquarters' organisation is not attuned to the needs of establishments. John McCarthy has pointed to the mismatch between an essentially bureaucratic Headquarters organisation running a service that must strive to place individual needs and care as its highest priority. He singles out particularly the young offender side of the service where he identifies the greatest need for identifiable leaders who personify an ethos but the same holds true for the whole service where staff are continually asking for a form of organisation that can cater more explicitly for an operational service that deals with human problems. We are no nearer settling the ideal form but it is important to keep focussing on the problem and his resignation serves to keep the issue in a prominent position.

Hopefully 1983 will see some advance against our general problems with the implementation of the Criminal Justice Act, the opening of some more new accommodation and some increase in the number of staff in post. As the year goes on we shall have the opportunity to comment further on whether the new legislation effects any reduction in population and whether the service feels the benefit of the new staff and building resources.

Clem Norman (*Winchester*)

Wide Application

A black and white portrait of a man with dark hair, wearing a dark suit jacket, a light-colored striped shirt, and a dark tie. He is looking slightly upwards and to the right with a gentle smile. The background is a textured, mottled grey.

Clem Norman who describes himself as one who defected from prison teaching in 1979 is an Assistant Governor at Winchester Prison.

Psychological Services have commented on the widespread application of the methods. One of the reports, by Clarkson and others (2), states: "there are few clinical or behavioural disorders for which social skills training programmes have not been used. From behavioural schedules for schizophrenics, the dating problems of American students and the social behaviour of adolescents, to schemes for finding a job and knowing your rights." There is, therefore, a need to look at the belief that through learning (particularly the reinforcing of specified ways of behaving) changes can be brought about by the individual to his way of life. Techniques for improving self-expression over the telephone as a means of presenting a favourable impression to a prospective employer; the ability to use non-verbal signals to convey a particular need: these are examples of the type of activity involved.

The behaviour which is to be altered has to be identified and then treated: quite often, this is done in isolation from other aspects of the individual's behaviour. It might be possible to diagnose behavioural difficulties at this simple level. Whelan and Speake, for example, produced some remarkable results with mentally handicapped adolescents (3). They found that many of their patients were unable to write and to use money, public transport or telephones. Through painstaking programmes of training they were able to teach the adolescents to live more independent lives.

Complexity

These simple skills, however, enabled the handicapped young people to achieve only limited independence. If the methods of skills training are applied to people in prison, then the issues become more complex. There are 2 problems.

The first concerns whether it is appropriate to concentrate on one skill to the exclusion of other problems. The second consideration is the difficulty of trying to modify behaviour within the restricted environment of institutions. Both these problems are illustrated in a study by McGurk and Newell (4). The authors describe an attempt to encourage a young male prisoner to make friendly contact with female members of staff who had volunteered to help him overcome his inhibitions with women. The prisoner was serving a custodial sentence for a minor sex offence. Clearly, in treating the problem in the way they did, the

authors had assumed a direct link between the offence and the problem, apparently without looking for alternative explanations for the offence. But the criminal act may be symptomatic of other, more convoluted difficulties. A sex offender is not necessarily somebody who cannot relate to women: in the same way, someone who finds difficulty in making friendships with females does not automatically become a sex offender.

The institutional setting was a limiting factor, too, in that the prisoner's contacts with women had to be contrived. In such a situation, only a restricted range of behavioural responses is possible. There was also the added difficulty that training became associated with imprisonment. When questioned a year later, the inmate said, "I want to put all that stuff behind me" (5): the beneficial effects acquired as a result of the training may have been tempered by other more pressing problems on release. Bandura realised the difficulties of drawing up training programmes: "The client may revert to alternative and equally unsatisfactory courses of action, and the therapist may be faced with the task of eliminating a succession of ineffective patterns of behaviour" (6).

The approach of Priestley and McGuire (7) attempted to solve one of these difficulties by leaving the analysis of problems to the individual. Their method overcomes the fact that somebody has assumed the position of an expert in diagnosing the difficulties for the person concerned. Unfortunately, this method is rarely used: most Social Skills courses have a preconceived and structured timetable. In the case of prisoners, this has led to some interesting assumptions about their needs. "Apart from the general techniques of job application many people in this group need to learn very specific life skills eg. resisting provocation, finding accommodation, handling confrontations with the law, buying contraceptives, getting the best out of social security, relating to others at work, forming long-term relationships". (8)

Mechanical and Manipulative

The points made so far have drawn attention to some of the difficulties inherent in the Social Skills approach and, in particular, the care needed when introducing such training into prison establishments. Two further points might underline this theme: the skills approach tends to be mechanical

and manipulative. The mechanistic nature is inevitable—given the emphasis is on the learning of a specific skill. In Argyle's early model for this type of training, a very simple relationship was drawn between the problem and the translation of the problem into what he called a 'motor response' or a behavioural change. But the wider issue of emotions and feelings (which are referred to as 'affective responses') suggests that Argyle's model is too simple. If the individual's feelings are ignored, manipulation is bound to result: the approach remains mechanical if it cannot reflect the emotional base of human social behaviour.

The manipulative element grows from the fact that skills training is concerned with changing behaviour to more socially acceptable responses. Hopson and Scally, in their book on this subject even have a section entitled "How to convey genuineness" (9). When it comes to prisoners it is easy to slip into the belief that manipulation is acceptable. As Davies (10) has put it: "Any ethical considerations can be overlooked for prisoners because they have fundamentally transgressed our society's norms". But changing behaviour to fit agreed patterns is a dangerous business. Definitions of what is acceptable change not only with time but also with the context within which they are found. Writers in the field of skills training are not unaware of such problems but resolving these has not been easy. Trower, for example, has written: "Those who show unusual social behaviour but are otherwise at ease or happy may be accepted as eccentric rather than inadequate. Such people provide colour to our lives and we are not suggesting that this behaviour should be eradicated" (11). Lee sees that this attempt to reassure leaves serious concern if, as she feels, there is to be a "general homogeneity of behaviour with a few 'licensed' jesters" (12).

Manipulation and its moral implications are clearly difficult to resolve. At times, it is difficult even to identify the problem since reasons and motivations are so complicated. Students have differing motives for joining skills courses. In one prison the high number of applications for a course was related to the fact that the course included a coach trip out of the establishment. In addition, there may be pressure on staff to join in training courses associated with these new ideas. In one course observed by Lee (13), though there was conflict between the organisers

continued on page 16

A5

The Therapeutic Unit at Holloway

By

GRAHAM PARKER AND PHILLIPA LOWE

with contributions from BS, a former prisoner.

"WHY CAN'T WE DO MORE FOR GIRLS LIKE CAROL?", ran the headline in a Sunday newspaper.

"A former convent schoolgirl, who became hooked on heroin and slid despairingly into vice to pay for her fixes Only a spell in Holloway prison set her on the road to recovery". Carol spent the major part of her sentence in the Therapeutic Unit at Holloway and she was subsequently discharged to accommodation arranged by us at a supportive hostel for ex-addicts.

Positive publicity for prisons is rare and few of our successes make newspaper headlines; but Carol is just one of many whose lives have been changed by experience of this Unit. It has to be said that the custodial experience need not be entirely negative: it can be positive when management, staff and inmates wish it to be so and are motivated and willing to make the extra effort. The Therapeutic Unit at Holloway epitomises that spirit.

Despite occasional periods of low morale, the Unit maintains its strength and enthusiasm; it presents a positive alternative and achieves a degree of success. The many "old girls" who write to the Unit, their occasional return visits to groups and social events, and indeed their freedom, bear witness to our success. What they all have in common is a substantial criminal record: most have served at least one previous custodial sentence. Many were accepted for the Unit, not because they represented a good pros-

pect for rehabilitation, but because they represented a challenge.

One of our "old girls" wrote part of this article a few days before her discharge. Several months later, she is employed, supporting herself, keeping out of trouble and, we hope, will never return to prison; she is one of many.

"I have been a resident of the A5 Therapeutic Unit for 11 months. I have just received full parole on a 3 year sentence for possession with intent to supply drugs. I am an ex-heroin addict and this is my second "heavy" drug-related sentence. I served my previous 2 year sentence in an open prison.

I would like to highlight the difference between this sentence and my last one—aside from a fundamental change in my own attitude. My last sentence did nothing to prepare me for re-entry to society and a crime-free existence. It was a case of "doing my time" but doing

nothing to come to grips with the forces and emotional pressures which led me to prison in the first place. I ended my sentence much as I had begun it—the areas I had not come to terms with were hardened and compounded by fresh attitudes developed there, including loss of self-esteem and a dreadful attitude to authority in general. I came out with more of a desire to "get even" than to do anything positive and constructive about my life. Had I not served this sentence on A5, I am certain that the end result would probably have been the same. Here, I have not only had the necessary pressure and support to "face my problem" but the opportunity to rebuild myself and develop the necessary balance and strength to live without crime on release."

The new Holloway is a modern and relatively progressive prison, blessed with some very able staff and with substantial resources. The Therapeutic Unit, albeit a very small part of the prison, is generously treated by the Psychology, Education and Probation Departments, and by other helpers. A genuine attempt is made to draw upon all available resources in order to help the Unit members to help themselves and to learn from their own, and others' experience.

History

The Therapeutic Unit is the successor of the Drug Unit which was set up in the old Holloway in 1973. This was designed as a therapeutic community for "hard drug" addicts, utilising groupwork and counselling, and was run fairly separately from the rest of the prison. It was housed in its own wing and facilities, such as education, were run there.

At the beginning of 1977, the newly rebuilt prison was ready for occupation and the Drug Unit staff discussed the Unit's new location and the implications of this change for its regime. A major decision was taken to widen the client group and to change the Unit's name. It was decided to take women with a variety of life styles but who had both the wish to examine themselves and the motivation to attempt change. Problem areas would include drug and alcohol abuse, repeated criminality and faulty social behaviour. The name "Therapeutic Unit" seemed adequately to express this intention. In fact, the Unit is now more commonly known by its location, A5.

Its physical layout led to many other important changes: instead of a large, traditional prison wing, the Unit occupies a narrow corridor. Many activities, therefore, have to take place away from the Unit, so the regime is more open and more closely associated with the rest of the prison. The women now spend much of their day away from the Unit, either in the Education Department or working in the prison gardens. Group activities still take place on the Unit, however, and it retains much of its original ethos.

Selection

The Unit holds a maximum of 20 women, housed in pairs in 10 rooms. At any one time, there might be 16 Unit members, 2 awaiting assessment and perhaps 2 "lodgers" from elsewhere in the prison. After a number of years of dealing mostly with addicts, referrals are now made in respect of a wider range of problems. Referrals can come from any point in the prison, staff or inmate, though they are most often made by staff working in the Unit. Sentenced women are given preference, but those awaiting trial can be accepted. An inmate must have at least 3 months to serve to qualify and there is an expected maximum length of stay of the Unit of 12 months, though this does not preclude women with longer sentences. The assumption is that they

will move on, perhaps to open prison, after about a year.

"When I arrived here, the Unit members were mainly drug offenders. This situation has altered: drug offenders are in the minority and offences range from shoplifting to manslaughter. The integration of various types of offender on the Unit caused more concern to the Psychology Department than it did to us. I, for one, have benefited more from the Unit because of its integration and its self-help and confrontation policies. Whether one is a shoplifter or an addict, one shares the same basic problem traits—lack of self-esteem, deviousness, defensiveness, aggression, and problems in relating to authority."

Each woman is told briefly about the Unit and, if she shows some interest, is given an exercise book in which to write her "life story". This is a way of testing initial motivations as well as a means of recording certain facts about her for the benefit of staff who may not be present at her introduction to the community. Once the "life story" has been written (or dictated in the case of someone who is illiterate), the woman can move to the Unit for further assessment. Existing Unit members have some say in this assessment procedure but the final decision, after a couple of weeks, rests with the staff group.

Holloway is essentially a local prison: it serves the courts, provides numerous daily escorts, and accommodates an ever transient population. Most inmates have to be transferred elsewhere when sentenced. The difficulties and frustrations involved in operating a form of therapeutic community within a local prison, albeit unusually diverse and comprehensive, are such that one asks at times, "Is it really worth the effort?"

"To begin with, one can encounter difficulties in being transferred to the Unit. Holloway is a local remand prison and potential candidates are usually "shipped out" after sentencing—sometimes before they are aware of the Unit's availability and sometimes before they have completed their "life story". I, for one, would have been shipped to Styal had I not had a second court case to keep me here during the assessment period. And, although Unit policy is to accept members before sentencing, the staff are unhappy about having remands on the wing because of the different

privileges for sentenced and unsentenced women."

Groupwork and Contracts

Once selected, the new member begins to attend groups. Her first experience will be a Thursday group. Large groups take place twice each week: with staff support, a group of inmates speak openly about their past and present and about plans and expectations for the future. Feelings and emotional support are expressed; strengths and weaknesses are examined and Unit members are encouraged to develop the determination and skills that will enable them to retain their freedom on release. It is not an easy option for inmates and it is not an easy option for staff, for the ideas and beliefs of all are open to challenge and criticism.

At one of these Large Groups, probably not her first, the newly joined member will be expected to tell her life story to the whole community. A written contract is drawn up for the woman which includes statements about her problem areas and expectations about her behaviour on the Unit. This is agreed between the subject, other members and staff. It reminds her that, during her stay on the Unit, she is expected to be drug-free; non-violent; considerate of the needs of others; respectful of confidentiality; open and honest in her dealings with others; and punctual and attentive at groups. After the group, she signs her contract in the presence of the Assistant Governor.

"My initial contract was to work on "relationship problems", drug and alcohol abuse, and lack of self-esteem. I have fulfilled this contract as much as is possible in an enclosed environment. With the passage of time and with acquired insight, however, I recognise that the original contract is not of paramount importance: some of us just need to stick to a commitment to ourselves and others. For those of us who are committed to "working" on the Unit, we find that—as we continue to work on one problem area—several others seem to unfold. After a while, we find ourselves examining areas which we hadn't even conceived of in our original contracts.

In my experience, even those who are not committed to "working" leave with more than they had bargained for. Life on A5 can be very uncomfortable for those wanting to opt out and not listen. Facing up to the mess one has made of one's

life is never easy but it is something we all have to do here.

With reference to my own contract, I have sorted out my relationship problems by using the Unit relationships as a "mirror". Problems one has in relating to people are thrown into focus and dealt with through confrontation and support. On A5, we have to live together harmoniously and that is an example of how we should live outside. This approach is particularly useful in dealing with aggression and deviousness."

In a month, each member will be re-assessed and her membership confirmed or (rarely) terminated. At the mid-point of her stay, she will attend a Review Group in which she will be expected to examine her progress, present whatever plans for the future she has made and renew her contract, perhaps changing some of the items on it. On all these points, she will be given feedback by the other group members. About a month before she leaves, she will have to present a final version of her discharge plans, while there is still time for last minute alterations. At the Thursday group before she leaves, she will say "goodbye" to the community, describing what she has gained and outlining her possible future.

Another Large Group takes place each Friday. It deals with major Unit issues, changing procedures and planned activities. Visitors to the Unit attend a Large Group. They may be former members of the Unit who have been given permission to return to give an account of their present life and to seek support. It can be especially valuable to members to hear an account of how plans made in prison worked out in the outside world. Visitors may also be invited from agencies to speak about their work and to spark off discussion. The Friday Group is also the appropriate time for special activities such as encounter groupwork and psycho-drama.

Once accepted as a Unit member, each woman is allocated to a small working group. The Unit has 2 such groups which are run by members of the Psychology Unit and visiting Probation Officers. The Small Group provides a more intimate forum for examination of the past, of problems, and of plans. Honest feedback is expected from other members at all times. Events and relationships within the group are also regarded as relevant material for discussion. There is an

assumption of confidentiality within groups, although feedback is given to the Large Group so that the Unit as a whole knows what is going on.

Other Activities

All members must attend a Social Skills Course for 8 weeks towards the end of their stay in the Unit. The course is run by members of the Psychology Unit and examines personal styles in a practical way using role play, video feedback, demonstrations, practice and discussions. As well as giving the opportunity to change faulty styles, this course puts across the general message that change is possible, that one's behaviour and habits are in one's own hands. This is important for a group whose members have a somewhat fatalistic attitude and feel themselves to be in the grip of circumstances and their own shortcomings. Relaxation training and a Slimmers Group have been held whenever there is sufficient demand. By learning appropriate weight control, some women may be helped to avoid returning after release to drugs as a means of losing weight. To set oneself a target and to keep to it can be good experience in itself.

When groups are not in progress, most Unit members either undertake education courses or work in the prison gardens. The ability to follow instructions, to sustain effort, to work under a boss and beside others are all seen as valuable learning exercises. The Holloway Education Department is well known for offering a variety of options—remedial, vocational and exam-orientated; it is not unusual for Unit members to gain 'O' or 'A' levels during their stay, or to learn to read or write more fluently. Some members are directed towards further education after discharge and several ex-residents are currently at college. Education is used as an end in itself and as a means to an end—actualising potential and increasing self-awareness and self-esteem. This is very much in keeping with the Education Department's philosophy.

"Over my 11 month residency, my sense of self-esteem has grown so that I feel confident about rejoining society. I no longer have a "chip on my shoulder". I have used the various resources here, including the excellent and supportive educational facilities and the Social Skills Department where it is possible to do invaluable work with instant feedback. It has also been very worthwhile helping others."

Many members have close links and regular one-to-one sessions with their prison probation officers. These are used for counselling and support as well as for discharge planning. A Probation Officer attends Large Groups. Other individual therapy may be available and is not contrary to the community's ethos, so long as it is reported back.

"I have, through groupwork and one-to-one sessions with my Probation Officer, become very clear about my attitude to drugs—why I took them and their destructive influence on my life."

Links with the outside are particularly crucial to the Therapeutic Unit. Trips for the women are arranged as appropriate: these may accomplish a specific mission (such as a visit to a hostel or an interview), or they may be part of a treatment programme and give practice in social skills. Family therapy visits can also be undertaken: these are over and above normal visits with family and take place for a specified purpose. Home Leaves are also very much regarded as the Unit's business.

One Unit tradition which fosters outside links is the Coffee Evenings which take place once or twice a year. All the Unit's contacts are invited to a social event—ex-inmates, prison staff, hostel staff and residents, social workers and probation officers, and members of the local community. The women sell their handicrafts and art to the visitors and entertain them with their songs and poems. It is a pleasant social occasion, a valuable opportunity to renew contacts, and a way for the women to test out their abilities in relating to strangers.

A Soft Option?

The Unit has a reputation with the rest of the prison for allowing inmates an easy time.

"A5 Unit members and staff come under considerable criticism from other sections of the prison. It is considered a "soft option" and sometimes called the "skivers' wing". We suffer pettiness and scepticism from staff and inmates."

It is certainly true that the Unit provides a more interesting way of passing a prison sentence, with a greater variety of activities and more informal relationships with prison staff. The other side of the coin is that it is a much more demanding way of life which produces discomforts of a different sort. Most prisoners don't have to face up to the short-comings of their

previous lives, nor do they have to think about their futures until discharge day. Most prisoners can avoid daily confrontation about their styles and attitudes and are not expected to take responsibility for their fellows.

Staff

All this is done, however, within a prison which is not primarily a "training prison". It is not easy to maintain even a small unit at a prison which, because of court and escort commitments, lacks continuity of prison officer staffing. Indeed it is not easy to maintain such a unit at all, because prisons by nature are conservative institutions and some who work in them are suspicious of creative and progressive endeavour.

The Assistant Governor is the manager; the officers undertake the daily running of the Unit. They are the women's first points of contact and they control and organise as well as give support and some of the most valuable feedback about the women's social styles. The role of these discipline officers on the Unit is not enviable: one acting Senior Officer and 10 officers are, in theory, attached to this small unit and yet the maximum level of staffing at any time is one Senior Officer plus 2 officers. Some Unit officers are only occasionally detailed to work there and can get out of touch with developments.

"Due to shortages of discipline staff, we have had more 'lock up' in Holloway this year. This is disruptive to the Unit: shortage of Fridays will invariably cancel our group. Shortage of staff also means the closure of the Education Department. This is both frustrating and demoralising as the majority of Unit members go to education when not in groupwork. It means hanging about the Unit or being locked up with nothing to do."

Other staff are drawn from the Probation and Psychology Departments and close links are maintained with the Education Department. There is a weekly staff meeting (chaired by the Assistant Governor) to discuss institutional information, feedback from groups, Unit policy, and individual reviews.

Running a treatment facility within a prison is not an easy undertaking. Therapy and secure custody demand very different styles and behaviours, which are not always reconcilable.

"Trust is another problem here.

Relations between inmates and discipline staff *are* more relaxed than in other areas of the prison, but there can be reluctance amongst Unit members to discuss certain types of problems openly for fear of retribution. Much as confidence and openness are encouraged between staff and inmates, when it comes to a possible breach of prison rules or security, we know which side of the fence we are on."

Evaluation

The enthusiasm of the Therapeutic Unit's staff is an act of faith rather than the result of any demonstrable long-term effect. An evaluation has been attempted, but it is very difficult to assess long-term effects on inmates. The reliability of information from ex-residents is naturally very hard to assess. An estimation of how many women have changed for the better as a result of their stay is difficult to produce: it would not be possible, in any case, to say how much of this change was attributable to the Therapeutic Unit rather than to other life events. Nor is it possible to set up a control group for comparison as there are only just enough willing and suitable inmates to fill the Unit at any one time. If failures seem sometimes to occur as often as successes, we remember that the problem areas in which the Unit specialises are notably difficult to eradicate. Comfort is taken from the cases which stand out as successful, such as the woman who had been on prescribed medication for 28 out of her 30 years, on illicit drugs for 18 years and on injectable drugs continuously for 15 years. A telephone call a year after discharge described a dramatically changed life.

Our evaluation has concentrated on perceived and reported changes in the women during the currency of their stay and on the effect of the Unit on the rest of the prison. There is no doubt that many women change considerably during their residence. The Unit plucks people from destructive life styles and gives them "time out" during which they can reflect on the past and plan constructively for the future. Many arrive with a reputation of aggressive or disruptive conduct elsewhere in the prison. Staff and inmate attitudes and expectations have the effect of producing quieter, more responsible and more "normal" behaviour. Adjudications are a rarity and this reflects as much on staff as on inmates. In economic terms, the

Unit is expensive in specialist resources, economical on managerial time and on damage to property and people. Even a slight lowering of reconviction rates would represent a massive financial saving, but this has yet to be proved.

ENDPIECE

PHILLIPA LOWE: It might be thought by readers that this type of unit would only be feasible in Holloway or other unusual parts of the prison system. Holloway is different, but not as different as popular belief would have it. Its responsibilities, functions and routines are those of a Local Prison. It would now be difficult to set up a Therapeutic Unit in Holloway with its prevailing pressures and problems and yet, having already been set up, a Unit of this type survives and flourishes—with benefits to individuals and the prison as a whole. Even if the national prison population is reduced by the utilisation of non-custodial alternatives and shorter sentences, those prisoners who serve sentences of appreciable length will necessarily be a concentration of those whose behaviour severely damages them and others. Could male Local Prisons consider setting up Therapeutic Units, not as a luxury but as a real response to the needs of individual prisoners, the institution and society in the 1980s?

BS: "As imperfect as A5 is in many respects, it can and does work! What makes me sad is that it is the only Unit of its type on the women's side of the British prison system: only 10 or 20 of us out so many.

Speaking for myself and for others who have passed through the Unit, I know that therapy here has worked—in a way that ordinary imprisonment would never have done. Surely that, in itself, is enough to win respect and support for A5?"

GRAHAM PARKER: I share the belief that is often expressed by Unit members and "old girls" that similar units should be set up in other establishments, for inmates who are or can be motivated to change. Although I am no longer the Assistant Governor responsible for the Holloway Therapeutic Unit, I shall always regard A5 as a model against which to judge rehabilitative effort in the custodial setting.



SAFE TO RELEASE?

HERSCHEL A. PRINS

Introduction

Implicit in the short title of this paper is a concern with the question of dangerous or potentially dangerous behaviour. It is a subject of considerable importance to all those who work in penal and allied settings and to those who have to make final recommendations for release, whether this be from a penal or hospital establishment or, rather more rarely, from specialist children and young person's units. An adequate understanding of this topic requires rather more than the somewhat cursory comments that can be made in this comparatively short article. In order to make it more readable, I have kept references to the vast literature to a minimum but, in the hope that readers may be encouraged to study the subject further, I have provided a short classified guide to further reading at the end of the paper. In addition, I would welcome comments, since this is above all a subject of multi-disciplinary concern. These may be addressed to me at *The School of Social Work, University of Leicester, 107, Princess Road East, Leicester, LE1 7LA*.

In this paper I cover *Definition; Prediction and Premonition; Typology; Assessment and Management* (including some aspects of criteria for release). Although my observations derive almost entirely from community based experience and practice, I believe they are capable of general application to institutional settings and structures.

Definition

Dangerousness is a relative concept and can mean different things to many people. As Tennent (1975) has pointed out, "there are.....many forms of danger, both of people and of objects, concrete or abstract. We speak of social danger, political danger, moral danger as well as physical danger". We may also sometimes have to ask ourselves who is the more dangerous; the murderer, the rapist, the arsonist, the bank robber, the drunken driver, the embezzler, the spy, the revolutionary, or the zealot? (Prins, 1975). Most people would agree with Walker (1978) when he states that we are primarily concerned with 'dangerous people'. As he rightly goes on to point out, "dangerousness is not an objective

quality, but an ascribed quality like trustworthiness. We feel justified in talking about a person as dangerous if he has indicated by word or deed that he is more likely than most people

to do serious harm, or act in a way that is likely to result in serious harm..." Walker suggests that most people would interpret harm in this context to mean such acts as homicide, rape, mutilation, or the promotion of destitution. The propensity to cause personal harm weighed very heavily in the considerations of the Butler Committee on mentally abnormal offenders when they examined the question of dangerousness. "We have come to equate dangerousness with a tendency to cause serious physical injury or lasting psychological harm. Physical violence is, we think, what the public are most worried about, but the psychological damage which may be suffered by some victims of other crime is not to be underrated" (Home Office and DHSS 1975). Elsewhere, I have equated dangerousness with impulsive, uncensored, personal violence towards others, and sometimes towards self (Prins 1975). Scott (1977), in a seminal paper on this subject, reminds us that the *social context* is all important and that it is "easier to say what dangerousness is not than what it is. It is not simply that which is



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noxious or evil, and it is not necessarily a violent or explosive trait of an individual." As Scott says, the man who smokes on an oil tanker is potentially dangerous by reason of the explosive material around him; if he refuses repeatedly to 'douse that glim' it is likely to be assumed that he has dangerous intentions rather than that he is merely feckless. We shall see when we consider issues concerning the assessment of risk that the social context of the individual will be of paramount importance in considering his potential for causing harm.

It is worth noting here the relationship between *violence* (which, as Scott says, is aggression concentrated into brief time) and dangerousness. In general the nature of the behaviour which society is likely to describe as dangerous is that which is violent. But, as Sarbin (1967) suggests, the concepts of danger and the concepts of violence are not necessarily the same. As he says; "*violence denotes action; danger denotes a relationship*" (my italics).

In summary, I would agree with Scott (1977) when he says that "Dangerousness then is an unpredictable and untreatable tendency to inflict or risk serious, irreversible injury or destruction, or to induce others to do so".

Prediction

Sadly, there are no statistical or actuarial measures available that afford the prediction of dangerousness with certainty, although a useful beginning in this field has been made by a number of workers (see Prins, 1983). Despite the fact that much research has been carried out into the prediction of criminal behaviour more generally, this merely seems to suggest that although actuarial techniques can discriminate between high-risk and low-risk groups, there will always be a residual majority in the middle-risk groups, whose re-offending rates are too near 'fifty-fifty' to be of much use. In this connection it is worth noting an interesting study undertaken by Kozol and his colleagues (1972). They obtained follow-up information on a sample of offender-patients who had been discharged despite the fact that the psychiatrists responsible for their care had classified them as being dangerous. Only about a third of the group actually became involved in violence on discharge. As Kozol and his colleagues aptly state: "If three people are released, one of them will attack someone, but we do not

know which one of the three will do so."

Not unnaturally, we find that psychiatrists and allied professionals tend to err on the side of caution when asked to make predictions about future dangerous behaviour. In what has now become a classic study, Steadman and Coccozza (1974) examined a group of allegedly dangerous mentally abnormal offenders who had been freed from detention as a result of an important American high court decision. (This was that a patient - one Johnnie Baxstrom - had been incarcerated unconstitutionally.) One effect of the 'Baxstrom decision', as it is now called, was that a large number of other patients also had to be discharged into the community. Steadman and Coccozza were therefore afforded a unique opportunity to test out the validity or otherwise of prolonged detention for so-called criminally insane and dangerous offenders. As a result of their large-scale and careful survey the authors concluded that psychiatrists were too cautious in their predictions and that prolonged incarceration was not required for the majority of such patients. However, it should be pointed out here that a large number of these offender-patients were over fifty years of age when released. Had this research involved a younger and potentially more aggressive age group the findings might have been different. Nevertheless, some confirmation of these earlier findings has come from a later study by Thornberry and Jacoby (1979).

In the absence of any fool-proof actuarial devices, and the tendency for those concerned to come up with what statisticians describe as 'false positives', are we left with any indicators of the *probability* of dangerous behaviour? It has been said, no doubt somewhat cynically, that nothing predicts behaviour like behaviour" (Walker, 1978). We know for example that some groups of offenders will tend to repeat their behaviour. Exhibitionists tend to repeat their offences, but only occasionally do they go on to indulge in more serious sexual criminality. Men with several convictions for violence *are considerably more likely than their fellows to be convicted of violence in the future*. The Butler Committee, in recognising the limitations of objective assessment, wondered whether it was better to rely upon a "continuing process of treatment and subjective assessment in which checks on adjustment are con-

stantly made in the light of the developing pattern of behaviour evinced by the individual concerned" (Home Office and DHSS 1975). In the absence of any firm statistical measures we are forced to rely upon human judgement and the degree of error implicit in it. Whilst recognising that our judgement *may* sometimes be wrong, I would suggest that there have been occasions when we may not have taken as many opportunities as we might have done to confront, analyse, and work with potentially dangerous situations. It would be valuable to have the views of staff of penal establishments on this matter.

Premonition

We know from clinical and similar experience that some people give premonition of dangerous or potentially dangerous behaviour. Certain cases have 'hit the headlines' in recent years; those of Simcox, Graham Young, Illiffe and Sables are reminders of how disquieting it is to be wise after the event. Faulk (1974), in his valuable study of men who had violently assaulted their wives or cohabitantes, found that in almost 70% of the cases there had been premonitory signs of violence.

Many other writers have attested to the need for a full investigation of the social history and current situation in cases where dangerous behaviour has been shown or was thought to be likely. This need is illustrated by Blair (1971) in his discussion of the case of Richard Holmes. Holmes, aged twenty-two, was sentenced to life imprisonment for wounding with intent to murder. Shortly after sentence, he committed suicide. Blair, in a detailed account of this sad case, draws attention to the fact that those in authority did not feel it necessary to interview Holmes's parents, nor, apparently, were reports called for from "any psychiatric social worker or probation officer." He suggests that had full and detailed information been available, not only would a much clearer understanding of this young man's history and mental state have been possible, but a tragedy might also have been averted. The need for careful elicitation of *all the facts*, and the ways in which these might be obtained, is also referred to by Scott (1977). "It is patience, thoroughness and persistence in this process, rather than any diagnostic or interviewing brilliance that produces results. In this sense the telephone, the written

request for past records and the checking of information against *other informants* are the important diagnostic devices" (my italics).

A Typology

Although, as already stated, violence and dangerousness are not *necessarily* coterminous, it is probably helpful to have some kind of classification of violent individuals who may become involved in behaviour considered to be dangerous or potentially dangerous. Greenland (1980) sets out four useful groupings for our purposes. These are:

GROUP I Chronic anti-social offenders, whose personalities may be described as paranoid and whose life-styles are characterised by excessive long-term use of alcohol. Such people are habitually aggressive and their assaultive and alcoholic behaviour suggests chronic maladaptation to society.

GROUP II Those offenders whose violent behaviour occurs during an acute psychotic episode with either a marked delusional system and/or a loss of contact with reality. Such a state may be associated with an internal experience of tension which builds up to an unbearable level. Such persons show histories of chronic instability, poor family ties, and an incapacity for holding down a job.

GROUP III Offenders who are *situationally* or *intermittently* violent. This may occur as a result of recurrent manic-depressive illness, organic brain dysfunctions (see below) which result in periodic loss of control, or cyclical drinking patterns resulting in rage states and disinhibition. Such persons may tend to become violent *only in specific circumstances*.

GROUP IV Offenders who have committed serious violence in a state of *severe depression*. They are the offenders who often seek help (by eliciting warning signals), or who make suicidal attempts prior to the offence.

Such a typology may tend to give the impression that there is always a frequent relationship between mental disorder and dangerous behaviour. This could be misleading for a number of reasons. In the first place, the relationship between mental disorder and crime more generally is equivocal (Prins, 1981). Second, as Tennent (1975) has pointed out, not all mentally abnormal offenders are dangerous and not all dangerous offenders are mentally disordered. He suggests

three kinds of relationship:

(1) dangerous behaviour may exist as a result of mental disorder;

(2) aberrant and dangerous behaviour may occur in those offenders with mental *illness*, but for whom the treatment of the mental illness will not necessarily affect the aberrant or dangerous behaviour;

(3) dangerous behaviour may be found in individuals without any evidence of mental disorder (Ploud and Young, 1981). With this proviso we can see, however, that Greenland's typology has its uses, particularly as it relates to those offenders he places in *Groups II* and *III*. Many social workers, and perhaps a good many penal personnel, tend to view much highly disturbed and potentially dangerous behaviour largely in social and psychological terms; they may tend to ignore important organic and physical factors such as are referred to by Greenland in Group III. It is worthwhile making a brief excursion into what I have described as the 'biology' of violence in order to correct the balance if we are to develop an informed view of the many possible reasons for dangerous and violent behaviour.

The 'Biology' of Violent and/or Dangerous Behaviour

I am not suggesting that neuro-biology will explain all behaviour or that neuro-biological factors operate in *isolation* from other (particularly social) factors. I just wish to emphasise that an important aspect may all too easily be overlooked.

Being neither professional biologist nor neurochemist, I cannot attempt a sophisticated statement on these matters. Those who wish to take the matter further would do well to consult the specialist literature I have listed at the end of this paper. What follows is a very simplified statement of some important facts - stripped of a good deal of qualifying and amplifying data.

(1) **Neuro-biology.** Advances in medical technology (made possible by progress in physics, biochemistry and optics) have opened up for exploration new areas of bio-physical systems. There has been an enormous amount of work carried out in recent years (particularly in the United States) on the physiology of violence. That area of the brain which is considered to be influential in the aetiology of violent behaviour is known as the 'limbic' system - an area nearest the brain stem. It is important to note that part

of the cortex associated with the limbic system is especially susceptible to injury, circulatory insufficiency and infectious processes. Damage to this region in humans often results in epileptiform discharges that produce the same effects as artificially induced stimulation of this region in animals. There is a growing body of experimental evidence (both in animals and in humans) that shows a degree of correlation between aggressive behaviour and gross structural lesions in parts of the limbic system. For example, lesions in the *hypothalamus* in animals induce symptoms of rage, and in humans, such lesions (caused by tumours) may produce the progressive development of uncontrollable rage behaviour. Lesions in that part of the brain known as the *hippocampus* and the *amygdala* may produce similar results. One of the problems in establishing *certain* evidence, is that it is not *normally* possible to identify and record disturbances much below the level of the cortex (simply put, the outer covering of the brain) and this is the usual site for routine EEG procedures (electro-encephalography).

(2) **Neuro-Chemistry.** Much of neuro-chemistry is concerned with the transmission of chemical substances between nerves. The neuro-chemistry of aggression is concerned with what occurs at the junctions between nerves (synapses) and with trying to distinguish the different types of substances transmitted. The secretion of some of these neuro-chemical substances more than others has been shown (under experimental conditions) to facilitate aggression.

(3) **Hormones.** Hormones (conveyors of chemical messages) are, as is well known, secreted by specialised glands into the general blood circulation. Much of the work on the relationship between hormonal influences and aggressive behaviour has been concerned with the influence of sex steroids (e.g. testosterone and oestrogen) in animals.

(4) **Psycho-Surgery and Critical Organ Surgery.** I must ask some readers to suspend their understandably emotive and genuinely felt antipathy. There is now a substantial literature identifying the effects of surgical interventions of various kinds on different parts of the brain in an attempt to afford relief from intractable and uncontrollable aggression. Much of the research has been hard to evaluate systematically because of faulty sam-

pling, inadequate follow-up etc. Thus it has been difficult to determine the degree to which such interventions have been clinically effective or ethically desirable. Critical organ surgery (e.g. castration) has been held to diminish *libido*, but not to influence perverse *desires*.

(5) **Drug Treatments.** Sexually aggressive offenders have been treated effectively with cyproterone acetate (Androcur); this seems to have the effect of controlling libido, sex behaviour and performance, *without* the undesirable side effects of some other compounds. In addition, some of the anti-psychotic drugs (such as the phenothiazines) also reduce hostility and aggression as have some of the other drugs used to suppress epileptic seizures. Moderate doses of the benzodiazepines (e.g. diazepam or Valium) are also effective in reducing aggressive excitability and hostility. I am not advocating 'chemical coshing', I am only describing instances in which such drugs have been used *appropriately and under carefully controlled and monitored conditions*.

Assessment and Management

I have already indicated that we have to have concern for the *total life situation* of the dangerous or potentially dangerous offender. Such a view is always uppermost in the minds of those who have to make recommendations for release of prisoners or offender-patients serving life sentences or indeterminate detention for such offences as homicide, serious sexual or other assault or arson. Sometimes, proximity to an offender - whether in prison or in the community may blind us to those aspects of his or her personality that we would prefer to ignore. This may be due to *over-identification* with the offender or to the psychological mechanism of *denial* - which all too often we see as the prerogative of offenders, patients or clients (depending upon our field of work) and not something that *we ourselves need to guard against*.

Usdin (1967), suggests that we may often miss the clues given us by potentially dangerous people. He comments that we do not like to hear some of the things that these people are saying; as he puts it, "we might get alarmed or insulted ... quite often our antennae did not pick up what they were saying and that they were relating important material ...". As numerous studies have reported, the suicidal patient frequently gives warn-

ings that he is contemplating suicide. There is no reason to believe that the homicidal patient does not do likewise. A quotation from *Henry IV* (2) is apt in this context: "It is the disease of not listening, the malady of not marking, that I am troubled withal."

As MacDonald (1969) points out, this reluctance may be due to the fact that the "non directive psychiatric interview facilitates avoidance of violence when this is the wish of the patient, his relatives and the physician." Many of us are likely to be uncertain in our reactions to threats of violence, particularly if these are homicidal. These threats may too easily be met with a bland reassurance such as "You wouldn't do anything like that, would you?". When a person with a background of violent behaviour threatens extreme violence, for example, towards a spouse, our traditional psychotherapeutic response might be to say something like "this must upset you a lot, would you like to tell me a bit more about your marriage ...?". As MacDonald has suggested, we might do better by asking, "what plans have you made ...?".

In trying to assess an offender's potential for dangerous behaviour and to establish reasonably sensitive criteria with which to base decisions concerning release into the community (either directly or transitionally through open conditions, hostels, half-way houses etc.), we have to bear in mind many factors. I have identified some of these - as follows. I am confident, however, that readers could easily add to my list.

First, what seems to have been the nature of the precipitating stress factors in the person's social environment in the past? Have these been removed? If not, to what extent can they perhaps be moderated if the offender is allowed to return to the community? Sadly, a person who has caused serious personal harm to a relative may still need to destroy a surrogate. To what extent was the original offence or behaviour caused by provocation, conscious or unconscious? In this context, MacDonald (1967) quotes the example of the "female hysterical character who continues to wear dresses that are several inches too short and to behave in a flirtatious manner despite the angry response of a jealous husband ...". We need to remind ourselves constantly of the need to be on the alert for the victim-precipitated encounter in which the probable victim is con-

tinually provoking the potentially dangerous person. These people may of course be drawn into such encounters to satisfy pseudo-sado-masochistic or similar needs.

At a more practical level, should we not be on the alert for ways in which we might prevent the means of destruction being available too readily? One remembers here the ease with which Graham Young seems to have secured a form of employment which gave him easy access to the means of destroying others. Another example was the case of the sixteen year old American girl (quoted in the *Guardian* of 31st January 1979). She is alleged to have killed two men, wounded eight children aged between six and fourteen and a policeman in a sniping attack, before finally surrendering to the police. She was said to like television violence and setting fire to cats by pouring petrol on their tails. *More ominous perhaps*, is the statement made by a school classmate. "Her father bought her a rifle for Christmas and she was always boasting about the guns her father had". It may be (as Walker 1978 suggests) that certain individuals might well be disqualified from placing themselves in situations in which they may be especially vulnerable. A quotation from Shakespeare's *King John* seems very apt here: "How oft the sight of means to do ill deeds makes ill deeds done".

Second, what is the dangerous person or offender's capacity for sympathetic identification with others? In what way may the previous history given by both the individual and those near to him confirm or refute this? Has he* still some capacity left for learning by experience?

Third, does he seem to derive satisfaction from the infliction of pain or suffering on others? Can we ascertain whether his violence is directed against a particular individual for specific reasons or is it directed against the world in general? Is he the sort of person who continually feels threatened and persecuted? I must stress here how important it is to understand paranoid states and morbid jealousy as illustrated, for example, in the "Othello Syndrome"; a state Shakespeare described so well:

"But jealous souls will not be answered so;

They are not ever jealous for the cause,

*The term 'he' is used merely for convenience. There are, of course, some dangerous women!

But jealous for they are jealous;
'tis a monster

Begot upon itself, born on itself."

In addition to morbid jealousy, persons suffering from manic states can not only prove very difficult to handle but they can also engage in dangerous behaviour (See Armond, 1982).

Fourth, besides personal behaviour and expressions of attitude, are there other indicators we might use? Sometimes, the eliciting of violent or sadistic phantasies or preoccupations may give us clues. However, too much importance should not be attached to these because we do not know the extent to which such preoccupations are indulged in by those who *never actually behave dangerously*. Having said this, some clues *do* seem to have ominous prognostications, especially when phantasies are *also* acted upon. Brittain (1970), in his paper on the sadistic murderer, provides us with a detailed account of the manner in which some people develop, *but at the same time attempt to conceal*, their sadistic and murderous phantasies. One wonders whether the course of events might have been different if those responsible for Graham Young's supervision had gained access to his room in his lodgings and taken note of the ominous array of articles it is said to have contained.

Fifth, can we gain any clues from choice of previous employments or occupations? Scott (1977) suggests that very occasionally these may provide us with useful hints. Those with necrophiliac tendencies *may*, for example, seek work as mortuary attendants. Butchering and work in abattoirs is *sometimes* found in the employment records of those convicted of particularly sadistic offences; sadistic children sometimes show preference for work as veterinary surgeons, showing an unusual interest in sick and damaged animals. Scott noted how quickly these died in their care, as indeed did their own pets.

Finally, can we learn anything from the way in which a person talks about his offence or his behaviour? Occasionally, it is difficult to distinguish between a near hysterical threat of murderous intent and one that is made quietly, calmly, but with absolute conviction. It is *sometimes* an ominous sign if the offence is discussed in a dispassionate, guilt-free manner. However, we should remember that after the perpetration of a particularly serious offence such as homicide, many protective mechanisms come into play.

These can show as a callous indifference. Much time is needed for these mechanisms to be dissipated and the underlying attitudes revealed. Experience of individuals serving life sentences for murder or other very serious violent crimes suggests that some of them are unlikely to admit their guilt and thus consideration for release on parole becomes highly problematic.

It is also important to stress that the official or legal description of an offence gives little clue as to its seriousness or potential seriousness. Three short case extracts will make this clear. It is only when police and other official reports are inspected that the behaviour can be placed in a context that will enable risk to be assessed with any reasonable degree of accuracy.

Case (i)

This is the case of a man convicted of rape. His victim had been subjected, in the course of the offence, to more than one sexual assault, both per vagina and per anum. She had also been tied up whilst the assaults took place. In addition, the attacker had used a leather belt to induce unconsciousness, only releasing this 'garotte' in order to bring his victim round sufficiently for a further assault to take place. The legal charge of rape afforded no indication of the disturbing nature of the man's behaviour and this was only revealed when the full police reports were perused.

Case (ii)

This concerns a man serving a two year prison sentence for indecent assault on a boy of 15. Examination of the detailed police account of the case revealed that the youth's attacker used both considerable force and fear to hold him down during the assault. Thus, the legal and judicial classification of the offence in this case gave no real clue as to its seriousness or its possible ominous prognostications as to future behaviour.

Case (iii)

This concerns the case of a man convicted of raping a small girl. During the attack, the child had struggled and screamed. Her assailant had held his hand over her mouth to stifle her screams, and had he not been interrupted by the fortunate arrival of a passerby, he might well have found himself on a murder or manslaughter charge.

It is obvious from the foregoing that there is always a combination of what might best be described as ex-

trinsic and *intrinsic* factors. These can best be illustrated by means of the following framework (modified after Gosnold, 1978) which groups together possible influential factors:

1. Social/psychological factors (including anger in inmate or in staff);
2. Psychiatric factors, including hysteria, acute mania and psychopathy (the last two mainly in adults);
3. Temporal lobe disorder and epilepsy;
4. Other forms of epilepsy;
5. Hypoglycaemia;
6. Toxic states (uraemia);
7. Encephalitis;
8. Head injuries (cerebral irritation and concussion);
9. Alcohol ingestion;
10. Ingestion of other drugs including solvents (as either abuse or overdose).

Some important clues to the presence of these factors may be found under the following headings:

- (a) **Drug Abuse** (injection marks, pupil changes, general neglect).
- (b) **Alcoholism** (neglect, dietary deficiencies, smell of alcohol).
- (c) **Psychiatric Illness** (disordered speech and conversation, hallucinated state, hysterical outbursts).
- (d) **Physical Illness**

The Need for self knowledge

So far, I have commented in rather general terms about techniques of investigation and assessment and said little about the more personal attributes we should bring to our dealings with dangerous or potentially dangerous offenders. It is probably no 'accident' that this most important subject has been considered so late. Most of us are reluctant to admit that there are individuals who may frighten us. Sometimes it is very difficult to put this fear into words. Some say they have a 'hunch', or as some say, "it is something in his eyes". This may sound absurd, and indeed I have been criticised by one of my colleagues (Webb, 1976) for explaining dangerous behaviour *post hoc* and for suggesting that we should rely on hunches. But sometimes we *may* have to act upon informed hunches rather than upon proven facts and try to apply what we have learned the hard way from one case to the next.

We may well ask ourselves, what is it we are afraid of? We can certainly be afraid of physical violence. Some dangerous persons may not only wish

to be controlled, but are in fact afraid of their own dangerous or violent urges. Cox (1974), in his paper on the psychotherapist's anxiety in dealing with offender-patients, reminds us of the importance of our anxieties in this area. He also suggests that some offender-patients may be frightened to talk about their feelings and phantasies because they feel the therapist is himself too frightened to want to listen to them. As already indicated, *denial is not the sole prerogative of offenders or patients*. Of what then are we afraid, if it is not the threat of immediate violence? Is it the fear that we may *unwittingly provoke* a violent assault, or are we more afraid that our own ego may be overwhelmed by that of the dangerous offender-patient and that somehow we may be engulfed and destroyed by his violent phantasy system? As already indicated, it is only after an intensive study of the individual, his past history and his life style that we may be afforded clues as to the likelihood of violent and unpredictable outbursts. A useful illustration of this would be an assault committed in circumstances that amounted to homosexual panic. The so-called normal person who violently attacks another because of an alleged homosexual overture, may well need to have his actions understood more in terms of his own possible repressed homosexuality than solely as the actions of an outraged male responding to an unwelcome overture. As a general rule, the greater degree of violence shown, the more precarious the so-called normal person's defences may be.

In order for us to operate effectively and humanely in work with dangerous and potentially dangerous offenders, it is also necessary for us to have tried to come to terms with our own potential for violent or dangerous behaviour. It is therefore helpful if we can learn to behave calmly when explosive behaviour threatens. If we can "keep the scream out of our voice" this may help. In certain circumstances, we may have to attempt to remove a dangerous weapon quietly and firmly from a person intent on using it. A quiet voice and calm movements will probably help; with some violent offender-patients it is probably best to avoid eye-ball to eye-ball confrontation by looking obliquely at them.

Summary of Essential Attributes

Some of the essential attributes needed by those who have to work with dangerous or potentially dangerous

offenders or in situations where danger may threaten may now be summarised.

First, to be honest with ourselves and to acknowledge our own potential for dangerous behaviour. This can only come about through good team work and effective support and supervision from more experienced colleagues. These colleagues can also alert us to our 'blind-spots' and to the dangers of over-identification and denial already referred to.

Second, the need to remember that a panic reaction on our part in a moment of particular stress may prevent us from hearing significant words or other messages from the offender. It may also blind us to the importance of certain things that are left *unsaid*.

Third, the development of a capacity to take a *total* view of the person adjudged to be dangerous or potentially dangerous. This will include all the points made earlier about the need for a careful in-depth examination of the person's social situation and the forces operating for stress - both past and present.

Fourth, the need to present oneself as a still centre in dangerous or potentially dangerous situations. This may often convey calm to the offender struggling in a state of inner tension or turmoil; this is admittedly very difficult to achieve.

Fifth, after careful consideration of the situation, the worker may have to take his or her courage in both hands and intervene quite directly; for example, by removing a weapon or dangerous implement from someone who is threatening to use it. This is always a finely poised matter; there may be little time for reflection, and the situation can only be judged as it appears at a particular point in time. As previously suggested, a calm voice, an averted gaze, and slow calm movements augur for a better response than a panic stricken grab or strident command. In general, it is better to sit than to stand. To stand in a confronting position in relation to a potentially dangerous offender may make him feel even more anxious, overwhelmed or panic stricken. A position taken at the *rear* of such an individual may be particularly threatening. If we know in advance that an explosive situation is likely to occur, it is prudent to have unobtrusive help available.

Sixth, the need for those in the community to be prepared to respond speedily to rapidly developing crisis

situations. The telephone is perhaps an under-used device in this type of work. From time to time, serious offender-patients feel that things are beginning to 'blow up'. The opportunity for temporary re-admission, compulsorily or (preferably) otherwise, should not be missed. George Stürup, who was for many years medical superintendent of Denmark's famous institution for psychopaths at Herstedvester, relates how a former inmate appeared at their gates and asked how many offences he had to commit before he could be readmitted! Fortunately, Stürup and his colleagues acted upon such a *cri de coeur* and arranged for the man's readmission (Stürup, 1968). McGrath (1958) has described a somewhat similar provision at Broadmoor. It is possible that some of the disasters that have occurred might have been avoided if our social, penal and psychiatric services had been more able to provide temporary asylums or, as is now happening in some areas, if crisis intervention services staffed by a mental health team and others had been more readily available.

Seventh, by attempting to mobilise the serious offender-patient's cognitive capacities to discuss what he fears may happen. Such work may include asking questions about intent, as already discussed. It must also include discussion of the use of alcohol and other drugs which, as is well established, may precipitate or facilitate violent and unpredictable behaviour. Sometimes, it may be possible to talk through a potentially dangerous episode. In addition, we can attempt in some cases to point out the likely consequences of further dangerous behaviour. This is unlikely to be successful with the severely paranoid or delusionally jealous individual; with others, who are more psychologically intact, it may well appeal to the rational part of their being, to their ego and to their self respect.

Finally, as already stated, some dangerous offenders try to give premonition of the harm they feel they may do and others seem to respond positively to attempts to contain them.

Summary and Conclusion

In this paper I have tried to give an outline account of some of the most important elements in understanding the many interrelated factors that determine a person's propensity to behave dangerously. Careful assessment and classification will always be of

paramount importance, but will not rule out altogether the possibility of error. It is as well to recognise this so that we are less defensive in the face of public criticism when things do occasionally go wrong. We should help the public to accept the ambiguity and uncertainty that we ourselves have to come to terms with in this problematic and sometimes hazardous work. In doing so, we must always expect to share to some degree the alienation experienced by those the community regards as dangerous. If this paper has the effect of encouraging others to explore this field in more depth, its preparation and presentation will have been worth while.

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The above titles are only a small and somewhat idiosyncratic selection from a vast literature. The author's *Offenders, Deviants or Patients* contains detailed references for most of the areas listed above; he would be happy to try to advise any reader who does not find help from the items suggested.

READERS Write

THE EDITOR

Prison Service Journal

Dear Sir,

N. Stone, in his article "The Current State of Prison Welfare", *Prison Service Journal* April 1982, highlights

some of the shortcomings of the existing system in dealing with the welfare needs of serving and released prisoners. His viewpoint on welfare officers operating "outposts of the Probation Service within prison walls" has a ring of truth about it which in many circumstances has led to the splitting of containment and welfare with the result that prison staff find it difficult to legitimately play major roles in the welfare task and, equally as important denying seconded staff the opportunity to engage with the prison on certain

issues of containment/regime which possess a welfare aspect. Stone's view, however, that in effect an improved service delivery to prisoners would flow if seconded staff were returned to the field is, I believe, very questionable and the arguments which he garners to support his thesis require, in my opinion, further examination.

Stone's dismissive and single paragraph analysis of the Social Work in Prison schemes (which is reflected in such phraseology as "the current fashionable trend" and "the more

recent effort to achieve a demarcation of tasks") is a judgement which in my belief is hastily made in view of the fact that regrettably to date there has been no real objective monitoring of such schemes. In these circumstances, judgements re the utility of such schemes may need to be based on hard data as yet unavailable. My own experience, however, of one such scheme has suggested that far from new divisive demarcations being made, such a scheme has been characterised by integration and collaboration between the Prison and Probation Services (both inside and out) leading, in my view, to a much improved level of service delivery in catering for prisoners' needs and at the same time has led to the creation of a system which attempts to ensure that the welfare needs of prisoners are reviewed on a systematic basis—a need well evidenced from the Corden Study.

The view that the throughcare of prisoners would be enhanced by the removal of seconded staff from prisons is furthermore supported by Stone's interesting analysis of the Corden research (a study which in effect indicated that those who had the greatest social need seemed to come off worst as far as Probation Service provision was concerned). As Stone rightly indicates, one of the problems highlighted by the researchers was the fact that the two arms of the Probation Service may be working on different assumptions in terms of task but surely this would call for an increase in dialogue between not only such personnel but *all* the professionals who engage with prisoners, i.e. prison officers, seconded staff and outside probation services, wherein I would have thought a major role existed in particular for seconded staff in the undertaking of a brokerage and linking function.

Stone's implied view of welfare staff being in some sort of professional backwater (on the grounds that they have failed to innovate and research) contains a value that links the undertaking of such work with improved service delivery, an assumption which I would suggest does not necessarily follow. It does, however, seem ironic to note Stone's comments in the light of the fact that in the edition of the Prison Service Journal where his article appeared, there were four other professional articles contributed by members of the Probation Service seconded to Prison Department establishments.

I would very much agree with Stone's view that the *task* that needs

to be undertaken is in terms of the Prison and Probation Services rethinking their service delivery and co-operating together. It would certainly be my view that in the achieving of this task, seconded probation staff could and should play a major role within the framework of seeking to ensure that both the caring and containing roles are held together by the prison staff as well as a major role in facilitating field staff to become further aware of client need and to organise their service delivery accordingly in co-operation with the community, other professionals, etc. Experience, I believe, indicates that when systems start to separate then some people experience falling between the proverbial two stools and in consequence their needs remain unmet. Whilst undoubtedly the present system is far from ideal and new roles need to be undertaken by Prison and Probation personnel, the solution put forward by Stone would, in my view, actually remove the "flux" to ensure that the Prison and Probation Services maximise their potentials in engaging in the task of the rehabilitation of prisoners.

Yours faithfully,

H.A. THOMAS,

Assistant Chief Probation Officer.

Dear Sir

I usually resist the temptation to respond in kind to public statements on the basis that, merely because an opinion is printed or broadcast, it is no more or less important than that of my next-door neighbour or the person standing next to me in the bus queue. The same applies to this letter of course, but some of the statements made by Mr Dubs and Mr Logan in your Prisoners' Rights edition (July 1982) are so astonishing that I feel compelled to respond.

Despite what Mr Dubs alleges, I am not aware of any regulation that prevents a prisoner from receiving or buying a copy of Prison Rules. As Mr Logan says, it is an ordinary HMSO publication. I note that Mr Logan states that some prisoners known to him were informed that the Governor was opposed to their possession of Prison Rules. I wonder if it is significant that he does not state that the Governor himself told them so, nor that he prevented the prisoners from receiving copies. He also omits to say whether they petitioned and, if so, with what results. The Governors' Handbook is basically an unofficial index and

guide to the governing regulations and Mr Dubs is quite mistaken about its status and purpose. If it is the case, as I am led to believe, that Standing Orders are available in the House of Commons Library, then it is somewhat surprising that Mr Dubs believes them to be secret. His statement that correspondence between a prisoner and his solicitor can be read, made without any reference to the limited circumstances in which this can occur, is highly misleading.

What is most extraordinary is Mr Dubs' belief that his suggestion that prisoners should retain their voting rights "is probably the most controversial proposal" in a Bill which seeks to give prisoners unilateral entitlement to legal aid and representation in Board of Visitors adjudications. The Jellicoe Report made a similar recommendation which also denied equivalent assistant to the officer (who may well be the injured party, perhaps literally). Under Mr Dubs' proposed system a Governor cannot order the forfeiture of a single day's remission even for behaviour like theft or violence which could result in a court appearance in other circumstances. The referral of all such cases to the Board of Visitors, even apparently where the behaviour is admitted, would surely be an abuse of the goodwill shown by board members in giving their free time voluntarily to the establishment. The suggestion that prisoners should have visits with "no restriction as to quantity or frequency" would similarly make extensive and unpredictable demands on staff time. In this case the time would be paid for by the taxpayer, as would the cost of alternative activities which the prisoner could presumably decline in order to have unlimited visits.

Although Mr Logan accepts that "Society and Prison Staff have rights as well", it is not clear whether his proposed Duty Solicitor Scheme for serving prisoners would extend to representation on adjudication, nor whether he would support a parallel scheme for staff in connection with their official duties. What concerns me is Mr Logan's expectation that the effect of solicitors working on behalf of prisoners "would make people sit down and justify some of those circular instructions and standing orders....." The only people who can justify those regulations are their authors, and

Mr Logan's implications that governors should be used in this way seems to me to be just as unreasonable as his earlier contention that a prisoner has "to fight, scheme, plot and in some cases to use force", or to play one member of staff or group against another, in order to have "any chance of achieving anything that he wants". Despite the ritualistic references to secrecy, Mr Logan acknowledges that prisoners have access to Members of Parliament and he must be aware that hundreds of offenders move in and out of prison almost every day. Even serving prisoners may communicate with the press or broadcasting organisations in circumstances denied to staff. All those leaving custody have instant access to the news media and to powerful organisations and individuals who can influence Members of Parliament and the public at large. Suppose that all the instructions and information passing between Ministers, staff of Prison Department Headquarters and staff at penal establishments were totally confidential. The Secretary of State would still be answerable to Parliament and to individual Members for decisions taken on the basis of those instructions. Those sections of the Prison Rules which limit prisoners' behaviour, and alter what might otherwise be considered their rights, are the responsibility of Parliament. Mr Logan does not make it clear why he believes government servants should be deliberately harassed in order that their masters should behave differently. I do not of course suggest that governors and other members of staff should not

take responsibility for their own decisions and help prisoners cope with the circumstances in which they find themselves. If only because of increasing uncertainty about the aims of imprisonment, staff and prisoners should communicate ever more fully.

I recoil from Mr Logan's suggestion that there should be a division between Board of Visitors members who deal with disciplinary procedures and others who oversee administration and check complaints. This may seem attractive to those accustomed to adversarial procedures, but it would in my opinion re-inforce the immaturity of those who cannot or will not accept that caring and control, compassion and authority, can be exercised by the same person. It may not be an easy accomplishment, and there may be limits to its exercise, but it is a sounder view of life than that which prefers the juvenile world of division into "goodies" and "baddies". I have for a long time felt that ideally there should be a single organisation doing the work of the Probation Service and providing a social service to victims of crime.

While not particularly supporting the parole scheme, I feel obliged to remark that Mr Logan generalises about it with the dubious omniscience that he claims in his opening paragraph. Although conduct in prison is mentioned in the published Criteria for Selection, in my experience at a large overcrowded local prison it was hardly ever taken into account by the Local Review Committee unless (like violence or extortion) it was

considered to be a continuation of the behaviour which resulted in conviction. Our concern was whether the sentence could be completed in the community without unnecessary risk to the public and specific potential victims, and whether the prisoner would benefit from supervision under a parole licence. Although Mr Logan contends that "less than 40% of the prisoners ever get parole", the annual average now exceeds 50% and some who are refused parole will be successful later. I can recall an LRC when all applicants (about 15 in number) were recommended and, when there was a disagreement, in my experience it was generally the non-Prison Department representatives on the Committee who opposed release. No prisoner is obliged to be considered if he feels the formula is meaningless or for any other reason. It is true that the prisoner does not appear in person, although he is assisted in compiling his written representations. The victim of his crime is not permitted even that.

It will be apparent that this reader found both Mr Dubs' and Mr Logan's contributions to the Prisoners' Rights discussion extremely stimulating. What concerned me was the unreality of several perceptions and the assumptions about staff attitudes. Maybe all those serving and discharged prisoners of ours are being over-secretive after all.

Yours faithfully

DEREK TWINER
Warden
New Hall D.C.

continued from page 3

and those undergoing the training, there was a great reluctance on the part of the leader to stop and discuss the difficulties. This example points to another difficulty: the need for careful staff training.

Time to Reflect

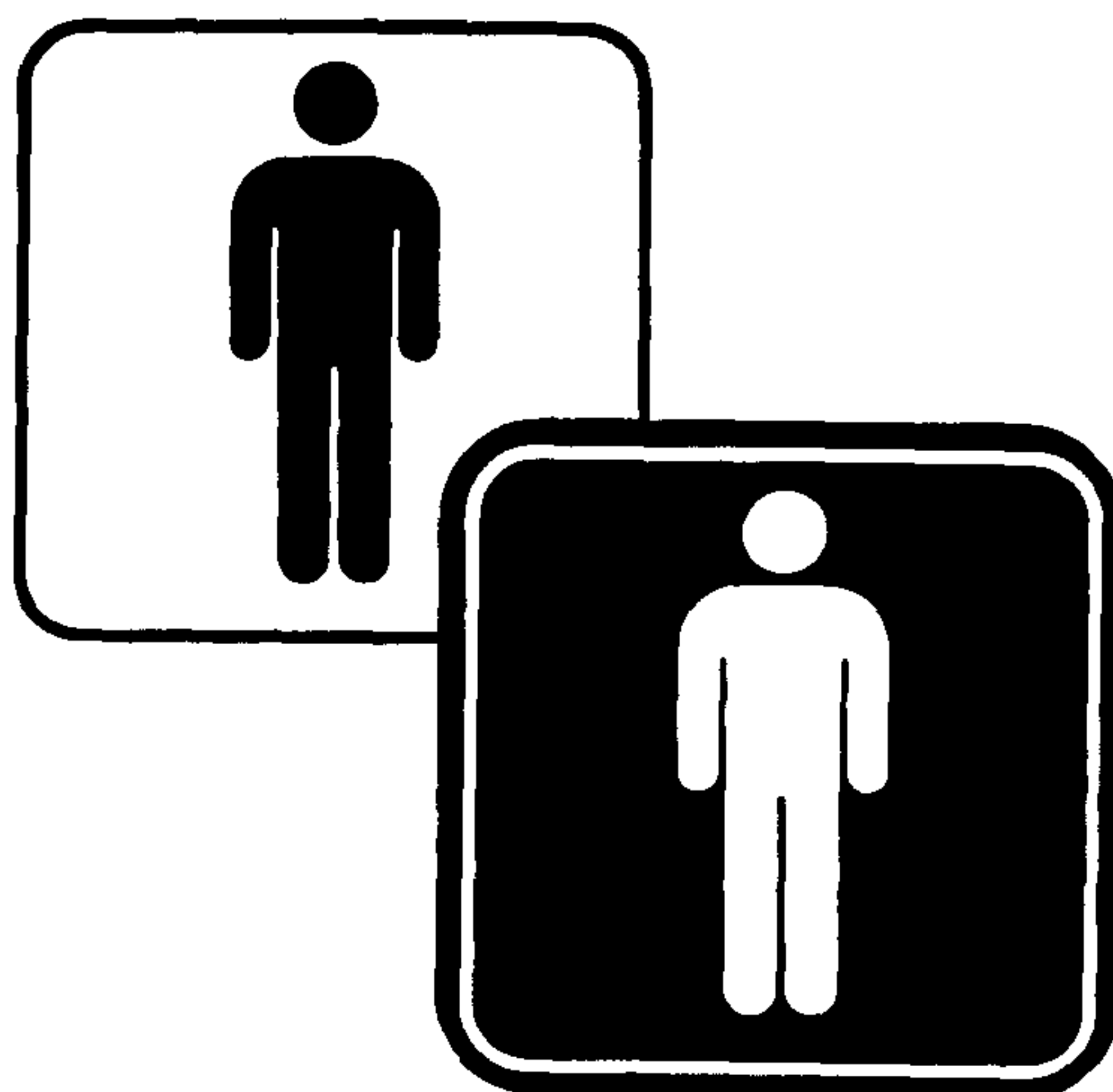
There have been gains from the Social Skills courses promoted in penal establishments. In many places they have provided a focus for unity between specialist groups and have added a new impetus for the concept of 'positive custody'. The points raised here, however, have to be considered given the rapidly expanding number of such courses. Davies, in his pamphlet, was concerned about the encroachment of skills training into the traditional areas

of youth education. He also made a point which is relevant to all specialists in prisons—that unless they "reassert what is distinctive about the theory and practice of their specialist field of work, they cannot hope to resist, still less influence the cruder, often highly mechanistic and behaviourist forms of social and life skills training now being foisted on so many young people" (14). It is not just the youth service which has found Social Skills training expanding into its territory. It is time, therefore, to reflect upon the implications of this extension into all aspects of prison work.

NOTES

- 1 Bandura (1967) "Behavioural Psychotherapy", *Scientific American*, Vol 216, No 3.
- 2 Clarkson, Edmondson and Hollin (1980)

- "Social Skills Training: A discussion paper" Directorate of Psychological Services: DPS Report, Series II, No 88.
- 3 Whelan and Speake (1979) *"Learning to Cope"* Souvenir Press.
- 4 McGurk and Newell (1980) "Social Skills Training with a Sex Offender" Directorate of Psychological Services: DPS Report, Series II, No 85.
- 5 McGurk and Newell: op cit, page 8.
- 6 Bandura: op cit.
- 7 Priestley, McGuire, Flegg, Hemsley and Welham (1979) *"Social Skills and Personal Problem Solving"* Tavistock.
- 8 Industrial Training and Research Unit (1977) Research Paper TR7.
- 9 Hopson and Scally (1981) *"Life Skills Teaching"* McGraw Hill.
- 10 Davies (1979) "From Social Education to Social and Life Skills Training: In Whose Interests?" National Youth Bureau, Occasional Paper No 19.
- 11 Trower (1978) *"Social Skills and Mental Health"* Methuen.
- 12 Lee (1980) *"Beyond Coping"* Further Education Unit.
- 13 Lee: op cit.
- 14 Davies: op cit.



The differing role of the social worker in the special hospital/penal setting

By PHILIP VAUGHAN and CHARLES FORTT

There would appear to be many similarities between the role of the social worker in a special hospital and a probation officer in a prison. Both workers are involved with clients detained in a secure setting; both are concerned with the promotion of conditions which facilitate the reintegration of the individual back into society, and both are bound by similar constraints on their work. However, despite these similarities there is a marked contrast in the role of social work within these institutions. This paper examines the social work roles in Broadmoor Special Hospital and H.M. Prison, Parkhurst to illustrate how and why they differ.

Before looking specifically at the social work task it is necessary to consider the host agencies and their respective populations. Unrealised by many, Broadmoor along with the other Special Hospitals, is not part of the penal system, but is managed directly by the Department of Health and Social Security. Purpose built as a result of the Criminal Lunatic Asylums Act of



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Charles Fortt is a Senior Probation Officer at H.M. Prison, Parkhurst. He joined the Probation Service in 1974 and gained field work experience in Southend and Basildon, Essex, before secondment to Parkhurst in 1977.

1860, Broadmoor Criminal Lunatic Asylum, as it was known, accepted its first patients in 1863. It was managed by a council of supervision until the Criminal Justice Act of 1948 renamed it Broadmoor Institution and made it responsible to the Minister of Health. Since the 1959 Mental Health Act it has been designated a Special Hospital for "the treatment in conditions of special security for patients of dangerous, violent or criminal propensities".

Although a maximum security hospital with all the attendant restrictions on patients and staff, it is essentially a hospital with a therapeutic goal and as such carries out most treatments found in a conventional psychiatric hospital. Professional social work is a relatively new discipline in Broadmoor, initially being regarded with some suspicion. Even today the social worker as a therapist, is still a relatively new concept, as "the welfare officer" has in the past been associated with practical tasks and duties related to discharge. The broader range of social work intervention into the fields of counselling, psycho-therapy, social skills training etc., has to compete with other disciplines who have been traditionally concerned with these tasks.

For the probation officer at H.M. Prison, Parkhurst, the situation is somewhat different. Although like social workers in the Special Hospitals, they have become a recognised discipline over the last decade, the host agency has a different philosophy from that of Broadmoor. Parkhurst was originally established as a boys' prison in 1838 but soon went on to become what largely it still is today, i.e. a prison for recidivists and long-term prisoners. Officially classed as a closed training prison, Parkhurst is also one of the dispersal prisons accommodating category 'A' prisoners and in addition to the main wings there is a special security wing and a hospital. Within the constraints of high security and current penal policy, Parkhurst does its best to provide the most humane and stimulating environment such conditions will allow. A range of work, education and recreation facilities are provided but apart from a few prisoners who require hospital facilities or the vocational training course in sheet metal work, men are sent to Parkhurst for security and long-term containment and it is this function of the prison which tends to shape the role of the Probation Department rather than its reformative ideals.

Until relatively recently there has been little crossing of demarcation lines between the discipline staff and the social work staff but the trend towards sharing the social work task and the ideal of teamwork is in evidence, pointing to a situation where our perspectives might converge rather than diverge. In addition to the contrast between the philosophy of each institution it was originally thought that an examination of their respective inmate populations would reveal large differences in the latter's personal characteristics which would in turn have a bearing on the role of the social worker. However, this proved not to be the case, more similarities being apparent than differences. All Broadmoor patients are mentally disordered and apart from a small minority also

have a criminal background. Prisoners in Parkhurst all have a criminal background and a substantial number have a history of mental disorder or allied problems. In many cases the inmates are interchangeable. However, the inmates themselves come to each institution with differing expectations. In Broadmoor although many patients will be resentful of their placement and will abhor having an indeterminate hospital order imposed upon them, there is an expectation that they will receive treatment, stabilisation and discharge within about five years of admission. Moreover, the onus is on the patient to communicate with staff, discuss the events leading to admission, and generally engage in the treatment process, if ever he is to convince the multi-disciplinary staff group of his

TABLE 1: Length of Detention

	Broadmoor N = 599	Parkhurst N = 253
	%	%
Up to 5 years	46	5
5 - 10 years	29	52
11 - 15 years	13	20
Over 15 years or life	12	23
Total	100	100

TABLE 2: Disposal of Male Broadmoor Patients 1.1.78 - 31.12.78.

	No
Transferred to conventional psychiatric hospital	41
Conditionally discharged	17
Absolutely discharged	3
Return to prison	4
Repatriated to country of origin	3
Died	3
Total:	71

TABLE 3: Disposal of Parkhurst Prisoners 4.6.79 - 3.6.80.

	No
Parole licence	33
Extended sentence licence	1
Completion of sentence	21
Transferred to pre-release scheme	17
Transferred to psychiatric hospital	10
Release on Royal Prerogative	1
Died	2
Total:	85

suitability for discharge. In contrast, the prisoner in Parkhurst has a determinate sentence (apart from lifers) and has no obligation to discuss his problems or involvement in the offence that brought him to Parkhurst. Furthermore, probation officers in prison are still known as "the welfare" and their traditional role as practical helpers and message carriers is the primary image in most prisoners' minds. Approaches to prisoners to discuss their attitudes and lifestyle are therefore viewed with suspicion and many prisoners seem to co-operate mainly in the hope of enhancing their chances of parole.

These factors have an important influence on the type of involvement of social work on admission and during inmate's stay in custody. At Broadmoor, all new patients are seen automatically by the social worker using a traditional casework approach to impart information about the Hospital, deal with outstanding practical problems, reflect with the patient on the events leading to admission, and to help the patient work through his feelings about being in Hospital. Whilst the prison probation officer is involved with the prisoner's immediate practical problems on reception, no attempt is made to discuss the latest offences or criminal history. Furthermore there is no attempt to step outside the confines of the prison to engage in any work with the family, that being seen the province of their colleagues in the community. Broadmoor social workers, however, see it as very much their responsibility to personally visit the families of all newly admitted patients in order to impart information about the Hospital, to offer general reassurances and to dispel and myths and fears they may have about Broadmoor. In addition whilst providing valuable information on the social history of the patient, relatives often express relief at having someone to talk to about the offence, particularly if they were involved or witnessed it. Frequently, feelings of anxiety, fear, resentment and guilt which have been suppressed since the offence perhaps six to nine months previously, are allowed to come out into the open for the first time. Unfortunately, workers in the community who may be involved with the family frequently retreat from the scene once the patient is arrested, leaving the family to cope with the aftermath unaided. Consequently, the first visit by the Broadmoor social worker often re-opens psychological

wounds which have been left untreated.

Meanwhile, for both groups of inmates their incarceration is a lengthy one as shown by Table 1. As a result both groups are isolated from the outside world for long periods of time and both social workers and probation officers have a responsibility to help minimise the damaging effects of institutionalisation.

In both settings counselling is an important area of work and usually arises from a crisis point during the inmate's incarceration e.g. divorce, bereavement, parole/tribunal applications, etc. Nevertheless one of the biggest worries for inmates is loss of contact with their families. Many self-referrals are to do with temporary loss of contact with relatives, usually because visits or letters are overdue. This is particularly relevant as in both institutions about 50% of inmates have only occasional visits or none at all. In view of the contribution of families to the overall welfare and future prospects of prisoners and special hospital patients, this area of work has assumed an increasing importance especially in the latter setting. It is recognised that the social worker straddles the boundary between the hospital and the community, and much of the worker's time is spent in working outside of the hospital fostering family involvement where appropriate, liaising with outside agencies and helping relatives generally. In the prison setting this has not happened mainly due to the existence of a national network of probation teams who would expect to work with prisoners' families and make home visits. Conversely, many prisoners have lost all contact with relatives and prefer to be left alone either by choice or as victims of the insidious growth of institutionalisation. The same applies to Broadmoor although additionally those patients who have lost interest in outside visitors and have retreated into themselves have often done so as a result of a schizophrenic illness. Social workers therefore are active with other disciplines in identifying such patients and in setting up motivational and communications groups in order to foster their interest in the world around them. Without such progress towards normal social relationships many patients would never leave the Hospital. By contrast, determinate sentence prisoners leave Parkhurst at the end of their sentence irrespective of their social viability or response to the institution.

Eventually most patients and prisoners leave their respective institutions and Tables 2 and 3 illustrate their different types of disposal.

For the Broadmoor social worker, the time of a patient's departure is a crucial one. Whilst the medical and nursing staff make a clinical assessment of the patient's suitability for leaving, the social worker is required to make an evaluation of the patient's needs, in terms of rehabilitation and resettlement. This involves reassessing family attitudes and attributes and liaising with the outside agencies who may be involved in the patient's future supervision. Only when these tasks have been satisfactorily concluded should a patient be discharged into the community or transferred to a conventional psychiatric hospital.

All prisoners released on licence are released to the supervision of a probation officer in the community and the prison probation officer's role is to ensure that an officer is nominated to supervise the licence. The prison based worker's role is largely one of liaison and his opposite number in the community will be responsible for visiting and assessing the prisoner's family where appropriate.

Conclusions

The social work role is largely dependent upon the role of the host institution. The question that arises is—should we allow our role to be determined by the philosophy and traditional attitudes of the institution, or should we be more active in promoting a service to meet the perceived needs of the client? It is suggested that the latter would seem to be the more appropriate line of action and that there is still a need for inroads to be made into areas of work previously denied to the profession.

Social work in Broadmoor has widened more than in the prison system probably because of the overall therapeutic goal of the Hospital. In the prison setting the need for security is so that the prisoner will complete his sentence rather than he can be "helped" or rehabilitated. Now that social work has a foot-hold in custodial institutions, perhaps it is time for the profession to become more forceful in establishing its position and role within such settings. Rather than administering the type of service dictated by the institution, we should be more active in identifying client need, demonstrating our ability to meet the need and actively introducing a more comprehensive and influential service.



Solvent Abuse

Part 1 - The addictive process

K. Rathenbury, Officer, HM Borstal, Usk

Throughout its history the prison service has managed to cope with, and adapt itself to cater for those in its care. It has seen changes occur in the 60s caused by drug misuse. The 70s created a more rebellious youth and now the 80s have seen the arrival of youths who for numerous reasons partake in the sniffing of solvents. The media have been responsible for bringing solvent abuse to the notice of the public at large via somewhat sensational press campaigns against glue sniffing. Its coverage of glue-sniffing may have helped to reinforce the problem. It used shock tactics which created a situation whereby adolescents became aware that a substance was easily available, easy to steal, cheap to buy with no legal restrictions. It gives effects similar to that of alcohol but the young do not have to concern themselves with age limits and if you are out of work you cannot afford alcohol anyway.

Solvent abuse is a modern and underestimated problem. Because it is normally associated with adolescents this article is aimed at supplying useful background information to Young Offender Establishments.

History and Terminology of Solvent Sniffing

The inhalation of gaseous and volatile substances is not altogether a modern phenomenon. As some authorities have shown, reports date back to the beginning of written records. The Greeks were known users and inhaled for religious

reasons, and inhalation is mentioned in biblical proverbs. As a twentieth century problem, by the end of the 60s, it had been observed in most Western European countries having spread from Canada and the USA where it had taken hold in the 1950s.

The term "solvent abuse" does not generally strike a note in the lay-

man's mind. The average person may not realise that solvent abuse is the same as glue sniffing. In many ways it is not very accurate because:-

- (a) It is not glue that is inhaled but the glue vapour.
- (b) The practice is not confined to adhesives but includes the vapours of many other substances, e.g. petrol, thinners.
- (c) The vapour is not only 'sniffed' through the nose, but also inhaled deeply through the mouth.

Substances used in Solvent Abuse

The solvents and aerosols commonly sniffed are organic chemicals produced from petroleum and natural gas. Commercially they are used in both industrial and household products. These include plastic cement, lacquer, thinners, nail polish remover, petrol lighter fluid and cleaning fluid. A dispensable aerosol is a

liquid, solid or gaseous product discharged from a disposable container by a compressed fluorocarbon gas propellant. Cookware coating agents, deodorants, hair sprays, insecticides, medications and paint are just a few examples of aerosol products. Fluorocarbon gas compressed to sub-zero temperatures often creates the most dangerous threat, when coupled with certain hydrocarbon particles. These gases have been associated with fatal sniffing accidents.

Methods of Assimilation

The different methods of assimilation are as follows:—

- (a) Direct sniffing from tube, tin or bottle.
- (b) Rag/handkerchief saturated with the substance and held over the nose and mouth.
- (c) Small plastic bags held in the hand, for example, crisp bags, snappy bags, bread bags.
- (d) Polythene bag placed over the head.
- (e) Aerosol sprayed directly into nose or mouth (e.g., Butane).

Physiological Effects:

Short and Long Term

The effects will vary from individual to individual as thresholds vary. Some users experience hallucinations. The type of hallucinations they may have will depend upon the individual's psychology and life experience, but are frequently seen as threatening or menacing.

Many authorities believe that changes can occur due to chemical reactions which damage brain tissue, body cells and especially nerve cells. Fits are possible and can be fatal. Researchers have shown that epilepsy can be induced by solvent abuse. The vapour is absorbed via the lungs straight into the bloodstream and produces chemical effects upon the heart, liver, adrenal glands, bronchial tubes, cranial and peripheral nerves. No other method of administering a drug except intravenous injection affects the system so quickly.

Solvent abusers often die as a direct result of their distorted consciousness, sometimes by walking into traffic. Death is also caused by asphyxiation or suffocation due to inhalation of solvent from a plastic bag.

Fluorocarbons in aerosols and the inhalation of toluene and acetone have been associated with fatal

sniffing accidents. Researchers have found it causes a condition known as cardiac arrhythmia which causes the heart to react abnormally. Intense exercise or stressful events shortly after inhalation produced fatal effects on the heart's actions.

With the majority of users the effects are similar to alcohol; that is, a hangover and headaches which can last for several days. The ingredient in the glue that gives a 'high' is the solvent, the most common being toluene, acetone and naphtha. Some researchers have found that long term damage to the liver and kidneys have occurred in regular users. Some girls have noted changes in menstruation and in other cases, users have developed memory losses. There may be increasing deviance and psychological dependence on the habit and it may be combined with alcohol misuse.

While medical complications appear infrequently, they do occur. Almost any organ of the body can be damaged temporarily or permanently.

The Signs of Solvent Abuse

- (a) Breath smells of chemicals.
- (b) Stains from adhesives or cleaning materials on clothes or nose and mouth.
- (c) A red rash around nose and mouth.
- (d) Boils and sores around the nose and mouth, associated with the use of a bag or rag.
- (e) Running eyes and nose.
- (f) Confusion, loss of memory, restlessness, emotional excitability and impairment of thinking.
- (g) Dizziness, slurring of speech, blurred or double vision.
- (h) Lack of energy and loss of appetite.
- (i) Hangovers which can last for some hours.
- (j) Users often use mints to try and remove the unpleasant and strong smell associated with solvents.

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Solvent Abuse

Part 2 - Typology and a course for treatment

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Part 1 described the nature of solvent abuse, methods and substances used, symptoms and physiological results. In this second part is described a course successfully developed and run by 2 Prison Officers in a Young Offender Establishment.

1. Types of Solvent Abusers and Preparatory Exploration

Actual or potential addicts are identified by means of the symptoms described in Part 1, or from their case histories, or by their voluntary seeking for help. They can be roughly assigned to one of 3 types, in ascending order of seriousness of addiction. These types, and the important factors to be explored with each of them, are listed below.

a) Experimental Sniffer

This is a person who is involved in sniffing only at the early stage. Topics for discussion and possible questions are:—

- (i) What motivates you to sniff?
- (ii) Are you seeking excitement?
- (iii) Is it seen as fashionable and trendy?
- (iv) Who were you with?
- (v) Had they done it before?
- (vii) Was it like you expected?
- (viii) What did you get from it - status?
- (ix) Would you do it again? Why?
- (x) When and with whom? Is it 'IN' at the moment?

Through support and personal contact, it is hoped the sniffer can be encouraged to re-structure this part of his life, and not develop into a more serious solvent abuser.

b) Habitual Sniffer

This is the person for whom sniffing has become an accepted and customary part of his social life. The same strategy that applied to the experimental sniffer can be adopted, but with a greater input in terms of time. Extra information for discussion and assessment could be as follows:—

- (i) Examination of frequency of use.
- (ii) Social setting and consequences of activity.
- (iii) Are they aware of dangers?
- (iv) Are they in control of use?
- (v) Is there any drug abuse?
- (vi) Does regular use represent a strategy for avoiding the problems of living?

This type of sniffer requires more intensive help in coping with his habit so that he can, with support, endeavour to change his life style.

c) Chronic Sniffer

This is usually a lone sniffer who is at great risk because he lacks peer

group support. This sniffer probably uses a wide range of solvents indiscriminately: he displays a feeling of rejection, real or imagined, and has a strong negative feeling about self-worth.

Particular points of danger which need to be explained to the sniffer are:—

- (i) falls and self-injury
- (ii) suffocation by placing a glue-containing bag over the head.
- (iii) sniffing so much that one becomes unconscious, resulting in suffocation due to inhalation of vomit.

It is suggested that the Habitual and Chronic Sniffer be considered for a full medical examination including blood tests etc.

2. Group Session

A four-session programme has been devised utilising the following techniques:—

- a) Brainstorming
- b) Basic questionnaire
- c) Interviewing and reporting
- d) Role playing - Case consideration
- e) Video film
- f) Constant group evaluation with discussion

Session 1

Brainstorming, Questionnaire, Discussion.

The initial problem is to get the new group to relax and then to interact. To help obtain free expression, boys are informed that whatever happens within the group is confidential unless they give permission for specified disclosures to be made outside.

Brainstorming

After an introduction the first group task is a brainstorm using the word "Glue". A large blank piece of paper with the word glue written upon it is fixed to the wall and the group are invited to call out anything which comes into their head which relates to Glue. These words are then written on the paper and within a short space of time everyone has become involved and the sheet of paper is completely covered.

A study of the words relating to Glue reveals that a higher percentage of bad things rather than good things occur.

e.g. Bad: Suicidal, vomiting, death, frightened, aggression

Good: Feels happy, releases pressure

The result is pointed out to the group, emphasising that, when recalling most things, it is normal to remember the good not the bad, but this is not the case with Glue.

Questionnaire

A basic questionnaire has been compiled for which each boy must answer a "yes" or a "no" to each part. This has been done by giving each boy two cards, one with the answer "yes" and the other with the answer "no". As each question is put to the group, one card must be raised by each individual giving his answer. This system alleviates the problems of group or individual pressure in influencing people's answers, since at all times one card has to be raised.

A study of the results of the questionnaire reveals that:

- 90% of boys began sniffing between the ages of 13 and 15
- 70% of boys have sniffed alone, with 15% doing it on a regular basis
- Nearly 50% sniff several times a day when solvents are available
- Admitted dangerous places where sniffing takes place include, derelict buildings, river/railway embankments, public toilets, public highways, public transport, multi-storey car parks and buildings, schools
- Very few sufferers realise the total impact on mind and body of the habit. About 60% believe solvent abuse is not addictive.

Discussion

The session closes with a general debate on the health hazards and how individual members of the group have found their health affected.

Session 2. Interviewing the Dead

The group is split into pairs with the following task:

- One member of each pair is to be a local psychic reporter who is to report on the death of a local glue sniffer.
- The second member of each pair is to be the dead glue sniffer who is contacted by the psychic reporter to obtain the following facts.

- Age - family background
- Successes in life
- Failures in life
- Reason for solvent abuse
- How he died

Information to be factual but the death to be an incident that could have happened to him whilst under the influence.

Once the reporters have collected the information we return to a group setting, with each reporter giving his story to the group. Following each report a discussion takes place.

The roles of reporter and glue sniffer are reversed and the process is repeated.

It has been found that most members have great difficulty in giving any successes in life, the majority feeling they have been complete failures.

Session 3. Role Play

The situation adopted is that of a Police Officer who has caught the lad under the influence of glue for the fourth occasion. Previously he has warned the lad of the dangers but now feels he must inform his father.

The Police Officer allows the lad time to go home and explain to his father what has occurred, before he visits the home.

There is no script, but the members within the group are expected to act out the positions of father, police officer and lad.

Volunteers are selected, with each participant being given a brief:

Lad: Fears telling father the truth. Tries to get on the better side of dad before informing him. Attempts to manipulate the situation by putting himself in a better light.

Father: Senses the boy is agitated and devious. Attempts to get lad to discuss problem. Shock upon hearing news, initially probably loses his temper. Needs to be constructive in telling son off, but also informs him of future. Protects son from the police.

Police Officer: Difficulty in telling father. The law has not been broken (glue sniffing not an offence). Wishes to be seen as a caring figure.

After the role plays, the group discuss the attitudes and behaviour of each character.

Session 4. Video on Glue Sniffing

At the final session we show a film on glue sniffing. It is about 40 mins long and the group then discusses points raised by the film, viz:

- Why did a 16 year old boy die from solvent abuse when, on the face of it, he had everything to live for?
- What could have been done to avoid the tragedy?
- What were the effects on the family?
- What measures should the law try to bring in, to combat solvent abuse?
- What methods would members of the group adopt?
- What help was available to the abuser? Was there enough? What else needs to be done?
- Where does each individual group member go from here?

3. Private Interviews

After the group session, each boy is interviewed individually with the view of compiling a written report. These reports are confidential but the lad's permission is requested for a copy to be sent to his reporting officer on his release. No boy, so far has expressed a wish not to have this information passed on and the majority are exceedingly happy that it is.

Members have expressed the following positive reactions to the course:—

- It has certainly made me think.
- It is the first time I've had anyone with whom to discuss my problem.
- I now begin to appreciate how my actions can affect others close to me.
- There are a lot of people who care for me and wish to help.
- I have a problem and am willing to try to change my ways with help.
- I now realise that glue can be a killer but it definitely is not going to get me - I've finished.

It has also been most noticeable that many lads benefited from the basic social skills developed in the course and it has given them confidence for the future.

*Editor's Note:*

This piece was submitted by Mr. J. Osborne, Senior Probation Officer at HMP Aylesbury who came across it on a visit to Maryland.

The Making of a Prison 1982

Robert Wechsler

As election time approaches once again, we pause and give thought to the many issues that will be explored, and hope that the various representatives we choose will be the right ones.

Marylanders this year will designate who their governor will be for the next four years. A major issue at hand for the Maryland governor: what to do about the increasing prisoner and prison problem that past governors have allowed to lie dormant, seemingly hoping for an unwanted problem to disappear. The 1980's, though, have produced a phenomenon that Maryland shares with a good many states across the country: federal judges that demand changes and workable solutions to the severely overcrowded prisons in our midst.

Overcrowded prisons, we are led to believe, are a modern problem. Still, in his annual report to Governor Augustus W. Bradford, submitted to the governor in January 1866, Warden Mark W. C. Thompson of the Maryland Penitentiary wrote that:

"You will notice the increase in the number of convicts in the course of the year.

It is almost certain the number will be still further increased during the ensuing terms of the courts. To accommodate this increase, we have

two dormitories, the dormitory with 320 cells, 64 of which are in the basement and though used for want of other room, have always been considered unfit for the purpose, by those who have examined them. Seven of them are used as dark cells and three of them unfit for use. . . The old building, is used as hospital and sleeping apartments for those prisoners the dormitory will not accommodate. We have nine rooms now occupied, six prisoners in each room.

The basement and second story

of the old building are used by the female convicts and I would earnestly call your attention to the necessity existing for more room in that department. . . I have been compelled to open the basement rooms which have not been used for a long time on account of their unfitness, being partly underground, damp and poorly ventilated. I had them put in as good condition as possible. . .

I would call your favorable notice to the creditable manner in which the subordinate officers have discharged their duties; notwithstanding the crowded condition of the prison, cleanliness and good order have prevailed. . .

Using our modern-day Maryland Penitentiary for comparison purposes, much can be said about the leadership that has been chosen during an extended period of years. Warden Thompson, in 1865, was disenchanted with the thought of using certain areas as living quarters

any longer. So, some few years later, the previously mentioned living quarters were renovated and changed to a workshop area. Then those shops changed as the years changed, until finally becoming a combined Printing Shop and Licence Plate Shop and even later still to a Metal Modular Shop. Those three shops have now been moved to new buildings in Jessup.

To come full circle, a portion of that building was recently renovated again -- and we once more have a dormitory. Of course, Warden Thompson's basement area has not changed; those sinister-sounding cells that were first opened in 1811 are still there -- awaiting, it must be presumed, either renovation or something as yet undecided by Maryland's Division of Correction.

In 1865, despite an overcrowded institution, the administration seemed to guarantee that "cleanliness and good order have prevailed." That situation has not continued in recent years. With a seemingly endless supply of workers, the Penitentiary today is filthy. And, as the weeks and months go by, only a portion of the top layer of filth is dealt with.

There are those who would say that age is the Penitentiary's problem, and not cleanliness. Yet, today the year-old Diagnostic Center with a population of 700 -- designed for 400 -- does not go overboard in their efforts at maintaining a clean institution. The new Maryland Correctional Institution at Jessup with a 900 population -- designed for 512 -- shows a continued direction of an administration gone awry; it too is filthy. Maryland has more institutions -- have your representative look at them.

There are, of course, those prison administrators who would suggest that modern prisoners will just not work at anything, be it in a shop or with a mop. These are erroneous thoughts, however, for prisoners will work if a work ethic is instilled in them. Yet, designing workshops that offer on-the-job training to twenty or fifty people does not do much for a work ethic when there are 500 and more wanting to learn the vocation or trade that is offered.

Periodically the state of Maryland chooses new leaders for its prisons. As one prison philosophy wanes, another is adopted. Maryland is presently witnessing one of those transition periods, with a new group

of security-conscious administrators. These new leaders, however, promoted from the ranks of a system that has yet to deal with a federal court order that concerns overcrowding and other problems, appear to mainly concern themselves with how many beds are available on a given day and to where a new fence or double-fence may be added to existing ones.

Apparently, in this new course of things, little thought is given to the constant milling prisoners as the days and weeks go by. These prisoners have little to occupy their day and it would appear that at release they take their listlessness with them into an unsuspecting outside world.

As the prisoner population of Maryland passes the 11,000 mark many questions are asked -- other than where they all are housed. A popular prison question, in institutions across the country, very often concerns the extremely poor food preparation; Maryland prisoners also offer comments concerning the prison food, but with a new twist.

As the trucks pull into the various warehouses, apparently one does not have to be exceedingly smart to determine, as one unloads the trucks, that this is quality food being delivered. Surely the next thoughts that come to mind must certainly be wonder at what tragic happening befalls this food as it makes the journey to the various dining room tables.

When new prison administrators are chosen it would seem that they might comment on their intended progress during their administration. If that were the case, then surely one of their comments must concern keeping the prisoners as progressively active as possible. Feeding 11,000 prisoners and their guards is no small job. How about, for once, beginning a quality instruction process that will teach all facets of the food service industry? It would appear that several problems could be erased with a comprehensive school-work program in food service; busy prisoners, a usable outside vocation, a means of eradicating the enormous food waste in Maryland prisons (with a comparable savings in funds), and food whose taste has not been destroyed during the cooking process.

Beginning a food service school in Maryland prisons would not be an easy task. Usually the guard force does not like new programs, and a

massive program surely would be frowned upon.

An illustration of new programs and a balky guard force was recently seen at the Anne Arundel county jail where County Executive R**** P**** attempted to institute work programs that seemed to benefit the county and the prisoners as well. The guards at that facility tried to block the work programs, suggesting that they interfered seriously with the prisoner counting procedures -- not explaining too well how long it took to count 200 prisoners. Further, and a bigger problem, the guards suggested that Mr. P**** did not understand "corrections" -- the all-encompassing catch-all that rules out interference from those seeking change.

Programs for education and vocational trades have been in vogue in Maryland prisons for some years. There have always been questions, however, concerning what a program accomplishes when only a small number of prisoners are helped and hundreds are left by the wayside seemingly to join their shuffling brethren in some new type of hope for the future.

Naturally, when educational programs come under fire, the prison administration may point with pride at the various college-level courses that are offered. Still, and reverting to the numbers syndrome that is continuously used, giving a college education to a score of prisoners does not accomplish much when hundreds of prisoners can barely write their name.

It would appear that prison administrators in today's prisons do not have the vision that is needed to accomplish their task. Beginning in 1811, when the Maryland Penitentiary was opened, and continuing through today's "modern" penal system, Maryland prison administrators have only modified their tasks to fit the thinking of the generation that spawned them. Little thought is given to the statistical fact that prisons just do not work in the manner that their charter was drawn. One would think that the college-level courses of crime and corrections and rehabilitation of prisoners that prison administrators take preparing for degrees would in some way teach them how to make prisons work in a manner in which the citizenry and society as a whole could benefit.

There are prisoners in Maryland who have suggested that if prisons

were to work, that the proper people would be brought in for the job. Continuing the "proper people" thought one forever wonders how private industry would operate this "prisoner Corporation". Would things change for the better if, say, Bethlehem Steel or General Motors or some other large corporation sent the Maryland Division of Correction some half dozen vice-presidents to review the present operation and re-write the charter? Would those vice-presidents find humor or tragedy or what as they reviewed the various ledgers and accounts? Would there be similar duplications elsewhere as the recent missing meat products -- 52,000 pounds worth -- at that Hagerstown prison?

Then, of course, in any review of administrators of prisons, a review of the guard force would also be needed for a number of Maryland prison guards have become administrators as they work their way through the system. The usefulness of using guards as administrators can best be illustrated by the actual operation of all the prisons in Maryland. Each institution has three shifts of guards, and each shift has a different adaptation of the rules and regulations. When a prisoner looks to bend a rule that is not permitted on one shift, he waits for the next one. And, from this bit of information, it surely must be presumed that to get a total of the Maryland institutions, one must multiply by three.

Prison guard forces, as the years have progressed, have sought ways to upgrade the image they present to their fellow citizens. Toward this end psychologists have developed new titles for them and new names for the various institutions. Today we find the words "correction" or "rehabilitation" chiseled deeply into the stone from which these institutions are made, and embellished on the badges of the guard force. In actuality, however, the vast majority of these Maryland correctional officers have become little more than part-time volunteer prisoners -- they do not correct, give counsel, or do more than is required to serve their day or week. The correctional officer mode is a disservice to the community and a true evaluation of this premise is long overdue.

Putting together all the parts, one would have to presume that Governor H**** H***** has either had the majority of information concerning his prisons kept from

him, or that knowing the facts it is his plan to keep a lid on this problem that will not go away. Still, as governor, he at least owes the electorate complete performance -- not the unprofessional operation of his prisons that the past years have witnessed.

For a prison system, or in fact any system, a definite direction would include the prognosis for the future. Maryland's prisons can offer no direction for though the thinking is to correctional institutions, the actual operation of the system is more of the stockade variety. There are many discussions of diagnostic programs, corrective facilities, vocational training, and more. Still, until the time when guards become, in fact, correctional officers, when counselors counsel, and when teachers teach, the prison system will maintain the holding pattern that it has known throughout an untold number of administrations.

Of course, should Marylanders want the stockade type of prison system that would be well and good. However, let us not make it one thing and call it another.

In all walks of life it is readily admitted that experience is a quality teacher. However, in Maryland's prisons, administrators evidently do not like to look back. There are a number of pointed reminders that illustrate that with refinement certain past prison operations could be extremely beneficial to twentieth century Maryland.

The September, 1961, issue of Maryland Historical Magazine contained M***** E. G*****'s article, The Maryland Penitentiary in the Age of Tocqueville, 1828-1842. That worthy study contained a number of illuminating points that Marylanders of this age may pause to ponder:

"For most citizens of the Free State, the fact that their Penitentiary was profitable, was probably a source of satisfaction. A Maryland committee visiting the other major prisons of the country in 1842 was happy to note that the Penitentiary of their state had the longest period of financial self-dependence. They reported that 'during the period extending from 1822 to 1839, the Institution received no aid from the State for the discharge of its current expenses.' The prison was so profitable that from 1828 even the salaries of officials began to be paid from the earnings of the prison industries. . .

Supporters as well as critics unfavorable to the Maryland Peniten-

tiary agreed that its most distinctive feature was the efficient and economical administration of the prison labor system. Purely reformist practices as exemplified by the Pennsylvania prisons were expensive, and the tendency at Baltimore was to subordinate these to the easily appreciated regimen of the workshops. If the end result of this policy was occasionally hard on the convicts, it was probably thereby easier on the community. . ."

Prison jobs, we are led to believe, are just not available in the numbers that the 1980's demand. A careful examination of the lack of prison jobs may point, however, to the vision of those whose job it is to direct the work force.

Menial jobs are not really wanted by anyone, be they prisoner or whoever. There are beginnings, though, for anything, and Maryland's prisoners could begin by answering the many queries for repair of the city streets and state roads. There are even a considerable amount of beautification projects that could use a labor force. And, those prisoners who perform could find themselves advanced to better things.

It would appear that Maryland's governor, working in concert with the state legislature, might suggest to big business a way in which those failing manufacturing plants might be worked by prisoners at reduced wages. (Other states assist business using land adjacent to the actual prison.) The daily media quite often informs us of different companies moving their plants to other countries to enjoy cheaper labor. Surely it could be advantageous for the state to use prisoners as workers in these plants than to have no plants at all. Then, of course, prisoners working for wages might be asked to devote a portion of their wage to their victim. . .

The Maryland governor to take office in 1983 will have the problems of his prisons that were left to him by prior administrations. However, something must be done before the physical numbers make it an impossible task.

The new governor, like the proverbial ostrich, can stick his head in the sand and hope for the best. Or, he can search out the problems and correct them. Continuing to load all of the fences with strand after strand of razor-ribbon wire will earn him a place in the sand. Creating jobs will be a beginning of "correction".

DEVELOPING A SOCIAL SKILLS PROGRAMME IN A SENIOR DETENTION CENTRE

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The basic aim of any valid social skills programme can be distilled into one word - survival; not just at a bare subsistence level but in such a manner as to ensure that the individual can not only benefit from but also contribute to society. It can be argued that any young person receiving a custodial sentence has failed in essential life skills and that the regime to which he is introduced should aim at bringing about behavioural and attitudinal change. Certainly the problems involved in trying to bring about such change in a practical way are immense, but to do nothing is to advocate a philosophy of despair.

It is essential therefore that any programme must start from where the recipient is now - not where we think he should be, or where we would like him to be, but firmly and unequivocally in the reality of his present situation; from this basic starting point we then help him consider the events, people and situations which impinged upon him and influenced or directed his life-style in a particular path.

It has been said that history is a chart for the future and although this is a too simplistic view (as are most aphorisms) it contains within it a grain of essential truth; particularly when referring to individuals. Behaviour and attitude patterning is a well documented phenomena and any intervention into the characteristic format of particular life-styles must take full cognisance of the essential fact that change is a difficult, and sometimes painful, process which can only be brought about when the individual himself sees it as valid, desirable or advantageous. In real-life situations change for the sake of change is only rarely encountered: we are more secure with the familiar.

Against this very brief theoretical statement we review the design, provision and implementation of the social skills programme in Medomsley Detention Centre.

Aims

The aims of the social skills programme can be summarised succinctly using Priestley's model:

- (a) to help trainees solve their immediate problems:
- (b) to improve their ability to cope with future problems:

(c) to develop new and increasingly better ways of doing both these things:

(d) to develop within the staff involved an awareness of their role in bringing about (a) and (b).

These relate broadly to the statement of aims written into the Green paper (Cmnd 7406). Recognising that there is no simple "cure" for criminality and the severe limitations within custodial conditions to "train" offenders out of their criminal ways the paper goes on to say:

"The task for the young offender establishment must be to give the offender the opportunity to take stock of himself and his circumstances in a controlled environment with the fullest support from the prison and probation services. The regime should be one in which he can be guided to work towards a new pattern of life after release; to re-establish his relationship with his family, and especially his wife and children if he has them; if possible to hold down a steady job; to develop constructive leisure interests; and generally to hold his own in modern society". (para 61).

It is from these broad and generalised aims that we turn to the specific detail of how we are attempting to implement the recommendations and general spirit of the report.

Design of the Course

".....the Advisory Council commented on the difficulty of producing a lasting change in anyone's behaviour and way of life if he is dealt with in an artificial situation separate from the social situation

to which he will return and stressed the importance of trying to motivate offenders in terms of self-reliance rather than obedience and conformity" (Cmnd 7406 para 59).

The design of the course is based on the fundamental assumption that a self-defining process is the only way to establish a meaningful structure directly related to the needs, experience and perception of trainees. As Priestley points out:

"When people define their own problems in their own way they tend to do so in terms of concrete situations....."

By way of example; relationship problems may be stated as

"I don't get on with my parents".

The causal factors are not analysed, merely the symptom described.

The course is so designed to enable the trainee to examine the underlying factors involved and to look at ways of influencing, changing or controlling the situations, events, and people involved in those areas where he perceives his greatest needs.

The problem inherent in such a system of teaching is that there is a tendency for approaches to become ill-defined and unstructured; for subjects just "to grow" instead of being truly pragmatic and responsive to the needs of the group and the individual they become directionless meanderings through a minefield of problems without effectively coming to terms with the reality of change or the possibility of solution. It is this lack of definition at the outset which so often leads to an ineffective rationale in initial design. It is insufficient to say that we wish to bring about changes in behaviour or attitudes, we must say which behaviour? which attitudes? what changes? in other words we must define clearly those areas in which we wish to place the greatest emphasis.

It was decided therefore that the course would be of modular construction within certain broad themes. Each

module would be autonomous yet related to the overall design strategy. Within each module component elements would be developed to deal with specific areas in greater depth. The main strength of such a design approach lies in the fact that flexibility is much more easily attained without destroying the underlying structure. Further the scheme is capable of expansion at both modular and component level.

As a starting point Merritt's Model provided a useful framework: modules are designed to cover:

- i Home and family (Relationships)
- ii Leisure
- iii Work
- iv Consumer Skills
- v Community Responsibility.

The development of the modules is an ongoing process and the range of components must reflect the changing needs of the population. Necessarily there will be an overlap of components between modules and in order to prevent duplication an arbitrary allocation is essential i.e. to include a subject/topic in one particular module rather than another.

Such a structured and organised approach would seem to run contrary to the original proposal of self-defining process operation, indeed the Deputy Governor made this very point. However as was explained then the structures created are designed to be very flexible and further that there were certain elements that were common to the experiences and needs of our trainees. This latter point merits a little further expansion in order to explain the specific design features of the proposed programme.

Whilst accepting the uniqueness of the individual and the centrality of a concept of individual need differences there is, within all human experience a central core of life which deals, in Lawrence's terms, with "the great themes" - birth, love, death and living. Our perceptions of these decide our life-philosophy, which in turn determines our life-pattern. Where these perceptions nearly correspond with the perceptions of others we have a common experience. The course then has a central-core which provides for this common experience and grouped around this are a number of components which are designed to cover individual and group requirements which diverge from the perceived needs of the defining group.

There is another factor that cannot be ignored - in very real terms the

Centre itself has requirements of the trainees and these requirements must be represented within the programme.

Finally the design of any course has limiting factors in the amount of time available; the establishment of priorities; the availability of resources, in terms of accommodation, materials and manpower, and, perhaps most importantly the amount of material that can reasonably be covered. Therefore any design criteria must be subordinated to a series of compromise solutions which take cognisance of the limiting factors as well as the ideal theoretical position which provides for total provision for all needs - a clearly untenable position in practical terms.

It was against this background that the present experimental programme was designed. It was decided to concentrate on Relationships, Job-skills, Authority and alcohol in these initial stages. Other components were introduced throughout the programme in response to the expressed needs of the group. The initial choices were made after discussions between the Education Officer, the Officers involved and the Assistant Education Officer. The starting points were decided after consideration of the expressed needs of trainees, and implicit assumptions relating to their pattern of offending and/or living, particularly as expressed in their initial interviews.

The Modules:

The Relationships module begins from the tacit assumption that in order to understand others it is necessary to know something about oneself. It was decided to start from a modified labelling theory approach, by starting from generalised statements and narrowing down to personal evaluations in the trainees' own terms. This approach has been found to be most useful in dealing with 15-16 year old reluctant and slow-learners and, on admittedly limited experience in the centre, has apparently been successful in giving trainees insights into their own particular life-styles and personal experiences. As Priestley says: "...the idea of looking at themselves in a systematic way is not one that would normally occur to them spontaneously."

From the self assessment components trainees move into the field of family, relationships and, using the techniques learnt in earlier sessions, look at the characteristic patterns of interaction within their own experience.

It is at this point that an even greater degree of sensitivity to the needs of trainees must be exercised. For many this is the first time that they have seriously considered the consequences of their actions on others near to them, and, for some at least, the first time they have seriously considered the actions of others upon them. At this point the idea of peer groups and peer group pressure is introduced - in non-technical terms. This particular component tries to show those elements in trainees' lifestyles which pre-dispose them to deviant acts.

The comment of the Advisory Council is pertinent at this point. They are quite definite in their view:

"Many young adult offenders have a narrow, circumscribed life-style; and it should be the aim of those running establishments to offer them new insights into behaviour and relationships, to make them more aware of opportunities which may be available and to encourage them to equip themselves to exploit them. Many are also "under-achievers" in the sense that their formal educational qualifications and superficial abilities do not match their underlying potential.....The aim should be to help the individual mature and achieve social adequacy. This process involves the whole staff of the establishment whatever the discipline in which they have been trained or the task to which they have been assigned."

The relationship components are designed to tap this "underlying potential" for they deal with real life situations as indicated by the trainees. Such an approach to the basic programme is axiomatic if the course is to be viable and valid.

The module relating to job skills is based on materials and ideas produced by the Careers Research Advisory Council (CRAC) and covers such subjects as finding a job, starting a job, keeping a job. An emphasis is placed on the reality of situations. It would be morally and ethically indefensible to raise in our trainees levels of aspiration which they are incapable of realising. Laybourn makes the point that "teachers must beware of gearing the project too much towards a middle-class life pattern" and it is with this in mind that we have designed the job-skills programme to cover mainly unskilled and semi-skilled work. That there are exceptions, there is no doubt, a few of the trainees are

well qualified in their chosen trade, some are apprentices, some are training for further qualifications, but these remain a small minority. The vast majority have poor work habits, lack perseverance and are very limited in their level of aspiration. Secondly the job opportunities available to them are often extremely limited.

Obviously it could be argued that it would be highly desirable to raise their level of aspiration but in practical terms one must set realistic objectives within the limits of available resources and time. Further, consideration of the first aim of the programme "to help trainees solve their immediate problems" must be paramount. There is a further vital point, the sub-culture from which most of our trainees are drawn does not always reflect those values which we consider desirable and the bringing about of cultural change on such a wide and fundamental scale is hardly within our purview - even if it were feasible.

The module concentrates on practical skills, letter-writing, filling in forms, interview techniques, sources of jobs etc. and is designed to operate at the level appropriate to the trainees' attainments and levels of expectation.

The inter-relationship between this module and the Relationship Module is quite clear for many trainees fail in work situations because of relationship problems. They resent the "boss" or they do not understand the task set, or they do not have the social mechanisms to control their own behaviour.

The two components Relationships and Job-skills are the most highly developed at the present time, reflecting the self-defined needs of the population, the others remain in the planning stage, with some components nearer completion than others. In particular the component on Alcohol has been strengthened so that it will form an important platform. There are a number of reasons for this latter, firstly many trainees have some form of alcohol problem; secondly, alcohol represents a major leisure activity for many of our population; thirdly, peer group pressure, imitative behaviour and culture stereo-typing are important determinants of trainees' actions and alcohol consumption is an important reference point in identity criteria for this group.

Finance, budgeting and consumer skills form a separate category which readily permeates the other modules because trainees are often unaware of

the necessity for the responsible use of money (so, it may be argued, are many people not in our custody). Under these circumstances it is counter-productive to teach trainees how to obtain benefits or get a job without helping them to understand the need for money-control. Many relationships founder because of fundamental disagreements over financial priorities.

As components are developed they will be added to the core of material we are building up and it is in this development that the department looks to the rest of the staff for assistance. Specialist knowledge is an invaluable aid and within the centre there are a great number of specialists whose skills should be utilised in designing component elements.

Criteria for Selection

At the outset it was recognised that a totally voluntary group was not a viable proposition at this stage and that, in view of the varying needs, attainments and attitudes of our population some degree of selection was necessary. It is impossible to produce a homogenous group in a "normal" population, within our population the variation, although apparently narrower is, in fact greater. This is because the cumulative affective process is necessarily more pronounced.

Trainees who, in terms of our population, were more able (eg CSE grades 1-3, 'O' levels or other qualifications) in academic terms were specifically excluded, for two main reasons:

- (a) For many of this type of trainee his previous experiences were wider than "usual". His basic literacy and numeracy skills were adequate for him to cope and his general social awareness is more highly developed.
- (b) Because of their "differentness" in the teaching, learning situation trainees have an inhibiting effect on the less able or less-aware. The myth of the more able helping the others to raise standards is, by and large, a myth! The reverse process is more usually apparent especially in groups where peer group emulation and imitation is an important determinant of attitudes and behaviour.

Having decided against including the "most able" in our population we then turned our attention to the "least able". There are strong arguments for including them in a programme such as we propose (just as there are for including the "most able") but in

the final analysis other considerations over-rode the inclusion of such a group.

Firstly the programme does require some basic literacy and numeracy skills and the ability to think logically and reason in some depth - skills which this particular group are lacking to a greater or lesser degree. It was felt that concentration on basic skills was a more important and pressing need.

Secondly the remedial teachers are concerned not only with basic skills in academic terms but also with Social Skills in a much wider sense. In particular the supportive relationships which they establish with their students are important and valuable in teaching social skills indirectly.

We aim therefore at those members of our population which fill the "Middle-ground", those described in the Advisory Council's report as having narrow circumscribed life-styles... under-achievers".

Such an approach seems to run counter to the original aims of the programme and so it would if it was considered as a rigid, authoritarian and inflexible process. In practice a great deal of flexibility is built into the system and members of both "excluded" groups have taken part in the programme with varying degrees of success.

Candidates are selected on the basis of the in-depth interview carried out by the Education Department, the formal test battery and the recommendations of other departments. In particular the Assessment Board provides a useful supplement to the methods used for it is here that the threads of trainee's experiences, needs and reactions are drawn together. More importantly, perhaps, is the differing perspectives which the board draws upon in reaching its conclusions.

There is no doubt that a more sophisticated system could be devised but, whether it would be more useful or successful in practice is doubtful.

As a future development it may be possible to design the programme so as to cover ALL trainees entering the Centre and to provide for a greater degree of individual difference.

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