

THE TREATMENT OF SEXUAL OFFENDERS

BY JUDGE A. W. FOSTER (of the County Court of Victoria)
and DR. FARRAN-RIDGE

A GENERAL MEETING of the Members of the Medico-Legal Society of Victoria was held at the Medical Society Hall, Albert Street, East Melbourne, on Saturday, 25th September, 1937, at 8.15 p.m. Dr. Kingsley Norris, Vice-President, occupied the Chair.

Chairman: It has often been charged against this Society that when we meet we do nothing but talk about matters that concern us, but do not come out and follow them up. To-night the proposals before the Society are of a most constructive character, and as you know, there are certain proposals dealing with sexual problems already before the Government, problems that have been discussed here before, but will now be discussed in a constructive way. Two members of this Society will move and second resolutions that we hope will strengthen any movement of the Government along the desired lines. To commence business, I will ask his Honour Judge Foster to open the discussion.

His Honour Judge Foster: Mr. Chairman and Gentlemen, the discussion to-night is to take place in two sections. As I understand it, I am to move this resolution and to state the problem more or less from the point of view of the Judges who have to deal with sexual offenders. Dr. Farran-Ridge will deal with the proposals and discuss them, and say what is to be said in support of them, and, perhaps, in criticism of them. Certainly there are some aspects of the Government's proposal that do not meet with my approval, and I shall reserve the right, if I may, to draw attention to that, perhaps, after Dr. Farran-Ridge has addressed you.

The problem of the sex offender in law, in fact the problem of psychopathic offenders generally, has for a long time been a real one and has affected the minds of judges with imagination and knowledge for many years. The injustice of our treatment of these unfortunate victims

must have been very actively present to the minds of the medical fraternity, particularly those who specialized upon the abnormal aspects of human behaviour.

In February, 1935, Dr. Clarence Godfrey is reported to have given evidence as an expert in these matters when a young sexual offender was called up for sentence. The doctor was emphatic that the offender was abnormal and required treatment which he felt had a reasonable chance of success. The Judge asked what was he to do about it. It was either prison or release on a bond.

The Doctor: Prison was the worst possible treatment.

The Judge: Release on a bond would fail utterly to protect the community.

The Doctor: Treatment in an institution . . .

The Judge: There is no institution. I throw you a challenge. You medical men know the problem and have great influence in this community. How about using it to obtain such an institution as you suggest?

The problem comes to the courts as one of punishment. The law having decided that certain conduct is criminal and fixed the maximum penalties, casts upon the judiciary the task of imposing the sentence. The law has assumed both the moral responsibility for the conduct condemned and the justice and desirability of punishment; both of these assumptions have long been challenged but the law moves very slowly.

I am a determinist and suppose most people are also. The new biological knowledge shows how closely our conduct is governed by our physical, even our chemical make-up, for example we are told that all that stands between us and imbecility is 1/10,000 or is it one-millionth of a grain of iodine, and to impose punishment on the assumption of an unfettered human free will and entire moral responsibility would on the facts as we know them now be absurd.

Punishment checks offence by its deterrent sense of terror and it follows that no man should be punished unless he both knows that he is doing wrong and that he can "help"

doing it, in other words it must be assumed that he is physically and mentally capable of avoiding the forbidden conduct. Reformation and deterrence are the sole justification for criminal punishment and deterrence may be regarded as a means of reforming others. This view has the support of the generally accepted writers: Whately, Blackstone, Romilly, Paley and others. But there are cases where a man may be rightly deprived of his liberty in the interests of the community and where the detention could not be regarded as punishment, e.g., where a man is detained in quarantine or in a lunatic asylum or in prison or other institutions to safeguard the community against his anti-social and irresponsible conduct.

Two further grounds for inflicting punishment are sometimes suggested, viz., revenge or retribution and the gratification of individual resentment. There is some justification for these, too. There is a widespread feeling that a man who has done wrong "ought to be punished" and a feeling of satisfaction prevails when that has been achieved. It was notably present in this community after the hanging of Colin Ross. The element of revenge has Biblical authority for its justification—"Revenge is sweet, saith the Lord."

However, to me it would be revolting to concede as the ostensible bases of punishment such real but unworthy motives as resentment and revenge. And this brings me to the question of the sex offender.

More recent knowledge has made it clear that many cases of sexual offences are the result of some physical or mental abnormality sometimes going so far as to make the conduct complained of really unwilling or even against the will of the doer, the degree of control varying greatly in each case.

Not all sexual offenders are psychopaths but I believe most of them are, and no machinery is available to the law for determining whether the offender is or is not, nor of adequately dealing with him if he is in fact a victim of his physical or mental condition.

In October, 1936, I sentenced a middle-aged man to 10 years' imprisonment for a sexual offence against a little boy. He had a history of such offences and the police report indicated that he was addicted to these criminal offences and was guilty of many more offences than he had been caught and punished for. I described the sentence as outrageous and justified it only on the ground that the only way to protect the little boys of the community was by keeping him in custody. The Court of Appeal subsequently reduced his sentence by 80% but the two years that Court imposed was still an outrageous sentence. *The Argus* at the time wrote, "It is outrageous that the victim of a curable mental disease should receive the treatment of an ordinary criminal because law and practice have not been kept abreast of modern scientific knowledge."

However, thanks to the prompt and intelligent appreciation of the problem involved in these sex cases by the present Government, a departmental investigation and report was called for and a promise given that a suitable clinic would be appointed and a suitable institution provided and the question we are discussing to-night is what should the constitution of the clinic be? What should be the nature and functions of the institution and what should be the basis of the connection between the clinic and the courts?

The problem of the mentally abnormal comes to the courts in two ways, first as a question of criminal liability and secondly on a question of punishment.

In 1843 Mr. McNaughton slew a Mr. Drummond. He thought Drummond was Robert Peel, that eminent creator of "bobbies." The jury acquitted McNaughton on the ground of insanity and provoked a popular outcry. The House of Lords asked the Judges what about it. The Judges made a reply which may be summed up:

- (1) Every man is presumed to be sane and responsible until the contrary be proved.
- (2) The burden of proving himself insane is on the accused and he can only prove that by showing that

he did not know the nature and quality of the act he did or if he did that he did not know that it was wrong morally—quite an intelligent bit of work for a lunatic!

- (3) If he knew it was wrong and if it was also unlawful he was punishable.
- (4) If he suffered a delusion his liability depended on whether the act was unlawful on the assumption of the reality of the delusive imaginings.

The courts have since wrestled with these findings and the activities of our medical friends have discovered so many new kinks in our mental make-up and as expert witnesses suggested so many new excuses for criminal acts that McNaughton's case is not now regarded as sufficient. Perhaps some of our legal members who recently jointly and severally attempted to save Sodeman will, if you desire it, enlighten us further on the aspect of the matter. The old idea was that insanity which by affecting a man's intellect impaired his judgment might properly relieve him of criminal liability, but since those days questions of insane and overwhelming impulse, sleep-walking, unconscious automatism, post hypnotic suggestion have, as medical knowledge has grown, been urged as a new basis of immunity. These more-recently recognized types of mental upset affect a man's will either by weakening his natural impulses or resistances or by affecting his normal emotions of hatred and affection and so cause such abnormality as to make it unjust to condemn or punish the victim.

In all this the legislator finds an independent problem which precedes the court's interest in the matter. The legislator will need to appreciate first the statistical extent of these mental aberrations and then prescribe preventive and curative measures. Where this will lead him the doctors alone know—perhaps!—but it is a fact that a very substantial percentage of the persons arrested are mentally afflicted. An English enquiry showed 19 per cent.

I have said that one of the issues for the judge is punishment. Should the accused be imprisoned? And courts

have differed in their views, from the vindictive maximum when a Magistrate declared that an exhibitionist convicted before him should be sentenced to the maximum term of imprisonment and as well be publicly flogged, to the other extreme, release on a personal bond without conditions. I recall a country case of an elderly man, married with four children, convicted of an offence against a little girl. He was not represented by counsel but the family doctor came to court and asked to give evidence, but when questioned would say nothing but that he was the family doctor and knew of facts. Finally I got him to come into my private chambers and he told me the accused was an advanced syphilitic and that the disease had now attacked his brain. Was any penalty justified? Detention was, of course, essential.

Another case was that of a man aged 45 in a prosperous business, highly respected, as a large number of witnesses testified, found guilty of disgusting behavior with numbers of little boys. I suspected abnormality and secured his detention and treatment. Within 12 months a mental disease manifested itself and he became permanently insane.

A Sunday school teacher, age about 23, excellent character and connections, was guilty of sodomy. Medical treatment was secured by means I adopted and subsequent reports over a number of years indicated a complete cure. Parenthetically, might I ask whether we should not review our attitude to some sex crimes. Sodomy is described in the Crimes Act as that abominable offence of buggery. I ask is it clear that it is in all circumstances a crime, or is it any more of a crime than homo-sexuality between females? In any case it is an easily understood abnormality which may in some cases yield to treatment.

Within the last few weeks a man aged 37 was convicted before me of carnally knowing a girl under the age of 16. She was a consenting party, in fact, as the evidence was, having assisted him to undo his fly. The law forbids such conduct and ordains that consent in fact can never be consent in law for girls who though physically mature are assumed to

be mentally immature. In this case the prisoner was sentenced to six months. Here was perfectly natural conduct without abnormality forbidden and punished.

I must not be taken as suggesting that all cases of sex offences are the result of some mental or physical abnormality or emotional upset nor that even in special cases where there is evidence that the offender is abnormal that punishment should not be imposed. It may quite well be that a sharp penalty is the proper treatment, but what is clear is that no judge is equipped to determine the matter without the assistance which modern science and skilled experts can provide. And what is more he ought not to be permitted to determine it without that assistance. To do so is unfair both to the victim and the community alike.

What should the judge do with the convicted sexualist, I ask again? His present alternatives are:—

Punish him as an ordinary criminal or release him on a bond to which may be attached conditions and guarantees. The answer is that these alternatives are not sufficient. The Courts must be provided with additional resources both of enquiry and treatment and experience has shown that the enquiry may be a long and tedious investigation involving the highest resources of skill, tact and knowledge on the part of the investigator.

The judge must be advised in each case by properly qualified experts, and further there must be at his disposal such resources for punishment or treatment as the best expert opinion can suggest.

Upon conviction and upon proof of a *prima facie* case of abnormality the prisoner should be referred for consideration and report to a group of experts (Dr. Farran-Ridge will tell us what kind of experts and of the resources that should be provided for them), who should be required to report to the trial judge as soon as possible, who would then be guided by such report and recommendation. Now let us see what this involves. There must be:

1. A clinic.
2. A place of detention during investigation.
3. Power for the clinic to make the necessary physical mental and environmental investigation.
4. A requirement of the earliest possible report to the trial judge.
5. The right of the prisoner to be present and represented at the hearing of the report and to cross-examine the reporting officers and to lead evidence on his own behalf.
6. The provision of all facilities both as to institution and staff for the carrying out of the recommended and judicially imposed treatment.
7. Compulsory regular reports to the Court of the progress of the treatment with the power in the judge to make all appropriate orders for further treatment and control.
8. Provision that the prisoner himself (independently of the clinic) could upon proper materials cause his case to be brought before the trial judge for further consideration and action.
9. Power for the court to cause the detention of the prisoner indefinitely and so long as he is a menace to the public, with full discretionary power to allow release under all proper safeguards.

I have stated these matters very briefly and categorically and Dr. Farran-Ridge will develop some aspects of them, but they are mainly thrown down to provoke criticism and discussion by this meeting.

I should also draw attention to some negatives:

1. The institution should not be either a prison or lunatic asylum. The prisoner is not, pending the conclusion of the investigation, either a criminal or a lunatic and it is very essential from the view both of the investigator and of the public confidence in this new form of procedure that in the first instance the matter of criminality and abnormality should be left open.

2. There must not be a feeling in the public mind that persons committed to these places are gone and forgotten—a compulsory regular review is essential.

The environmental investigation must not be conducted as a matter of authority or in violation of the rights of people but should be conducted by trained and skilled investigators with tact and discretion. It will not be sufficient to appoint to this new position any departmental officer. Success of the whole plan will largely depend on the selection of the right person for this task.

Dr. C. Farran-Ridge: Mr. Chairman and Gentlemen: I shall devote the time at my disposal to going over the proposals of the Government and to annotate them in various ways. On the 19th February, 1937, there was held a meeting of the No. 3 sub-committee of the Council for Mental Hygiene. Dr. Jones, Director of Mental Hygiene, was in the chair, and there was a full attendance of members, which included all the psychiatrists of Melbourne, and there were also present His Honour Judge Foster, Mr. Chapman, Under-Secretary of the Chief Secretary's Department, Mr. Akeroyd, Inspector-General of Penal Establishments, and other gentlemen especially invited because of their interest in the question of the treatment of sexual offenders. Dr. Jones, Mr. Akeroyd, and myself, prepared a memorandum which I will read to you in a desultory way only.

First of all, the definition of a sexual offender is not so easy as it looks. I tried to approach the definition by going over in my mind all the sexual offenders whom I had met personally, and I soon found that those people whom I regarded as the worst sexual offenders had not broken any statutes at all, and they had not even broken a by-law, and I suppose for our purposes they ought not to be regarded as sexual offenders. I instance the case of one woman in a Canadian hospital who had had six illegitimate children by five different men. She was somewhat of a psychopath, but was not certified as insane. However, the management of the hospital concerned on behalf of the ratepayers of the municipality resolutely refused to take charge of her on the ground that they could not afford to.

I think that sexual offenders might possibly be defined as persons who have gratified or have tried to gratify their sexual impulses in ways that are unlawful, and socially undesirable, and the definition could be filled in by giving a list of the recognized functions. The opinion of the meeting to which I referred was that sexual offenders could be roughly divided into three classes—

1. Mental defectives.
2. Insane.
3. Psychopaths.

It was not considered necessary to include in a special category depraved or criminal offenders. I thought of giving definitions in those terms for the sake of the legal members of the society. They are as follows:

Legal concept: Mental defective means a state of arrested or incomplete development of mind existing before the age of 18 years, whether arising from inherent causes or induced by disease or injury.

Biological concept: Mental defectiveness means a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision, control, or external support. Mental defectives are then divided into different grades, of idiocy, imbecility, and feeble-mindedness.

Idiocy—Idiots are defined as “persons in whose case there exists mental defectiveness to such a degree that they are unable to guard themselves against common physical dangers.”

Imbecility—Imbeciles are defined as “persons in whose case there exists mental defectiveness which, though not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves or their affairs, or in the case of children, of being taught to do so.”

Feeble-Mindedness—The feeble-minded are defined as “persons in whose case there exists a mental defective-

ness which though not amounting to imbecility is yet so pronounced that they require care, supervision, and control, for their own protection or for the protection of others, or, in the case of children, that they appear permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary schools." Then there is a fourth group of mental defectives who are spoken of as "moral defectives."

Moral defectives are "persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision, and control for the protection of others." That lady who gave such trouble to the managing committee of the hospital might be regarded as a moral defective.

Their mental defectiveness is shown not in lack of scholastic ability, but in lack of wisdom and moral sense. They are indistinguishable from certain types of psychopathic personality.

The insane are "persons who suffer, not from arrested or incomplete development of mind, but from conditions of mental disorder or mental decay." They become certifiably insane when they do or say something that all would agree to regard as mad. As an instance of such a case there was a man whose relatives informed me who had been on the dole for the past 12 years, and I said to him that I was sorry to hear that he had been hard up. His reply was "I own all the pubs in Victoria, and the bloody breweries, too."

Then, to give an instance of mental decay, I asked a man "Where are you, Mr. Smith?" Mr. Smith paused for a minute, as if trying to find some form of reference, and he replied, "I am two miles from here, and three miles from there."

It does not follow that because a person is certifiably insane he should be certified. He should be certified only when such a step is necessary in his own interests or when he has become an intolerable nuisance or a danger to others.

As I said at the beginning, my object was to annotate the Government's proposal. A definition of the term "*psychopath*," which has been accepted is "Persons who, not being mentally defective or certifiably insane, stand apart from their fellows by reasons of persistent abnormalities of character and social conduct," and these are the people who give us most trouble as sexual offenders. Psychopaths do not suffer from lack of intelligence, like the feeble-minded or delusions and hallucinations, like the insane, their abnormality being expressed mainly in the character and intensity of their emotional and volitional reactions. They do suffer, however, from peculiarities of temperament and morbid impulses, and inclinations which make it difficult or impossible for them to get on with ordinary people or to adapt themselves to the requirements and restrictions of society. Psychopaths may do things that are foolish, morbid, selfish, cruel, wicked, or criminal, and they may commit murder, but they would not do things such as would be accepted without argument as evidences of insanity. With regard to further legislation, it was thought that on grounds of urgency and expediency a bill should be introduced in the meanwhile to deal specifically with sexual offenders.

Suggested Procedure for Dealing with Sexual Offenders

It was agreed that no alteration should be aimed at in the handling of a sexual offender before conviction. It was recommended that after conviction he should be remanded to a special institution for sexual offenders for investigation of his case by the staff of a special psychiatric clinic attached to the courts. The staff of this clinic should be a full-time one consisting of

- (a) a psychiatrist
- (b) a psychologist
- (c) a social worker

who would work together as a team, the psychiatrist being in charge.

A special psychiatric clinic may be defined as an institution connected with the courts in which concrete problems of psychiatric type are studied, and expert advice and

treatment given. Such a clinic is already recommended for establishment to deal with wayward, delinquent and/or mentally defective children from the Children's Courts and it is submitted that the staff of this clinic could also investigate sexual offenders and other mentally abnormal persons referred to them by the courts.

There was a certain amount of difference of opinion as to the constitution of that court. Most people thought that the psychiatrist, the psychologist, and the social worker are all to be full-time people. Others thought it might be better to have the psychiatrist half-time, and that possibly you might have two psychiatrists working half-time each, and some people thought that you need not pay the psychiatrist anything at all, because you might find that a consultant psychiatrist for the sake of the experience would be willing to give his services free. However, the majority of the people thought that the psychiatrist ought to be full-time.

The meeting suggested that the next step should be for the staff of this clinic to report their findings in detail to an advisory board consisting of the Government medical officer, a superintendent from the Department of Mental Hygiene, and the Inspector-General of Penal Establishments.

There was a fair amount of criticism of the personnel of that board, too. Some people thought that there was no reason why a superintendent from the Department of Mental Hygiene should be appointed, and they would rather have a psychiatrist from outside. Other people argued that if you had three people who were civil servants on the board, it would not be altogether satisfactory. The constitution of the board is a matter for discussion.

The Advisory Board should interview the offender, review the findings of the clinic, order further investigations, if necessary, and report to the court. The court, after considering the advice of the Advisory Board, should decide what should be done with the offender, whether he should be

- (a) released on bond
- (b) committed to gaol
- (c) committed to the Special Institution for sexual offenders.

There is a fair number of people who think that the Advisory Board is a link in the chain that might be cut out altogether, whilst other people are in favour of having an Advisory Board because they say the psychiatrist

in charge of the psychiatric clinic might consider that anything from cancer to delinquency could be cured by psychological means. It was thought that the Judge himself might be a crank on the subject of sexual offenders, and he would be in need of the advice of this Advisory Board.

An offender, if committed to the Special Institution, should be sent there for an indeterminate period. Reports on each offender thus committed should be made every three months to the Advisory Board by the Superintendent of the Special Institution—reports on every phase of the man's life and work in the institution. The Advisory Board after considering these reports and in case of doubt, making direct personal investigations, should advise the Indeterminate Sentences Board which should determine what further action should be taken.

The Special Institution should be a reformatory prison within the meaning of the Crimes Act 1928, and Gaols Act 1928, and in it provision should be made for fifty offenders with room for extension. Separate sleeping accommodation should be provided for each inmate, and the Institution should be equipped with workshops, recreation room, gymnasium, sports ground and swimming pool.

The staff of the Institution should consist of a superintendent, and suitable subordinate officers. Attached to the Institution there should be a medical officer, with special qualifications, whose whole time should be devoted to the treatment, mental, moral and physical, of the inmates.

I should think myself it would be extremely difficult to get the right man for that particular job. If a man had the necessary qualities for that job he might easily be the leading psychiatrist of Melbourne.

The suggestion that such an Institution should be established within the confines of a Mental Hospital did not meet with general approval. The tendency in Mental Hospitals is to allow the patients more and more freedom, and to do away with locked doors, fences, etc. Sexual offenders obviously cannot be allowed this degree of liberty and the risk of their coming into contact with female patients makes their presence inside a mental hospital undesirable. As a matter of policy, the Mental Hospitals should be kept free from association with gaols and criminals. There is sufficient stigma attaching to them already.

Before closing, I would like to speak about one other matter, and that is the question of the curability of sexual offenders. It does not make the slightest difference to the desirability of these requirements in connection with the

treatment of sexual offenders, but I think that the general public and even some members of the judiciary have too optimistic an idea of what can be done by psychological means in reforming these sexual offenders.

In about 1934 there was a meeting of the London Medico-Legal Society at which exactly the same topic as we are discussing to-night, was discussed, and there was a good paper read by a London magistrate, Mr. Claude Mullins, in which he gave his ideas regarding curability, and as they coincide almost precisely with my own ideas, I propose to read it.

"It is a mistake to think that the task of a court is made easier when it asks for and receives reports from experts. For though medico-therapists may diagnose the trouble, that is of no use to us in courts unless they can treat and cure. Here is another of my cases: I found a young man of 24 guilty, after stout denials, of common assault on a boy. The original charge was indecent assault, but the case was not a bad one, so I felt justified in reducing it and not sending him for trial by jury. Two years previously he had been sentenced at Bow Street to six months for similar conduct. I sent him to a psychological clinic, which reported as follows:

" 'I could find very little that would make me believe that this boy is really the established homosexual type I believe that his difficulties in early life at home are responsible for his condition . . . He has always had a certain fear of growing up and of the responsibilities of life. The result has been that he is something of a Peter Pan emotionally and so the schoolboy homosexual phase has persisted.'

"On this I made a Probation Order for two years, sent him to a hostel temporarily, and ordered his attendance to the clinic. Two months later the psychologist who was treating him wrote:

" 'Perfect cure is uncommon. The success of the treatment, however, depends upon a real wish for cure . . . This is quite absent in his case . . . He has been discharged as unsuitable for psychological treatment.' I am not easily daunted. Another psychologist was found, and six months after the offence he wrote:

" 'I still feel that he is helpable . . . At the present moment I certainly do not think he is safe.'

After a further three months I met the psychologist who was giving the treatment, and he told me frankly that this lad had not given up his unfortunate habits.

"I could cite many other cases, but these must suffice.

"I am not saying in any way that sexual offenders cannot be cured by psycho-therapy. On the contrary, I am convinced that many can, and I doubt if there is a magistrate on the bench who has tried harder than I have to enlist the aid of the psycho-therapists. But there is no ground yet for enthusiasm about cures. Some believers in the psychological treatment of offenders give me the impression that they think that psycho-therapy can always make new people out of old. Such blind enthusiasm entirely ignores realities. The best time for dealing with criminals is nine months before they are born. It is because we persist in ignoring this fundamental fact that we have numbers of human beings who will never make useful citizens. So long as we are content to leave conception and birth to luck and lust, and call the result the will of God, so long will present conditions continue, and hopes of conversion by treatment and training be disappointed in many cases. I am wholeheartedly in favour of treatment, psychological and otherwise, but the daily work of a magistrate makes him a realist."

Twelve months ago the medical officer in charge of the male division at Mont Park sent to work in my garden a vigorous man of 55 years of age with a life history of exhibitionism to his discredit. However, I gave him congenial work, I tried to raise his self-esteem by judicious praise, I even tried to encourage him by giving him a regular though admittedly small salary, and in response to all those he improved very much mentally, and did excellent quality work. However, two or three weeks ago he became inexplicably moody, and depressed, and one day he did not turn up at all. I then made enquiries and found that he had exposed himself to one of the nurses, and the medical superintendent had promptly locked him up in one of the detention wards. I would not have mentioned this case except that Mr. Claude Mullins said that he had noticed that exhibitionist crimes occurred more frequently in the spring. I suppose that we ought not to be surprised at this because, as the poet says, "In the spring a young man's fancy lightly turns to thoughts of love." It is very unfortunate that this should be so, because gardeners are at their maximum value in the spring. I have another sexual offender working for me, and my confidence in him, never very robust, has been weakened by the back-sliding of his companion.

Just as impulses and urges which are definitely morbid pass over without line of demarcation into depravity or

vice, so treatment should not be entirely divorced from punishment. Punishment may often form a necessary part of treatment.

After a lengthy discussion the following resolutions were carried, and the secretaries were directed to forward them to the Chief Secretary of the State of Victoria:—

In the opinion of the Medico-Legal Society of Victoria
(1) No change should be made in the present method of handling any person charged with a sexual offence until he is convicted in due course of law, but any person charged with a sexual offence should be able to apply to the court to be examined by the clinic hereinafter mentioned, and to use the report of the clinic upon the hearing of the charge against him.

2. After conviction a sexual offender should be remanded to a special institution for sexual offenders for investigation and examination by the staff of a special psychiatric clinic attached to the courts. The staff of that clinic should be a full time one, consisting of—

- (i) a psychiatrist,
- (ii) a psychologist,
- (iii) a trained psychiatric social worker.

3. The prisoner should be furnished with a copy of the clinic's report, and after hearing him and any evidence he may adduce the court should deal with him by committing him to a special institution for sexual offenders or otherwise as it thinks proper.

4. An offender who is committed to the special institution should be sent there for an indefinite period. Compulsory regular reports should be made to the court of the progress of the treatment of the offender, and the judge should have full power to make all appropriate orders for further treatment control and discharge.

5. Sexual offenders unless certifiably insane or mentally defective, should not be sent to ordinary mental hospitals.