British Journal of Psychiatry (1988), **153**, 271–278

Reading about . . .

Forensic Psychiatry

Since man began making laws there can hardly have been a time when mental state was not sometimes considered relevant in applying them. In the history of an important part of Western culture, for example, the Bible (Numbers, 35) presents one of the earliest sets of rules for judging and managing cases of diminished responsibility in relation to homicide. Many people still construe forensic psychiatry as a discipline dealing at this relatively simple level – working at the interface between psychiatry and the law, to produce reasons and excuses for courts and other statutory bodies to limit either the civil effectiveness or the criminal liability of the 'patient at law'. In the USA, forensic psychiatrists do tend to confine their activities along these lines, arguing cases through the courts but rarely treating patients. Treatment, where available, is provided by their colleagues in other psychiatric disciplines, who are almost excluded from the courts. In Britain there is no such demarcation. Few psychiatrists of any sub-specialty will, even by choice, avoid writing reports for a criminal or civil court, or for a Mental Health Act Review Tribunal or other statutory body. The majority will, at some time, treat at least one or two offender patients. Most will thus welcome access to texts covering the law, the workings of the criminal justice system, the assessment of dangerousness, and so forth, at least for reference purposes.

Forensic psychiatry itself has developed on a broad base as a recognised specialty within psychiatry, the greatest impetus perhaps being the pressures leading to the Committee on Mentally Abnormal Offenders and the resulting report, often known as The Butler Report (Home Office, 1975). Ten years ago, when the *Journal* last published a "Reading About . . . " feature on forensic psychiatry, Balfour Sclare's (1978) final reference was to this report, so that ". . . the post-graduate reader will catch useful glimpses of the future of forensic psychiatry". He was right. Largely under the influence of that report, forensic psychiatry in Britain has become a service-based specialty. The goals for recognised forensic psychiatry training put special emphasis on treatment and management skills (Gunn, 1986; Joint Committee on Higher Psychiatric Training, 1987). In Britain, support for the growth of academic forensic psychiatry has not kept pace, as it should have, with the demand for expertise and the growth of clinical services. Nevertheless, by drawing on relevant international literature and on related specialties, such as academic and practical law, history, criminology, philosophy, ethics, sociology, and psychology, key advances emerge, of relevance to both the generalist with an interest in the subject and the specialist.

The law and its application

Law tends to be parochial. For example, three of the many standard legal texts (Smith & Hogan, 1978; Thomas, 1979; Williams, 1978) which are useful for reference purposes for psychiatrists in England and Wales are of less relevance even to practitioners in Scotland and Northern Ireland, much less to Commonwealth countries, and are scarcely more than of comparative interest in other countries, including those in Europe. It is paradoxical, therefore, that perhaps the single person who has most influenced British mental health law in the last ten years is an American lawyer, Larry Gostin. His early commentaries on the 1959 Mental Health Act and associated law were important in campaigns for reform (Gostin, 1977), although the power of already-changing practices (Robertson, 1982) in influencing law should not be forgotten. Gostin's most recent volume (1986), on the law as it relates in all its instances to the mentally abnormal, is a masterpiece, at once comprehensive and with the facility for updating. Few, however, will want to use it as more than a reference facility. Briefer accounts of the Mental Health Act of 1983, and its companion Acts of 1984 and 1986 for Scotland and Northern Ireland respectively, are widely available and I mention my own only as an example of the most brief (Taylor, 1985*a*). Gunn (1979) has summarised the most directly relevant aspects of criminal law, while the volume edited by Fenwick & Fenwick (1985) highlights one of the more esoteric: the law as it deals with offenders suffering from epilepsy as a possible instance of one of the remaining anomalies.

https://doi.org/10.1192/bjp.153.2.271 Published online by Cambridge University Press

Discussions on the application of the law similarly reflect some of the major differences in approach. American literature, for example, tends to be dominated by discussion of the insanity defence, which in Britain has become almost an irrelevance. In 1985 five people in England and Wales were found not guilty by reason of insanity, this being the highest figure since 1976, when there were six. The intervening years show only two or three cases, the remaining use of the Criminal Procedure (Insanity) Act 1964 being for cases of unfitness to plead. The highest number of these in the past ten years was 37, in 1980. By contrast, the legal provision of diminished responsibility, not known across the Atlantic, was introduced into the 1957 Homicide Act for England and Wales. In 1976, 92 people were convicted of manslaughter on these grounds, and in 1985, 74, the peak being 109 in 1979. Only necessary because of the mandatory life sentence following a conviction for murder, Dell's research showed that it may introduce as well as eliminate anomalies in sentencing (e.g. Dell & Smith, 1983).

As important for the practitioner as knowledge of the law, is a grasp of the essential differences between medical and legal approaches to a problem. Academic lawyers have begun to help us to see that identical terms do not have the same meaning for the lawyer as for the doctor, that lawyers deal in absolutes and the doctor in probabilities, and so forth (e.g. Carson, 1988). Kenny (1983) puts the challenge to the concept of expertise in the witness box. "How and by whom is it decided that a discipline is one where expertise may justly be claimed? . . . when an expert in a scientific discipline is expressing an opinion on matters within his science? . . . when he ceases to do so? . . . How and by whom *should* these questions be decided? . . . what must a person do or be in order to count as a man of science?" Finally, accepting that expert testimony is necessary to the courts, he concludes with recommendations to minimise the misuse of medical, and especially psychiatric, experts. A peculiarly unhappy mismatch, between the rigid expectations of the law and the unknown vicissitudes of medicine for an ordinary human being, is illustrated by a case of an American patient who, when confronted with having to make a decision about whether or not to accept surgical treatment, thought that she ought to be able to say "I'll wait and see" rather than a firm "Yes" or "No" (Abernethy, 1984).

Mental disorder and crime

Mental illness and crime

Is mental disorder related to offending other than by chance? The question is too broad, no matter on what theoretical model the answer is attempted – frequency, direct influence, or common causality. Each is a common phenomenon, and some numerical overlap is inevitable. The perfect epidemiological study does not exist, but Monahan & Steadman (1983) provide an admirable classification and evaluation of most of the research to date. They point out that the model of most studies has been either to establish "true crime rates among the treated disordered" or "true disorder rates among the treated criminals". From this limited pool of evidence, they say that at least from group comparison, rates of crime and mental disorder seem to vary independently, but there is a qualification – this is that the statement holds true only when the figures are adjusted for age, class, and so forth. A major study, whose appearance in English post-dated this critique, seemed to lend further support to the view (Hafner & Boker, 1973), but while in this study the criminal behaviour had some measure of homogeneity, a full range of mental disorder was represented and differential associations apparent. Furthermore, drawing on general psychiatry, and in particular on work related to social decline in schizophrenia (Goldberg & Morrison, 1963), it seems that the temptation to make adjustments for age and class, at least among those with functional psychosis, should be avoided. Variations for which adjustment figures should perhaps be made, however, are changing patterns and differing availability of mental health care (Sosowsky, 1978; Steadman *et al*, 1984).

Homicide is unusual, both in being a relatively infrequent offence and in being one with a low recidivism rate. Nevertheless, as its clear-up rate is high, it has been much studied. The most recent studies, in the US as well as the UK, suggest that the contribution to the figures by people with schizophrenia is higher than would be expected (Hafner & Boker, 1973; Taylor & Gunn, 1984; Wilcox, 1985). Johnstone *et al* (1986), in their studies of people with first episodes of schizophrenia, perhaps give the least biased estimates of the early risk of the whole range of harm to self and others and of police involvement among such patients. As others (e.g. Taylor & Gunn, 1984) highlight the relatively higher risk of serious offending in those with well-established illnesses, and all are agreed on the currently poor prospects of continued treatment, this makes gloomy reading indeed. Hafner & Boker (1973) and Taylor (1985*b*, 1987) describe the nature of some of the links between psychosis and violence. Specific symptomatology, and the length, course, and treatment of the illnesses, have all been found relevant. While there are some hints that social factors in early life, as well as at the time of the offence, may be as relevant to the evolution of

https://doi.org/10.1192/bjp.153.2.271 Published online by Cambridge University Press

offending as to psychiatric disorder, evidence to date is limited. In considering the possibility that organic or genetic factors have an aetiological contribution common to both violence and illness, the literature is just as poor. Here remain some of the most substantial gaps in knowledge relevant to forensic psychiatry.

Psychopathic disorder

There is little doubt that some forms of severe personality disorder, with or without associated mental illness or impairment, are associated with some forms of offending, but there any certainty ends. Despite many attempts to abandon the term 'psychopathic disorder', it remains a legal categorisation of mental disorder, overtly in England and Wales (in the Mental Health Act 1983) and covertly in Scotland (in the Mental Health Act 1984), but not at all in Northern Ireland. Debates about its standing as a clinical term continue, some engaging the problem from a stance of therapeutic pessimism (e.g. Chiswick, 1987), while others take a more optimistic view (Taylor, 1986). Some researchers, caught in the eternal trap of dissonance between legal and clinical terminology, have some success in highlighting possibly misguided use of the legal system, but do not advance at all clinical understanding of an important group of disorders (e.g. Dell *et al*, 1987). Independently, a psychologist, Blackburn (e.g. Blackburn, 1988) and a psychiatrist, Gunn (e.g. Gunn, 1988) have come to essentially similar conclusions: deviant personality is not synonymous with deviant behaviour, and ways of describing personal traits, other than inferring them from actions, must be developed. Each has his own suggestions. Tyrer & Ferguson (1987) provide a useful and more general overview of the vexed field of classification. Concepts of borderline personality disorder are useful for the clientele of forensic psychiatry but, as the term is used in such a variety of ways, its use always needs qualifying as to whether its origins are in DSM–III (American Psychiatric Association, 1980), more directly from Kleinian concepts of splitting (Gallway, 1985), and so on. Waldinger (1987) offers an interesting overview of the role of dynamic psychotherapeutic approaches with borderline patients, citing the differences in definition as important factors determining the variation in techniques employed, as well as in outcome. The obsessional-narcissistic personality dimension is another fruitful framework of understanding. The progression is still hardly described better than by Erich Fromm (1973) and personified by one of this country's more notorious offenders. Masters (1985) describes exquisitely the latter and offers a highly perceptive lay view of the panoply of justice and psychiatry surrounding the man. Finally, the paranoid personality disorder is another of particular importance to violent offender groups. Just one example of its influence can be seen in a series of 138 patients with pathological jealousy (Mullen & Maack, 1985). Fifty-six had personality disorder, and 71% of these a paranoid personality disorder.

With such uncertainty still about definition, attempts to understand the origins of such disorders are almost always doomed to fail. Miller (1987), for example, presents one of the most up-to-date reviews of neuropsychological investigations, carefully describing evaluations and modifying variables on the neurological side, but never once questioning the evaluation, or even the validity, of the clinical term 'psychopathy'. Treatment and its evaluation is perhaps further advanced. After all, medicine has a long tradition of offering treatments before understanding either the disorder or the therapy. The Butler Committee recommended the development of treatment units in prison for offender psychopaths. Gunn *et al* (1978) reported on the efficacy of treatment in prison for men who had acquired a label of psychopathy, while stressing that these men hardly formed a homogenous group (Gunn & Robertson, 1976). The success of the treatment within the prison setting has often been missed in favour of emphasis on the fact that a psychiatric treatment failed to have much impact on reoffending. McCord (1983) has continued the follow-up of treated 'psychopaths' – in fact "incorrigible delinquents" of between 9 and 13 – over 30 years. His results showed a significant beneficial impact of the therapeutic community school, but the benefits for the graduate group were apparent only until the age of 25; after that there was crossover in behavioural pattern with those from the more conventional reformatory. Was the environment really so powerful for good *and* bad? Finally, no consideration of progress in defining and modifying the personality disordered is complete without prospective consideration of the whole range of personality development, especially when set in the context of environmental development. Thomas & Chess (1984) have now reported, after 20 years of follow-up to date, a cohort of people who were identified as babies by their temperamental traits.

Other disorders

Disorders other than psychosis and psychopathic disorder have been much less studied for their role in offending, in the past ten years. Gunn's work (1977, 1981) on epilepsy remains the most clinically relevant. Hafner & Boker (1973) note a low relationship

https://doi.org/10.1192/bjp.153.2.271 Published online by Cambridge University Press

between mental handicap and seriously violent offending, while Robertson (1981) examines the extent and pattern of crime more generally among the mentally handicapped. Little new literature on alcohol and other drug abuse specifically in relation to offending has appeared. Coid (1982) reviewed the literature on alcohol, balancing the apparent absence of a simple link between alcohol dependence syndrome and violence with a more direct link between intoxication and offending. Aside from the criminality by definition of most other non-prescribed drug abuse, there has been only a little attention to offending among abusers (e.g. Hemphill & Fisher, 1980).

Almost all the work on mental disorder and offending stems from interest in the possibility that the disorder may contribute to the offending, even though many authors are cautious in attributing direction to any association found. For those pursuing a more rigorous cause and effect enquiry, it is important to acknowledge that offending, especially violent offending, and its consequences may play a role in triggering disorder. A not insubstantial minority of people who have killed, for example, have been found to manifest the first evidence of psychosis after the homicidal attack. A particularly interesting disorder, which follows 30–50% of seriously violent offending, is amnesia. Rarely of legal relevance, its clinical importance is rightly the subject of renewed interest (Kopelman, 1987).

Offending syndromes?

It is always tempting in forensic psychiatric practice to classify, almost diagnose, people by the nature of their offending, and the literature tends to reflect this. It is almost as unhelpful a practice as defining people as psychopaths simply because they persistently offend society. Nevertheless, in the past ten years some important reviews by offence have appeared, on arson (Vreeland & Levin, 1980) and on sex offending. The Howard League (1985) has produced a useful and well-referenced summary of the law, the statistics, the offender characteristics, the victim characteristics, and some of the treatment issues, following this with recommendations for the future. Another short book, summarising well a currently topical issue, is the CIBA Foundation's publication on *Child Sexual Abuse Within the Family* (Porter, 1984). It is probably fair to say, however, that some of the most lively research into the field, at present, comes not from Britain but from Canada. Freund, Langevin, and Quinsey are all worth reading, a useful starting point being Quinsey's recent reviews (1984, 1986).

Alternatives to defining offenders by disorder or offence include classification by demographic variable. Gender, age, and race have each generated a literature. One of the most interesting legal battles of the past ten years has been the attempt to excuse offending on the grounds of premenstrual tension (e.g. D'Orban, 1983). Elderly offenders have provoked several texts, each of similar standard and covering very similar ground (e.g. Wilbanks & Kim, 1984). Race and culture are currently seen as more emotive issues than gender or age, so little serious attempt has been made to test or explain claims that members of some ethnic minorities are disproportionately likely to find themselves not only in mental hospitals but also within the secure elements of forensic psychiatry services. Criminologists have amply demonstrated some of the scope for misinterpretation of the data on offending (e.g. Stevens & Willis, 1979). Another useful contribution is the MIND (1987) bibliography on ethnic minority mental health. Here, however, remains another important lacuna in the forensic psychiatry literature.

Juvenile work

Forensic psychiatrists have to draw vigorously on all other psychiatric disciplines for a well-rounded approach to their work, and none more than child and adolescent work. *Cycles of Disadvantage* (Rutter & Madge, 1976) remains an important review of the impact of adult on child, child attaining adulthood, and new adults perpetuating problems. Of Rutter's more specific enquiries into juvenile delinquency (Rutter & Giller, 1983), David Farrington, perhaps Britain's most important researcher in the field, says, "It is the best and most comprehensive view of the literature on juvenile delinquency ever published. I hope it will become the standard text . . . and influence government policy". Nevertheless, Farrington's views on delinquency prevention have a slightly different emphasis; he argues for targeting the individual, albeit at pre-school age, while the others focus on changing organisations (Farrington, 1985). His long-term prospective study of London boys, started with Donald West, leaves him in a unique position to comment. His follow-up is continuing, and results after 16 years have been reported (e.g. Farrington, 1986). Other useful reviews on juvenile delinquency include West (1982), and Feldman's (1982) volume.

Dangerousness

The Tarasoff case has become a famous landmark in American law and psychiatry. In 1969, a student

https://doi.org/10.1192/bjp.153.2.271 Published online by Cambridge University Press

reported to his psychotherapist that he intended to kill a girl he knew – Tatiana Tarasoff – and he did. On hearing the threat, the psychologist doing the psychotherapy had informed the police, but psychiatry nevertheless went on trial. By the time of the final appeal, in 1976, the American Psychiatric Association had submitted evidence for the profession, denying the skill to predict individual dangerousness accurately. Neither in Britain nor in the US has this denial had any significant impact on the practice of lawyers or psychiatrists. After a period when dangerousness prediction was in some academic disrepute, there has been a revival of serious interest, with Monahan (1984) pointing a cautious way forward in America. In Britain there has been considerable, and appropriate, pressure to separate the issues in predicting dangerousness among those who are mentally disordered and those who are not. The classic work on the latter is the account of the deliberations of an academic working party (Floud & Young, 1981). A volume edited by Hamilton & Freeman (1982) covers the more psychiatric issues, while a slightly later book draws together theoretical models, political practices, and evidence from criminologists and psychologists in a collection which would be useful to most psychiatrists (Hinton, 1983). Farrington & Tarling (1985) write and edit over a rather broader ground of prediction, looking at recidivism and self-injury as well as the more familiar concepts of dangerousness.

Victims

Victims of crime, of torture, of disaster, or of other exceptional personal assault have, until recently, received little attention. Only child abuse, and to a lesser extent wife-battering, have been much researched. Of more recent work on family violence, the book by Dale *et al* (1986*a*) is among the most useful introductions, as it is brief but contains a chapter on the legal context of child abuse as well as the key issues in intervention. Victims still have a curiously anomolous position in the British criminal justice system, described in theory, and also in practice, in an interesting study by Shapland *et al* (1985). Although criminologists, Shapland *et al* nevertheless provide some information about the emotional adjustment of their sample. Hough & Mayhew's (1983) important study on the reporting of crime gives perhaps the best picture of the likelihood of becoming a victim of crime in Britain, while Nash & West (1985) present work which tackles an estimation of the long-term effects of early sexual abuse. Williams (1983) provides an account of some of the support and services available, few with any medical connection. Launay (1985) describes social 'treatments' which may benefit offender and victim alike.

In America, psychiatrists have become much more involved in direct work with victims and the literature reflects this, drawing attention to, among others, the plight of rape victims (e.g. Nadelson *et al*, 1982), kidnap victims (e.g. Terr, 1983) and disaster victims (Wilkinson, 1983). Furthermore, some particularly important potential pitfalls for those who would help victims are highlighted, for example at the scene of the disaster (Jones, 1985), or in providing reports for litigation afterwards (Zusman & Simon, 1983). In practice, for psychiatrists and allied disciplines working regularly with victims it is perhaps the stresses (e.g. Freudenberger, 1977; Maslach & Pines, 1977) which are most important, not forgetting the conflicts created which may even be counter-therapeutic (e.g. Dale *et al*, 1986*b*).

Ethics

Few ethical issues in psychiatric practice are exclusive to forensic psychiatry, but some are more commonly encountered, not least because forensic psychiatrists more frequently see patients in non-medical settings, treat them in security and under compulsion, and have explicit responsibilities to people in authority other than the patient. All these factors exaggerate the difficulties encountered in ordinary ethical practice. Also, forensic psychiatrists may have privileged access to exceptionally sensitive or confidential material, not only about an offender but also about his victims, and thus have extended duties of confidentiality. They may be more likely to be involved in predictions of dangerousness, with their attendant poor reliability and validity but powerfully limiting effect on the offender. A useful background for ethical considerations is the general work on ethical principles in medicine by Beauchamp & Childress (1983). Moving to more specific problems, an article by Eichelman *et al* (1984) illustrates, from an American experience, the destructive effects on research, and ultimately patients, of mixing legalism and ethics. A more balanced approach to research is the British book on research with children (Nicholson, 1986), from which we have much to learn for psychiatry. Lidz *et al* (1984) are among the few who have devised empirical research to test out some of the time-honoured principles in reaching informed consent. Material which addresses the problems perhaps more specific to forensic psychiatry include Monahan's (1980) collection of articles, Rappeport's (1981) chapter, Ciccone & Clements' (1984) article and the Royal College of Psychiatrists Forensic Section (1986) document on confidentiality.

https://doi.org/10.1192/bjp.153.2.271 Published online by Cambridge University Press

Services

Prisons have received a great deal of investigative attention in the past ten years, starting with a review of medical services in the prison system and the evaluation of the only psychiatrist prison in the country (Gunn *et al*, 1978), and culminating in the ten-year follow-up of the 'graduates' of this prison (Robertson & Gunn, 1987). Smith (1984) opened a more general debate on the state of Britain's prisons and their effects on the health of the inmates. In 1986, acknowledging a number of previous enquiries into the provision of medical care for prisoners, and in the spirit that "the government needs to be seen to be beyond reproach in its provision of medical care for prisoners", the Social Services Committee of the House of Commons presented to Parliament a report on the Prison Medical Services (Social Services Committee, 1986). The report made far-reaching recommendations, covering a review of sentencing and remand practices, through basic hygiene in prisons to detailed advice on training and career structure for prison medical officers and supporting staff. Little has changed as a result.

Gostin's (1985) collection of accounts of secure provision for mentally abnormal offenders covers prisons and a much wider range of facilities. Others have touched on special problems, such as violence within psychiatric hospitals (e.g. Drinkwater, 1982) and in prisons (Davies, 1982) and on use of special facilities, such as seclusion (e.g. Grassian & Friedman, 1986).

To come full circle, how have the Butler Committee's recommendations fared? Many of the recommendations have had little impact. Little has changed within the prisons, despite further recommendations which reinforced and extended those of Butler, and only the report of the Home Office Research and Advisory Group on the Long Term Prison System (1987) shows much promise here. A review of some aspects of the law, for example consideration of the abolition of the mandatory sentence for murder, has similarly fallen by the wayside. Nevertheless, forensic psychiatry services have developed and grown. The most tangible result of the Butler Report has been the Regional Secure Units, and here it is significant that governmental money was earmarked to ensure their development. Regional programmes have now advanced even beyond the position set out by Snowden as recently as 1985. Now, every health region in England and Wales has at least one forensic psychiatrist and many have a higher training scheme in forensic psychiatry. Scotland's progress is comparable. Many regions, however, remain below establishment and have under-developed services. Slowly, too, as I hope this brief introduction to some of the more recent literature will show, the academic base of forensic psychiatry is gathering momentum and some at least of the Butler Committee's dreams have been realised.

Acknowledgements

My thanks to the Home Office for providing the CP(I)A 1964 figures, to Professor John Gunn for helpful comment, and to Mollie Loshak for preparing the manuscript.

References

ABERNETHY, V. (1984) Compassion, control and decisions about competency. *American Journal of Psychiatry*, **141**, 53–60.

AMERICAN PSYCHIATRIC ASSOCIATION (1980) *Diagnostic and Statistical Manual of Mental Disorders* (3rd edn) (DSM–III). Washington: APA.

BALFOUR SCLARE, A. (1978) Reading about . . . forensic psychiatry. *British Journal of Psychiatry*, **133**, 466–468.

BEAUCHAMP, T. L. & CHILDRESS, J. F. (1983) *Principles of Biomedical Ethics*. Oxford: Oxford University Press.

BLACKBURN, R. (1988) On moral judgements and personality disorders: the myth of psychopathic personality revisited. *British Journal of Psychiatry* (in press).

CARSON, D. (1988) Psychiatric and legal modes of thinking: the distinction between psychotic and legal concepts. In *Forensic Psychiatry: Clinical, Legal and Ethical Issues* (eds J. Gunn and P.J. Taylor). London: Heinemann (in preparation).

CHISWICK, D. (1987) Managing psychopathic offenders: a problem that will not go away. *British Medical Journal*, **295**, 159–160.

CICCONE, J. R. & CLEMENTS, C. (1984) Forensic psychiatry and applied clinical ethics: theory and practice. *American Journal of Psychiatry*, **141**, 395–399.

COID, J. (1982) Alcoholism and violence. *Drug and Alcohol Dependence*, **9**, 1–13.

DALE, P., DAVIES, M., MORRISON, T. & WATERS, J. (1986*a*) *Dangerous Families*. London & New York: Tavistock.

——, WATERS, J., DAVIES, M., WATERS, J. & DAVIES, M. (1986*b*). The towers of silence: creative and destructive issues for therapeutic teams dealing with child sexual abuse. *Journal of Family Therapy*, **8**, 1–3.

DAVIES, W. (1982) Violence in prisons. *Developments in the Study of Criminal Behaviour* (ed. M. P. Feldman). Chichester: John Wiley & Sons.

DELL, S. & SMITH, A. (1983) Changes in the sentencing of diminished responsibility homicides. *British Journal of Psychiatry*, **142**, 20–34.

——, ROBERTSON, G. & PARKER, E. (1987) Detention in Broadmoor: factors in length of stay. *British Journal of Psychiatry*, **150**, 824–827.

D'ORBAN, P. T. (1983) Medico-legal aspects of the premenstrual syndrome. *British Journal of Hospital Medicine*, **30**, 404–411.

DRINKWATER, J. (1982) Violence in psychiatric hospitals. *Developments in the Study of Criminal Behaviour* (ed. M. P. Feldman). Chichester: John Wiley & Sons.

EICHELMAN, B., WIKLER, D. & HARTWIGG, A. (1984) Ethics and psychiatric research: problems and justification. *American Journal of Psychiatry*, **141**, 400–405.

FARRINGTON, D. P. (1985) Delinquency prevention in the 1980s. *Journal of Adolescence*, **8**, 3–16.

—— (1986) Stepping stones to adult criminal careers. In *Development of Antisocial and Prosocial Behaviour* (eds D. Olweus, J. Bloch & M. R. Yarrow). New York: Academic Press.

—— & TARLING, R. (eds) (1985) *Prediction in Criminology*. New York: State University of New York Press.

https://doi.org/10.1192/bjp.153.2.271 Published online by Cambridge University Press

FELDMAN, M. P. (ed.) (1982) *Developments in the Study of Criminal Behaviour*, Vol. 1. Chichester: John Wiley & Sons.

FENWICK, P. & FENWICK, E. (eds) (1985) *Epilepsy and the Law – a Medical Symposium on the Current Law*. International Congress and Symposium Series, No. 81. London: The Royal Society of Medicine.

FLOUD, J. & YOUNG, W. (1981) *Dangerousness and Criminal Justice*. London: Heinemann.

FREUDENBERGER, H. J. (1977) Burn-out: occupational hazard of the child care worker. *Child Care Quarterly*, **6**, 90–99.

FROMM, E. (1973) *The Anatomy of Human Destructiveness*. Penguin Books.

GALLWAY, P. (1985) The psychodynamics of borderline personality. In *Aggression and Dangerousness* (eds D. P. Farrington & J. Gunn). John Wiley & Sons Ltd.

GOLDBERG, E. M. & MORRISON, S. L. (1963) Schizophrenia and social class. *British Journal of Psychiatry*, **109**, 785–802.

GOSTIN, L. O. (1977) *A Human Condition* Vols. 1 & 2. London: MIND (National Association for Mental Health).

—— (ed.) (1985) *Secure Provision*. London: Tavistock.

—— (1986) *Mental Health Services – Law & Practice*. London: Shaw & Sons.

GRASSIAN, S. & FRIEDMAN, N. (1986) Effects of sensory deprivation in psychiatric seclusion and solitary confinement. *International Journal of Law and Psychiatry*, **8**, 49–65.

GUNN, J. (1977) *Epileptics in Prison*. New York: Academic Press.

—— (1979) Forensic psychiatry. In *Recent Advances in Clinical Psychiatry – 3* (ed. K. Granville-Grossman). Edinburgh: Churchill Livingstone.

—— (1981) Medico-legal aspects of epilepsy. In *Epilepsy and Psychiatry* (eds E. H. Reynolds & M. R. Trimble). Edinburgh: Churchill Livingstone.

—— (1986) Education and forensic psychiatry. *Canadian Journal of Psychiatry*, **31**, 273–280.

—— (1988) Personality disorder: a clinical suggestion. In *Personality Disorders* (ed. P. Tyrer). London: John Wright (in press).

—— & ROBERTSON, G. (1976) Psychopathic personality: a conceptual problem. *Psychological Medicine*, **6**, 631–634.

——, ——, DELL, S. & WAY, C. (1978) *Psychiatric Aspects of Imprisonment*. London: Academic Press.

HAFNER, H. & BOKER, W. (1973) *Crimes of Violence by Mentally Abnormal Offenders* (translated 1982 by H. Marshall). Cambridge: Cambridge University Press.

HAMILTON, J. & FREEMAN, H. (eds) (1982) *Dangerousness: Psychiatric Assessment and Management*. London: Gaskell.

HEMPHILL, R. E. & FISHER, W. (1980) Drugs, alcohol and violence in 604 male offenders referred for inpatient psychiatric assessment. *South African Medical Journal*, **57**, 243–247.

HINTON, J. W. (ed.) (1983) *Dangerousness: Problems of Assessment and Prediction*. London: George Allen & Unwin.

HOME OFFICE (1975) *Report of the Committee on Mentally Abnormal Offenders*. Department of Health and Social Security, Cmnd. 6244. London: HMSO.

HOME OFFICE RESEARCH AND ADVISORY GROUP ON THE LONG TERM PRISON SYSTEM (1987) *Special Units for Long-Term Prisoners: Regimes, Management and Research*. London: HMSO.

HOUGH, M. & MAYHEW, P. (1983) *The British Crime Survey: First Report*. Home Office Research Study No. 76. London: HMSO.

HOWARD LEAGUE (1985) *Unlawful Sex*. London: Waterlow.

JOHNSTONE, E. C., CROW, T. J., JOHNSON, A. L. & MACMILLAN, J. F. (1986) The Northwick Park study of first episodes of schizophrenia. *British Journal of Psychiatry*, **148**, 115–143.

JOINT COMMITTEE ON HIGHER PSYCHIATRIC TRAINING (1987) *Handbook*. London: Royal College of Psychiatrists.

JONES, D. R. (1985) Secondary disaster victims: the emotional effects of recovering and identifying human remains. *American Journal of Psychiatry*, **142**, 303–307.

KENNY, A. (1983) The expert in court. *The Law Quarterly Review*, **99**, 197–216.

KOPELMAN, M. D. (1987) Crime and amnesia: a review. *Behavioural Sciences and the Law*, **3**, 323–342.

LAUNAY, G. (1985) Bringing victims and offenders together: a comparison of two models. *The Howard Journal of Criminal Justice*, **24**, 200–212.

LIDZ, C. W., MEISEL, A., ZERUBAVEL, E., CARTER, M., SESTAK, R. M. & ROTH, L. H. (1984) *Informed Consent*. New York and London: Guilford Press.

MASLACH, C. & PINES, A. (1977) The burn-out syndrome in the day care setting. *Child Care Quarterly*, **6**, 100–113.

MASTERS, B. (1985) *Killing for Company*. London: Jonathan Cape.

MCCORD, W. M. (1983) *The Psychopath and Milieu Therapy*. New York: Academic Press.

Miller, L. (1987) Neuropsychology of the aggressive psychopath. *Aggressive Behaviour*, **13**, 119–140.

MIND (1987) *A Descriptive Bibliography of Books and Articles on Black and Ethnic Minority Mental Health in Britain*. London: MIND.

MONAHAN, J. (ed.) (1980) *Who is the Client? The Ethics of Psychological Intervention in the Criminal Justice System*. Washington, DC: American Psychological Association.

—— (1984) The prediction of violent behaviour: toward a second generation of theory and policy. *American Journal of Psychiatry*, **141**, 10–15.

—— & STEADMAN, H. J. (1983) Crime and mental disorder: an epidemiological approach. In *Crime and Justice: An Annual Review of Research, Vol. 4*. (eds M. Toning & N. Morris). Chicago: University of Chicago Press.

MULLEN, P. E. & MAACK, L. H. (1985) Jealousy, pathological jealousy and aggression. In *Aggression and Dangerousness* (eds D. P. Farrington and J. Gunn). Chichester: John Wiley & Sons.

NADELSON, C. C., NOTMAN, M. T., ZACKSON, H. & GORNICK, J. (1982) A follow-up study of rape victims. *American Journal of Psychiatry*, **139**, 1266–1270.

NASH, C. L. & WEST, D. J. (1985) Sexual molestation of young girls: a retrospective survey. In *Sexual Victimisation* (ed. D. J. West). London: Gower.

NICHOLSON, R. H. (ed.) (1986) *Medical Research with Children: Ethics, Law and Practice*. Oxford: Oxford University Press.

PORTER, R. (ed.) (1984) *Child Sexual Abuse Within the Family*. London: Tavistock (for the CIBA Foundation).

QUINSEY, V. L. (1984) Sexual aggression: studies of offenders against women. In *Law and Mental Health: International Perspectives*, Vol. 1. (ed. D. N. Weisstub). London: Pergamon.

—— (1986) Men who have sex with children. In *Law & Mental Health: International Perspectives*, Vol 2 (ed. D. N. Weisstub). London: Pergamon.

RAPPEPORT, J. R. (1981) Ethics and forensic psychiatry. In *Psychiatric Ethics* (eds S. Bloch & P. Chodoff). Oxford: Oxford University Press.

ROBERTSON, G. (1981) The extent and pattern of crime amongst mentally handicapped offenders. *Journal of British Institute of Mental Handicap*, **9**, 100–103.

—— (1982) The 1959 Mental Health Act of England and Wales: changes in the use of its criminal provisions. In *Abnormal Offenders, Delinquency, and the Criminal Justice System* (eds J. Gunn & D. P. Farrington). Chichester: John Wiley & Sons.

—— & GUNN, J. (1987) A ten year follow-up of men discharged from Grendon Prison. *British Journal of Psychiatry*, **151**, 674–678.

ROYAL COLLEGE OF PSYCHIATRISTS FORENSIC SECTION (1986) *Confidentiality and Forensic Psychiatry*. London: Royal College of Psychiatrists.

RUTTER, M. & GILLER, H. (1983) *Juvenile Delinquency*. Harmondsworth: Penguin.

—— & MADGE, N. (1976) *Cycles of Disadvantage*. London: Heineman.

SHAPLAND, J., WILLMORE, J. & DUFF, P. (1985) *Victims in the Criminal Justice System*. Cambridge Studies in Criminology 53. London: Gower.

https://doi.org/10.1192/bjp.153.2.271 Published online by Cambridge University Press

SMITH, J. C. & HOGAN, B. (1978) *Criminal Law*. London: Butterworths.

SMITH, R. (1984) *Prison Health Care*. London: British Medical Association.

SNOWDEN, P. (1985) A survey of the regional secure unit programme. *British Journal of Psychiatry*, **147**, 499–507.

SOCIAL SERVICES COMMITTEE (1986) Report on the Prison Medical Service. *House of Commons Paper* 72-1. London: HMSO.

SOSOWSKY, L. (1978) Crime and violence among mental patients reconsidered in view of new legal relationship between State and mentally ill. *American Journal of Psychiatry*, **135**, 33–42.

STEADMAN, H. J., MONAHAN, J., DUFFEE, B., HARTSTONE, E. & ROBBINS, P. C. (1984) The impact of state mental hospital deinstitutionalisation on United States prison populations 1968–1978. *The Journal of Criminal Law and Criminology*, **75**, 474–490.

STEVENS, P. & WILLIS, C. F. (1979) *Race, Crime and Arrests*. Home Office Research Study No. 58. London: HMSO.

TAYLOR, P. J. (1985*a*) Mental health legislation. *British Journal of Hospital Medicine*, **2**, 28–31.

—— (1985*b*) Motives for offending among violent and psychotic men. *British Journal of Psychiatry*, **147**, 491–498.

—— (1986) Psychopaths and their treatment. *Journal of the Royal Society of Medicine*, **79**, 693–695.

—— (1987) Social implications of psychosis. *British Medical Bulletin*, **43**, 718–740.

—— & GUNN, J. (1984) Violence and psychosis: 1. Risk of violence among psychotic men. *British Medical Journal*, **288**, 1945–1949.

TERR, L. C. (1983) Chowchilla revisited: the effects of psychic trauma four years after a school bus kidnapping. *American Journal of Psychiatry*, **140**, 1443–1550.

THOMAS, A. & CHESS, S. (1984) Genesis and evolution of behavioural disorders: from infancy to adult life. *American Journal of Psychiatry*, **141**, 1–9.

THOMAS, D. A. (1979) *Principles of Sentencing*. London: Heinemann.

TYRER, P. & FERGUSON, B. (1987) Problems in the classification of personality disorder. *Psychological Medicine*, **17**, 15–20.

VREELAND, R. G. & LEVIN, B. M. (1980) Psychological aspects of firesetting. In *Fires and Human Behaviour* (ed. D. Canter). Chichester: John Wiley & Sons.

WALDINGER, R. J. (1987) Intensive psychodynamic therapy with borderline patients: an overview. *American Journal of Psychiatry*, **144**, 267–274.

WEST, D. J. (1982) *Delinquency: Its Roots, Careers and Prospects*. London: Heinemann.

WILBANKS, W. & KIM, P. K. H. (eds) (1984) *Elderly Criminals*. Lanham, New York: University Press of America.

WILCOX, D. E. (1985) The relationship of mental illness to homicide. *American Journal of Forensic Psychiatry*, **6**, 3–15.

WILLIAMS, G. (1978) *Textbook of Criminal Law*. London: Stevens & Sons.

WILLIAMS, K. (1983) *Community Resources for Victims of Crime*. Home Office Research and Planning Unit Paper 14. London: HMSO.

WILKINSON, C. B. (1983) Aftermath of a disaster: the collapse of the Hyatt Regency Hotel Skywalks. *American Journal of Psychiatry*, **140**, 1134–1139.

ZUSMAN, J. & SIMON, J. (1983) Differences in repeated psychiatric examinations of litigants to a lawsuit. *American Journal of Psychiatry*, **140**, 1300–1304.

Pamela J. Taylor, MB BS, MRCP, MRCPsych, *Senior Lecturer in Forensic Psychiatry, Institute of Psychiatry and Hon. Consultant Psychiatrist, Bethlem Royal and Maudsley Hospitals*

Correspondence: *Institute of Psychiatry, London SE5 8AF*

https://doi.org/10.1192/bjp.153.2.271 Published online by Cambridge University Press