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TOWARDS AN EFFECTIVE POLICY

FOR DELINQUENT GIRLS

by

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PREFACE

In November 1985, as a result of generous sponsorship by the Italian government (Ministero degli Interni) and the European Policy Unit of the EUI, a conference was held in Florence on "The prevention and treatment of juvenile delinquency among girls in the EEC: towards an evaluation". Seventy-two scholars and practitioners attended, from eleven different European countries. The purpose of the conference was to celebrate the United Nations Year of Youth by constructive discussion about how and why girls and young women come to the attention of the criminal justice and welfare systems, how they are treated, and how practices for the care and control of girls and young women might be improved.

The value of comparative work of this kind was amply demonstrated both theoretically and in terms of policy and practice. The big lack was clearly of studies designed and intended for comparative purposes. The 27 conference papers collected together in ten EUI Working Papers (of which this volume is one) reveal both these strengths and this need.

Theoretically what was surprising and of importance were the similarities between countries with very different cultures and political economies in the way girls and young women are treated. Their employment prospects are everywhere worse; their sexuality is heavily policed by their male and female peers, with the ultimate sanction of non-marriageability to a 'good' man having the potential of causing both economic and social and psychic pain. The efforts of a minority of girls and young women to break out of this cycle appear to be policed by state agencies - the welfare and justice systems - although the part played in some countries by private (often religious) agencies remains to be explored. For other girls non-conformity could not properly be understood as rebellion: but whatever its cause the directions and occasions of control were similar.

This cross-nation similarity suggests that a theoretical reduction of these constraints in the direction of familial coupling to an effect of capitalism or of class structure is not adequate, given the wide variations in political economies already alluded to.

The second important similarity which seemed to emerge - although requiring much more detailed work before adequate theorising is achieved - is that policy in relation to delinquent girls is for some matters based on boys' behaviour patterns and career paths. This emerged most clearly in relation to British and Dutch ways of dealing with drug offenders, in the contributions by Thom and Blom (WP 87/298). Such policies, being inappropriate, were also ineffective. But for the most part both court decision making and the practice of subsequent sentences were gendered. This, however, seemed to the contributors to be inappropriate too. The demand, therefore, is not for formal sameness but for appropriate differences in welfare practices in relation to girls, based on careful feminist and sociological analysis of their life spaces and possibilities rather than on male mythologies about the needs and natures of young females. It is to this end that more detailed comparative work must be directed - a project which the conference participants already have in hand.

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'TROUBLESOME GIRLS': TOWARDS ALTERNATIVE
DEFINITIONS AND POLICIES

Paper Presented to European University Institute
Conference "The Prevention and Treatment of
Juvenile Delinquency Among Girls in the EEC:
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'TROUBLESOME GIRLS' - Towards Alternative Definitions and Policies

'She is a very promiscuous girl and, if all that she tells the other girls is to be believed, then no young man is safe' (Residential Social Worker; my emphasis).

DEVELOPING ALTERNATIVES: SOME PROBLEMS AND CONTRADICTIONS

At the heart of contemporary welfare practice with adolescent girls is embedded an almost psychic fear of a predatory female sexuality. The irony of this should be obvious: it is men who rape and the sexual abuse of children is almost entirely perpetrated by men. Yet, perhaps highest on the professional agenda is the assumption (and concomitant practices) that girls in trouble fundamentally have problems with their sexuality. Whilst welfare professionals frequently legitimate their intervention with girls as 'for their protection', the quote from the social worker above (made in a report for a case conference) prizes open the complexity of the 'welfare as protector' discourse and reveals that, hidden beneath, lies an almost inarticulated but profound fear of the young women who is sexually active, sexually explicit and who is not actually possessed by any one male. This conceptualisation of adolescent girls as 'property' (of men, of the family, of the dominant social order) will be a key thread to much of the discussion in this paper. It both aids an explanation of current definitions of why some girls are seen as 'troublesome' and it is also crucial in any attempt to conceive different ways of understanding and responding to girls' 'troubles'.

My focus in this paper is on girls who are seen, often very generally and vaguely, as manifesting some kind of social or emotional trouble. The apparently loose concept of 'troublesome girls' allows for a discussion of girls who are not necessarily delinquent (in the sense of committing criminal offences). For statistics (DHSS 1983) suggest (and this was borne out by my own research into the careers of adolescent girls in two area teams of an inner city social services department), that the majority of girls do not get drawn into the complex web of the personal social services because they have committed offences. It is more likely to be because of concerns about their perceived sexual behaviour and/or because they are seen to be 'at risk' of 'offending' against social codes of adolescent femininity.

Work with girls in trouble has, in terms of explicit policy, been marginalised and rendered almost invisible. Because girls do not so publicly resist the normative order, (McRobbie and Garber 1975), because there is less political capital to be gained by diverting resources towards strategies for responding differently to their modes of rule-breaking and because it has been assumed that girls' deviant behaviour will be normally dealt with from within the boundaries of the family, policies have been ad hoc, framed in vague and diffuse language and lacking in imagination. This, of course, does not mean that the net result has had any less of an impact upon the experience of girls deemed to require state intervention: controlling or apparently benign. In fact, of course, the reverse has often been true; the assumption that extant policies and practice are 'in their best interests' adeptly conceals a complex fabric of control and subordination. (For example, see Casburn, 1979; Campbell, 1981.)

The ideas presented have in part emerged out of personal research and work as a consultant in the development of work with girls in local social services departments. As significant, however, in terms of considering alternative paradigms, has been my involvement in Taboo, a Manchester based women's support group for incest survivors. For many of my thoughts and reflections about welfare practice with adolescent girls have undoubtedly evolved out of an endemic process of consciousness raising with women and girls in Taboo. In particular, the apparent success of groups for adolescent girls who have been sexually abused has been a powerful and rewarding source of optimism and faith in the possibility of working in ways which are explicitly geared towards giving back some power to young women.

It is usually easier to be critical of the status quo than to develop alternative and concrete proposals and strategies. Moreover, 'radical' critiques are, sometimes quite validly, criticized for their lack of realism and for their tendency to leap dramatically from talking about 'what's wrong now' to presenting blueprints for that moment 'after the millenium' when social injustice has been eradicated. As Rowbotham has commented:

'The evangelical desire to be born again without sin which is an element in feminism and in other strands of left politics can become an authoritarian imperative.'

(Rowbotham, 1985, page 53)

The middle ground is much messier, more contradictory and, arguably more littered with the potential for liberal-reformist 'débris'. The broad intention of this paper is to try and explore some of this middle ground; to consider its possibilities, limitations, and its contradictions.

In endeavouring to move towards some alternative definitions and strategies and to begin to break out of the complacency which has surrounded so much policy and practice, there are, however, innumerable problems and contradictions. Most profoundly problematic perhaps is the process of academics and welfare professionals attempting to develop policies which are based around concepts such as 'participation' and 'empowerment'. To state this more baldly, there is a danger in replacing one set of 'top down' definitions with another (if perhaps a more liberal variety); in both sets of circumstances a powerful group is defining the shape and contours of the debate. Whilst there may be ways of minimising this particular contradiction, I am not convinced that we can assume that, even if we consult with and listen to girls more readily than we do at present, the problems would evaporate. Perhaps all that we can do, at present, is to hold on to and be aware of such a contradiction.

Another problem besetting any attempt to generate new agendas revolves around the likely barriers of resistance to alternative definitions and policies for troublesome girls; these are firmly rooted in welfare's patriarchal traditions and not likely to give way easily (Wilson, 1977). feminism's critique of the values and operations of social work, for example, continues to be met with, at best, polite avoidance or, at worst, outright hostility (Hudson, A. 1985). One particular aspect of such resistance warrants comment here. Firstly, the organization of welfare

has been structured, in a competitive and bureaucratic society, around hierarchical and masculine styles of management (Hale, 1983). Such a style of management not only pushes consumers away from the locus of decision-making but it also very much keeps at the periphery the influence of those who work directly with the consumer group in question. The disproportionate male presence in the upper reaches of British social work agencies, for example, emphasises the enormity of the challenge provoked by feminist critiques; male managers certainly have a lot of power and prestige to lose. It is not sufficient, therefore, merely to articulate policy proposals; as crucial is to develop strategies for their implementation.

Finally, steering a middle range course is also problematic in terms of its inherent vulnerability to charges of reformism and incorporation. We must undoubtedly keep sharp the cutting edge of radical/alternative approaches (Hearn, 1982) but, as feminist praxis has demonstrated, equally there are risks in colluding with the culture of fatalism ('the tasks are so enormous that there's no point in struggling to change things'). Feminists (Rowbotham et al., 1979; Stanley and Wise, 1983) have pointed out how crucial it is to question and challenge the taken-for-granted, the apparently mundane and everyday representations of sexism. The work of Women's Aid and Rape Crisis Centres is testimony to the possibilities of doing something now and, at the same time, beginning to change ideas and practices.

So, in trying to capture the middle ground between higher order strategies (for example, working towards eradicating the power differentials between girls and boys/men) and maintaining the status quo (with a few minor tinkering), the purposes of this paper are three fold. Firstly I review some aspects of the socio-political terrain to which any policy developments will be inextricably connected. Prevailing social and political conditions can give us certain grounds for optimism (for example the burgeoning interest amongst some social workers in working with girls from within a perspective which actively acknowledges the contradictions of ideologies about adolescent femininity). But any acknowledgement of the socio-political climate of the 1980's also generates considerable pessimism: the 'rolling back' of some of the more benign aspects of the welfare state and the related re-assertion of women's traditional roles as homemakers means that any discussion of alternative policies must be grounded in somewhat depressing everyday economic and political realities.

The second section explores some dominant definitions of 'troublesome girls' and considers some ways of beginning to re-draft the agenda. Attention will be given not only to the role of welfare professionals but also to the relationship between girls, their families and the state. Much of the debate about troublesome girls has occluded the politics of family life as a fundamental influence on girls' careers though the criminal justice and welfare systems. Perhaps in our quest to move out of family pathology paradigms we have too readily forgotten the role which familial ideologies play in the relationship between individual girls and their families. This particular part of the jigsaw is seen as crucial in moving out of the current myopia pervading welfare practice with girls in trouble. The third section identifies some principles and practice proposals for moving forward and considers the viability and problems inherent in implementing different policy strategies.

Underpinning the discussion throughout is an interest in moving away from a deficit model of the needs and problems of adolescent girls in trouble (for example, that they are 'insufficiently feminine', 'inadequately socialised', or 'out of control'). Proposing a positive model for work with girls perhaps sounds relatively simple. However, we are all caught up in well-trod ways of sexually stereotyping young women; commitment is not a sufficient pre-condition to change. Moreover, manifestations of girls' subordination are real enough; to deny that they sometimes experience real personal difficulties is to do them an injustice in their fight (sometimes literal) for survival. So not only is there likely to be a great resistance and resilience to changing what is familiar and apparently 'normal' but there is also a need to acknowledge existing social experiences as the starting point for moving forward (Rowbotham, 1985).

THE SOCIO-POLITICAL TERRAIN

The recent challenge by Victoria Gillick to the authority of doctors to prescribe contraceptives, without their parents' consent, to girls under 16 years is a significant marker buoy in the apparently ever quickening drift to the Moral Right. Whilst the House of Lords has now found against Gillick, the tale is clearly not finished. Because the case has touched some of the central nerves in the relationship between the state, the family and adolescent girls, it can serve as a valuable template in analysing certain aspects of the social and political climate that are likely to have a bearing on any new policy developments.

Firstly, at the nub of the Moral Right's arguments to prohibit girls from having access to contraceptives without their parents' consent are calls for the re-assertion of family values, (for which read, in this context, a re-statement of the right of parents to control and define their daughters' sexual conduct). There has been little discussion in such quarters about girls' rights or indeed the concrete realisation of parental responsibilities. Thus Lord Denning, speaking on television in 1983, commented:

'I should have thought it more important, even though she may fall pregnant, that we should maintain the family relationship.'

(Quoted in The Guardian, 5.12.83)

Giving daughters' any rights to self-directed sexuality is thus seen as potentially disuniting for families. In the U.S.A. calls to return to a more traditional, 'more stable' order have similarly resulted in the gradual constraining of girls' rights in the name of 'familialism'. Thus the 'Teenage Chastity Programme' which received approval in 1982 now means that family planning agencies are only eligible for Federal funds if they adopt a 'family-centred approach' (Petchesky, 1984).

The Gillick case also brings into focus again the denial of girls' capacities or rights to determine their own sexuality. Lord Templeman (one of the judges who dissented with the majority House of Lords Judgement) stated:

'There are many things which a girl under 16 needs to practice, but sex is not one of them.'

(Quoted in Daily Express, 18.10.85)

The notion of girls having an autonomous sexuality is clearly anathema to many (boys, of course, are allowed free rein and do not become the spotlight for censure and regulation; after all it is all part and parcel of their 'normal' growing up to be a man).

After the House of Lords judgement, Gillick rounded on the judges with the following:

'We now have contraception on demand from doctors - a male charter to abuse the female population.'

(Quoted in The Daily Mail, 18.10.85)

Of course, in one sense, she has a point; girls are vulnerable to sexual exploitation and abuse from men, not least, however, from their fathers (it is estimated that one in four women have been sexually abused as children, most commonly by someone they know and trust, usually their 'fathers'(Ward, 1984)). In one sense, therefore, Gillick, like other ideologues of the New Right has adeptly appropriated an aspect of feminist 'wisdom' and sorted it into new wrappers and for different purposes. Male abuse and exploitation is appropriately on the political agenda but the solution is seen as the control of young women and not any extension of their rights to define their own sexuality.

The renewal of interest in asserting the 'rightfulness' of familialism emerges out of and reflects the concern to construct a morality which meets the needs of a monetarist economic strategy. However, the ascendancy of familialism generates its own contradictions (Barrett and McIntosh, 1982), for how can the family be celebrated as a source of stability when there is also unrefutable evidence of the violence and abuse experienced by women and girls within this sacrosanct institution? It is only by keeping the politics of family life right off the agenda that familial ideologies can neatly cordon off for treatment the 'pathological' family; (they are the 'sick' and the 'aberrant') and leave intact the image of the family as a 'haven in a heartless world'.

Girls are usually seen as having troubles related to their roles and place within the family nexus (and, I shall suggest later, there is more than a note of truth in this); this renders them particularly susceptible to interpretations and assessments that their problems relate to their individual, or their family's psychopathology. There is a significant disjunction, moreover, between the frames of reference employed in relation to girls in trouble and those more commonly employed with boys. The wealth of empirical material which has testified to the significance of sub-culture, labelling, and social disadvantage has forced policy-makers and practitioners to take more account of such factors in their assessments and in their intervention with boys in trouble. The apotheosis of such a recognition finds expression in the work of some Intermediate Treatment projects in Britain.

It is also important to consider the ways in which welfare professionals may maintain their legitimacy and status, particularly in

an era when the concept of welfare is increasingly under attack. By focussing on girls' delinquency and criminality there is undoubtedly a danger of fuelling moral panics that girls are becoming 'as bad as boys' or indeed that 'bad girls are badder than boys' (Smart, 1976). There are, however, other attendant, if less prominent, risks. Cohen (1985) has drawn attention to the need of 'social control' professionals to expand constantly the ambit of their legitimacy. In order to do this such professionals have, Cohen argues, engaged in either endogenous (filling in or creating categories) or iatrogenic (mopping up the casualties created by its own operations) system expansion. His analysis is pertinent in comprehending certain aspects of the values and methods for defining and responding to deviant adolescent girls. The repercussions of endogenous system expansion are demonstrated in the diffuse and unspecific categories employed to define the needs and problems of girls in trouble. The term 'at risk' is frequently employed as a rationale to legitimate intervention (through the courts, voluntary care or 'preventative' casework); the use of such an ambiguous and shifting category means that girls identified as having the characteristics of becoming a 'problem' can be drawn into a net of increasingly intense contact with welfare and juvenile justice agencies. Another example of endogenous system expansion is the new youth custody provision under the Criminal Justice Act, 1982 which, by effectively slackening the requirements for making a custodial sentence for girls, has led to a doubling of the custodial receptions of female juveniles in the first year of the Act's working (NACRO, 1985).

Similarly, we can see iatrogenic system expansion at work in the less statistically amenable, but nonetheless powerful process of girls being taken into care (either through the courts or under Section II of the Child Care Act, 1980) and then being placed in establishments which fail to address their needs and instead create problems which the system had been designed to remedy. Thus absconding may force a girl into situations (living rough, stealing, having to live off older men) where she may indeed be vulnerable to male exploitation. As one social worker commented to me in my research:

'We forced her into a position where she has been absconding and....therefore possibly at risk of some sort of abuse.'

RE-DRAFTING THE AGENDA: WHOSE TROUBLES, WHOSE DEFINITIONS?

The somewhat skewed triangular relationship between adolescent girls, their families and welfare professionals forms the central axis around which definitions, policies and practices have evolved. In prizing open some of the implicit assumptions and ideologies embedded in such definitions, I hope to begin to find ways of beginning to re-draft a somewhat different agenda for policy and practice.

Social historians such as Weeks (1981) have pointed to the 1880's as a particularly significant moment when the dichotomy between the private/decent and the public/unrespectable was firmly established. But whilst women and girls are supposed to keep to the former, men are free to travel between the two without fear of social sanction. Moreover, in their zeal to protect working class girls from prostitution reformers

were simultaneously creating new objects for control and also establishing an explanatory code that portrayed girls as passive and in need of protection, but also as potentially socially dangerous if they do not accord to codes of sexual respectability and domesticity. Such codes are clearly still firmly entrenched (Hutter and Williams, 1981). But it is girls from specific social groups who are particularly vulnerable to state intervention. Working class and black girls have to walk a particularly shaky tightrope between demonstrating both their respectability and their sexual attractiveness. Black girls, for example may be perceived as contesting not only codes of femininity but also white norms; they may be on the receiving end of a double dose of disapproval. One residential social worker commented about a Rastafarian girl in a report in my study:

'Her hair is the one thing which she resents us criticizing and it is this which spoils her otherwise attractive appearance.'

The overt moral tone of the late Victorian era was gradually eroded by the ascendancy and increasing attachment to psychoanalytic paradigms. Not that the moral tone of state regulation with troublesome girls evaporated (the work of Cowie et al., 1968 and Richardson, 1969, testifies to this); it was rather that an apparently plausible veneer of scientism could occlude latent values. Girls who got into trouble (criminal or otherwise) could be confidently defined as 'neurotic', 'hysteria prone' and so on. Moreover, such scientism continues to legitimize welfare professionals making assessments not just on evidence about current behaviour but, more significantly, about anticipated future behaviour (as predicted by social science 'theory'). Such persistence in maintaining the validity and viability of 'the tutelary complex' (Donzelot, 1979) in such a full-blown form is perhaps particularly striking when we consider that welfare's management of boys in trouble has increasingly been subjected to scepticism about the capacity (let alone the morality) of making judgements about future conduct.

Other writers have presented a more comprehensive analysis of the dominant ideologies which affect welfare and juvenile justice systems' practice with adolescent girls than it is possible to discuss here (Campbell, 1981; Casburn, 1979; Gelsthorpe, 1985; Hudson, B. 1984). The intention instead is to draw upon such analyses as the starting point for generating an alternative agenda for policy and practice. Four key precepts form the basis of the discussion:

- a) Is the home so safe? Girls as the property of the family.
- b) Adolescent female sexuality as a barometer of 'womanhood': the need to problematise gender relations.
- c) 'Troublesome girls' as victims of psychological inadequacies: reclaiming emotionality
- d) Normalising girls' troublesome behaviour: collective similarities and differences.

a) Is the Home So Safe? Girls as the Property of the Family

I suggested earlier that there is more than a note of truth in the assumption that girls' troubles are often related to family problems, to their status and position in the family. However, such 'family problems'

have been viewed in an apolitical way; the power dynamics between parents and daughters (most crucially those between fathers and daughters), and those between women and men in the family have been completely obscured by traditional commentators. Yet it is the family which is one of the key sources of the social control of women (Barrett and McIntosh, 1982; Segal, 1983). The under-reporting of child sexual abuse together with the blaming of mothers for such abuse is only one of the most blatant ways in which the politics of family life is pushed aside as 'irrelevant' (Ward, 1984). But in other more subtle ways girls are subjected to an unspoken but relentless subordination. For daughters, like their mothers are essentially seen as the 'property' of the family (both literally and in a social institution sense).

Adolescent girls are thus controlled by the idea that they 'belong' to the home, unlike their brothers whose rights to be 'on the street' are unquestioned. Girls are expected to act like 'little housewives' and to service the family (or rather their fathers and brothers) both emotionally and materially (Griffin, 1985). Such beliefs affect families as much as welfare professionals. Because the control and regulation of girls is expected to be carried out from within the family nexus, when this mode seems to be breaking down parents can construe that their daughters are 'beyond their control' and demand that 'something is done'. Over a quarter of the cases in my study fell into this category; what is perhaps of equal significance is that it was usually the mother who was most active in expressing such concerns to welfare agencies. This reflects, I suggest, the role of mothers as 'emotional housekeepers' which demands that they nurture and cosset the family's emotional life. If conflicts arise, they are expected to act to resolve and smooth them over. To interpret (as some welfare professionals do) such a pattern as mothers being threatened by their daughter's apparent departure from normative female conduct is, however, to perpetuate a psychopathological view of the identity of mothers.

For mothers are also in a double bind; they have been vested with a duty and responsibility to be concerned about their daughters' behaviour, to be worried if they do not return at night or when they seem depressed and fed-up. Given the lack of emotional support from fathers in many families it is perhaps not surprising that some mothers turn to social welfare agencies for help and support. In blaming mothers for their personal inadequacies, the inequitable division of emotional labour in families is left unchallenged.

It is important to point out here that girls, (unlike the majority of boys who are referred to the personal social services), often themselves request to be taken into care. For some girls the emotional (and sometimes physical) struggle for survival at home becomes too much to cope with; there are few accessible or legitimate escape routes and care may thus be viewed as a preferable, if not ideal, alternative. This is an important factor to bear in mind when considering alternative policies: sometimes welfare agencies do need to offer girls a refuge from the family although, as I shall suggest later, such provisions need to be based around different assumptions and methods of practice than the majority do at present.

When girls reject or refuse to take on their responsibilities as 'dutiful daughters' they may be seen as 'wild and rebellious', as 'disloyal' and 'irresponsible'; in short they are problematic and not 'good little girls'. As long as welfare policies collude with such

definitions (for example in the content of social inquiry reports and in the traditional domestic division of labour which characterize the regimes of residential care establishments), there will be little possibility of developing strategies which enable the power differentials in families to be less inequitable.

Moreover, in so constantly sexualising the troublesome behaviour of girls, welfare professionals are engaged in colluding with a further contradiction of familialism: the invisibility and extensiveness of the sexual abuse of girls in the family is only just beginning to be recognised (Ward, 1984). In a fifth of the cases I studied it had come to light that the girl had been sexually abused by her father or stepfather, but in only a small percentage had this been a factor influencing the decision to take the girl into care. It was normally only much later that such abuse had come to light (and the fifth only represents those cases where sexual abuse had indeed been acknowledged).

Social work's traditional emphasis on the need for objectivity has prevented social workers from recognising the deeply entrenched power inequalities between male and female members of families (Hudson, A. 1985). They have thus colluded with the assumption that 'the home is a safe place'. So when girls are 'signalling' that they are being abused (for example, by constantly running away or by taking overdoses) their behaviour is reinterpreted as evidence of their 'uncontrollability', of their pathology, rather than as a manifestation of the results of their father's abuse of power and trust. Moreover, in tacitly accepting a variety of myths (for example, that girls 'fantasise' and that they are 'seductive') social workers have thereby reinforced the moral and emotional quilt felt by girls who have been sexually abused.

The girl as property of The Family ideology is carried on into the workings of welfare establishments. For not only are girls' residential establishments often based around the objective of re-establishing femininity (Ackland, 1982) but if girls in care do become pregnant then this is often viewed in a positive light. This is somewhat ironic given that fears of unmarried teenage motherhood are usually high on the list of perceived risks of adolescent girls becoming 'beyond control'. One social worker commented to me:

'Instead of being a difficult teenager in care, she is now a young mum and almost by a change in label.... she has got more purpose than she did have.'

Pregnancy can thus symbolically represent a girl's return to 'The Family' and her apparent acceptance of traditional femininity.

b) Adolescent Female Sexuality as a Barometer of Womanhood?: The Need to Problematisé Gender Relations

The development of a more critical and feminist inspired analysis of young women's deviance (see, for example, Casburn, 1979; Heidensohn, 1985; Hutter and Williams, 1981; Smart, 1977) has demonstrated how young women who appear before the juvenile court are subject to a 'double penalty': they are punished both for the criminal offences for which they have been found guilty and for their 'social' crimes against

normative expectations of 'appropriate' female conduct; 'wayward' behaviour, 'promiscuity', 'unfeminine' dress and so on. Similarly, my study found that the most common cause of anxiety at the point of referral was that the girl was 'beyond parental control' and/or at some degree of moral or social risk.

Three issues emerge out of the prominence of such concerns in constructing welfare's definitions about the troubles of some adolescent girls. Firstly, there is the assumption that girls' sexuality is somehow, once unleashed, uncontrollable and not bound by any sense of self responsibility or self-control. As Bland (1983) has argued, women have traditionally been viewed as essentially lacking the natural sexual urge present in men; a woman's instincts are focussed on her reproductive capacity, on her potential for maternity. There has, she argues, always been a residual fear, however, that some women might reveal a kind of biological throwback to an earlier evolutionary stage and be actively sexual. The prostitute or the adolescent girl whose behaviour is interpreted as potentially like that of a prostitute provides a kind of 'here and now' representation of an active female sexuality, of a sexuality which may threaten the young woman's interest and capacity to be a good wife and mother. Such girls may thus seem - in fantasy if not in reality - to be threatening the traditional sexual relations between women and men.

Secondly, the primacy of sexual concerns underlies how the spectre of the future has a very different shape for girls than it does for boys. As Barbara Hudson has suggested (1984), there is no disjunction or conflict for boys between discourses about adolescence and those about masculinity. Hence boys are encouraged to 'try out' their sexuality before settling down to adulthood: it is part and parcel of learning to be a man. In contrast a girl's apparent sexual behaviour is seen as a barometer for testing her capacity to learn the appropriate codes of social (but particularly sexual) conduct with men (Lees, 1984). One of the contradictions of the double standard is that it implies that boys should (need?) to have access to different sexual experiences and yet the girls who presumably are supposed to 'meet' such needs are stigmatised and punished.

Finally, the work of Cowie and Lees (1981) emphasises how the use of the category 'slag' is a shifting one applied as much by gossip as by hard evidence. My own research similarly highlighted how a girl's 'reputation' is often a determining factor in shaping her career through the personal social services. In over a quarter of the cases I examined, social workers acknowledged that their decision-making was a function of what other people (particularly the police and parents) were alleging. Moreover, once an opinion had been formed, it was easy for the label of 'promiscuity' or 'being on the game' to stick, with all the negative connotations that such labels imply. As long as boys' sexual behaviour is heterosexual their sexuality remains unproblematic; it is 'natural' and thus does not merit attention. Labels based on shifting and unsubstantiated are particularly hard to shed; as one social worker commented:

'Once (she) had developed a 'reputation' (for sexual activity), it became very easy to say that she was actually involved in prostitution.'

Once created, such reputations, with all their attendant anxieties, seem to have pushed many social workers in my study, (sometimes quite reluctantly), to regard many of their adolescent female clients as in need of the 'protective' care and attention of a residential placement. It should be noted here that care is often assumed to reduce the dangers of girls becoming pregnant; however, that care is not an effective contraceptive is acknowledged by many social workers. Girls can get pregnant in care as easily (perhaps more so?) as when they are at home.

Of important too is the role of the police. Frequently assumed to have a marginal role in relation to adolescent girls, it would seem that their role as 'surveillance agents' (by using their discretionary powers to make Place of Safety Orders) is far from insignificant. Thus in my study, the police were involved in 43% of the referrals and only in a minority was this because of a girl having committed a crime; it was usually because the girl had been found frequenting 'unrespectable' places and/or in the company of 'undesireable' men or boys. Moreover, in those cases where they were involved, over 50% involved a police Place of Safety Order. Social workers frequently suggested that police pressure was a key variable in the decision-making process about whether a girl should be brought into care (either on an order or voluntarily). The police may thus act as powerful agents in shaping and determining the reputation of the girls that they perceive as 'at risk' or 'unrespectable'.

Moreover, twice as many police Place of Safety Orders were taken in the area with a large percentage of Afro-Caribbean people and with a local reputation for being a 'red-light district' (the other area was comparable in terms of indices of social disadvantage but had not such 'reputation' and a much smaller Afro-Caribbean population). This suggests that the level of police (and thus perhaps social work) control increases according to the 'reputation' of the neighbourhood; the material also emphasises the influence of racist stereotypes on police and welfare practices. Such racist stereotypes also affect families: one social worker, talking about the arguments between a white girl and her father (which had culminated in her running away and the police taking a Place of Safety Order) felt that the stigma of 'going with a black lad' had probably influenced the action of the police:

'People think that as she has got black boyfriends, she must be promiscuous, she must be on the game, or she is being used.'

Whilst there is a greater readiness to accept that girls (like adult women) are informally disciplined through concepts of acceptable sexuality, what is undoubtedly more contentious is what should be done. Balancing 'here and now' realities (for it would be naive to suggest that girls are not vulnerable to male sexual exploitation) with visions of what the future could and should be like (for example, the diminution of the male abuse of their sexual and social power) poses acute problems. To date the problem is always framed as that of and for women; male power and responsibility barely enters the discussion. Bringing gender relations onto the agenda allows us to go some way in de-problematizing female sexuality and forcing us instead to see cultural definitions of male sexuality as problematic.

One corollary of this could be that male juvenile delinquency should be interpreted as an expression not only of class and race resistance, of the need for adventure and excitement and of sub-cultural influences but also as related to masculinity and male power. Thus some social workers have begun to include statements in their social inquiry reports on male juveniles which draw attention to the culture of masculinity that legitimises the pursuit of adventure on the streets. However, there are obvious dangers in such an approach since it could, all too easily, feed a psychopathological (or pathological culture) view of male delinquency. Nonetheless, if we are to take seriously the aim of de-problematising adolescent female sexuality we do have to talk about and discuss male power and sexuality and how it impinges on adolescent girls.

Girls (again like adult women) are told to be responsible in sexual matters (to say 'no', not to take risks and so on) but, as the controversy surrounding the Gillick case demonstrated, they are given few rights. Such a deficiency of rights is manifested in, for example,

the approbriation meted out to 'unrespectable' girls who become pregnant. McIntyre (1985) found that:

'Both GPs and gynaecologists were usually most reluctant to terminate the pregnancies of those seen as 'bad, promiscuous girls'. They were most likely to agree to terminate the pregnancies of those they saw as 'nice girls who had made mistakes.'

(McIntyre 1985, p. 180)

Any new policy agenda must thus begin to take on board the need to contest the right of boys and men to their sexuality without accepting concomitant responsibilities.

But such shifts in thinking will only be successful if girls are given freer and more comprehensive access (through schools, health education programmes and welfare agencies) not just to contraceptive advice but also to a more politicised understanding of sex and gender relations. Even before the Gillick case, schools and social services departments have been hesitant about giving girls contraceptive advice; in at least one social services department I have had contact with the Director has always had to be consulted before girls in care may go on the pill.

We need therefore to unlatch the association of adolescent female sexuality from its connotation of potentially sullyng a girl's prospects of a 'happy and satisfying' womanhood. There is no rational reason why either having had several or no sexual partners in adolescence should prejudice a girl's enjoyment of adult life. Her enjoyment and satisfaction in later life are much more likely to be related to other factors (such as decent housing, employment and adequate child-care provision).

At a more concrete level, if we are to bring gender relations on to the agenda successfully, we must also critically examine the influence of girls' reputations in the decision-making processes affecting them. Welfare professionals thus need to take a much stronger stand, vis à vis the police, their own management and girls' families, in seeking out

actual evidence of the risks which a girl is alleged to be under. The content of social inquiry reports, of case conference discussions and of reports to care establishments needs to be more thoroughly scrutinized as a way of beginning to minimize the power of the 'give a dog a bad name' process which clearly operates against the interests of many girls.

**c) Troublesome Girls as Victims of Psychological Inadequacies:
Reclaiming Emotionality**

The dominance of psychopathological paradigms in welfare professionals' assessments of the needs of adolescent girls has been emphasised (Hudson, B., 1984; Campbell, 1981). The persistence, in my study, of such explanations as 'bizarre family relationships', 'missing out on affection' and 'insufficient parental control' testifies to the continued adherence (by some, if not all social workers) of a family pathology model. Such a model has encouraged the hegemony of traditional casework and compares strikingly with the more collectivist and culturally-influenced paradigms underpinning some welfare work with boys in trouble.

However, I would not want to contest unequivocally the notion that girls manifest some of the social contradictions of adolescent femininity in emotional ways; many girls referred to welfare agencies do often feel depressed, suicidal, and have very poor self-images. But what we do need to challenge is the assumption that emotional expression is intrinsically negative and that emotional responses are unaffected by social and material processes. Perhaps it is rather that the lack of overt emotionality amongst boys and men which should be problematised. Our rational masculinist culture generally denigrates emotional expression as a sign of weakness (which is why feminist academics frequently experience difficulty in having their work legitimated (Stanley and Wise, 1983)). Moreover, whilst such a culture rewards men for certain forms of emotionality (aggression is the most obvious example), it simultaneously punishes girls for the same kind of behaviour.

The emotionality of 'troublesome girls' is usually problematised and even feared. Certainly, amongst many of the social work practitioners and students I have worked with there is an almost taken-for-granted assumption that girls are 'more difficult to work with'; their perceived mood swings, irrationality, outbursts of aggression and internalization of emotional discontents often act to make welfare professionals feel impotent, uncertain of their skills and at a loss at what to do. Barbara Hudson (1982) has suggested that social workers find aggressive behaviour in girls difficult to cope with since it does not 'fit' with stereotyped images of aggression as masculine and passivity as feminine.

So when girls step outside the bounds of expectation that they should be self-controlled, unargumentative, and passive, it is perhaps not wholly surprising that they meet with panic, disapproval and assessments that they need 'treatment'. For after all they are indeed implicitly challenging normative codes of emotional conduct. Two shifts in thinking are required: firstly adolescent girls' emotional responses need to be seen as a form of resistance or struggle against 'the inner hold' of their oppressive circumstances. Their responses should be legitimated as not 'unnatural' but often as quite rational ways of

surviving. To psychopathologise their emotions is to perpetuate further the belief (and it is often internalised by girls themselves) that the troubles are their fault. Secondly, emotionality as a means of social communication and expression should be seen not as a sign of a deficit personality but rather as a positive resource. It is only by affirming girls' emotional responses as a functional and positive means of coping with their experience of social injustices that girls are likely to begin to feel any sense of autonomy and self-direction in their lives. As long as they are effectively told that their emotional responses are 'crazy' their confidence and right to express themselves will be undermined.

d) Normalising Girls' Troublesome Behaviour: Collective Similarities and Differences

In reviewing some of the dominant definitions and assumptions of troublesome girls, it has become obvious that they are essentially social constructs. What is also striking is how many of these 'troubles' are experienced, in some way or other, by the majority of adolescent girls. Certainly one of the most constant characteristics of my personal contact with girls 'in trouble' is how very many of their dilemmas, problems and needs connect with my own memories of growing up 'to be a woman'. (If it did not sound rather psycho-analytical, I would be tempted to suggest that many of us researching and writing about adolescent femininity were in the business, in part, because such work profoundly taps some of our own experiences and struggles with our own adolescent femininity!)

This leads to the central imperative, in addressing alternative definitions and policies for 'troublesome girls', to develop a framework which normalises their behaviour; linked to this is the parallel urgency to analyse and act towards girls' troubles from a perspective which actively acknowledges the cultural, ideological and material pressures on adolescent girls, and most particularly those which black and working class girls face. The bifurcation of adolescent girls into the 'respectable and decent' and the 'promiscuous and dangerous' (to themselves and others?) creates socially constructed categories which are, at the same time, both rigid and ambiguous. They deny the fact that most girls experience the need to demonstrate respectability and sexual attractiveness. Such a dichotomizing of young women also implies that girls might be interested in things other than the opposite sex (for example, work, politics, music, female friends, social adventure and excitement).

My own experience of working with adolescent girls has highlighted how they are invariably extremely aware (in both a personal and political sense) of the contradictions of adolescent femininity and their associated inequities. Whilst some girls cope with such contradictions and injustices in an overtly rebellious and public way, others internalise them as 'their fault', while others accept their lot apparently more or less stoically and fatalistically but recognising, at the same time, the personal costs (for example, 'tolerating' violence from boyfriends because 'I love him'). Girls who have particularly restricted access to society's material and social 'goodies' (employment, education, decent housing and so on) perhaps have less to lose by their active resistance.

The principle of defining girls' needs, problems and resources in collective terms could facilitate both a de-pathologising of their particular predicaments (whether that be delinquency, as survivors of

sexual abuse or arguments with parents) and also a recognition of the possibility of girls providing more effective support to one another than a huge army of professional 'helpers'. The concern with collective consciousness raising in the contemporary Women's Movement evolved out of the need to enable women to reflect upon their personal experiences as women and to be able to name more publicly what were previously private experiences. Certainly, welfare agencies could learn much from the work of feminist groups such as Women's Aid and Rape Crisis Centres in asserting the possibility of the support and concrete action that can emerge out of challenging traditional maxims about how people are best 'helped' (Pahl, 1985).

Alternative approaches to welfare practice with adolescent girls must thus be based upon an active acknowledgement of their socially related similarities (as well as differences mediated by class and race). The hegemony of casework in social work particularly, and welfare work generally, has inhibited the possibility of recognising similarities which, whilst mediated through individuals, are nonetheless socially and culturally constructed. There are, however, certain inherent dangers in shifting from an individualistic paradigm to one which places 'blame' on external social forces. Very few radical perspectives on social relations have explored the ways in which social circumstances distort and appropriate the individual's needs and capacities. In contrast, feminists have politicised subjectivity and highlighted the reciprocal relationship between individual identity and the material world (see, for example the work of Eichenbaum and Orbach, 1984). Girls apparently personal troubles (for example, suicide attempts, drug-taking, depression) should thus not be viewed by an alternative version of functionalism, but rather through a perspective which recognises that girls' experiences are both unique and are also inextricably linked to their position and status as young women.

TOWARDS ALTERNATIVE POLICIES AND PRACTICE

Reference was made earlier to the importance of not getting caught up in spirals of pessimism that 'nothing can be done' as long as attitudes remain as they are. But attitudes will only change as policies and practices begin to whittle away at the edifice of sexism in our society.

Welfare tasks tend to be boxed into supposedly linked, but in reality often isolated, compartments (housing, health, education, personal social services and so on); needs and problems are seen as 'belonging' to a particular agency's sphere of responsibility. Hence 'problem' young people in the school system are referred to 'disruptive units' or to the personal social services; a critique of the school's deficiencies and failure to cope with non-conforming youngsters is thus inhibited. The discussion here is thus based on the assumption that only by looking at the management of girls in trouble from within a systems perspective can any alternative policies be effectively generated. Space, however, only permits to concentrate on one particular sphere, namely the personal social services. But many comparable initiatives could and should be made within other spheres (notably health and education). The current interest in 'going local' and decentralising local government services in some British local authorities (such as Hackney and Manchester) may

well be a useful lever for breaking down at least some of the rigid demarcation boundaries between state welfare agencies.

Some local authorities have begun to make explicit commitments to equal opportunities policies but these have rarely encompassed work with adolescent girls in trouble. The services for this group remain marginalised, undebated and left to continue as before. It is generally only workers at the 'coalface' who are now actively questioning how policy definitions are operationalized; yet their capacity to influence decision-making is circumscribed by the structures and modus vivandi of the organizations in which they work. Policy makers (elected members and senior officers) should be taking initiatives to scrutinize the workings of their departments.

But what do we mean by 'alternative policies' and, of equal importance, how can these evolve so that 'top down' definitions are not perpetuated? Social policies generally have tended to be constructed around the needs of the economy; such needs focus on the relations between labour and capital rather than on the relations in the family and the community (Coote, 1984). No doubt this is one of the reasons why male delinquency is seen to warrant the attention and resources it commands (young males being the future army of waged labour). It is perhaps thus not surprising that social policies relating to 'troublesome girls' have failed to acknowledge how family and community relations shape both the 'problems' girls present and the welfare responses which they precipitate.

In considering some concrete proposals for policy and practice with girls in trouble, I shall examine three key and inter-connected issues:

- a) Empowerment and participation
- b) Welfare or justice: Is least always best?
- c) A separatist strategy: Possibilities and problems

a) Empowerment and Participation

A fundamental pre-requisite of any attempt to grapple with the complex task of evolving alternative policies for girls in trouble (criminal or otherwise) is to eradicate the victimology which underpins the status quo. Rowbotham et al. (1979) have reminded us of the importance of seeing disadvantaged groups not as 'passive victims' but as people who do have the means and wherewithal for generating the power which all groups create as a means of survival and resistance. Girls are no more passive victims of their oppressive circumstances than are waged labourers, the unemployed, battered women or black youth.

'Empowerment' and 'participation' can, however, be deceptively simple slogans. What they might mean in practice is much more difficult to articulate; not least because girls and welfare professionals alike have been socialised to assume that 'adults know best'. Certainly our educational system disinclines us to contemplate young people as active contributors to their own learning.

A very basic way of beginning to give girls in trouble some power is to involve them, much more readily than we do at present, in defining their needs. Whilst, for example, girls (like boys) are now more likely to be allowed access to case conferences, anyone who has attended such

meetings will testify to the marginalisation of their voices - 'yes, dear, but you know you do really need to learn to be more self-controlled/less aggressive/more mature before....' Such patronising of girls in trouble is both dysfunctional (it obviously 'gets up girls' backs'); it also denies that they might have the emotional and intellectual capacity to have any conception of what they want and need. As long as girls expect their problems, needs and capacities to be misinterpreted or denied they are unlikely to feel that it is worthwhile discussing them with professionals.

The emphasis here on girls' capacities is important. Because social work deals with society's 'problem groups' (the dependent and the deviant), modes of intervention have focussed on remedying deficits rather than building on the capacities and resources (social, emotional and cultural) of such groups. The professional-client relationship reinforces the idea of the 'expert' having something to offer with the client as the passive recipient of the 'goodies'.

There have nonetheless been some positive developments taking place recently in the corners of some welfare agencies. Drawing upon a reciprocal or social education rather than a remedial model of social work, some social workers have taken important initiatives in working collectively with girls in trouble. Empowering young women and giving them the confidence to participate seem to be central tenets in the development of such schemes. As one social worker, Pauline Connolly has commented:

'Our agenda is to provide an opportunity for young women to explore issues that are important to them, to provide a forum whereby they can develop some confidence in their own power and to act as facilitators in the group, taking action on their own behalf. How this is achieved takes many forms, from encouraging girls to take decisions for themselves to challenging them to be responsible for the group and what happens in it.'

(NAYC, 1985, p. 13)

That girls do indeed want to talk about and do something about the issues affecting their lives (family, school, friendships, experiences of male violence) has been similarly underlined by my contact with other, similar schemes in social services departments, and also in the work with girls in Taboo (NAYC, 1984). Giving girls access not only to different activities but also to different roles and assumptions about femininity has the potential of giving girls an opportunity to work out, with girls in a similar situation, different and everyday strategies for coping with sexism.

There are nonetheless certain built-in difficulties. Women's Aid has been able to challenge the 'traditional charitable relationship of helped and helper' (Hanmer, 1977) in part because of its relative autonomy from the state and also because adult women are involved. But state welfare agencies endeavouring to implement even a very watered-down empowerment philosophy are likely to be doubly constrained firstly, by their statutory roles (which can inhibit a sense of safety and

confidentiality for any girls who are involved) and secondly, by legal and social considerations of the rights and capacities of adolescent girls 'to have a say'. Whilst the work of the National Association of Young People in Care (Stein, 1983) has undoubtedly forced some agencies to reconsider their assumption that they 'know what's best', the reluctance to give young people any rights remains firmly entrenched.

Such problems point to another important aspect of empowerment orientated policies; girls in trouble (particularly those in residential care) could be encouraged to have closer contact with non-statutory women and girls' groups and organizations. Girls in residential care are particularly likely to be 'cordoned off' and kept separate not only from their 'normal' peers but also from women and girls' groups and organizations which might be able to help them increase their confidence and assurance collectively and individually. There could also be greater collaboration with some of the more constructive policies and practices in youth work (see Yeung, 1985, for a 'route map' of such work with girls). The fears of 'contamination' which continue to perpetuate many statutory-based agencies and which mean that much youth provision is still effectively for 'good' girls (and boys) is, however, likely to brake such possibilities.

Fears of 'contamination' also work the other way around; thus feminist inspired organizations are not infrequently seen by welfare professionals as potentially damaging for their young female clients. Taboo has found that the fantasies and fears that women only groups will intensify girls' fears of men, together with the belief that such groups will be used by feminists to further their own political philosophy, has made some social workers reluctant to refer their young female clients to Taboo. This has been despite feedback from the girls that talking to other survivors and so breaking the damaging silence which cloaks incest, has often been the most helpful way of beginning to recover their sense of personal worth and confidence as young women.

Given that welfare professionals are likely to resist the viability and desirability of 'empowerment' philosophies, their education should perhaps be highest on the agenda. Racism Awareness Training is now, in many local authorities, a legitimated and even compulsory component of in-service training. In part, perhaps, because so many welfare professionals (at least in the lower ranks) are female, there has been no corresponding commitment to tackle the endemic sexism of welfare practice. Indeed suggestions that there is a problem are frequently met with denial, naive astonishment or patronising humour. Those social workers who are more committed to developing more gender-sensitive perspectives and skills for working with girls in trouble are thus marginalised and isolated. Support from management (in terms of resources and supervision) is, usually at best, non-existent or, at worst, quite hostile.

Managers and practitioners alike thus should (and I am almost tempted to say 'compulsorily') be forced to look at their attitudes, assumptions and values in this sphere of welfare practice. The allocation of resources demands critical scrutiny but so too should recruitment policies be reviewed. This latter point is especially important for residential based posts where the power of managers to determine the régimes of their establishments is relatively unfettered.

b) Welfare or Justice: Is Least Always Best?

In certain respects the re-ascendancy of a justice model for the management of juvenile delinquency can be responded to quite positively. For it does redress some of the excesses of a 'welfarist' paradigm whereby social work's 'needology' has pulled an increasing number of juveniles (boys and girls) into the system through definitions of their need for 'treatment' (Thorpe, 1978). However, the fact that the critique of welfarism has coalesced around an uneasy alliance of the Left (who see it as an erosion of civil liberties) and the Right (who view it as 'soft and ineffective') should make us more hesitant before accepting the justice orientation, lock, stock and barrel. In the current political and economic climate the latter definition is likely to have much more purchase. Statistics to date give cause for considerable concern about the increased use of custody and community-based supervision (NACRO, 1985).

Barbara Hudson (1985) has pointed to some of the endemic problems of transferring girls to a pure justice model; they would still be subjected to 'the double condemnation as offenders and as flouting the values of femininity'. She argues that only a change in social attitudes will give girls any real chance of justice. This is undoubtedly the case. However, it is nonetheless worth considering ways in which we might begin now to loosen the grip of the assumption that girls become criminal because of welfare problems. The current muddling of welfare and justice needs pushes girls up the tariff, in many cases, more quickly and for more trivial offences than boys (Webb, 1984). The writing of social inquiry reports and the recommendations social workers make therein gives them a not inconsiderable power to influence the courts in disposing of offenders. Social workers should perhaps desist from using girls' criminal appearances to justify supervision or care for welfare needs and instead, use the tariff in stricter, justice terms. This might, it could be argued, lead to more civil proceedings (for supervision and care) under the Children and Young Persons Act, 1969. But at least there would be a greater degree of clarity and honesty about the objectives of welfare intervention rather than the double messages and standards which now prevail.

Perhaps 'least is best' as far as criminal justice considerations are concerned (not least because the vast majority of juveniles 'grow out of' offending). But such a principle is more problematic when considering the majority of girls who come into care essentially for 'welfare' reasons (in 1983 only 24% of girls who came into care on a statutory order were there under criminal offence clause of the 1969 Act; this contrasts to 67% of boys). I have already suggested that the politics of family life renders girls vulnerable to exploitation (sexually, emotionally and socially) within the family nexus. Some girls want and have a right to an alternative to the home. When kith and kin are not available or willing to provide such an alternative, welfare agencies may need to step in. Several of the girls with whom Taboo has had contact had to run away from home to escape the abuse of their fathers and felt that care was indeed preferable to 'being molested every night'.

Moreover, when families are rejecting their daughters some form of interim 'breathing space' provision is required. Once in care it is

often difficult for girls to be extricated not least because of the system's introgenic properties that can be used to rationalise the original decision to receive her into care, ("she's running away and aggressive and obviously 'out of control'"). Smaller neighbourhood-based and explicitly 'transitional' units could do much to provide the 'breathing space' that girls and their families may need.

Finally, the structures and workings of many residential establishments are based on familial ideas about the gender division of labour; indeed many attempt explicitly to offer 'alternative families'. They are certainly not often organized to encourage adolescent girls' personal autonomy and rights to participate in the decisions affecting them. They are often large institutions, situated away from the girl's community and friends and generally become very second-rate alternatives. A range of provision that is both less stigmatizing and more flexible is undoubtedly required.

c) A Separatist Strategy: Possibilities and Problems

Social work, in common with most other welfare professions, has always been reluctant to acknowledge, in its methods of work, the collective similarities between some of their individual clients. The deeply enshrined principle of 'individualizing the client' has kept sociological contributions at the threshold of intervention. Moreover, social work's liberal democratic origins and self-image has always enabled it to rebuff charges of discrimination: once again taken-for-granted principles of 'client self-determination' and 'objectivity' have prompted the rhetoric that 'we respond to clients on the basis of individual need'. The needs of social minorities such as black people and girls have thus been denied. There has now been a gradual shift, if as yet of minimal effect in daily practice, in social work's thinking about its work with black and Asian people. Multi-racial policies are rapidly becoming prominent cornerstones of the strategy towards ethnic minority groups at least of some departments. Notwithstanding some of the pitfalls of such an approach (it can easily avoid looking at racism), it does at least signal public recognition of a problem within. Such shifts have only occurred, however, because of the persistence of black groups and individuals drawing public attention to the racist practices of welfare agencies.

It is obviously dangerous to set up a hierarchy of 'deserving cases' but the lack of scrutiny of policy-makers and practitioners in relation to female clients is nonetheless striking. Sexism perhaps does not generate the same kinds of overt threats to law and order and so the ghettoizing of work with girls has been allowed to flourish. Those involved with girls in trouble could usefully learn from the experiences of some women youth workers who have fought (sometimes quite successfully) for the establishment of girls' projects (Yeung, 1985). A similar separatist strategy is also warranted inside personal social service agencies; it could begin to reduce the marginality of work with girls in trouble and support those who are endeavouring to work in different ways. Many of those social workers (mostly women) who are endeavouring to establish work with girls as a legitimate 'specialism' undoubtedly do have a clear commitment to challenge the status quo; they are also well aware of the invisibility and misrecognition of

girls' needs by the agency in which they work. However, many still feel at a considerable loss as to how to proceed; they often feel - compared to their relative confidence when working with boys - uncertain as to the kind of approach and activities which girls will both enjoy and find useful (Hudson, 1985).

Some will (and do) protest that a separatist strategy will either further ghettoize adolescent girls or that it will prevent girls from becoming more confident and assertive with boys and men (the assumption presumably being that you need boys or men to increase your assertive powers). Such arguments can be countered by pointing to the necessity of creating a social and political space in which work with girls can develop. Managers must, and this is not likely to be an easy task, be persuaded of the legitimacy of creating such a space. Finally, whilst there is a risk that a separatist strategy would encourage 'endogenous' system expansion, if it is carefully constructed it would at least amount to putting 'girls in trouble' onto the social policy agenda.

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YOUNG FEMALE DRUG USERS

TOWARDS AN APPROPRIATE POLICY

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Florence 5th - 7th November 1985.

'I think it's a legend that half the population of the world is female; where on earth are they keeping them all?'

(kuss, 1977, Quoted Oakley 1981)

In Britain, as in other countries, there has been over the past 15 years or so, a considerable increase in the awareness of women's concerns, and what are conveniently lumped together in society's vocabulary as "Women's Rights". The Equal Pay Act in 1970 and the Sex Discrimination Act in 1975 were two of the significant legislative products of this increased awareness. In the sphere of policy and treatment, there has been an effort to consider women as consumers of social welfare and health care, women as victims of sexism in private and public life, and women caught up in the criminal justice system.

However, there has been a notable lack of concern about the needs of women drug misusers, and the structural causes of their behaviour. Even in some recent works dealing with a wide range of women's issues and with titles that reflect that range e.g., 'On Being a Woman' (Fransella & Frost 1977), 'Subject Women' (Oakley 1981), 'Women and Social Policy' (Ungerson 1985), one looks in vain for a mention of drug misuse among women.

Nevertheless, in the last two years or so, there has been a progression - though perhaps to some observers it seems glacial in speed - towards an increased awareness of women's needs in this field. A useful indicator of this creeping advance is the advice which has been tendered to the Government by bodies set up to provide recommendations on policy and treatment. In 1982 the Government's Advisory Council on the Misuse of Drugs (ACMD) made no mention at all of women drug misusers, nor of any other social grouping, and raised the question of distinguishing between addicts (in terms of drugs used and diagnosis) only to dismiss it:

"In the development of services we consider it counter-productive to identify more and more specific client groups (e.g. Heroin addict, Amphetamine addict, etc.). This can give rise to the false assumption that each category demands specific services, when experience and evidence show that all drug misusers share similar kinds of basic problems" (5.11 p33).

However, it stressed that treatment and rehabilitation strategy must be geared to individual needs:

"For some individuals a medical response will predominate..... for others a social work response. for yet others, an educational and counselling approach will be best" (5.4 p32).

It also recommended that a medical working group should be established to draw up guidelines of good clinical practice in the treatment of drug dependence. In its report in 1984 this working group noted that "drug users are a heterogeneous group" (10.p5) and paid particular attention to the needs of pregnant

opioid dependent women, stressing "sympathetic understand of the mother" and "continuing support".

Another, more positive, step came with the ACMD's "Prevention" report in 1984, in which it stated:

"We are also concerned with other groups at risk of misusing drugs. In the 1960's and 1970's drug misuse amongst women was not considered an area of particular interest; Researchers and policy makers have often assumed that hypotheses and policies drawn up in response to male drug misuse are equally applicable to women..... the women's movement has drawn attention to the need to reconceptualize 'social problems' (such as the drug problem) from the point of view of women's interest and position in society..... we consider that this literature raises important issues not adequately dealt with in earlier, male-centred work'. (para 3.35 p23)..

More recently, the Social Services Committee of the House of Commons concluded a year-long enquiry into the Misuse of Drugs, 'with special reference to the treatment and rehabilitation of misusers of hard drugs'. In their report to the Government in May 1985, they noted that various witnesses e.g. doctors, and social workers and others testified to the special needs of women.

Representative of that testimony was the criticism by the feminist orientated organisation DAWN (Drugs, Alcohol, Women, Nationally) of the notion that drug misusers are a homogeneous group, i.e. "the false assumption of a stereotypical drug user who is white, male, single, under 25, unemployed and rootless". (p.xi).

The Committee responded with the recommendation, inter alia, that women's needs should be given greater consideration by policy makers, and by those who are concerned with service delivery.

"An increasing proportion of hard drug misusers are women. We are particularly concerned at the number of young female addicts, some of whom are pregnant or have young children. It is essential that all agencies seeking to respond to drug misuse take greater account of this trend".

Social Services Committee (P.lv)
Session 1984-85, House of Commons, May 1985.

It cannot be demonstrated that this progressive awareness among policy makers has been matched by action on the ground. Official government policy on drug misusers is primarily put into practice in the clinical system operated by the network of Drug Dependency Units, which were set up in 1965. These are part of the National Health Service in which free treatment is provided. The latest survey of these DDU's found that 'Very few (13%) of the DDU (Drug Dependency Units) offered women patients treatment differing from that offered to men and fewer still (3%) offered different facilities such as separate waiting rooms or creches. It is not

possible to infer from our questionnaire whether this indicates a neglect of the special needs of women users, especially in relation to pregnancy and child care, or whether it represents a scarcity of resources'. (Smart 1985).

Since that survey, one DDU has opened at a Day Care Centre which provides special facilities for parents (mostly women) and children. It is the only one.

As well as the Drug Dependency Clinics, there are other services which receive all or most of their funding from the public purse. They cover a wide spectrum of treatment and rehabilitation models, e.g. crisis intervention and drug detoxification centres with residential care, street agencies which provide points of contact and referral, counselling services, hostels and therapeutic communities for drug-free recovering addicts.

Here, too, there is a sparseness in the facilities for women as women and not just as part of a generalised category of drug misusers. There are only two all-female residential rehabilitation centres in Britain out of more than twenty. These define themselves as operating by a Christian ethic. A few street agencies operate women-only groups and in these feminism has been an important element. Taken as a whole, the system in practice has hardly been touched by the new emphasis in policy.

INCENTIVES FOR POLICY AND ACTION

It can be seen that there have been three main factors which have concentrated the policy advisors' minds recently:

- 1 the alarming general increase in the drug addiction in Britain;
- 2 the increase in addiction among women in particular;
- 3 the demands for attention and action by interested parties such as feminists, doctors and social workers.

Up until the mid 60's the total number of known addicts in Britain on the Home Office index was less than 1,000. Today, although the total known to the Home Office in 1984 was 12,489, it is estimated by informed observers that there are 40,000 addicts (Hartnoll et al 1985) and many more 'recreational' users who are not yet addicted. There is also statistical evidence that there has been a sharp rise in the last (1983-84) year in the notification of new addicts (29%), (Home Office 1985), and a mass of anecdotal evidence from police, customs, families, researchers and clinicians that this is a boom time for hard drugs in Britain.

A particular spur to action is the soaring increase in drug-taking among the young. In 1984, 1,206 of the new narcotic addicts notified to the Home office were under 21 (Home Office Bulletin of Statistics 1984). Many more are using opiates and

other drugs but do not come to the notice of the authorities. The nation's children are seen to be in danger and the press devotes much space to drug addiction with such headlines as 'Hooked on Heroin'; 'teenage epidemic hits council estates', 'chasing the dragon' (Sunday Times, April 1984), and 'Heroin: stemming the tide' (Sunday Times 19 August 1984). There have been numerous television and radio programmes on the problem and large scale campaigns against drug taking aimed particularly at the young have been initiated by the Government. The Home Affairs Committee of the House of Commons reporting to the Government in May of this year expressed the nation's concern in sombre terms:

"We fear that, unless immediate and effective action is taken, Britain and Europe stand to inherit the American drug problem in less than five years. We see this as the most serious threat to our national well-being".

This crisis - as it is commonly perceived - has forced policy advisors and makers to pay increased attention to the overall problem; as a sort of fall-out effect from that attention, there has been somewhat more analysis of its parts, of which drug addiction among women is one.

But added to that, there is thought-provoking evidence of a marked increase in young females known to be using opiates: in 1974 there were 128 new females under 25 notified to the Home Office as opiate users: in 1984 the figure was 832 - an increase of about 600%. These figures represent only a fraction of the problem since they refer only to those women known to the Home Office by the mandatory system of notification. Preliminary results of a National Survey of General practitioners in England and Wales found that 39% of those who came for help with opiate related problems in one month in 1985 were women (approximately 3,000 women). (Glantz. Addiction Research Unit - to be published). There are many women who never approach treatment services, and therefore are outside the official statistics. Another pointer is the increase in the number of women convicted and jailed for drug related offences: in 1982 they numbered 130, in 1983 226.

An added factor is the influence of feminist thought, which has made authorities generally conscious that there are concepts such as women's rights and women's needs to be dealt with, and has of course, made considerable advances in various fields. Feminist groups in Britain have only recently directed their attention to the problems of women drug addicts and misusers, and they operate on a small scale. Nevertheless, their role has been significant as may be evidenced by the attention given to the testimony of DAWN to the House of Commons Social Services Committee.

But when all this has been said, the Social Services Committee's policy response to pressures and representations is vague and general - an expression of benevolent interest rather than concentrated attention to the problem. It also seems to hand over the consideration of what is to be done practically to others in the existing structure of treatment and care ("It is essential that all agencies..... take greater account of this trend").

Ironically - and perhaps frustratingly - the recommendation of women's needs comes at a time when the official British response to the drug problem is increasingly concerned with control rather than with the treatment side.

So what is the reaction of the British system likely to be? A survey of that system's character and behaviour throughout its history provides some pointers to an answer.

OFFICIAL POLICY OF DRUG MISUSE IN BRITAIN

The British system of dealing with the drug problem is, and has long been, a mixture of principles (sometimes in opposition) and pragmatism. It has been characterised on one level by a sustained attempt to treat the drug addict as a patient to be helped rather than a criminal to be punished.

This approach was articulated as early as 1926 by the Rolleston Committee which was set up by the Ministry of Health and the instance of the Home Office, and consisted of members of medical professions. It defined addiction as a problem for medical treatment, concluding:

"There was general agreement that in most well-established cases the condition must be regarded as a manifestation of disease and not as a mere form of vicious indulgence"

(Departmental Committee on Morphine and Heroin Addiction 1926 .11).

This emphasis on addiction as a medical problem did not mean that punishment as a control measure had been discarded; in fact, the possibility of imprisonment and other punitive measures for possession of illicit drugs remained an important element in the State's apparatus of control. A complex relationship between two approaches to the problem was thus initiated and a pattern established for the future. As a 1982 study remarked, the British system "has never been a purely penal or medical one. It has rather been a blend of two philosophies with one or other view dominating in different periods..... The 1920's saw not a victory for medical dominance in the field of addiction, but an entente between doctors and the state" (Stimson and Oppenheimer, 1982).

When the Rolleston Committee made its recommendations there were very few opiate addicts in Britain, and most had become addicted in the course of medical treatment or were 'professional' addicts (i.e. doctors or nurses who were believed to have become addicted as a result of a combination of their stressful occupation and their easy access to drugs). Whatever the reasons for addiction, it was considered that the medical profession was able to offer treatment which might enable an addict to live a normal and non-criminal life. This could be effected by helping the person to come off drugs and, where this failed, by maintaining the addict

on a carefully prescribed quantity of drugs. It is difficult even with hindsight to be critical of the policy laid down by Rolleston when one notes that in the period from 1935 when records of addiction were first assembled by the Home Office up to the 1960's, the numbers of addicts in Britain varied little, and never exceeded a thousand. Thirty years of stability in the incidence of addiction would now appear an impossible dream.

In fact, this period from the mid-20's to the mid-60's can be seen as a sort of Golden Age in the history of drug control in Britain. The British method had a good press overseas. Some commentators, for instance Edwin Schur writing in Narcotic Addiction in Britain and America (1963), claimed that Britain had no major drug addiction problem precisely because addiction was treated as a medical problem: addicts could get medical help, and obtain legitimate supplies of their drug. Hence there was no need for addicts to meet each other, and no "subculture of addiction". This seemed a reasonable analysis at the time. Britain did have a medically orientated approach, and had no problem with drugs on the scale experienced in North America which relied on other policies.

In retrospect, though, it can be argued convincingly that the British method worked precisely because there was no major endemic drug misuse (for various historical and social reasons). For when drug misuse as a major problem did manifest itself, because of a supply situation that had not been anticipated, the system broke down.

As late as 1961, a committee under the chairmanship of Sir Russell Brain, a neurologist and former president of the Royal College of Physicians, reported to the Government that no change in drug policy was called for. However, by the mid-60's it became apparent that the system was under stress. Reports of an epidemic of drug abuse appeared in the press, and the Home office was becoming aware of a new type of addict - the young experimental drug user who had graduated into addiction (Spear 1969). The root cause of this growth in addiction appeared to be massive over-prescribing by a few irresponsible doctors, which created an overspill supply of drugs for the black market, and thus a milieu which recruited new addicts. The official response was to reconvene the Brain Committee whose conclusions were significantly different from those of a few years before. Although the medical model of addiction remained, there was a change of emphasis. Addiction was now described, not as a disease, but as a "socially infectious condition".

It was recommended that National Health Treatment Centres, known as Drug Dependency Units, should be set up in Psychiatric Hospitals or the psychiatric wings of General Hospitals. Also, that only licensed doctors, preferably those working in these treatment centres, and assisted by an interdisciplinary team of nurses and social workers, should be able to prescribe Heroin and certain other listed drugs to addicts. General Practitioners were still able to prescribe certain drugs containing opiates (e.g. Diconal, Palfium etc.). As well, the Brain Committee recommended that there should be a system of notification of

addicts similar to the notification of infectious diseases under the Public Health Act, this to replace the existing system under which the Home Office collected information in a somewhat haphazard manner from routine inspection of chemists and informal notifications. These recommendations came into effect with the Dangerous Drugs (Notification of Addicts) Regulation 1968, and the Dangerous Drugs (Supply to Addicts) Regulation 1968.

The Drug Dependency Units opened their doors to their clients amidst considerable uncertainty on how best to treat this group of rather chaotic young people - the new type of addict - many of whom were using very large quantities of heroin and cocaine. The clinics took seriously the role which had been given to them as custodians of the heroin epidemic and began the task of trying to order the life of their clients by judicious and careful prescribing. It was apparent quite soon that those coming to the new treatment centres were in many respects quite unlike the middle class 'respectable' addict which the Rolleston Committee was considering in 1926, when it advocated the notion of maintenance prescribing. The clinics become emotional battlegrounds between overworked and weary staff and demanding and difficult clients who were constantly getting themselves into trouble, and having multiple problems with their lives despite the prescription of opiates to cater for their addiction (Stimson & Oppenheimer 1982).

Furthermore it became clear to clinicians that there was little they could do to compete successfully with market forces of supply and demand outside their clinics. It was impossible to be sufficiently scientific and precise in determining the dose to ensure no excess of prescribing, and if prescriptions were cut, their clients threatened to turn, and did increasingly turn, to street drugs, such as illicit heroin and barbiturates. Within three years of the setting up of the clinics there had been a noticeable shift from maintenance prescribing of heroin to maintenance with methadone - a synthetic opiate which is more long-acting than heroin. By the late 1970's most of the Methadone was prescribed in non-injectable (oral) form. By 1982 only 5% of all prescriptions at clinics were of heroin (Woodcock 1984). Authorities have not been able to agree whether the limitation of heroin in the clinics boosted black market demands or whether the black market supply operated independently. But one aim of the policy which established the clinics had been the social control of the drug problem, with the implicit idea that 'competitive prescribing' would undercut and diminish the black market. On this count the policy was seen to have miscalculated.

The most recent developments have been precipitated by the flood into England of street supplies of illicit heroin from abroad, notably from Pakistan. A significant statement of policy to meet the new situation came in 1980 (Drug Link 1980) from Patrick Jenkin, the then Secretary of State at the Department of Health and Social Security, when he argued that "as with so many health problems, prevention is very much better than cure" and then told his audience that in preventing drug abuse "our first and most vital line of defence is obviously the police and customs. They do a magnificent job of limiting the availability of dangerous drugs and without their efforts our drug problem would be

infinitely worse". This year, in March, a Home Office publication 'Tackling Drug misuse; a Summary of Government Strategy', emphasised the need to crack down on drug suppliers by international co-operation in measures of control and by severe sentencing and confiscation of their profits for drug suppliers. This is currently being legislated for. One can say that the medical model of 'managing' addiction to which British policy has clung, and still clings, is by force of circumstances, being overshadowed by an attempt at prevention by policing. Nevertheless, the clinics are still extensively patronized by addicts - in fact besieged by clients - and those facilities which cater particularly for detoxification and rehabilitation are more important than ever.

From the clinicians' point of view, the demonstrated fact that their prescribing measures have so little effect on the supply of drugs available on the streets might seem to release them from a pointless exercise in 'control', and leave them free to concentrate on caring for their patients.

Now, it can be seen that the recommendation in recent policy documents for an increased attention to women's needs has come at an awkward time. A new initiative in treatment and care is being suggested just when there is increasing emphasis on control, and, moreover, when funds are straitened for the whole National Health Service and other government-funded agencies.

It is difficult to foresee what the response will be. Two factors give hope. In the survey above a certain innate quality of adaptability, however tardy, is evidenced. One analyst of the system who found it gravely at fault in many ways, nevertheless granted "that it has a degree of openness, that in changing circumstances it has a capacity for manoeuvre, that its very inconsistencies allow of evolution" (Edwards, 1978).

Another factor - it should not be necessary to say - is the caring ethos in the system. In 1926, the Rolleston Report recommended "full use of therapeutic methods..... education of the will..... improvement of the social conditions of the patient" (42. pl6). Since then, throughout the shifts of emphasis, the concentration on prescribing, the involvement in control, that broad concept of treatment and care has remained. The recent 'Summary of the Government's Strategy; Tackling Drug Abuse' (March 1985) promises to improve and expand treatment and rehabilitation provision for drug misusers: "They have the same rights to appropriate provision for their needs as other people with health and social problems". The fact that the system has largely ignored the needs of women as a particular group does not necessarily indicate deliberate hostility, but rather that the needs have not been brought to its attention as a priority until recently. And also perhaps that it shares many of the attitudes of the society of which it is a part.

One feature of the system which could militate against effective action on women's needs is its poverty. The Social Services Committee on the Misuse of Drugs Report (1985) found that funding

in various areas of the system by both central and local authorities was inadequate, and was particularly worrying for voluntary organisations: "Many excellent projects of proven worth have to struggle to keep afloat financially. At City Roads [a short-term residential Crisis Intervention Centre] we were told that they had no idea where next year's funding would come from" (98. pxlx). This was in the context of examining the government's Central Funding Initiative of 1983 by which funding was offered to statutory and voluntary organisations which develop new services for drug misusers. By 1985, seven and a half million pounds had been allocated to over 90 schemes, e.g. local survey of needs, training schemes, detoxification and withdrawal services, new counselling and advice services, toxicological screening equipment and rehabilitation services. But this is designed as a 'pump-priming' measure, and the Social Services Committee found that further follow-up funding was needed: "An immediate, sizeable and recurring injecting of additional money by the Department is essential" (100. pl). Despite its shortcomings, the concept of the scheme - to give financial encouragement to new projects - might provide a favourable climate for initiatives on women's needs.

Whether the benevolent interest in recent policy advice will be followed by a coherent policy and action on the ground remains to be seen. That policy and action would, presumably, take note of such studies as there have been into the subject. Up to date these are, in the main, from the USA. Even though American experts complain that their research in this field is sparse, it is very much more copious than other countries, including Britain, and contains valuable and thought-provoking material.

THE FEMALE ADDICT

"A career of narrowing options" - so the life outlook for a woman who becomes addicted has been vividly summed up by Marsha Rosenbaum in her analysis of Women on Heroin (1981). She notes that:

"Heroin expands her life options in the initial stages, and that is the essence of its social attraction. Yet with progressively further immersion in the Heroin world, the social, psychological, and physiological exigencies of Heroin use create an option 'funnel' for the woman addict. Through this funnel the addict's life options are gradually reduced until she is functionally incarcerated in an invisible prison. Ultimately, the woman addict is locked into the Heroin life and locked out of the conventional world". (p11).

The notion of "a career of narrowing options" is a distressing view of any female addict's life and is particularly poignant when applied to the young or adolescent drug user. From the research literature a picture emerges of a stereotypical female addict caught in this 'funnel' and who is disadvantaged because she is both a woman and an addict.

The story, as usually outlined, goes as follows: A girl begins to take drugs for fairly standard adolescent reasons (rebelliousness, experimentation, curiosity, boredom, searching for affiliation and peer group approval, etc) and gradually becomes addicted to drugs. She then finds herself in a deviant culture from which she finds it difficult to escape, and in which she herself begins to engage in crime and prostitution in order to pay for her drugs. She is condemned by society for her behaviour more than a man would be. She forms a relationship with a person who almost inevitably is another addict. She falls pregnant and throughout her pregnancy endeavours to conceal the fact for fear of the reaction of the medical profession and the risk that her baby would be taken away from her. Later she becomes locked into a domestic situation, with one or more children and a strong possibility that the father of the children will not be around to support her because he has either left her or is in prison. She lives in constant fear that her children will be taken from her. In her contacts with treatment agencies she finds an ethos which is male-orientated. In particular she finds that there are few facilities to deal with her circumstances; no arrangements for child-care while she attends a treatment centre, a rigid appointment system which takes little account of her difficulties with children and no residential facilities where she can go with her children. Increasingly, her own coping strategies are weakened by lack of social support and by her growing feelings of guilt, anxiety and depression.

Of course, many women addicts do not fit with this stereotype. Nevertheless, it contains elements which most women addicts would recognise as having relevance to their own career. The stereotype also exhibits many of the disadvantages to which the feminist movement has drawn attention, notably the woman's dependent role and the difficulties inherent in her need to adjust to a male-orientated society.

In the few comparative studies of male and female addicts which have examined the antecedents of an addiction career, the findings require considerable subtlety in interpretation and taken as a whole are far from conclusive. Thus, Martin & Martin (1981) in their account of factors preceding and influencing the initiation into drug addiction found that the differences between men and women were small: "the personality characteristics of many female addicts are in most respects similar to those of male addicts. They exhibit sociopathic behaviour and may well have antisocial tendencies". But later they remark: "As a group, female addicts appear to be somewhat more neurotic and less psychopathic than male addicts".

An early and classic study (Chein et al 1964) which compared the families of male and female addicts found only small differences. Whereas Binion (1981) concluded that women addicts came from more disturbed families than male addicts and more frequently from broken homes.

It has been found that the reasons for initiating drug use have generally been the same for men and women. "Women and men were just as likely to seek out new and exciting experiences, and both

groups scored high on self-report measures of sensation-seeking tendencies" (Sutker et al 1978 cited in Sutker 1981).

It would seem that such differences as exist between male and female routes into addiction are rooted in the 'normal' socialization process which distinguishes men and women, and not in any specific 'pathology'. The most visible areas in which there are significant differences between men and women occur after addiction.

ADDICT MOTHERS

"Whenever we hold meetings for women using drugs, their problems and fears surrounding children form a major part of the discussion" (DAWN evidence to the Social Services Committee 1985) (p.xii, 20).

The area in which female addicts are most plainly disadvantaged because of their sex is, of course, motherhood, from pregnancy onwards. Even the fact of becoming pregnant and having a baby might well have a different resonance for a woman addict compared with other women. As Moriarty (1976) found, women addicts might be particularly gratified at being able to have a baby (some believe themselves to be barren, and are surprised by pregnancy) as a contrast to their usual feelings of helplessness. Some might try deliberately to become pregnant to overcome isolation and to have someone to relate to - "It gave them a role as mother to look forward to when they seemed to have nothing to live for" (Moriarty 1976).

However, there were also negative reactions. To the normal stresses of pregnancy 'mood swings, doubts, fears, identity problems with body image and desirability' were added to the particular stresses of the addict's life..... "poverty, lack of stable and supportive relationships and discrimination" (Moriarty 1976). There is also the knowledge that the baby might be damaged or experience severe withdrawal. Added to this is an extremely widespread fear that the baby might be taken into care. Medical witnesses at the enquiry conducted by the Social Services Committee (1985) stated: "We have..... had a number of cases in which pregnant addicts were so scared that their babies would be removed from them by social workers that they went right through pregnancy and delivery without mentioning the fact that they were addicted..... their visitors brought in their drugs secretly and so special attention was paid to their babies".

An addict mother writing to the feminist magazine Spare Rib (July 1983) confessed: "I desperately wanted to admit my addiction whilst pregnant but couldn't bring myself to face the moral indignation of the medical profession. I'd been a student nurse myself for a while and I'd seen that junkies were treated as contemptible. I was also terrified of being declared an 'unfit mother' and running the risk of having my child taken into care as had happened to another friend of mine".

The very real possibility that a baby might be removed from an addict mother was emphasised this year in Britain (report in Times 2 August 1985). Under the headline "Mother loses plea over custody of drug addict baby" was the report of a case which made legal history because it was the first time that alleged ill-treatment of an unborn child was put forward as sufficient grounds for taking it away from its natural parents. The report also stated that the counsel for the local authority admitted "that there was no evidence to suggest that the parents would ill-treat the child in the future and that it was not clear how much long term damage to the foetus had been caused by the mother's addiction to heroin and methadone".

The addict mother's anxiety that she might lose her children continues into the child-rearing stage, when she is virtually under surveillance by social welfare agencies. There are, of course, difficult cases here and children's rights must be considered by a reasonable society as well as the rights of citizens who are addict mothers. Sometimes the social services departments must remove children from their parents or they would be failing in their duties. Other commentators (Densen-Gerer & Rohrs 1973) have observed that adequate child care and addiction do not go very well together. The British Association of Social Workers (BASW) reported to the Social Services Committee that "one third of the children on the Child Abuse Register in (one authority) are there because of drug misuse within the family. About 50% of these children subsequently came into care". This was subsequently revealed as a Central London Authority where the figures were 17 of the 66 cases on the Child Abuse Register.

However, many observers have stated that addicts are often responsible and caring parents: "the female Heroin addict tends to value her role as a mother very highly, and failure (as evidenced by the removal of her children from her care) is socially and emotionally devastating, often resulting in an attempt to terminate use of Heroin or, alternatively, in a further decline into heavy use" (Rosenbaum 1979).

Even apart from this prospect of losing their children, the pressures of motherhood are heavy upon women addicts: they feel "guilt about the neglect of their children, their absences from their children, their inability to provide more security and stability and especially, their negative role modelling" (Rosenbaum 1979). The addict mother, previously quoted in Spare Rib, adds a personal gloss to this: "the main reason I am finding it so hard to stop using drugs is the presence of the children. I can never relax my responsibility to them and that never ceasing guilt that comes with motherhood is exacerbated by the stigma of drug addiction. More and more I got to need the energy drugs gave me just to care for my children".

STIGMA

The traditional stereotype of femininity fits not at all with females involved in deviancy. It is true, of course, that males show higher rates of law-violating behaviour than females:

"the crime rate for men is greatly in excess of the rate for women - in all nations, all communities within a nation, all age groups, all periods of history for which organised statistics are available, and for all types of crime except for those peculiar to women, such as infanticide and abortion".

(Sutherland & Cressy 1966)

As a result the deviant woman is automatically regarded as something of an exception for her sex. Thus society's condemnation of the female addict is a good deal more severe, and more emotional, than of the male addict. "Junkie Mother' carries a particular frisson, and 'Pregnant Drug Addict' is loaded with negative images of a woman as 'irresponsible, hedonistic, selfish, psychopathic, unfeminine, unproductive'" (Moriarty 1976).

Even in the drug culture itself, stigmatisation by male users is rife. A woman staff member at 'City Roads', [a Crisis Intervention Centre in London] remarked that "Men who are also using in that little circle really view these women as being pretty bad people..... they want to be able to look after the woman because they feel they should do anyway, but..... when it comes down to the nitty-gritty I think they view them pretty much as prostitutes if not in reality then certainly to some extent, they're not very complimentary towards women drug users once you actually get down and talk to them". This, she had found, was particularly characteristic of young or adolescent drug circles.

Faced with this barrage of condemnation, one reaction of the female addict may be to accept it, and see herself through others eyes, e.g. "through men's eyes as 'low', 'a tramp', 'a whore' and as having lost her physical attractions" (Nurco et al 1982).

WOMAN'S ROLE AND SEXUALITY

"Dependency is an integral part of women's daily lives - use of substances is only the outward sign of it" (Merfert 1984). This statement sums up - in an almost aphoristic way - a growing body of opinion among researchers into women's addiction. It is an application to drug abuse of theories about women's designated role in society - particularly how that role can be crippling to women; and it is particularly sponsored by feminist opinion.

One argument posits that society fosters dependency in a woman in the domestic situation, that she received her identity from the man, also that a woman identifies her problems as personal and individual, and turns her conflicts about this role against the

self rather than trying to change her life situation (Merfert 1984). In this context illegal drug use can at first represent a more active life - a revolt against her role. Chein et al (1964) argues that the female addict is resisting the passive nature which is expected of her. Others argue that addiction represents a denial of her desire for passivity (Ball & Chambers 1971). However the addiction eventually leads to a depersonalised life-style which can be a gross form of dependency.

Low self-esteem is the most commonly identified symptom of this role-conditioning and reinforcement. The cause-effect relationship is, however, not clear. Though addiction may lead to low self-esteem, it is conceivable that "those with poor self-esteem may gravitate towards drugs" (Nurco et al 1982).

Whatever the process, it is argued that chronic low self-esteem in the woman addict is reinforced by every element of her life-style.... involvement in crime and prostitution, guilt if she becomes a mother, her involvement with another addict where the domestic set-up fixes her in a dependent role.

In the field of sexuality several studies have indicated that drug-dependent women have experienced a greater incidence of rape and incest than women in the general population (Mondanaro et al, 1982). In a study of 50 drug-dependent women, 46% had been raped (Wasnick et al 1980, quoted in Mondanaro et al 1982), more than three times as many as the average for all women in the USA. Researchers have also reported that from 28% (Wasnick et al 1980 quoted in Mondanaro 1982) to 44% of addicted women (Benward & Densen-Gerber 1975) have been victims of incest, very much higher than the percentage in the general population (5% according to Benward & Densen-Gerber 1975). Both rape and incest cause long-lasting psychological effects. And may be seen as one of the possible precipitating causes for entry into addiction. Moreover, it is probable that the effects carry over into the addictive career. Compared with those women who have suffered rape and incest and have not taken to drugs, the addicted woman - it is claimed - "tends to act out her pain, sedate her consciousness, and displace her rage, rather than internalise her behaviours" (Densen-Gerber 1981).

TREATMENT PROBLEMS

One of the main complaints by women addicts - and they are backed up by researchers and feminist observers - is that their problems of dependency and low self-esteem are exacerbated by the circumstances in which treatment and care are offered to them. The whole treatment world is seen as thoroughly male-orientated. "When conceived, Therapeutic Centres were an answer to an addiction problem that was primarily shared by men: the needle world is a man's world, in which three out of four users are male. The answer to the problem was given within the framework of the men's culture" (Nadeau 1978).

The most blatant example of male-orientation in the treatment facilities is, of course, the general ignoring of the special needs of pregnancy and motherhood. The practical difficulties this causes can be daunting, as the testimony from this woman, who attends a DDU in a hospital wing in London, illustrates:

"I found the male-orientated regime of the hospital extremely difficult to cope with. There's no provision for the care of children while you attend the meetings, and I found it impossible to have my children looked after for a couple of hours every week. This is not only completely disregarded, it's also considered an excuse for not being committed to the programme. If you miss three meetings in the six month period, your treatment is terminated. You also have to pick up your Methadone daily. In my case this involved a bus journey with two babies in tow - no mean feat when you're feeling like death until you've taken the Methadone. All this is supposed to give the patient a sense of being 'in control of her own care'. All it really comes down to is being manipulated with your life totally controlled by the clinic..... the whole nasty patriarchal staff/junkie relationship reduced me to tears on many an occasion".

(Spare Rib 1983)

These practical deficiencies are the most obvious symptoms of a pervasive attitude throughout the treatment and care system. The evidence for this comes mainly from American sources but seems to accord with what has been observed elsewhere.

American researchers, (notably Cusky et al 1981) note that no model of female addiction has yet been developed, despite the growth of the problem, and that the treatment models are still male-orientated, and in some ways by their very nature discourage female addicts from entering into treatment programmes, and lead to their early departure from them if they do enter. For instance, the so called Physiological model, in which addiction is viewed as a narcotics-fuelled metabolic disorder, relies on Methadone maintenance. This appears not to offer enough alternative courses to women, who are not attracted to the programmes (Levy & Doyle 1976). The Social Competence model focuses on attending to functional problems such as unemployment and crime. But women, it is suggested, would prefer a programme which attends to psychological and emotional problems (Arnon et al 1974). The Personality model, which relates drug abuse to the user's personality problems, and the Sociocultural model, which pays attention to social environment (family, social development, etc), are both employed in residential treatment, notably in Therapeutic Communities where the aim is resocialization. These are also found to be unsatisfactory on the grounds that women do not want to be resocialized in the programme's terms. Having already "broken out of the bounds of acceptability" (Maglin 1973), women find that a return to acceptability of the sort envisaged is not a strong enough motive to radically change their pattern of living.

So also in Therapeutic Communities, where regimes of punishment and confrontation apply, using 'tearing down' sessions, women

with their lower levels of self-esteem and lower assertiveness are at a disadvantage. "For some individuals that come into treatment 'breaking one's image' is no problem: these persons come in already..... having incorporated social guilt to its pathological limits..... they need to anaesthetize, hopefully kill, their personal shame. There is nothing to break down and all to build up. The majority of women seeking admission fit in this category" (Nadeau 1978). In mixed sex groups therapy employing 'encounter' sessions, it has been found "the groups became settings for displays of power on the part of the males, who bonded together to form positions of dominance, and this drastically reduced the women's chances to be heard. When attention was directed towards the women it was in the form of recriminations and sexist attacks" (Soler 1976, quoted on Cusky et al 1981). Sexist discrimination has been found to be endemic in the system, for instance in the organisation of work in the Therapeutic Communities women are often assigned to traditional women's jobs and discouraged from learning 'male' skills; promotion to a position of status is also more difficult; women are less often directed towards educational and training opportunities (Cusky, various sources).

In some Therapeutic Communities sexual harassment of women residents has been reported. One study found that "half the women interviewed had been propositioned by male staff members, and often were forced by circumstances to submit to their demands" (Soler et al 1976 quoted in Cusky et al 1981). Furthermore, although homosexuality among women addicts is considerably higher than in the general population, little attempt has been made to recognise this fact in a positive way in the treatment system. Indeed, those homosexual women who feel guilt or anxiety about their sexuality find that the attitudes of the treatment centres reinforce those feelings and those who see their sexual orientation as part of their revolt against women's dependency role find themselves under pressure to change. Leaving the treatment programme is often the easiest option (quoted in Cusky et al 1981).

Such findings, which might appear to contain some internal contradictions, show the difficulty of proposing a satisfactory therapeutic model for women. But the problem appears to lie not in the contrariness of women, but rather in the ethos that lies behind all the models, that of being designed historically to cater for men's needs and not women's. That bias inevitably makes the woman addict 'the odd man out' in the system.

TOWARDS AN APPROPRIATE POLICY

It is commonplace to claim of any social issue that it requires more resources and more research. It is, however, self-evidently correct in the issue of female addicts' needs, which is in such an early stage of serious consideration.

"More resources" is usually taken to mean more money, but just as important as funding, is the judgment on how it should be allocated among the various services and facilities which seem to be important. How, for instance, it might be shared among the different phases in the recovery and rehabilitation process of a drug misuser, from detoxification to re-socialization, and perhaps on to job training and rehousing. Also, it should be pointed out that more money does not necessarily always mean more expense. For instance, the provision of mother-child facilities in treatment agencies could well lead to a reduction in the number of children taken into care, resulting in an economy to the state.

In the field of research, one of the main difficulties to date has been the lack of substantial evidence from the women themselves. And as DAWN, the feminist oriented organisation, has written (1985): "What company would market a service without proper market research?" The problem here is that women have been 'invisible' - as it is sometimes described - in the system, not only because they are overlooked, but also because they are not present in the numbers they should be, i.e. in relation to the numbers of female addicts in the community. Women have a much lower rate of attendance at treatment agencies than men. It thus appears that if more women could be attracted to the agencies, then more subjects for research would be available, which might in turn modify the treatment system. In the meantime 'field' research among female addicts in the community at large might be suggested.

However, although the research evidence is not large, it should not be dismissed. It is often illuminating and suggestive of possible lines of policy. At the least it is a basis for debate, which is how these suggested policy proposals are presented.

Education

Most female addicts become known to treatment agencies around the age of 20 (Home Office Statistical Bulletin 1984). However, case histories of those who approach agencies as well as evidence from youth-workers, teachers and parents indicate that some girls experiment with drugs much earlier, some around the age of 16, some even as early as 12 or 13. Most of the youthful experimenters never become addicts, and are unlikely even to experience serious problems with drugs. Nevertheless, it must be perceived by society as an ominous situation. What is to be done to educate and warn the young? The answer is not as obvious as it might seem, and is illustrated by current developments in Britain. This year, the media have carried a government-sponsored, nation-wide campaign aimed at young drug experimenters of both sexes. Typical of the campaign's approach is a television advertisement which shows an adolescent drug user, boy or girl, going progressively deeper into degradation, and finally warning "Heroin really screws you up". This campaign was launched by the government in contradiction of the advice given by its own Advisory Council on Drugs Misuse, which was specifically against a nation-wide campaign, and also the shock-

warning type of message conveyed:

"We are concerned about measures which deliberately present information in a way which is intended simply to shock or scare. We believe that education programmes based on such measures on their own are likely to be ineffective, or, at worst, positively harmful".

(ACMD 'Prevention', 1984. 4.25 p35).

The harm, the ACMD believed, lies in the risk that "ill-chosen educational methods..... arouse in some people an interest which they would not otherwise have felt" (ACMD 1984. 3.11 p17). The ACMD's own recommendation was that drug education, whether in the media or the schools should be "de-emphasized as a separate topic" and integrated into broader frameworks of health and social education (4.41).

These views may be considered together with a recent survey into drug education in the schools (ISDD, 1984). This found that experimentation by the young had not been affected by a whole range of educational techniques used in the schools, including emphasising the dangers of drugs, encouraging the young to resist peer-group pressures (learning to say 'no'), discussing in advance choice-situations before they occur; and discussing health-related choices in the context of young people's circumstances and cultures. It was thought that limitation of supply was a much more likely method of limiting experimentation. But, the emphasis, the ISDD argues, should not be on preventing experimentation (as most experimenters stop of their own accord anyway) but on preventing damage from drugs and the progression to heavy use. Drug education, said the survey, should be part of general health education, and treated with "recreational drugs such as alcohol, cigarettes, coffee and tea; prescribed drugs such as sleeping pills and tranquillisers, and over-the-counter medicines such as aspirin".

However apart from a reference to the importance of the 'cultures of social groups', no firm recommendations appeared: "The question of the most useful method for achieving the aim of reducing casualties and increasing health remains open" (ISDD 1984). Likewise the ACMD are less than specific: "We expect that drug education will increasingly adopt techniques which focus on social and cultural factors" (1984. 4.26).

This broad and gradualist approach presumably did not appeal to those in government circles who wanted to do something now. It is a situation likely to occur in any country gravely concerned with an increasing drug threat to its children.

Early Intervention

The most obvious way of limiting damage is to interrupt a young person's potential career from experimenter to addict. This often depends on people nearby - teachers, youth-workers, parents - being intelligently observant. In fact, the anecdotal evidence

of drug addiction is full of parents who did not know that their daughter or son was taking drugs 'until too late'.

The importance of educating parents and other adults in positions of responsibility for children is evident, and the minimal information should cover the nature and danger of drugs, detectable signs of use, their own responsibilities, etc. In Britain information from government sources is available, advising parents about drugs, and there are signs of growing parental involvement. For instance, in some recent widely publicised outbreaks of drug misuse among the young in housing estates in Britain's industrial cities, parents have formed 'self-help' groups to try and counter the epidemic.

One of the ACMD's recommendations is for such self-help groups of "ordinary people" in "support services for children, and other groups at risk", and also for the social services departments to plan jointly with such community groups "to provide a caring fabric in each neighbourhood" (1984, 4.37). The report goes further in its advocacy of increased awareness of drugs among supervisory elements in society, suggesting that "teachers, youth workers, police officers, doctors and other health professionals, social workers, probation officers, health education officers", etc; should have some training in "preventive skills" (1984, 4.51).

The simple and useful level at which prompt observation can lead to early intervention is indicated in the case of children who truant from school: they are "more likely to come into contact with those who misuse solvents" - often their first 'experiment', and "persistent non-attendance..... may predict maladjustment in later life, possibly including drug misuse" (1984, 3.30). Adult vigilance in such a social situation may be more productive of results than lurid warnings of the dangers of drugs.

Counselling by professionals for drug experimenters and their families as soon as difficulties become apparent is sometimes indicated. Reports from such family counselling programmes in the USA suggest that such an approach can make an important contribution to prevention of addiction (e.g. Step One Programme, Phoenix, New York).

Treatment

One of the most persistent and strongly felt criticisms, as has been seen, is that women are inevitably disadvantaged because the system is designed for men, for both historical and numerical reasons. Many proposals from interested parties therefore take the commonsense view that there should be an adaptation to meet the specific needs of women - "positive discrimination in favour of women addicts", as was recommended by the Standing Conference on Drug Abuse (SCODA) which represents over 30 voluntary agencies in London (Annual Report 1982-83). This would include the provision of day care for children at centres where women attend

for treatment, accommodation for mother-and-child at live-in agencies, the establishment of all-female therapeutic communities, with a predominance of female staff, and at existing mixed sex therapeutic communities much greater emphasis on all-female therapy sessions.

There has also been a new emphasis on provisions for addicts who become pregnant, notably in the Report of the Medical Working Group on Drug Dependence for the Department of Health and Social Services (1984). This stresses the specialised medical care that is needed for both mother and child, before and after birth; also the psychological attention which includes a recognition and "sympathetic understanding" of the mother's fears that her baby may be removed into care. Post-natal care, the report continues, should include "the provision of adequate accommodation" and "continuing support" by her GP in co-operation with the health visitor.

In the field of medical care, it might be noted that quite apart from pregnancy, the woman addict living in the drug sub-culture often has many health problems. Agencies dealing with her should be conscious of her need of medical attention.

The provision of all-female rehabilitation facilities may seem an attractive measure to help women addicts. Testimony from women interviewed at the Addiction Research Unit in London suggest a division of opinion by the women themselves on this issue, and surprisingly most of the women in a mixed therapeutic community preferred to have 'women only' groups in a mixed milieu and felt that such an approach met many of their needs as women. There are and have been very few examples in operation from which any conclusions can be drawn. Two, which might give some idea of their rationale, are here briefly noted.

In Britain, the Meta House project - a Christian Rehabilitation Centre, but which says no Christian commitment is required of applicants - has places for 16 women for periods from 8 to 14 months. It is funded by central and local government, and is one of the only two all-female communities in Britain. It believes that "women coming off drugs have much more complex problems than men and need specialised care" (Meta House Information, 1985). Its rehabilitation programme covers individual, confrontational and group counselling. Amongst the rehabilitative goals are: building self-awareness and self-respect in a resident, creating a positive attitude in a resident, and reversing the addict's chaotic life-style through an ordered day. The two major goals in the final phase of the programme are: "To move towards an independent life-style", and "to make definite plans for the future". On the question of outcome of treatment the Meta House Report is cautious as the house has only been operative for 18 months; a fact which alone prevents an accurate measure of outcome. However the House Report states that approximately 60% of those who have entered the programme of Meta are currently drug-free, approximately twice the national average.

One of the few notable studies of this subject took place in New York in 1973-77 with the Odyssey House Mabon Parents Demonstration Program. (Clusky et al 1979). This project was for pregnant women and women with children; it could accommodate 40 women and 40 children, and over 300 women were treated in the 3 year period.

Particular attention was paid to developing effective parenting behaviours, and Odyssey applied the communal concept which made the children the responsibility of the total community, and limited the direct responsibility of the mother for the child, particularly in the early phase of her treatment. The rationale for this approach, it was stated, was:

"to break the intense, sometimes destructive, narcissistic bond between mother and child; to relieve the mother of the need to respond to the demands of the child at this early stage of treatment when she was likely to feel overwhelmed, inadequate and frustrated; to allow the mother to adjust to the organisation and routine; to encourage the mother to view senior residents and staff as role models".

(Cusky et al 1979)

For the women themselves, the programme followed a course of graduated responsibility for household tasks and graduated therapy sessions and - in the final stage before re-entry into society - an involvement in outside education and vocational activities. The question for them to answer at the end was: "Can I leave the protective environment of Odyssey House for the world at large and will I gain mastery over self?".

Only 97 of the 300 women in the programme were available for a follow-up check after returning to the outside community. Of these over 80% had remained drug free, but only a small number were in work or involved in educational activities. Because of the low follow-up rate it is difficult to make an informed evaluation of the overall success of the project despite the evident help which it offered to some of its clients.

How far such projects offer a pattern for future developments would require further discussion. There might well be changes of emphasis but, nevertheless, many of the features described above are highly relevant for future planning.

The ACMD'S "Prevention" Report (1984) commended the idea of the "potential contribution to drug prevention of women's consciousness-raising and self-help within the context of the women's movement" (3.36). Feminists see the female addict's problems as rooted in the problems of women in society, and are particularly critical of any treatment procedures that seem to reinforce the woman's dependency role, e.g. in mixed therapeutic centres the allocation of "women's jobs" to women, the reluctance to give them positions of responsibility, the ignoring of their special problems. "These women need to learn independence and self-confidence, with staff recognition of the socio-cultural aspects of each person and with the problems of sexual

difficulties and sexuality being included in the treatment" (Ashbrook & Solley, 1979). Feminist involvement should be an important factor in keeping the issues of the female addict's problems on the agenda of public concerns; it will have its effects in changing attitudes within the system; and on a valuable practical level can operate in "self-help" groups which offer supportive services to women emerging from addiction, such as vocational counselling and accommodation.

In the range of possible 'solutions' surveyed above, can one look for priorities? The ideas of Marsha Rosenbaum, who defined the female addict's life as "a career of narrowing options", deserve close attention. She stresses two crucial issues, parenting and work. It is essential, she says, that the woman's role as mother be "salvaged", and that agencies understand the destructiveness of separating the mother and child. Secondly, occupational opportunities and choices should be provided. The essentials are education, the development of skills, access to training. In terms of jobs, she suggests that employers be given incentives to employ women ex-addicts. "Such a programme would cost the government far less than treating and incarcerating addicts as well as providing foster care for their children". She concludes: "In the absence of these changes in occupational and parenting roles, the outlook for women addicts is dismal" (Rosenbaum, 1981).

In this survey of a subject in which the very limited British experience has been augmented by findings of not very extensive American research, it would be rash to be prescriptive about appropriate policy. But a fruitful approach to the problems of the female addict must surely lie in aiming at the restoration of vanished options and the creation of new ones.

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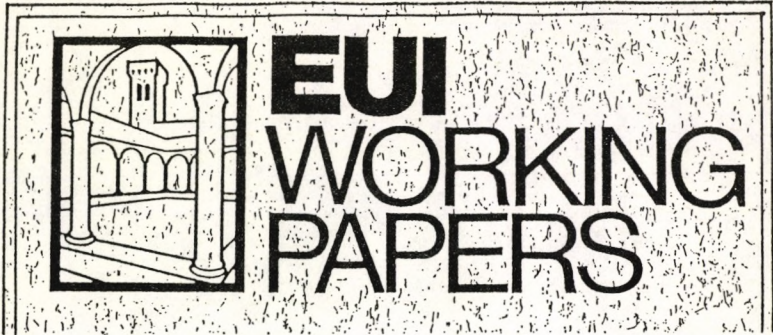
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