

Reviews

Working with the “Unthinkable” – A Trainers’ Manual on the Sexual Abuse of Adults with Learning Difficulties. By Hilary Brown and Ann Craft. FPA (Family Planning Association), 27–35 Mortimer Street, London W1N 7RJ. 1992. 68 pp. £14.99.

Working with the “Unthinkable” is described by the Family Planning Association as the first manual of its kind. It is targeted at staff who work with people with learning difficulties, and is designed to strengthen staff skills in identifying and responding appropriately to issues around sexual abuse.

Sexual abuse has only fairly recently been recognised as a major problem in people with learning disability. Prior to 1989 there was virtually no mention of it in the British medical literature. In the last three years several authors, myself among them, have published papers which attempt to establish prevalence and explore some of the clinical and legal issues surrounding the problem. The “unthinkable” in the present title comes originally from ‘Thinking the Unthinkable’, a collection of papers published by the FPA in 1989. This was the first attempt to bring together all the current work being done in this field, and remains a very useful starting point for those wishing to familiarise themselves with this subject.

The manual starts with some useful background information on prevalence studies, although it is a pity they quote only American publications, and then explores some of the reasons for the increased vulnerability of this group. These are suggested to include a pervasive culture of compliance, lack of sex education, separation from natural home settings, continuing need for help with intimate body care, impaired communication skills and the physical inability to defend themselves. They also discuss the difficulties involved in defining abuse, and the problem that some activities, while clearly abusive, may not necessarily be illegal. Some useful advice is given on protecting staff who are being trained from their own feelings about their sexuality, and about any difficult sexual experiences they may have had in their own lives.

The manual has been piloted locally by our training department, who found it to be overall a very useful base to work from. The individual exercises were variable in their usefulness. In particular, the exercises on ‘Cause for Concern’, ‘Legal Speech’, ‘Allegations’, ‘Safety Network’ and ‘A Fine Line’ were found to be extremely useful. Criticisms included the lack of guidelines for the ‘Safety Network Quiz’, advice on coping with disclosures and ongoing

work with people who have been abused. One major omission is that of working with people with learning disabilities who are themselves abusers.

Overall, the impression is that this manual will prove to be an extremely useful and practical addition to the increasing body of work now available to help staff who are likely to come into contact with this very difficult problem in the course of their work.

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The First 24 Hours. By Kath Arnold, Janet Finucane, and Nigel Rothe. Manchester Community Health Council. 1992. Pp. 25. £1.50.

The importance of consulting service users and carers about the planning and management of services has become one of the new orthodoxies of the mental health manager, a situation reflected in the emphasis it is given in *The Health of the Nation – First Steps for the NHS*. However, the importance attributed to consultation is not often turned into practical action – any publication which provides ideas and inspiration is, therefore, to be welcomed.

This short, lucid and honest booklet does both. It first describes the process of organising a meeting between users, carers, voluntary organisations and professionals to discuss the experience of the first 24 hours of admission to a psychiatric hospital. It contains practical suggestions for setting up similar sessions, such as organising for counsellors to be available to users who might be upset by telling their story. Second, the booklet summarises the main proposals that arose out of the meeting, for example, that, “Staff should recognise that admission into hospital is traumatic. People need a better explanation of why they are there and what could happen to them. They need a chance to discuss the reasons for admission”.

Nonetheless, the booklet has its limitations. Its brevity means that a number of practical issues to be considered in establishing such an event are omitted (language, rules, reimbursement of expense, etc). Furthermore, the question chosen for discussion seems very limiting. At a time when research is indicating that between 50% and 80% of admissions can be avoided by provision of a range of alternative approaches, it would appear more fruitful to explore

the needs of people in crisis and how local services could go about meeting them in order to avoid the trauma of admission at all. Lastly, and as the authors admit, there seems to have been little prior thought given to the integration of the meeting into a process of service development that might ensure that the views expressed resulted in improvements. Listening to people is only a first step. Action needs to follow to ensure that services change for the better.

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Scientific American. September 1992, volume 267, Special issue: 'Mind and Brain'. Scientific American, Inc., 415 Madison Avenue, New York, NY 10017, USA.

A traditional view of neurophysiology was that the faculties of sensing and understanding were quite separate. In the visual system, for example, signals were thought to be relayed from the retina to the visual cortex, then to the various association areas, and finally brought together to be 'comprehended' in some master theatre. The problem for neurophysiologists was that, the closer they examined the brain, the more it came to resemble a collection of association cortexes with no master theatre: a lot of little engines, and no Fat Controller.

Within the past two decades, the beginnings of a solution to this problem (the missing Fat Controller) have emerged. The hypothesis is as yet tentative, but it has profound implications for our understanding of brain and mind. This special edition of *Scientific American*, 'Mind and Brain', brings together researchers from neurobiology and cognitive science in an attempt to introduce these ideas to a general readership. All of the authors are exceptionally well-known, and each has made an impressive contribution to his or her own discipline.

The format works well. There are chapters on neurodevelopment, the visual image, learning, language, memory, sex differences, mental illness, ageing, neural networks, and consciousness. Although each contribution can be read in isolation from the whole, the editors have clearly intended readers to work their way through systematically, as there are recurring themes which are gradually developed. One of the main themes is that of multi-stage integration of perceptual information. The cerebral cortex displays an extraordinary degree of functional specialisation, but there is no master area to which sensory information converges. Instead, the integration of information is a process in which perception and comprehension occur simultaneously. Evidence for this model is presented, and the implications discussed. There are obvious parallels with

the theory of consciousness recently put forward by Daniel Dennett (1992).

The chapters on the developing brain and the visual system are particularly good; the chapter on mental illness is the one weak point. In truth, there is more about 'brain' than 'mind' in this volume, and some readers may feel that the title is misleading. The whole is lavishly illustrated with colour photographs and colour graphics, and the general quality of the production is excellent. At \$4.95, it provides good background reading in neurobiology.

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References

DENNETT, D.C. (1992) *Consciousness Explained*. London: Allen Lane.

1991 Annual Report and Journal on Torture.

International Rehabilitation Council for Torture Victims, Juliane Maries Vej 34, DK-2100 Copenhagen 0, Denmark.

The Danish Rehabilitation and Research Centre for Torture Victims (RCT) has been a leading agency in the development of a medical and rehabilitation response to survivors of torture.

The Annual Report for 1991 (in English and Danish) well illustrates the range of its activities, its clinical work, its publications and its international activities (through the newly formed International Council, IRTC). I will focus on two of these, a new Journal (*Torture*) and the international setting.

Torture (now in its second volume) is a free, English-language, quarterly journal, which provides an opportunity for professionals and torture survivors to describe and share their experiences of work in this field. It has prestigious backers; the most recent issue starts with a paper on medical ethics and the activities of the Danish Medical Association by its president and continues with contributions from Uruguay, France, Netherlands, USA, Pakistan, Germany, Estonia, UK, Philippines, Norway, Czechoslovakia, Spain and South Africa as well as a series of conference summaries and international reports from Amnesty International. The journal is anecdotal and descriptive rather than scientific but has interest nonetheless and clearly has scope for further development.

The international setting is rather more complex. The group has been active in sponsoring treatment centres in other countries. The Annual Report includes a description of the establishment of the Al-Riggae Centre in Kuwait following the Iraqi withdrawal from that country. At present rates of